ACKNOWLEDGEMENTS

The development of this Manual would not have been possible without the support and expertise of various agencies, community representatives, and child protection and foster care specialists in and out of the country. We would firstly like to express our appreciation to the European Union for their technical assistance and support for the production of this Manual under the project “Global Technical Assistance and Capacity Building Programme to Prevent Detention of Children and to Protect Children and Other Asylum-Seekers in Detention”.

As partners on this project, we extend our appreciation to the United Nations High Commissioner for Refugees (UNHCR) Malaysia Office, particularly the Child Protection Unit, who has provided technical assistance and support for project and materials development.

We are extremely grateful to the following persons who have extensively reviewed, commented, edited and contributed their technical expertise in developing this Manual:

Mr. Ng Chak Ngeng, a foster care case worker for 18 years and a former programme director of the Unaccompanied Refugee Minor Programme of the Lutheran Community Services Northwest in Seattle, Washington. Mr. Ng also worked with the Lutheran Immigration and Refugee Service in Baltimore, Maryland to assist the Federal Government to resettle unaccompanied refugee children in refugee foster care programmes across the country.

Mr. James Nayagam, a child rights advocate who has vast experience working within a residential institution with children who have been abused or neglected. Mr. Nayagam is a former Commissioner with the National Human Rights Agency of Malaysia (SUHAKAM) and is currently the Commissioner for the Enforcement Agency Integrity Commission (EAIC) of Malaysia and a council member for the welfare and protection of children in Malaysia.

Mrs. Vijayakumari G.A. Pillai, a social work consultant with vast experience in the Department of Social Welfare of Malaysia, specializing in foster care, adoption, child protection and child rights.

Ms. Zoe Stewart, from the HOST International Candlelighters Programme, and who has over five years experience working with refugee children, families and communities in Nauru and Australia whilst in detention and awaiting resettlement. Ms. Stewart also has several years of experience working with children in care, supporting them through case management and family or parenting support programmes.

We would also like to acknowledge the contributions of the Rohingya community whose lived experiences and feedback have significantly contributed to the drafting of materials. Particularly, we would like to express our gratitude to the Rohingya Society of Malaysia (RSM), the Rohingya Women Development Network (RWDN) of Malaysia, interpreters, other community leaders, and the men, women and children who participated in the focus group discussions and community assessments.

Special thanks go to Ms. Wong Chen Li, who has tirelessly designed this Manual on a very short timeline.

Finally, we would like to thank the unaccompanied and separated children (UASC) and foster families in SUKA Society’s case management programme who have inspired us to embark on this project to provide better care and protection for the UASC in Malaysia and better support for foster families who have opened their homes to provide safer placement for UASC.

We gratefully acknowledge all the contribution, support and assistance of persons named and unnamed. If we have inadvertently forgotten to acknowledge someone, please accept our heartfelt apologies and sincere appreciation for your valuable assistance.
# CONTENTS

1. PURPOSE AND SCOPE OF THE MANUAL
   1.1 The Malaysian Context .......................................................... 1
   1.2 Scope of the Manual ............................................................... 2
   1.3 How to use the Manual ........................................................... 2

2. UNDERSTANDING FOSTER CARE ................................................. 3

3. GOALS OF FOSTER CARE ........................................................... 5

4. KEY STAKEHOLDERS
   4.1 Foster Parents ................................................................. 6
   4.2 Child ................................................................................. 8
   4.3 Foster Care Personnel .......................................................... 9

5. OTHER RELEVANT STAKEHOLDERS
   5.1 The Foster Care Agency ......................................................... 11
   5.2 Community Representative ................................................... 11
   5.3 Interpreter ........................................................................... 11

6. MINIMUM STANDARDS OF CARE
   6.1 What are minimum standards? ............................................... 12
   6.2 Minimum Standards of Care
      • Standard 1: Promoting the child’s right to participation ........ 13
      • Standard 2: Safeguarding children and ensuring that they remain protected ........................................... 14
      • Standard 3: Preserving the culture, tradition, language, religious preferences and community links .... 15
      • Standard 4: Fostering positive self identify, willingness to achieve his or her potential, and valuing his or her own uniqueness .......................................................... 16
      • Standard 5: Nurturing positive values, attitudes, behaviours and relationships ...................................... 17
      • Standard 6: Promoting good health, appropriate standard of living and well-being ............................ 18

7. FOSTER CARE MODEL – POLICIES AND GUIDELINES .......... 20
   7.1 Screening of prospective foster parents ................................. 21
   7.2 Intake of prospective foster parents ..................................... 22
   7.3 Training of prospective foster parents .................................. 23
   7.4 Selection of foster parents .................................................... 24
   7.5 Referral and Screening of UASC .......................................... 25
   7.6 Intake of UASC .................................................................. 26
   7.7 Assessment of UASC ......................................................... 27
   7.8 Matching ............................................................................ 28
   7.9 Placement: Orientation ....................................................... 29
   7.10 Placement: Care Planning ................................................... 30
   7.11 Placement: Preparation for Exit ......................................... 31
   7.12 Exit and Follow Up ............................................................. 32

GLOSSARY ...................................................................................... 33

BIBLIOGRAPHY ............................................................................. 34
1. PURPOSE AND SCOPE OF THE MANUAL

Within a migratory context, children are among the most vulnerable population, and particularly so if they are unaccompanied or separated from their families. Children may become separated or unaccompanied for various reasons and are often particularly exposed to risks of abuse, neglect, exploitation, and violence as they are unable to find safe placement without the care and protection of their parents or a guardian. According to Article 20 of the Convention of the Rights of the Child, 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”. States should also ensure that national laws provide for that alternative care for a child, which includes foster placement.

States in Southeast Asia are moving away from institutional care to a wide range of alternative care options, including kinship care, foster care or adoption. Residential/institutional care is often seen as a measure of last resort as it can be detrimental to the mental, behavioural, emotional, and social development of children, particularly young children. Children who live in institutions are also at increased risk of violence in such care arrangements.

Considering the extreme vulnerability and protection concerns for unaccompanied and separated children (hereinafter referred to as UASC), there is a need for safer placement in the community with one-on-one attention and care by a foster family until they are reunited with their own family or are in the position to care for themselves.

1.1 The Malaysian Context

As the Immigration Act 1959/63 of Malaysia does not discriminate by age, any child without proper legal documents are liable for unlawful entry and subject to various sentences including serving a prison sentence and indefinite detention pending deportation. Malaysia is not a signatory to the 1951 Refugee Convention and national immigration laws for unlawful entry equally applies to persons seeking asylum, refugees and other undocumented migrants. In addition to this, in Malaysia, there are no formal regulations to govern foster care within the community.

According to UNHCR Malaysia, typically 2.2% of children registered with the office are unaccompanied or separated, and challenges remain in addressing the protection risks identified due to limited resources, community and partner capacity, and the current legal climate of the country. Furthermore, undocumented UASC who are seeking asylum (but not registered with UNHCR) are particularly at risk of arrest and detention and of being exploited in unsafe care arrangements. Those who are released from detention struggle to find safe placement and access to basic services. Support for UASC within the refugee communities is limited by the inadequate capacity and resources of community organizations and non-governmental service providers. Currently UASC, particularly those above 12 years old, typically live in housing that is overcrowded and without any formal caregivers, or in employer provided accommodation at work sites. Living conditions are often unhygienic and minimal in terms of meeting basic needs. The UASC are often forced to work under hazardous conditions, such as in construction sites, or work for long hours so as to support themselves and, in some cases, their families too in their countries of origin.

There is a dire lack of alternative care placements for UASC, particularly those released from immigration detention. In the absence of a formal legal framework for refugees and asylum seekers in Malaysia, relevant national child protection laws, and suitable caregivers, UASC are at significant risk of abuse, violence and trauma. The absence of a national regulatory framework further hinders refugees and asylum seeking, migrant and stateless children from accessing national child protection mechanisms and other safer care arrangements provided by the State.

1.2 Scope of the Manual

This Manual sets the minimum standards and policies for the protection and care of UASC within a foster care arrangement. The Manual is based on the premise that children who are displaced from their home countries and separated from their families deserve the best alternative care in the country in which they are residing. The proposed minimum standards and policies aim to ensure that UASC are safe, protected, and have access to resources to support their development and promote their well-being.

Although the Manual may be specific to Malaysia, it complies with the principles and requirements of the Convention on the Rights of the Child and may be adapted for use in other parts of the world. The minimum standards recommended in this Manual are derived from applicable domestic and international laws and policies, particularly the Convention on the Rights of the Child and the Malaysian Child Act 2001. Other relevant UN General Comments and Guidelines are also referenced in this Manual accordingly.

This Manual does not prescribe the methods or processes of implementing a foster care programme. It is to be used as a guide to create more individualized policies and procedures necessary for developing formalised foster care programmes in any country. It considers the child’s specific needs within the child’s environment, national laws, regulations, cultural values and religious uniqueness. The Manual outlines the key minimum standards that are important in the evaluation and monitoring of a foster care programme. It may also be used as a reference whenever decisions need to be made during the planning and implementation of a fostering programme for UASC in the host country.

1.3 How to use the Manual

The Manual contains a list of minimum standards, accompanied by corresponding policies and outcome statements to guide stakeholders in implementing a fostering programme for UASC. Minimum standards are based on relevant laws and policies as well as international conventions. The Manual also highlights the different facets of the fostering process with relevant policy and outcome statements which must be considered by the relevant stakeholders. Key roles and responsibilities of relevant stakeholders within a fostering programme, and the goals of foster care have also been included. As the Manual is a set of policies and standards, it should be read with the relevant Handbooks for foster parents and caseworkers that provides for the relevant processes, procedures and tools. In light of the informal nature of the proposed foster care programme and the limitations and constraints faced by foster parents, the foster care programme must be supported by a case management programme that specifically looks into the needs of the child.
2. UNDERSTANDING FOSTER CARE

2.1 Definition

Foster care may take many forms, but essentially, it is temporary care provided when a child’s parents, legal guardian or customary care provider is unable to care for the child. The foster parents may be related or unrelated to the child. The foster parents should agree to abide by the rules established by the State and the foster care agency. The goal of foster care is to provide a safe and nurturing home for the child while the foster care agency develops and successfully carries out a permanent plan for the child.

Unlike adoption, in which the rights and responsibilities of the child’s birth parents are legally terminated and transferred to the adoptive parents, the foster parents do not have the same parental rights over the foster child as the birth parents. Adoption is a relationship made permanent by law whereas foster care is temporary.

In foster care for unaccompanied or separated children, the foster care arrangement may be terminated when:

- a) the child is reunited with his or her family
- b) the child has been resettled in another country
- c) the child can return to his or her home country safely
- d) the child has reached the age of majority (regarded as an adult) and is able to live independently
- e) the child chooses to voluntarily leave the foster care programme

2.2 Formal Foster Care

Formal foster care typically occurs when the court grants the State the right to take temporary custody of the child and to arrange for relevant foster care arrangements accordingly. The State’s child protection authority is responsible for the oversight of the foster care placement and ensures that the placement is safe and meets state foster care regulations and child welfare laws. The children’s court/family court ensures that all relevant laws and procedures are observed and that rights of all parties are protected. It also approves the final permanent plan for the child and to arrange for relevant foster care arrangements accordingly. The State’s child protection authority is responsible for the oversight of the foster care placement and ensures that the placement is safe and meets state foster care regulations and child welfare laws. The children’s court/family court ensures that all relevant laws and procedures are observed and that rights of all parties are protected. It also approves the final permanent plan for the child.

2.3 Informal Foster Care

Informal foster care is a private and temporary arrangement between a child’s parents and another party who is usually a family member, a relative or family friend. This transfer is not overseen by the State or a family court. There is no change in legal responsibilities which remain with the child’s parents. The parents retain the right to make all major decisions pertaining to the child. Kinship care is a type of informal foster care.

Kinship care occurs when a family member or relative, or person from similar social origin, tribe or community agrees to care for a child. The arrangement is done without the involvement of a third party or the State. Fostering by kinship care may also happen spontaneously or unexpectedly in emergency cases when a family accidentally comes across a child who happens to be unaccompanied or separated and they decide to offer temporary care. There are many benefits to informal kinship care including the ability for the child to maintain familial and community roots.

2.4 The Malaysian Context

According to the Malaysian Child Act 2001, a child is in need of care and protection if the child has no parent or guardian (Section 17(1)(e)). In situations where there is no parent or guardian, legal responsibility for the child will rest on the State until transferred by the Courts. The Act provides for family-based care for children in need of care and protection, children beyond control, and children in need of protection and rehabilitation. Family based care is defined widely to include care by a parent or relative, foster parents or care in a residential centre.

For unaccompanied children requiring care and protection, the Court for Children may make an order to place the child in the care and custody of a foster parent found to be suitable by the Director General of the Department of Social Welfare or in the care of a fit and proper person (Section 28(a)(ii) Child Amendment Act 2016 in reference to Section 30(1)(e) of the Child Act 2001). Persons who have been appointed by the Court to care for the child are required to report to the Department of Social Welfare (Section 35 and 36 Child Act 2001). A foster parent is defined under the Act as “a person, not being a parent or a relative of a child, to whom the care, custody and control of a child has been given by order of a Court; or as permitted by the Protector... to receive a child into his care, custody and control” (Section 2(1) Child Act 2001).

As soon as an unaccompanied child is identified, States are strongly encouraged to appoint a guardian or, where necessary, representation by an organization responsible for his/her care and well-being to accompany the child throughout the status determination and decision-making process.

Part VIII, B No 149 - Provision of care for a child already abroad, UN General Assembly Guidelines for the Alternative Care of Children, 2010
3. GOALS OF FOSTER CARE

Foster care is temporary family care for children who are unable to live with their parents or guardians. The overall goal of foster care within the Malaysian context is to find a safe and stable care arrangement that limits the disruption in a child’s life. The three required outcomes of foster care are safety, stability, and the promotion of child well-being.

3.1 Safety

To ensure that the UASC is placed under the protection of foster parents who can be caregivers to the child by providing the child a safe place to live, parental care, supervision and support, and to be protected from abuse, neglect, exploitation and violence. Safety goals also ensure that a safety plan is developed by the foster parents, foster care personnel and the child.

3.2 Stability

To ensure that through foster care, the number of disruptions in the UASC’s life is limited and the UASC during the foster care period is placed in an environment that is nurturing and wholesome to his or her needs. Stability goals look at helping a child restore the stability that was lost as a result of the migration process or separation from his/her parents or formal caregiver.

3.3 Well-being

To ensure that the UASC’s basic needs, such as a place to stay, physical health care, food, education, material provision and mental well-being are adequately provided for. Child well-being goals are typically framed around the basic tenets of the UN Convention on the Rights of the Child (UNCRC) - that is, the right to Survival, Protection, Development and Participation.

4. KEY STAKEHOLDERS

4.1 Foster Parents

Description

The Child Act 2001 defines a foster parent as a person who is not a parent or a relative of the child to whom care, custody and control of the child has been given by the relevant authorities. The UN General Assembly’s Guidelines for the Alternative Care of Children considers a foster parent as someone other than the child’s own family and customary care provider to whom the child has been placed by a competent authority to be cared for in a home or family environment.

This Manual defines a foster parent as an adult who is not a member of the immediate family who has been given the role and responsibility of providing temporary care for a child. However, in some cases, an adult who is a distant relative may also be considered as a potential foster parent for the child.

In selecting potential foster parents, certain characteristics of what are commonly understood as a ‘reasonable parent’ are expected of the person. A prerequisite for any foster parent must be that he/she has never been investigated for any abuse, neglect or exploitation. It is expected that foster parents will be able to demonstrate an authentic desire to provide care for the child based on their compassion for children and not for reasons of personal gain. Foster parents should be people of good character, displaying an ability to make decisions based on the best interest of the child in all circumstances.

In selecting potential foster parents, certain characteristics of what are commonly understood as a ‘reasonable parent’ are expected of the person. A prerequisite for any foster parent must be that he/she has never been investigated for any abuse, neglect or exploitation. It is expected that foster parents will be able to demonstrate an authentic desire to provide care for the child based on their compassion for children and not for reasons of personal gain. Foster parents should be people of good character, displaying an ability to make decisions based on the best interest of the child in all circumstances.

Foster parents will also need to be able to demonstrate a commitment to meeting the child’s long-term physical and emotional needs. This will mean, in many instances, that the foster parents will need to be willing to undergo training and commit to working with a Case Worker to develop and implement case plans that are focused on ensuring the well-being of the child whilst in their care. Foster parents will also be expected to be respectful, patient, trustworthy, understanding, and with resilience to persevere through difficult challenges. The ability to work well in a team and the willingness to learn and grow in knowledge and skills by attending training sessions and participating in support groups organised by the foster care agency is also expected from foster parents.
Roles and Responsibilities

Foster parents, like any reasonable parents, can end up doing ‘everything’ for a child. Therefore, it is unrealistic to create a comprehensive list of tasks to cover all eventualities. The list below states some key roles and responsibilities expected of any foster parent:

4.1.1 Provide day to day care of the UASC in the foster parents’ home.
4.1.2 Ensure that the child’s basic need for food, clothing, health and shelter is met.
4.1.3 Ensure that the home is warm, comfortable and welcoming for children.
4.1.4 Ensure that the UASC is safe and they know that their overall well-being is cared for.
4.1.5 Ensure that the UASC is welcomed as part of the family and household and that appropriate relationships are built with the child.
4.1.6 Ensure that there is fair and equal treatment for all children in the home and that the UASC understands the family dynamics in the household.
4.1.7 Ensure that the child’s privacy and confidentiality is respected.
4.1.8 Ensure that there is open and respectful communication with the UASC.
4.1.9 Advocate for the best interest of the child and speak on behalf of the UASC placed under their care, especially for a child who is unable to communicate due to limitations in maturity and capacity.
4.1.10 Support the UASC to reach his or her potential whilst helping the UASC understand that there are challenges in opportunities and resources.
4.1.11 Support the UASC’s holistic development including social skills, relationships with others and self-care.
4.1.12 Ensure that the UASC’s needs including health, leisure, social activities and education are adequately met in a timely manner as how any reasonable parent would provide.
4.1.13 Ensure that the UASC knows that the foster parents respect and encourage him/her to express his/her own individuality, personality and character.
4.1.14 Ensure that the UASC knows that the foster parents respect and encourages him/her to develop a sense of identity and healthy acceptance of his/her own culture, tradition and religious background.
4.1.15 Ensure that the UASC is safe and they know that their overall well-being is cared for.
4.1.16 Provide consistent discipline and guidance that is age appropriate and focused on behaviour and attitude change rather than punitive punishments.
4.1.17 Ensure that foster parents prepare the UASC for independent living and adulthood.
4.1.18 Understand and act in accordance with the standards, policies and procedures listed out in the Manual for Foster Care, Handbook and relevant national laws and regulations.
4.1.19 Observe and react as how any reasonable parent would in cases of medical emergencies or accidents. The foster parents should notify the Foster Care Agency, Foster Parents Support Worker or Foster Child Case Worker to implement the UASC’s care plan.
4.1.20 Inform the Foster Care Agency or the Foster Parents Support Worker of any significant changes in their own life that may impact the care of the UASC.
4.1.21 Contribute, put into practice, and work together with the UASC and the Foster Child Case Worker to implement the UASC’s care plan.
4.1.22 Ensure an open and positive working relationship with the relevant foster care personnel and the Foster Care Agency.
4.1.23 Provide necessary feedback during monitoring and evaluation of the case plan, individual case evaluation and the overall foster care programme evaluation.
4.1.24 Attend all training and development programmes organised by the Foster Care Agency and work towards putting into practice the lessons learned during training.

4.1.24 Attend all training and development programmes organised by the Foster Care Agency and work towards putting into practice the lessons learned during training.

4.2 Child

Description

This Manual refers to the UNCRC and the Malaysian Child Act 2001 for the definition of a child. Article 1 of the UNCRC defines a child as ‘every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier’.

“Unaccompanied children” as defined in Article 1 of the UN Convention on the Rights of the Child (UNCRC), are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. “Separated children” are children, as defined in Article 1 of the UNCRC, who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

The selection process for a child would be to ascertain if the constraints of the foster care programme and the child’s vulnerability as UASC deems it to be in the child’s best interest for the child to be supported and protected within the foster care programme. The principles of “do no harm” and “in the child’s best interest” must be taken into full consideration.

Roles and Responsibilities

This is not a list of requirements for a child to be protected under the foster care programme but, rather, guidelines that would ensure that the child’s rights are being met and which will encourage harmonious living when placed with the foster parents. The list below is dependent on the capability (age, maturity) and capacity (e.g. any apparent disabilities) of the child.

4.2.1 Understand that the foster care programme is for his/her best interest and therefore remain in the programme for the agreed duration and comply with the expectations of the programme.
4.2.2 Understand that the foster parents, the foster care personnel, and the foster care agency prioritise their best interest and therefore a child should endeavour to work well with all these stakeholders.
4.2.3 Understand his or her rights as seen in the Minimum Standards of Care and is willing to share his or her opinion in a respectful manner.
4.2.4 Understand that developing a positive relationship with the foster parents and their family is to his or her best interest as it promotes harmonious living. Positive relationships includes participating in family activities, having an open and honest communication with the foster parents, and being proactive in assisting with household responsibilities that is appropriate to his or her age and ability.
4.2.5 Doing his/her part in fulfilling the goals of the care plan, acknowledging that he/she was part of the development of the plan and know that fulfilling it would be to the child’s best interest.
4.2.6 Be interested in his/her own growth and development and therefore commit to care plans that promote education and personal development.
4.2.7 Understand that all stakeholders in the programme respect his or her individuality, uniqueness, culture, traditions, language, and religious preferences, where it is in his/her best interest. Understand that all stakeholders would be willing to help him or her connect with family members and community.
4.2.8 Understand that all relevant stakeholders are working towards a durable solution that is to his or her best interest.
4.2.9 Understand that even though sometimes things do not go their way or what they want is not provided or agreed upon by relevant stakeholders, the decision not to meet his or her expectation is not made maliciously, but after having considered what is to his/her own best interest.
4.3 Foster Care Personnel

Description

Foster care personnel are members of staff of a foster care agency that support both the foster parents and the UASC. Foster care personnel are responsible for primarily assisting the foster parents and child in developing and carrying out the case plan, providing crucial interventions where necessary. Foster care personnel support foster parents throughout the span of a case - from the placement of the child until he/she leaves the programme. Foster care personnel also regularly evaluate the placement and progress of the case and ensure minimum standards are met.

The above responsibilities are commonly allocated among three separate but related roles:

• The Foster Child Case Worker looks into the child’s best interest from intake to exit. The case worker’s goal here is to achieve case resolution which, depending on the country context, may mean obtaining refugee status and resettlement, returning to the country of origin, local integration, family reunification and any other relevant options. To ensure that they are effective in the work they do, the Foster Child Case Worker should form a trusting relationship with the child so that they may better understand and work well with them. They should be people centric and have good abilities in dealing with parenting and childcare matters.

• The Foster Parents Support Worker is responsible for supporting the foster parents through home visits, counselling, and helping the foster parents learn ways to work with the child. The Foster Parents Support Worker may also be responsible for selecting and matching foster parents with a foster child.

• The Quality Assurance Worker oversees case and programme evaluations. The Quality Assurance worker is responsible in assessing, monitoring and evaluating each foster care placement individually and also the overall foster care programme and case management processes.

Roles and Responsibilities

The role and function of a foster care personnel may differ based on the foster care model, programme and country context. Listed below are some key roles and responsibilities expected of each personnel:

<table>
<thead>
<tr>
<th>Foster Child Case Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 Ensures that the UASC’s referral, assessment, matching, placement, exit and follow-up are carried out according to the agency’s standards.</td>
</tr>
<tr>
<td>4.3.2 Provides case management services for the UASC and helps the UASC find case resolution.</td>
</tr>
<tr>
<td>4.3.3 Conducts regularly scheduled and unscheduled visits to the foster home and checks with the UASC to ensure that the child is safe and that the Minimum Standards of Care are met.</td>
</tr>
<tr>
<td>4.3.4 Works closely with the foster parents and the UASC in developing the care plan and putting it into practice.</td>
</tr>
<tr>
<td>4.3.5 Encourages UASC to develop and maintain a healthy and positive relationship with his or her foster parents and other family members in the household.</td>
</tr>
<tr>
<td>4.3.6 Keeps the foster parents updated regarding the implementation of the care plan, the child’s status in the foster care programme, progress of case resolution, and any other issues raised during the case worker’s contact with the UASC.</td>
</tr>
<tr>
<td>4.3.7 Works with the foster parents when the case worker is unable to work directly with the UASC because of the child’s limited maturity or diminished capacity.</td>
</tr>
<tr>
<td>4.3.8 Supports the UASC through his or her transition into adulthood and community integration, especially during the follow-up stage before exiting the programme completely.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Parents Support Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.9 Maintains good record keeping and protects the UASC’s privacy and confidentiality.</td>
</tr>
<tr>
<td>4.3.10 Works with the Foster Parents Support Worker by providing necessary feedback from the UASC’s perspective in plugging gaps in care delivery by the foster parents.</td>
</tr>
<tr>
<td>4.3.11 Conducts care plan reviews with the UASC and foster parents in a timely manner.</td>
</tr>
<tr>
<td>4.3.12 Supports foster parents during emergencies or whenever the child is ill and requires medical intervention.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Assurance Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.13 Conducts interviews and home visits of the prospective foster parents during the intake and selection process.</td>
</tr>
<tr>
<td>4.3.14 Completes the comprehensive profile of the prospective foster parents known as a Home Study and convenes a meeting with relevant stakeholders to conduct the selection of the foster parents.</td>
</tr>
<tr>
<td>4.3.15 Performs all necessary duties according to the standards and timeliness required by the foster care agency in recruiting prospective foster parents, selecting foster parents, organising the training of the foster parents, and supporting the foster parents through continuous training programmes and support groups.</td>
</tr>
<tr>
<td>4.3.16 Works with the foster parents to identify and plug gaps with resources and tools that help them carry out their roles effectively.</td>
</tr>
<tr>
<td>4.3.17 Encourages the foster parents to develop and maintain a healthy and positive relationship with their foster child.</td>
</tr>
<tr>
<td>4.3.18 Conducts scheduled and unscheduled visits to monitor the effectiveness of the foster parents in carrying out their roles and responsibilities.</td>
</tr>
<tr>
<td>4.3.19 Advises, guides and counsels foster parents to help them meet the Minimum Standards of Care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality Assurance Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.20 Performs all necessary duties according to the standards and timeliness required by the foster care agency in carrying individual case evaluation and overall programme evaluation.</td>
</tr>
<tr>
<td>4.3.21 Develops and implements an appropriate individual case evaluation and overall programme evaluation tool that meets the needs of the programme and the foster care agency.</td>
</tr>
<tr>
<td>4.3.22 Works collaboratively with the other foster care personnel, foster parents and UASC to obtain the necessary feedback on the individual placements and overall programme.</td>
</tr>
<tr>
<td>4.3.23 Analyses the data collected and develops necessary reports for all relevant stakeholders on the effectiveness of the individual placements and the overall foster care programme.</td>
</tr>
<tr>
<td>4.3.24 Uses evaluation reports to help the programme better meet individual case goals and to improve delivery of services.</td>
</tr>
</tbody>
</table>
5. OTHER RELEVANT STAKEHOLDERS

5.1 The Foster Care Agency

Foster care agencies are typically organisations that recruit, select and train foster parents to care for UASC. In many countries, foster care agencies have to comply with licensing regulations before they are allowed to place foster children. At this time, Malaysia does not have such regulations.

In countries where there are no formal foster care programmes, UASC are referred when they are identified by various UN agencies, community based organizations or non-governmental organizations, and in some instances, State authorities. UASC needing safe placement and caregiver relationships are referred to foster care agencies. These foster care agencies will assess, match and place UASC under the care of carefully selected foster parents.

There are a number of components in foster care that foster agencies are responsible for. Some agencies will work only with foster parents while others only provide case management of UASC. It is of paramount importance that there is clear delineation of roles in terms of support provided to foster parents, case management of UASC, and relevant monitoring and evaluation of the placement and overall programme goals. In the absence of national regulations to govern foster care, foster care agencies should have their own guidelines, policies and standards to run their foster care programmes. These guidelines, policies and standards should be in line with international conventions and minimum standards to provide legitimacy in lieu of State prescribed standards of care. A comprehensive tool for case management is also needed.

To run a foster care programme effectively, the foster care agency must be adequately funded and have sufficient number of trained case workers to carry out its duties. The foster care agency should also have a structure with clear supervision and accountability of foster care personnel.

5.2 Community Representative

The community representative is usually a leader from the community the UASC and/or foster parents are a member of. The community representative plays a crucial role in helping the foster care personnel link up with the community for the purposes of recruiting potential foster parents, receiving referrals, and developing community integration and support for the UASC. Therefore, the community representative should be someone who is well-connected and respected in the community. The community representative also provides the foster care personnel advice when working with the community.

5.3 Interpreter

The interpreter interprets for foster care personnel when the child and or the foster parents do not share a common language with the foster care personnel. The interpreter helps the foster care personnel gather information during the intake assessment and also during home visits. The interpreter’s main role is to provide a direct and accurate translation of what is being said by the UASC or the foster parents. Upon request, the interpreter provides, to the foster care personnel, helpful background information about the child and the community the child is from.

6. MINIMUM STANDARDS OF CARE

6.1 What are minimum standards?

Minimum standards of care are generally agreed upon professional standards by which services are measured. These standards are based on, or comply with, relevant laws, international conventions, and sound child development principles and theories. In foster care, the minimum standards ensure that the service meets the programme goals of child safety, stability and well-being. The standards ensure that a child’s rights are respected, protected and fulfilled. All relevant stakeholders should strive to go above and beyond the minimum standards.

Minimum standards also allow the programme to maintain a consistent standard of quality in care among all relevant stakeholders, therefore ensuring that children in the programme have all their basic rights and needs fulfilled.

The values statements below explain the important principles that underpin these standards:

- The best interest of the child must be the primary concern in all decisions and actions affecting children. As such, the child’s well-being and safety needs are the key concern of these standards.
- Each child’s individuality and uniqueness should be recognized, respected, and taken into consideration in a decision making process.
- Each child’s voice and opinions should be heard and taken seriously in all decisions affecting the child.
- There should not be any discrimination based on race, colour, sex, language, religion, political or other opinions, national, ethnic or social origin, property, disability, birth or other status.
- Children in a foster care programme should have the same right to an enjoyable childhood as any child living in a regular family environment; benefiting from good parenting and growing up in a loving environment that can meet their developmental needs.
- Children should benefit from programmes and services that are able to develop their abilities and skills leading to an independent adult life.
- Children in a foster care programme deserve all stakeholders to actively work towards safeguarding their best interests and therefore conducting themselves to the standard befitting their roles and responsibilities.
6.2 Minimum Standards of Care

**Standard 1: Promoting the child’s right to participation**

**Description**
Children have the right to participate in decision-making processes that may be relevant to their lives. This standard affirms that children have the right to be heard and that their opinions are given due weight in accordance with their age and maturity. To practically implement this right, children must be given the necessary guidance, facts and information to form an informed opinion.

**Outcome**
The child knows that their views, wishes and feelings are taken into consideration when making decisions that may be relevant to their lives. The child knows that their views, wishes and feelings are given due weight in accordance with their age and maturity. The child knows that their views, wishes and feelings are given due weight in accordance with their age and maturity. The child knows that their views, wishes and feelings are given due weight in accordance with their age and maturity.

**Policy**

<table>
<thead>
<tr>
<th>S1.1</th>
<th>The child’s views, wishes and feelings must be elicited and taken into account when making decisions regarding the foster care process, which may include matching, intake and case planning, placement, orientation and rapport building, case management, preparation for exit, exit and follow up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.2</td>
<td>The child must be provided with all relevant information in order to make an informed decision, and must be guided without any element of manipulation and biasness.</td>
</tr>
<tr>
<td>S1.3</td>
<td>In the case where the child’s views, wishes and feelings are not acted upon, the child is guided to understand why it is not acted upon and inform him/her of the proper channels to seek further advice on the matter, to review the decision, or to make a complaint.</td>
</tr>
<tr>
<td>S1.4</td>
<td>The child is guided to express his/her view in an appropriate manner and is assured that expressing his/her views, wishes and feelings will not result in any adverse consequences.</td>
</tr>
<tr>
<td>S1.5</td>
<td>All relevant stakeholders (foster parents, foster care personnel and the foster care agency) are to create an environment where the child feels that he/she is encouraged to voice his or her views, wishes and feelings, and that there are adequate avenues to do so. It is important that all relevant stakeholders develop skills in communicating easily, listening attentively, and involving and responding to the child they are engaging with.</td>
</tr>
</tbody>
</table>

The **child’s right to participate in his/her care** is promoted:

- Article 12 UNCRC – Respect for the views of the child
- Article 13 UNCRC – Freedom of expression
- General Comment No. 12 UN Committee on the Rights of the Child
- No clear statutory provision in Malaysian domestic legislation
- Objective 4, Malaysia’s National Child Policy and Action Plan

**Standard 2: Safeguarding children and ensuring that they remain protected**

**Description**
Children must be safeguarded at all times. As such they should be protected from maltreatment and harm. Maltreatment and harm includes violence, abuse, exploitation and neglect. This standard requires that children should grow up in circumstances consistent with the provision of safe living environments. As such, efforts must be undertaken to prevent impairment to their health and development, and action undertaken to enable children to have outcomes consistent to their best interest.

**Outcome**
The child is not only actually safe, but also feels that he or she is safe. The child understands that everything is being done to promote his or her right to protection from abuse, neglect, exploitation, violence and any other forms of human rights abuses. Practical efforts should be taken to help the child understand how to protect himself/herself and keep himself/herself safe from abuse and exploitation.

**Policy**

<table>
<thead>
<tr>
<th>S2.1</th>
<th>The child’s safety and protection is actively promoted by all relevant stakeholders (foster parents, foster care personnel and the foster care agency) throughout the fostering process; from the child’s first entry into the fostering programme to the point of exit.</th>
</tr>
</thead>
<tbody>
<tr>
<td>S2.2</td>
<td>The foster parents actively work on developing an open, trusting and positive relationship with the child, and as a result are in a position where they are able to identify possible signs of the child being at risk of maltreatment or harm.</td>
</tr>
<tr>
<td>S2.3</td>
<td>The child is taught how to make appropriate decisions that would keep him/her safe, including knowing how to avoid situations that can put the child at risk, as well as knowing how to express himself/herself whenever the child feels threatened or faces harm.</td>
</tr>
<tr>
<td>S2.4</td>
<td>All relevant stakeholders understand and respect safe and appropriate boundaries in regards to their relationship and conduct with the child. They must promote a healthy relationship with the child and therefore ensure that they do not unwittingly or unwittingly develop an exploitative or inappropriate relationship with the child.</td>
</tr>
</tbody>
</table>
S2.5 The foster parents understand the challenges in fostering UASC and are trained to know what to do whenever the child struggles with the effects of trauma that can potentially lead to self harm.

S2.6 All stakeholders (foster parents, foster care personnel and the foster care agency) are of, adequately trained to respond to circumstances or incidences where the child is at risk of, or currently experiencing, maltreatment and harm.

S2.7 Any signs of abuse, neglect and exploitation must be promptly reported to the relevant authorities.

S2.8 All stakeholders must understand and adhere to prescribed child protection policies from the foster care agency throughout the fostering process.

S3.1 The foster parents ensure that the home environment is sensitive to the child’s culture, tradition, language and religious preferences. As such, sensitivity and care regarding the child’s tradition, culture and religious observance is given importance when providing for the child’s basic needs such as clothing, toiletries, food and shelter.

S3.2 As far as possible, it is in the child’s best interest that the child is placed with foster parents who share similar culture, tradition and religious preferences.

S3.3 The child is encouraged to learn more about his or her culture, tradition, language and religion. He/she should be encouraged to respect his/her own and other cultures.

S3.4 The child is allowed to maintain and build positive relationships with his or her members of the community. Therefore, the child should be given the opportunity to meet people from his or her community during their time at school, places of worship and cultural or religious events.

S3.5 All stakeholders should ensure that tradition, culture and religious practices are not used to justify violations of a girl child’s right to equality, the child’s best interest and or potentially cause them harm.

S4.1 The child is treated as an individual and therefore provided personalised care that promotes the development of his or her self identity and uniqueness. The child’s self identity and uniqueness must be taken into consideration during the child’s foster care intake, assessment and care planning process.

S4.2 The foster parents promote the child’s social and emotional development, and therefore work towards instilling within the child a positive self esteem.

S4.3 The foster parents are aware of the child’s personal needs, placement plan and goals and are involved with the relevant stakeholders in helping the child achieve his/her potential.

S4.4 The fostering of the child’s self identity and uniqueness should not impinge on other people’s rights and adversely affect the foster family’s personal wellbeing.

S4.5 The child should be able to express his or her own self identity without discrimination based on gender, race, religion, disability, and sexual orientation.

---

**Standard 3: Preserving the culture, tradition, language, religious preferences and community links**

**Description**
Children’s culture, tradition, religious preferences and community links are an important part of their identity. In many circumstances it defines who they are and it gives them significance. Children have the right to practice their culture, tradition, language and religion, so long as these practices do not impede on other people from enjoying similar rights.

**Outcome**
The child has the freedom and opportunity to practise his or her culture, tradition, language and religion without any fear of persecution and discrimination. Therefore, a child has a positive view of his or her culture, tradition, language and religion, and feels that his or her right to express him or herself is respected. The child is also given opportunities to engage with his or her community; therefore, maintaining strong community ties despite the placement.

**Policy**

S3.4 The programme will foster a positive self identity and empower the child to reach his/her own potential. Therefore, the child should be given the opportunity to meet people from his or her community during their time at school, places of worship and cultural or religious events.

---

**Standard 4: Fostering a positive self identify, willingness to achieve his or her potential, and valuing his or her own uniqueness**

**Description**
Children need to be in an environment where they can grow and reach their full potential. Such an environment encourages children to develop a positive self identity and helps them value their own uniqueness. Children also need to be in an environment that empowers them to express this self identity and own uniqueness.

**Outcome**
The child is able to accept his or her own self identity and uniqueness, and is encouraged to work towards reaching his or her own full potential.

**Policy**

S4.1 The child is treated as an individual and therefore provided personalised care that promotes the development of his or her self identity and uniqueness. The child’s self identity and uniqueness must be taken into consideration during the child’s foster care intake, assessment and care planning process.

S4.2 The foster parents promote the child’s social and emotional development, and therefore work towards instilling within the child a positive self esteem.

S4.3 The foster parents are aware of the child’s personal needs, placement plan and goals and are involved with the relevant stakeholders in helping the child achieve his/her potential.

S4.4 The fostering of the child’s self identity and uniqueness should not impinge on other people’s rights and adversely affect the foster family’s personal wellbeing.

S4.5 The child should be able to express his or her own self identity without discrimination based on gender, race, religion, disability, and sexual orientation.
**Standard 5: Nurturing positive values, attitudes, behaviours and relationships**

**Description**
Children should receive direction and guidance so that they grow and develop positive values, attitudes and behaviours. They should be encouraged to learn how to live harmoniously with others, respecting other people's rights. This standard respects the responsibility of the foster parents in providing guidance to the child under their care and expects that the foster parents will always consider what is in the best interest of the child when providing guidance and nurture.

**Outcome**
The child understands what positive values, attitudes and behaviours are, and have been guided and encouraged to live according to these values, attitudes and behaviors. The child also knows appropriate ways of conducting himself/herself when interacting and building relationships with others.

**Policy**

| S5.1 | The foster parents have an expectation that the child under their care should develop positive values, attitudes and behaviour. The foster parents should also expect the child to live harmoniously with people in the household and the community. |
| S5.2 | The foster parents are to build a home environment that promotes positive values, attitudes, behaviours and harmonious relationships. |
| S5.3 | The child is guided to develop good interpersonal skills so that he or she is able to build and maintain positive relationships with others. The child is taught how to respect other people’s rights while learning how to resolve conflicts in an assertive but amicable manner. |
| S5.4 | Foster parents are trained to diffuse conflicts and know how to avoid situations from escalating. |
| S5.5 | Foster parents are supported when handling difficult or disruptive behaviours by the child under their care and guided on the appropriate steps to constructively address these issues, correct the difficult or poor behaviours and promote acceptable behaviours. The aim of disciplinary action is to teach good behaviour and therefore any disciplinary action must be clear, reasonable and fair, and must not include corporal punishment. |
| S5.6 | Foster parents are given all necessary information regarding the child’s circumstances and significant events in the child’s life that might have shaped his or her values, attitudes or behaviours before the child is placed in the foster home. |

---

**Standard 6: Promoting good health, appropriate standard of living and well-being**

**Description**
Children have the right to live in a healthy environment, be able to access healthcare services and enjoy a standard of living that adequately meets their physical and mental needs.

**Outcome**
The child lives in a healthy environment where his/her physical and mental health needs are being cared for. The child who needs to seek medical services is able to do so in a timely manner. The foster parents are able to sustain a standard of living that is able to meet the child’s physical and mental needs.

**Policy**

| S6.1 | The child's physical, emotional and mental needs are cared for. The child is encouraged to take part in a range of activities that promote healthy living. If the child indulges in an unhealthy lifestyle or habit, he or she is to be guided accordingly. |
| S6.2 | The foster parents guide the child to understand how to maintain a healthy lifestyle and make informed decisions about his or her health. |
| S6.3 | The child has prompt access to medical services when the need arises. When the child needs additional support beyond the capacity and capabilities of the foster parents, relevant stakeholders are to support the foster parents by helping the child find medical services (this includes medical, psychological or psychiatric services) in a timely manner. |
| S6.4 | During intake and assessment, the child’s mental and physical health care needs are assessed and if there are health concerns, the potential foster parents are informed about these concerns during the matching and placement process. |
| S6.5 | The foster parents are trained to maintain basic household hygiene standards, know how to administer first aid and medication, treat minor health issues, understand how to deal with common communicable diseases, give basic health advice and understand the steps to be taken in the event of accidents or illnesses. |
| S6.6 | The foster parent’s actively reduce avoidable hazards in the home that may pose a danger to the child. |
| S6.7 | The foster parents’ home can accommodate all who is living there and it is adequately furnished, meeting the basic requirements to run an effective household. Additional support by relevant stakeholders should be provided to the foster parents to ensure that the home meets the basic needs of the child. |
56.8 The child, aged over three, should have his or her own bedroom. If this is not possible, the child should only share the room with other children of the same gender, and given his or her own personal space within the room. Care must be taken to ensure that there is no potential or actual bullying or abusive behaviour that may occur between children who are sharing the bedroom.

56.9 The foster parents are adequately supported by relevant stakeholders if the child placed under their care has complex or serious mental or physical health concerns.

Standard 8: Promoting education and personal development

Description
Children have the right to access primary education and should be encouraged to achieve the child’s educational potential. Education should also develop the child’s personality, talents and abilities to the fullest.

Outcome
The child is able to go to school and complete his or her education based on the educational path available for him or her. The child is also supported in developing his or her personality, talents and abilities to the fullest. The child’s education, academic achievements, and personal development initiatives are an important part of his or her journey towards adulthood.

Policy

58.1 The child has a positive home environment that encourages learning and personal development.

58.2 The child has access to school or alternative schooling options regularly, and is supported with educational resources that facilitates the child’s learning. There must not be any gender discrimination with regards to the child’s access to education.

58.3 The foster parents should themselves keep abreast and engaged with the child’s educational progress. As and when possible, maintain contact with the school and attend meetings if called upon by the school.

58.4 If for whatever legitimate reasons a child is not able to attend school, relevant stakeholders are to facilitate alternate ways for the child to develop knowledge and skills useful for independent living.

58.5 During placement and care planning, all relevant stakeholders are to ensure that education and personal development are prioritised. If the child is already undergoing an education or training programme, the child’s placement should not cause unnecessary disruption to his or her education or training.

58.6 Whenever possible, relevant stakeholders should demonstrate commitment to helping the child achieve the highest education standards he or she possibly can.
Standard 9: Preparation for independent living and adulthood

Description
Children have the best chance of success as adults if they are given the level of care and support expected from any reasonable parent, and they are provided with the opportunities needed to help them move successfully to adulthood. The pathway to independent living addresses the child’s education, training and employment, his or her community support, and the ability to manage finances. It also looks into the child’s health and personal development, such as developing the child’s ability to be resilient and to care for himself/herself.

Outcome
The child is adequately prepared to live independently as a result of being placed under the care of foster parents who provide care and support like any reasonable parent would do. With the help of relevant stakeholders, the child has also been through initiatives that help build relevant knowledge and skill sets needed to live independently.

Policy

| S9.1 | The foster parents support the child in developing their ability to live independently by guiding the child on how to make good decisions or choices, take reasonable risks, and learn from their own failures and experiences. |
| S9.2 | The child is supported to develop a positive self esteem, resilience and the ability to keep safe, and to care for him or herself. Practical skills, such as how to manage the practicalities of a home and personal care should be introduced. |
| S9.3 | The child is supported to attend education, training or employment programmes that provide the necessary abilities to find employment, as well as practical sessions to understand how to manage his/her own finances. |
| S9.4 | The child’s placement and goal-setting plan should include a pathway plan that adequately prepares the child for independent living. The foster parents, in collaboration with the child, should be involved in developing the goals and agree to its implementation. |
| S9.5 | The child is encouraged to develop positive community links so that he or she is able to receive further support and care from the wider community to allow for a positive transition into adulthood. |

The programme prepares a child to live independently as an adult.
- Article 6 UNCRC – Survival and development
- Preamble, UNCRC
- Guideline No 135, UN General Assembly, Guidelines for the Alternative Care of Children

The programme will protect the children from harm and minimize threats towards them.
- Article 19 UNCRC – Protection from all forms of violence
- Section 39, Malaysian Child Act 2001
- Section 18, Malaysian Child Act 2001
- Objective 2, Malaysia’s National Child Policy and Action Plan

Standard 10: Mitigating potential risks and threats

Description
Children who are unaccompanied and separated may face potential risks and threats to their well being. They are not only vulnerable to abuse, neglect and exploitation, but also lack the maturity, knowledge and experience to make good decisions and choices for themselves. As such, it is crucial that relevant stakeholders take reasonable precautions in assessing the degree of risks and threats the child might face and develop safeguards to reduce the likelihood of these risks and threats being realised.

Outcome
The child’s exposure to potential risks and threats is reduced due to proactive actions and precautions developed and implemented by relevant stakeholders in the child’s life. The foster parents are aware that there are always potential risks and threats in daily living and understand how to look out for these risks and threats and keep the child safe.

Policy

| S10.1 | The foster parents and all relevant stakeholders take reasonable precautions in assessing the types and degree of risks and threats the child would face and make practical plans to mitigate them. This involves understanding the type of activities the child is involved in, people the child may be in contact with, and the child’s own ability to keep him or herself safe. |
| S10.2 | Foster parents are trained to assess risks appropriately, make good risk management decisions within the expectations of the fostering programme, and take responsibility as the child’s caregiver. |
| S10.3 | Foster parents should actively reduce potential hazards that may exist within and around the house. |
| S10.4 | All relevant stakeholders to conduct adequate risk assessment when introducing activities and programmes for the child to be involved in. Potential risks should be mitigated before the child is allowed to participate in the programme. |
| S10.5 | Risk should be adequately assessed and mitigated when making decisions during the entire fostering process – that is from the child’s first entry into the fostering programme to the point the child exits the programme. |
| S10.6 | All relevant stakeholders should engage in a safety planning exercise and participate in the development of a safety plan for the child to manage any potential risk. |
**Standard 11: Conducting family tracing, supporting family contact, and exploring family reunification**

**Description**
Children who are unaccompanied and separated should not be separated from their parents against their will, and all efforts should be made to reunite the child back to his or her family as soon as possible. To do so, tracing is an essential component for a durable solution. However, the decision to conduct family tracing and family reunification must be taken cautiously in cases involving abuse, neglect, exploitation and trafficking of the child by the parents. Family reunification in the country of origin is also not in the best interest of the child should there be a reasonable risk that such a return would lead to the violation of fundamental human rights of the child.

**Outcome**
The child has given his or her point of view regarding family tracing and is informed when family tracing is being undertaken. The child is however made aware that despite every effort, it is not always possible to trace his or her family. If tracing is successful, the child also understands that if it is to the best interest of the child, efforts will be made to reunite the child back to his or her family. In the meanwhile, whenever possible, contact with family members is encouraged and supported.

**Policy**

| S11.1 | The child understands that until a durable solution regarding his/her status as an unaccompanied and separated child has been identified, it is in the child’s best interest that they are placed under the care of foster parents. |
| S11.2 | The child understands that his/her placement under the care of foster parents is not a permanent placement and it does not in any way replace the role of the child’s parents in his/her life. |
| S11.3 | The child consents to a tracing process and is given every opportunity throughout the fostering process to provide relevant stakeholders further information regarding his/her family that will help in the tracing process, or when making decisions in the child’s best interest regarding family reunification. |
| S11.4 | The foster parents support the child’s emotional and mental challenges as he or she deals with the uncertainty of being an unaccompanied and separated child, and the fact that it is not always possible to trace his or her family. Foster parents should also support the child if it is decided that it is not to their child’s best interest that he or she is to be reunited with his/her family. Relevant stakeholders support the foster parents by facilitating access to mental health professionals as and when needed. |
| S11.5 | The foster parents understand that decision regarding family contact is delegated to them and in line with the child’s placement and goal plan. Therefore, appropriate contact with family members by the child should be encouraged. |
| S11.6 | The foster care agency must take into consideration the best interest of the child when deciding on whether to undertake tracing activities and ensure that all tracing activities are conducted in a manner that does not jeopardize the safety of the child or relevant persons in the child’s life. |

**The programme supports family unity.**
- Article 9 UNCRC – Separation from parents
- Article 10 UNCRC – Family reunification
- Guideline No. 43, UN General Assembly, Guidelines for the Alternative Care of Children
- General Comment No. 6 - Treatment of unaccompanied and separated children outside their country of origin

**Standard 12: Maintaining good record keeping, confidentiality and privacy**

**Description**
Children have a right to privacy. All relevant stakeholders must maintain good records by having sound practices and policies about the handling of information and protect the confidentiality of information of the child. Information legitimately sought and shared for one purpose may not be used for another purpose without first obtaining consent to do so. Care when obtaining and using information must be taken in order not to endanger the well-being of the child, the foster parents, and persons relevant to the child’s life still living in the child’s country of origin.

**Outcome**
The child is confident that there is good record keeping of his or her personal information is kept confidential and only shared with those who have a legitimate and current need to know. The child understands that relevant stakeholders who have access to his or her personal information will safeguard his or her best interest when using and sharing his/her personal information.

**Policy**

| S12.1 | The child’s personal information obtained during the fostering process is to be kept private and confidential. When making decisions, only information needed for decision-making can be obtained and shared with relevant stakeholders. |
| S12.2 | All relevant stakeholders with access to the child’s information must take extra care in protecting the information and ensure that there are clear safeguards in place to prevent information leakage. |
| S12.3 | Information shared by the child should be respected and never be used against the child or to make the child feel ashamed, hurt, guilty, or embarrassed. Information shared by the child should be kept confidential so long as it is in the child’s best interest to do so. |
| S12.4 | The foster care programme has a clear written policy that governs how personal information and all other supporting documents of the child will be kept, how it is managed and safeguarded. There should also be a system to ensure quality and accuracy of record keeping. |
| S12.5 | Soft copies of the child’s personal information must be password protected and hard copies are to be kept in a locked cabinet or drawer. Passwords and keys are to be kept by authorized stakeholders and there are clear procedures in place when accessing the child’s personal information. |
| S12.6 | All relevant stakeholders such as foster parents, foster care personnel, and staff members in the foster care agency are trained to manage the child’s records properly in accordance with the written policy for record keeping. |
| S12.7 | The child has access to information in his/her file and knows how to access the file and has the right to ask for his/her file to be returned to him/her upon discharge from the fostering programme. |
| S12.8 | Entries in records, decisions, and justifications for these decisions, are legible, clearly expressed, non-stigmatizing, distinguishable between fact, opinion and third party information, and are signed and dated. |
Standard 13: Supporting those with disabilities

Description

Children who have any kind of disability have the right to special care and support. Special attention should be given to ensure that they can live a full and independent life.

Outcome

The child with a disability is adequately cared and provided for. All necessary support, including resources and relevant educational programmes are made available to the child to have a full and independent life.

Policy

S13.1 The foster parents are provided with all the necessary information regarding the child’s disabilities and the challenges they would face in caring for the child before the child is placed under their care.

S13.2 The foster parents are to be first assessed to have the right temperament to look after a disabled child and provided with the necessary training required to care and support the child.

S13.3 The foster parents are supported as they install all the necessary aids and adaptations in their home to adequately support and care for a disabled child. Their home is to be located in a place where movement in and out and within the home is not restrictive and safe for the disabled child.

S13.4 The foster parents are supported if the disabled child requires dedicated attention and time for care and support. Foster parents also need to be further supported if the child requires specific medication and special dietary food.

S13.5 If needed, all relevant stakeholders are to facilitate access to special educational programmes, psychiatric, psychological or medical services relevant to the type and extent of disability experienced by the child.

S13.6 When making decisions for a child with disabilities, their special and complex needs together with their personal wishes and feelings must be fully considered and taken into account.

S13.7 When planning for the child’s transition to independent living, specific education and training programmes should be provided to help the child cope with the challenges he/she would face on his/her own. All relevant stakeholders should also develop a long-term plan addressing issues depending on the nature of the child’s disability and how it affects his/her education, health, self-care, employment, leisure and housing when living independently.

Standard 14: Allegations and complaints

Description

Children in foster care must know that they have the right to make a complaint and know how to do so in an appropriate and effective manner. It is important for children to know that their complaints are taken seriously, that all relevant stakeholders will work towards resolving the complaint in a just manner, and there will not be any repercussions to the child for making a complaint.

Outcome

The child understands that he/she can complain formally and knows how to properly do so. The child also knows that he/she will be heard, and action will be taken, not only to address the complaint but also protect the child from repercussions as a result of the complaint.

Policy

S14.1 There are clear mechanisms in place for the child to make a complaint against the foster parents and/or various stakeholders involved in the child’s life.

S14.2 All allegations or complaints from the child must be taken seriously and investigated promptly. If the allegations or complaints are regarding the safety of the child, the child will need to be promptly removed and kept in a safe place.

S14.3 All allegations or complaints must be handled sensitively as foster parents and relevant stakeholders face the risk of being subjected to false allegations, which can be extremely traumatic for them and their families.

S14.4 Unless the complaint is regarding a criminal or an illegal act, policies and procedures should promote an informal, amicable resolution that is fair and reasonable.

S14.5 All relevant stakeholders should not let their relationship with the person who is the subject of the complaint affect their objectiveness and prevent them to act in a fair and just manner. Clear guidelines must be put in place to ensure that an independent person is appointed to investigate the complaint.

S14.6 The foster parents and relevant stakeholders who are the subject of the complaint or allegation must be given appropriate information in writing about the allegation or complaint against them, and the reasons for the actions taken in response to the allegation or complaint.

S14.7 Anyone who has a complaint or allegation made against him or her must not be suspended automatically or without due consideration. They must be given a fair opportunity to formally respond in defence of their action.

S14.8 All complaints must be handled in strict confidence and should be on a need to know basis. However, this does not prevent formal reporting to relevant authorities for incidences of criminal or illegal acts.
### Standard 15: Conducting regular supervision, training and evaluation of foster parents and foster care personnel

**Description**

Foster parents and foster care personnel play a central role in safeguarding children and promoting positive outcomes for them. As such, regular supervision, training and evaluation must be in place to ensure that foster parents and foster care personnel are effective in the work they do for children.

**The programme evaluates and supports foster parents and case workers.**

- Guideline No 5 and 71, UN General Assembly, Guidelines for the Alternative Care of Children

**Outcome**

Foster parents receive the support they need to provide care for children placed with them and to reasonably meet their overall needs. Foster parents also understand that they will be supervised, and there is a need for them to improve themselves through training, and have their performance as foster parents evaluated. Relevant foster care personnel also receive all the necessary support for them to be effective case managers for children and support for foster parents. These foster care personnel also understand they will be supported through regular, thorough and timely training, supervision and evaluation.

**Policy**

| S15.1 | The foster care programme, through regular, thorough and timely supervision, training and evaluation, supports the foster parents and foster care personnel to ensure that children placed under their responsibility have been cared for, reasonably meeting all the standards in the Minimum Standards of Care. |
| S15.2 | The foster parents and foster care personnel understand the standards required to perform their respective tasks and to meet their respective supervisors on a regular and timely basis. Supervisions are conducted in an objective, open and thorough manner with the clear aim of supervising their work as foster parents or foster care personnel, and keeping them accountable. |
| S15.3 | The foster parents and foster care personnel are required to go through the necessary training programmes to keep them competent and effective in the work they do. The training programme should cover all the necessary knowledge and skills needed for both the foster parents and foster care personnel to perform their roles well. |

| S14.9 | Both the person who made the complaint and the person who is the subject of the complaint must be informed in writing regarding the procedures to be taken to resolve the complaint, how it affects their daily routine, time it will take to find a resolution, and to be assured that there will be a fair and thorough investigation. |
| S14.10 | It is to everyone’s best interest that the complaint or allegation is resolved as promptly as possible, consistent with a fair and thorough investigation. The resolution must be recorded in writing. |

### Standard 16: Support through financial and material resources to maintain an acceptable standard of living

**Description**

Foster parents from challenging backgrounds such as asylum seekers, stateless persons and refugees go through significant financial hardship. Based on the financial challenges they are experiencing, it is difficult for them to take on additional responsibilities to care for an unaccompanied and separated child. However, many of them are also the most suitable persons to provide care for unaccompanied and separated children especially those from similar ethnicity, culture, tradition and religious backgrounds. As such, in States where there is no aid given to asylum seekers, stateless persons and refugees, some form of support for foster parents must be incorporated into the fostering programme.

**Outcome**

With the relevant support, foster parents are able to perform their role as caregivers according to the expected standards of care on a consistent basis.

**Policy**

| S16.1 | In general, direct payment to individual foster parents to participate in the foster care programme should be avoided. Support in the form of food aid, subsidized or sponsored accommodation and free education and healthcare for the child must be considered to ensure that the foster parents are able to comply with the minimum standards of care required of them. |
| S16.2 | There is a clear and transparent written policy and procedure on how support for the foster parents is being assessed, the type and amount of support provided, and the ways and means the support is provided. |
| S16.3 | The foster parents will agree to the type and amount of support provided for the child to be placed under their care before the actual placement is made. The type and amount of support needs to be reviewed periodically or as and when there are significant changes in the fostering arrangement. |

The programme provides financial and material resources that adequately support foster care placements.

- Article 18 UNCRC - Parental responsibilities and state assistance
- Guideline No 53, UN General Assembly, Guidelines for the Alternative Care of Children
Standard 17: Conducting regular case reviews, effective case management, and comprehensive programme evaluation

Description
The fostering programme must ensure that it has all the necessary processes it needs to conduct regular case reviews, effective case management, and comprehensive programme evaluations.

Outcome
The child is adequately protected and cared for in a foster care programme that has clear processes, so that the child is assured that there is regular review of his/her case, that the foster care personnel are working effectively for his or her best interest, and that there is constant programme evaluation that results in improvements in service delivery.

Policy

S17.1 The child’s case is reviewed and followed up on at the right intervals throughout the fostering process to ensure that the placement goals are being actively met by all relevant stakeholders. Apart from goals related to the child’s well-being, other key goals related to stability (such as family tracing and reunification, asylum seeking or refugee status processing or durable solutions) must be reviewed and followed up on a regular and timely basis.

S17.2 Decision makers in the foster care programme will engage in a decision making process by taking into account all the information available to them and ensure that decisions are in keeping with the best interest of the child.

S17.3 The foster care programme has an effective case management programme that governs the work of its foster child case worker in supporting the child being placed under the care of the foster parents. There should be clearly written case management policies and procedures, trained case workers and structures to ensure proper supervision and training is in place.

S17.4 The fostering programme should have a comprehensive evaluation tool to identify gaps within the programme and gauge the effectiveness of the programme. Programme evaluation should be done on a regular basis and issues arising from the evaluation regarding the programme must be addressed in a prompt manner. The evaluation report must be made available for all stakeholders.

The programme has policies and procedures that ensure accountability and promotes effectiveness in its service delivery.

- Article 25 UNCRC - Review of treatment in care
- Guideline No 5 and 71, UN General Assembly, Guidelines for the Alternative Care of Children

The fostering programme must ensure that it has all the necessary processes it needs to conduct regular case reviews, effective case management, and comprehensive programme evaluations.
7.1 Screening of prospective foster parents

Description

The screening process is essential to the identification of persons who are suitable to work with children. If conducted properly, it will rule out applicants who have history of abusive, neglectful and exploitative behaviour. The recommended step for screening is to verify the background of a person by conducting a law enforcement background check. However, in the context of migrant, asylum seeking, stateless or refugee persons in Malaysia, the availability and access to this process is limited. Therefore, the use of secondary verification options such as written recommendations from community organisations that the person belongs to, from religious institutions and embassies should be considered.

Outcome

Prospective foster parents who are interested in playing the role of foster parents are screened and verified by relevant stakeholders. The verification process helps reveal that there are no reasons for any concern for safety and the prospective foster parents have the potential to fulfil the roles and responsibilities of foster parents.

Policy

7.1.1 The prospective foster parents should have written recommendations by at least two recognised institutions that attest to their suitability as foster parents. The recommending institutions are given a copy of Roles and Responsibilities of a Foster Parent for their reference.

7.1.2 The recommending institution, in recommending the prospective foster parents, attests that the institution is unaware of any allegation or investigation of abuse, neglect and exploitation made against the prospective foster parents.

7.1.3 A self-declaration form acknowledging that the prospective parents have never been investigated for allegations of abuse, neglect and exploitation must be made available and used as a required form for all prospective parents to sign.

7.1.4 The prospective foster parents should understand the minimum criteria prescribed under the Roles and Responsibilities of a Foster Parent and have been assessed and affirmed by the fostering agency to have the temperament and aptitude to meet the listed criteria.

7.1.5 The prospective foster parents are guided through the process of screening and have been treated fairly, without biasness, openly, and with respect throughout the whole process. The next steps involved in the fostering process have also been clearly explained to them.

7.1.6 The foster care agency must ensure that an appropriate screening tool is available for implementation in this process.

7.2 Intake of prospective foster parents

Description

The intake process gathers a depth of information regarding the prospective foster parents. Essentially the intake process includes an interview and a home visit. During the interview, questions are not only asked about the prospective foster parents but also regarding other family members, especially if they are living within the same household. The home visit provides the opportunity to review the suitability of the home for UASC.

Outcome

Information gathered at intake is used extensively in developing a Home Study (complete profile of the prospective foster parents) and to select prospective foster parents for the foster care programme. Relevant recommendations to prepare a home for fostering are also made following the interview and home visit.

Policy

7.2.1 Rapport should be developed at the start of an intake process to initiate a good working relationship between the Foster Parents Support Worker and the prospective foster parents.

7.2.2 Intake interviews should be held in a room that provides the prospective foster parents privacy and is conducted in a respectful and friendly manner that encourages openness and honesty in sharing of personal information.

7.2.3 Interpreters should be made available to the prospective foster parents as required during the intake interview.

7.2.4 All information obtained during the intake interview can only be shared with relevant stakeholders, and must meet the requirements set under the Minimum Standards of Care No. 12 (Maintaining good record keeping, confidentiality and privacy), and the standards set by local laws and regulations.

7.2.5 The prospective foster parents must be informed prior to the intake interview that their participation in the intake interview indicates that they are consenting to their personal information being collected though used solely within the purpose of the foster care programme.

7.2.6 The foster care agency must ensure that an appropriate intake interview questionnaire is available for the implementation of this process.
7.3 Training of prospective foster parents

Description

The training programme prepares prospective foster parents, both in theory and practice, to understand and develop the basic knowledge and skills required to meet the needs of children under their care, and therefore adequately preparing them to play the role of a caregiver to the child. The training programme also helps the prospective foster parents understand the fostering process and the expectations and benefits that comes with their participation in the programme.

Outcome

Prospective foster parents having attended the training programme understand what is expected of them and are prepared to take on the responsibility of caring for UASC. They also have the necessary knowledge and skill sets to deal with challenges they may encounter when providing care to the foster child and know when and how they should ask for help.

Policy

7.3.1 The training programme should be developed to cover the following key topics –
- Minimum Standards of Care in the Manual for Foster Care for UASC
- Selected sections of the Handbook for Foster Parents
- Basic listening and communication skills
- First aid and guide to healthy living
- Keeping children safe
- Dealing with strong willed children
- Helping children with trauma
- Psychosocial development of a child, particularly related to teenagers
- Maintaining healthy parent-child relationships and developing positive parenting skills

7.3.2 The prospective foster parents must attend all the key modules in the training programme before they are allowed to accept foster children into their homes. A checklist of all the sessions they have attended should be in place and completion of the modules verified by the trainer or foster care programme supervisor.

7.3.3 The training programme should address the cultural, traditional, language and religious needs of the foster child and prospective foster family but still adhere to the Minimum Standards of Care as stated in the Manual, the relevant local laws and international standards the country has ratified.

7.3.4 Continuous training for the foster parents should be done regularly throughout the period the child is placed under the foster parents care. As part of the continuous training, a regular support group meeting for foster parents facilitated by a trained person in the foster care programme should be organised to give a platform for the foster parents to share, support, and learn from one another.

7.3.5 Training modules in the foster care programme should be reviewed and updated periodically. Lessons learnt from the foster parents’ experience, the foster care personnel’s engagement with the family, foster parents and case workers supervision notes, and the evaluation and monitoring programme should be reviewed when updating the training modules.

7.4 Selection of foster parents

Description

The selection process is the final step before the prospective foster parents are confirmed and ready to be matched with UASC in the foster care programme.

To make a selection, a final interview is conducted by the foster care agency with questions that would help ascertain if the prospective foster parents are able to undertake the roles and responsibilities of a foster parent (as seen in 4.1 Foster Parents: Roles and Responsibilities) and meet the Minimum Standards of Care. A final home visit should also be made by the foster care agency to ensure that the prospective foster parents’ home is suitable to place UASC. Information collected during the screening process, intake process, training sessions, final interview, and the home visits should be consolidated and assessed.

An in-depth assessment known as a Home Study of the prospective foster parents is developed by the Foster Parents Support Worker. The Home Study provides a comprehensive profile of the prospective foster parents and serves a number of purposes, including documenting the rationale for approving them as foster parents, the strengths and weaknesses of the foster parents, further training needs of the foster parents, and recommendations on the profile of UASC that are a best match.

A selection committee has a meeting to review the Home Study of prospective foster parents to make the selection decision.

Outcome

Foster parents with the necessary capacity and capabilities to fulfil the roles and responsibilities of a foster parent and meet the Minimum Standards of Care are selected and ready to be matched with a UASC.

Policy

7.4.1 A selection committee is to be formed for the purpose of selecting foster parents for the foster care programme. The committee should comprise of experienced persons with a good understanding of the migrant, asylum seeker and refugee population; the Foster Parents Support Worker; and his or her supervisor. Members of the committee must have sufficient knowledge and experience to make a competent and informed decision during the selection committee meeting.

7.4.2 The selection of the foster parents can only be made after the prospective foster parents have completed the foster care process of screening, intake and training, together with the final interview and home visits.

7.4.3 The Foster Parents Support Worker is to prepare the Home Study and ensure that the selection committee have adequate time to review the Home Study before the selection committee meeting.

7.4.4 The selection committee meeting is to be conducted in a private environment. Discussions and comments made during the meeting are to be kept confidential. Only the decisions are to be shared with relevant persons.

7.4.5 The decision and the reasons for the decision are to be written down and signed off by the Foster Parents Support Worker’s supervisor during the selection committee meeting.

7.4.6 All decisions at the selection committee meeting are to be made in a clear, objective, fair manner and without any biasness.
7.5 Referral and Screening of UASC

Description
A referral is made when an UASC is identified within the community and subsequently referred to the relevant stakeholders or to the foster care agency running the foster care programme. The referral would be the foster child’s first contact with the foster care programme before a full assessment is made. The referral is screened only for relevant programme requirements.

Outcome
The child’s basic information is gathered through the referral process and an intake date is promptly set. Key basic information should include the child’s bio data and contact information, current known vulnerabilities and protection concerns, information on any family members or relatives residing in the country, and a brief summary on current care or living arrangements.

Policy

| 7.5.1 | The referral procedures and forms should be made as simple and straightforward as possible. User-friendly steps and guidelines to refer UASC should be made readily available to the community so that there are no hurdles that would restrict access for UASC into the programme. |
| 7.5.2 | The referral procedures and forms should also be made available in various languages where possible to accommodate referrals from non-local language speakers. |
| 7.5.3 | Regular community engagement sessions to promote the foster care programme will increase the community’s awareness in identifying and referring UASC and also encourage suitable community members to take on the role as foster parents. |
| 7.5.4 | All referrals must be followed-up and dates for intakes to be made promptly and without unnecessary delay. All referrals are treated as urgent and must be addressed equally in importance. This is crucial as referrals typically lack adequate information for the foster care personnel to make a clear vulnerability assessment to differentiate the urgency of each case. |
| 7.5.5 | Any referral of UASC at risk of abuse or in imminent risk of harm is to be made to a relevant agency that is able to assist with emergency placement while the foster care process continues. |

7.6 Intake of UASC

Description
The intake level is when all the necessary information to assess if the UASC is suitable for the foster care programme is gathered. Typically, the intake process is a one-to-one interview conducted by the assigned Foster Child Case Worker with the UASC to identify the UASC’s needs. An interpreter should be made available to facilitate communication.

Outcome
The UASC should be able to share openly his or her needs to the Foster Child Case Worker in a safe and conducive environment. Information from the intake interview is sufficient for the assigned committee to assess and decide on the best interest of the UASC during the Case Conference.

Policy

| 7.6.1 | Rapport should be developed at the start of an intake process to allow for trust and respect to be built and to move the conversation from what can seem to be an interrogation to a conversation. Rapport building may involve more than on meeting. |
| 7.6.2 | The intake interview should be conducted in a room that is child friendly, private and gives the child a sense of safety and security. There should not be any other personnel except for the Foster Child Case Worker and if needed the interpreter at the intake interview. Care should be taken to ensure the interviewer and interpreter is of the same gender as the child, where appropriate, and particularly for female UASC. |
| 7.6.3 | The intake interview must be conducted in a sensitive and respectful manner. The child should feel that he or she has been treated fairly and given the benefit of the doubt. The principle of “do no harm” must be adhered to by the interviewer especially when asking questions where there might be a risk of re-traumatisation. The interviewer should excuse him or herself if the interviewer feels that for whatever reason he or she is not able to be objective or unbiased when interviewing the UASC. |
| 7.6.4 | Everything shared by the UASC during the intake interview must meet the requirements set under the Minimum Standards of Care No. 12 (Maintaining good record keeping, confidentiality and privacy), and the standards set by local laws and regulations. |
| 7.6.5 | The UASC must be informed prior to the intake interview that their personal information is being collected and their consent given for their information is to be shared only for the purpose of facilitating the foster care process. |
| 7.6.6 | The foster care agency must ensure that an appropriate intake interview questionnaire for UASC is available for implementation of this process. |
7.7 Assessment of UASC

Description

The assessment of UASC is a crucial step in not only assessing if the UASC is suitable for the foster care programme but more importantly to identify vulnerabilities experienced by the UASC that has to be addressed through the care plan.

The assessment process involves an assigned case conference committee making an assessment on the child’s case based on the information gathered during the intake phase. The committee will meet in what is called a Case Conference to engage in a rigorous and detailed analysis of information to determine the type of support that will be in the best interest of the child.

If the decision is for the child to enter the foster care programme, the child’s case moves to the next stage in the programme. If it is decided that it is not to the child’s best interest to enter the programme, the child should be referred to the relevant stakeholders to address the vulnerabilities identified during the intake process.

Outcome

The UASC’s intake is assessed and decided according to the best interest of the UASC during the Case Conference. Decisions to enter the foster care programme are made by the assigned committee during the Case Conference.

Policy

7.7.1 Members of the Case Conference Committee should include child rights experts with sufficient knowledge and experience to make competent and informed decisions during the Case Conference. All information obtained during the intake process, background information on the child’s community, the country of origin, and the current local situation should be taken into account to make decisions on the child.

7.7.2 The Case Conference is conducted in a private environment. Those attending the Case Conference should be the members of the assigned committee, the case supervisor and the relevant foster care personnel only. Discussions and comments made during the Case Conference are to be kept confidential. Only the decisions are to be shared with the relevant persons of concern.

7.7.3 The decision and the reasons for the decision are to be written down and signed off by the case supervisor during the Case Conference. Decisions made during the Case Conference can only be reviewed and amended at the next case conference meeting.

7.7.4 All decisions at the Case Conference are to be made in a clear, objective, fair manner, without any biasness and adhering to the principle of making decisions in the best interest of the child.

7.7.5 The UASC has the right to appeal or challenge the decision made by the Case Conference Committee. He or she should submit his appeal or challenge in writing. An independent assessor will be invited by the foster care agency to review the case at the next case conference meeting.

7.8 Matching

Description

Matching is the process where the foster care agency facilitates an appropriate match between the foster parents and the UASC. The agency evaluates the foster parents’ capability in meeting the child’s needs with the wishes and feelings of the child.

Other factors to be considered when matching foster parents with UASC are: the child’s and parents’ temperament, gender, age, needs of the child, language, religion and cultural compatibility, parenting experience and availability to foster, and current family dynamics of the foster parents. A good match maximises the likelihood of a stable placement for the child in the foster parents’ household.

Outcome

The child is matched with foster parents who are able to provide the child a stable home environment that meets his or her needs. The child is able to live harmoniously with the family and is a positive member of the family.

Policy

7.8.1 The foster care agency reviews the needs of the UASC and considers one or more foster families as a match for the UASC. The foster care agency should carefully consider if the foster parents can reasonably meet the UASC’s needs, and the impact of the placement on the family dynamics in the foster parents’ home.

7.8.2 The foster care agency provides the foster family all available information the foster family needs to carry out their responsibilities effectively. The information should be comprehensive, clear and in writing. It should describe the agency support that is available to the foster parents. This allows the foster parents to make an informed decision whether they agree with the foster care agency’s recommended matching.

7.8.3 Whenever possible, the UASC should be given information about the foster family. The information should be provided in a way that is appropriate to the child’s age, developmental phase and ability to understand.

7.8.4 Based on the UASC’s needs, an assessment on the foster parents’ capacity should be undertaken to identify gaps between the UASC’s needs and the foster parents’ capacity. To plug the gaps, the foster care agency should ensure that the foster parents attend additional training or have access to additional resources and support.

7.8.5 Matching can only be completed once all parties – the foster care agency, the referral agency (if this agency is not the foster care agency) the foster parents and the UASC agree to the recommended matching.

7.8.6 The UASC and the foster parents have the right to reject the decision on the matching during the matching process.
7.9 Placement: Orientation

Description

Once the child is placed in the foster parents’ home, the relationship between the foster parents and the child is pivotal to the success of the programme. The relationship must be based on mutual trust and respect. As such it is important for the foster parents to invest time in engaging and building rapport with the UASC. The orientation programme can be conducted in a form of a get-to-know you session between the foster parents, the UASC and the Foster Child Case Worker. Games help break the ice and put people at ease.

Outcome

The UASC has a positive relationship with the foster parents. The UASC feels that a relationship with the foster parents creates a good platform for him or her to meet his/her care plan goals.

Policy

| 7.9.1 | The orientation and rapport-building programme should be conducted at the start of the child’s placement in the home of the foster parents. |
| 7.9.2 | The orientation and rapport building should be activities that help build positive relationships between the foster parents and the child. It also should help the child understand what to expect from living in the foster parents’ household. |
| 7.9.3 | The child should be made to feel at home in the foster parents’ household. As such the child should be given free access to the household facilities. Foster parents are to explain everyday household rules and expectations to the child - this can include duties and chores to help out with the upkeep of the home. |
| 7.9.4 | The Foster Child Case Worker should lead a discussion on how to stay healthy if there is a pre-existing communicable health concern that is affecting the child. The discussion should also include ways to mitigate the transmission and effects of the disease. |
| 7.9.5 | The foster child has a right to bring his or her own belongings to the new home and the foster parents should make provisions for the foster child to keep these belongings safely in the home. |

7.10 Placement: Care Planning

Description

The care planning process of the UASC starts with the placement of the child in the home of the foster parents. Care planning is a multifaceted process, which ties in the relevant goals and needs of the UASC into a holistic care plan. The care plan must be first and foremost child centred, promoting the best interest of the child. The care plan looks at the UASC’s needs and sets goals for achieving the foster care outcomes of safety, stability and well-being.

Meeting the foster care goals requires a collaborative effort between the foster care agency, foster parents and the UASC. To do so, a clear care plan with goals, strategies, action plans, timelines and assigned responsibilities are developed collaboratively between the foster care agency, represented by the Foster Child Case Worker, the foster parents and the UASC. Regular reassessment is required to allow for the plan to evolve together with the growing needs of the UASC and changes in the UASC’s environment.

The above framework has been adapted from the Department of Education in the U.K. as part of guidelines for the implementation of the United Kingdom’s Children Act 1989. The adapted framework provides structure to the care planning process as it charts out the three domains of the child’s developmental needs, parenting capacity and family and environmental factors. The list of needs and factors identified in this framework is not an exhaustive list.

Firstly, the framework looks at the child’s developmental needs and allows the Foster Child Case Worker, the foster parents, and the UASC to identify the area that needs to be addressed. Once the needs are identified; relevant goals, strategies, action plans, timelines and assigned responsibilities are to be developed accordingly. Specific responsibilities can be then assigned to the Foster Child Case Worker, the foster parents and the child.
The second domain looks at the foster parents’ capacity. Assessments can be made to identify areas where the foster parents will require additional help either through training programmes to increase knowledge and skills, or by providing additional resources for the family.

The third domain looks at wider challenges faced by the foster parents and the child. Assessment can be made to identify areas the family will require additional help, and together with the relevant foster care personnel, develop a plan leveraging on the community’s resources and strengths to meet these gaps.

### Policy

7.10.1 A care-planning tool must be available to help facilitate the planning process in developing a care plan that meet the ‘SMART’ goals of being **Specific, Measurable, Achievable, Realistic** and **Time bound**. There must be clear lines of individual and joint roles and responsibilities for the Foster Child Case Worker, the foster parents and the UASC in fulfilling all the elements in the care plan.

7.10.2 The care planning process must be carried out as soon as the UASC is placed under the care of the foster parents. The care planning process helps the UASC settle down and feel secure in the new environment, as the care plans would assure the UASC that his or her needs would be met in this new environment.

7.10.3 Once the UASC is placed, he or she should not be removed from the foster parents who are willing and able to continue caring for the child, unless it is in the child’s best interest to do so. The child’s views and wishes must be taken into account.

7.10.4 The Foster Child Case Worker is responsible to clearly explain the purpose and the benefits of the care plan. The Foster Child Case Worker is to guide both the foster parents and the UASC in using the care-planning tool and lead the discussion in developing the care plan.

7.10.5 The care planning process must be done in a clear, objective, fair, unbiased and respectful manner. In keeping with the child’s right to participate in decision-making processes, all parties in the care planning process must have an equal opportunity to express his or her opinion regarding the care plan. All opinions must be considered carefully, looking at the merits of the opinion in keeping with the principle of deciding in the best interest of the child.

7.10.6 The completed care plan must be collectively agreed upon and signed by all parties. By signing the care plan, everyone involved in developing the care plan commits to seeing the care plan through. A copy of the care plan must be given to all parties.

7.10.7 The care plan must be periodically reviewed. The same standards applied during the care planning process must be applied during the review.

7.10.8 A comprehensive case management tool must be made available for the Foster Child Case Worker in order for him or her to carry out his or her roles and responsibilities in fulfilling all the elements in the care plan. Through case management, the Foster Child Case Worker is required to work closely with the UASC and the foster parents in monitoring the implementation of the care plan.

7.10.9 The foster care agency should ensure proper supervision of foster care personnel, conduct regular individual case evaluation, as well as an overall foster care programme evaluation.

7.10.10 A complaints mechanism must be made available for the foster parents and the UASC in cases of dispute with the Foster Child Case Worker regarding the case plan or failure on the part of the Foster Child Case Worker to adequately fulfill requirements of the case plan.

7.10.11 If the case of UASC who do not have adequate capacity or maturity to work with the Foster Child Case Worker in implementing the care plan, the case management of the UASC is conducted through the support of the foster parents.

7.10.12 Foster parents must inform the foster care agency if their situation changes and therefore are not able to look after the child. In line with the best interest of the child, the foster care agency should consider the changes in the family situation and see how the foster parent may be supported to reduce the challenges faced.

7.10.13 With the exception of safeguarding the best interest of the child, failed placement must be avoided as much as possible. If it is unavoidable, care must be taken to reduce the effects of the failed placement on the child. Counselling is recommended for the child to deal with the failed placement and the child’s transition to a new foster care arrangement.

### 7.11 Placement: Preparation for Exit

#### Description

Preparations for the UASC’s exit begins as early as when the care plans are being developed at the start of the child’s placement with the foster parents. This is to ensure that the child, from the very beginning, is given the level of care, support, and opportunities needed to help the child move successfully to adulthood.

#### Outcome

The UASC has gone through initiatives to help build relevant knowledge and skill sets to live independently. The UASC also has had a positive care experience from the foster parents that gives him or her the confidence to care for him or herself.

#### Policy

7.11.1 Preparations for exit must meet the expectations stated in the Minimum Standards of Care, Standard 9 – Developing resilience, ability to self-care and live independently.

7.11.2 Special attention must be given to children with disabilities when it comes to preparing for their exit. Policies stated in the Minimum Standards of Care, Standard 13 – Supporting those with disabilities must be adhered to when planning for the exit of a child with disabilities.

7.11.3 The child must be informed the age limit for the foster care programme so that the child understands that he or she must work together with the foster parents and the Foster Child Case Worker to prepare for independent living.

7.11.4 The UASC are helped to understand the reasons why there is an exit to the programme and understands that they will be supported through their transition to independent living or resettlement (through the UNHCR resettlement programme) or returning home to their country of origin (where applicable).
7.12 Exit and Follow Up

Description

Exit from the foster care programme typically occurs when the child reaches adulthood. Therefore the exit age is usually when the child reaches his or her 18th birthday. However, many foster care programmes extend the care period till the child turns 21 as children between the ages of 18 – 21 still display the lack of maturity in making good decisions. A child may also choose to voluntarily exit the foster care programme before his or her 18th birthday. An assessment must be made on whether such exit is in the best interest of the child.

Follow-up is carried out after the child exits the programme. A particular time-frame and the type of services rendered to the child during the follow-up period is determined by the foster care agency and carried out by the Foster Child Case Worker.

Outcome

The child is living independently with proper housing, and is financially able to support him or herself. He or she remains connected with the community and is slowly developing him or herself to be a positive contributor to the community.

Policy

7.12.1 The foster care agency should determine the age the child exits the programme which reflects the current general care standards as practised in the country.

7.12.2 Special considerations to extend the child’s length of stay in the programme should be made for children who are not ready to exit the programme due to special circumstances. Special circumstances can be issues related to the child’s mental or physical disabilities, or the child’s inability to cope with independent living due to past trauma or a threat or imminent risk to the child’s safety and well-being, or any other predetermined factors by the foster care agency.

7.12.3 The foster parents should be allowed to continue providing the full extent of care for the child post exit if they choose to do so at their own free will and with the agreement from the child. However the foster care agency has the right to maintain the agreed care plan exit and follow-up arrangement and cease support for the foster parents when the child fully exits the programme.

7.12.4 The foster care agency is to develop a follow-up programme post exit to help the child who is now of adult age to settle down and integrate into community living. A good follow-up programme post exit is typically 6 – 12 months after the child exits the programme.

7.12.5 Rather than completely stopping services when the child exits the programme, a follow-up programme should taper off support and give the child the space to make mistakes as they adapt to independent living. The foster care agency should step up its community integration programme to assist the child in integrating into independent living in the community.

7.12.6 The foster parents are encouraged to maintain links with UASC who have left the programme and the foster care agency may organise opportunities for meet ups.

7.12.7 In cases where the UASC chooses to exit the programme voluntarily, an assessment should still be made by the foster care agency as to whether this decision is in the best interest of the child.

7.12.8 The foster child has a right to take all personal belongings when he/she leaves a foster home.
### GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td>The act of causing harm to another. Forms of abuse can include physical, sexual, emotional, verbal and/or psychological violence imposed upon another. The World Health Organization defines child abuse and maltreatment as &quot;all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.&quot; Also see Maltreatment; Neglect</td>
</tr>
<tr>
<td>Adoption</td>
<td>Process of assuming the permanent care of and parental rights over a child from his/her biological parents. Under adoption, the responsibilities of the child's birth parents are legally terminated and transferred to the adoptive parents.</td>
</tr>
<tr>
<td>Aging out</td>
<td>The process whereby a person reaches an age where he/she is no longer eligible to obtain specialized services usually related to care. Within a foster care arrangement in Malaysia, a child, upon turning 18, will age out of a foster care programme and move into independent living. See independent living</td>
</tr>
<tr>
<td>Asylum seeker</td>
<td>A person who is seeking protection and whose claim has yet to be assessed. Also see Refugee</td>
</tr>
<tr>
<td>Best interest of the child</td>
<td>A child rights principle taken from Article 3 of the UN Convention on the Rights of the Child. The Article provides that all adults should do what is best for children. The principle guides decision making.</td>
</tr>
<tr>
<td>Biological parents</td>
<td>The birth parents of the child who share genetic similarities with the child.</td>
</tr>
<tr>
<td>Care plan</td>
<td>A written document that provides a list of goals that the foster child needs to achieve and actions on how all parties will help the foster child achieve these goals.</td>
</tr>
<tr>
<td>Care planning</td>
<td>The guided process to plan strategies to address a child's safety, permanency and well-being needs.</td>
</tr>
<tr>
<td>Caregiver</td>
<td>A person who provides direct care to another. Also called a carer</td>
</tr>
<tr>
<td>Case Conference Committee</td>
<td>A team that gathers to decide on the admission of a child into the foster care programme. The team also decides on suggested interventions or goals related to the child that should be achieved throughout the case cycle. Members of the Case Conference Committee should include the Foster Child Case Worker, the Case Supervisor, a community representative and an independent child rights advisor. Decisions by the Committee must be objective, fair and in consideration of the best interest of the child.</td>
</tr>
<tr>
<td>Case Management</td>
<td>A process of identifying and coordinating services to address the holistic needs of a person. Case Management processes include the screening, assessment, planning, care coordination, facilitation, monitoring and evaluation of a person’s risks, needs and related concerns. Case Management specifically related to children should look into the safety, permanency and well-being needs of a child.</td>
</tr>
<tr>
<td>Child Act 2001; Child Act (Amendment) 2016</td>
<td>The law in Malaysia that provides for the protection, care and rehabilitation of children residing in the country.</td>
</tr>
<tr>
<td>Child marriages</td>
<td>Formal or informal union of a person below the age of 18.</td>
</tr>
<tr>
<td>Child/Minor</td>
<td>A person below the age of 18 years old, unless if under the law in the country the legal age of adulthood for a child is younger.</td>
</tr>
<tr>
<td>Collateral contacts</td>
<td>A source of information that is knowledgeable about the persons situation and serves to support or corroborate information provided by that person.</td>
</tr>
<tr>
<td>Community Representative</td>
<td>A leader from a particular community that is identified as representing a significant segment of that community.</td>
</tr>
<tr>
<td>Community-based organisation (CBO)</td>
<td>A not-for-profit group that works from a society/community level and works to meet the needs of a particular community. Within the Malaysian context, CBOs are refugee community led and are typically differentiated based on ethnicity or nationality.</td>
</tr>
<tr>
<td>Corporal punishment</td>
<td>Physical punishment or punishment intended to cause pain. Examples of corporal punishment include smacking, slapping, hitting, or whipping. In recent times, corporal punishment has been extended to include any punishment that degrades, belittles or humiliates another.</td>
</tr>
<tr>
<td>Family reunification</td>
<td>The act of preserving a family unit. Family reunification is often needed when family members are separated within a migratory context. Within a foster care arrangement, reasonable efforts must be made to trace and reunite a foster child with his/her biological parents/guardian where appropriate and in the best interest of the child.</td>
</tr>
<tr>
<td>Formal foster care</td>
<td>Where the Court grants the State the right to take temporary custody of a child and to arrange for relevant foster care arrangements accordingly. The change of care and custody is legally authorized and regulated by the State or a foster care agency.</td>
</tr>
<tr>
<td>Foster care</td>
<td>Temporary care provided when a child’s parents, legal guardian or customary care provider is unable to care for the child. Foster care can take many forms – formal foster care as well as informal foster care.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Foster Care Agency</td>
<td>Organisations that recruit, select, and train foster parents to care for children requiring temporary care.</td>
</tr>
<tr>
<td>Foster Care Selection Committee</td>
<td>A team that is tasked with assessing information presented and deciding on whether potential foster parents are suitable to be selected as part of a pool of foster parents. Composition of the team is to be determined by the Foster Care Agency.</td>
</tr>
<tr>
<td>Foster Child Case Worker</td>
<td>The personnel of the Foster Care Agency that looks into the needs of the child.</td>
</tr>
<tr>
<td>Foster Parent</td>
<td>A person who is not a parent or a relative of the child to whom care and control of the child has been given by the relevant authorities to be cared for in a home or family environment.</td>
</tr>
<tr>
<td>Foster Parents Support Worker</td>
<td>The personnel of the Foster Care Agency that looks into supporting the foster parents throughout the fostering process.</td>
</tr>
<tr>
<td>Guardian</td>
<td>A person who has the right and responsibility of taking care of someone who cannot take care of himself or herself.</td>
</tr>
<tr>
<td>Home Study</td>
<td>A review of the foster parents, the foster home and family environment. The Home Study is completed by the Foster Parents Support Worker and will be used during the foster parents selection process.</td>
</tr>
<tr>
<td>Home visit</td>
<td>A visit to a person’s home made by a case worker.</td>
</tr>
<tr>
<td>Independent living</td>
<td>The preparation for a child to achieve self sufficiency prior to or upon exiting the foster care programme. An independent living programme assists a foster child to develop the skills they need for adulthood.</td>
</tr>
<tr>
<td>Informal foster care</td>
<td>A private and temporary arrangement between a child’s parents and another party which is usually a family member, a relative or family friend. The transfer is not overseen by the State or a family court and there is no change in legal responsibility of the child.</td>
</tr>
<tr>
<td>Intake interview</td>
<td>The initial meeting with either the foster parents or the child, during which the case manager asks relevant questions to gather information to identify the client’s needs and risks.</td>
</tr>
<tr>
<td>International Organization for Migration (IOM)</td>
<td>An intergovernmental organization that provides services and advice concerning migration to governments and migrants. Within the Malaysian context, IOM assists with the resettlement process for refugees and the repatriation process for migrants.</td>
</tr>
<tr>
<td>Intervention</td>
<td>The action carried out to address a particular need or fulfil a particular goal.</td>
</tr>
<tr>
<td>Mahram; Non-Mahram</td>
<td>Kin with whom a person is forbidden to get married to at any time in his/her life and sexual intercourse would be considered incestuous. A foster child is considered a non-mahram unless he/she has been nursed by the foster mother from birth. Upon reaching puberty, the foster child cannot travel or be in seclusion with the foster parent of the opposite gender without the presence of the foster parent’s mahram.</td>
</tr>
<tr>
<td>Maltreatment</td>
<td>All forms of abuse and neglect. Child maltreatment relates to all forms of abuse and neglect towards a child.</td>
</tr>
<tr>
<td>Matching Committee</td>
<td>A team formed by the Foster Care Agency to select a foster family that best fits the profile of the child. Composition of the Committee should, at the very least, include the Foster Child Case Worker, the Foster Parents Support Worker and an independent expert on child care.</td>
</tr>
<tr>
<td>Neglect</td>
<td>A form of abuse where a person’s basic needs are not met. Child neglect will include a failure to provide for a child’s safety needs, access to adequate healthcare, clothing and other material needs, emotional and social development needs, educational and housing needs.</td>
</tr>
<tr>
<td>Non-governmental organisation (NGO)</td>
<td>A not-for-profit organization that operates independently from the government and whose purpose is typically to address social or political concerns.</td>
</tr>
<tr>
<td>Quality Assurance Worker</td>
<td>A personnel of the Foster Care Agency that oversees case and programme evaluation under a foster care programme.</td>
</tr>
<tr>
<td>Refugee</td>
<td>A person who has been forced to flee his/her country because of persecution, war or violence. Such persons must have a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. As a result of this fear, such persons are also unable to obtain protection from the State authorities.</td>
</tr>
<tr>
<td>Repatriation</td>
<td>The return of a person to his/her own country.</td>
</tr>
<tr>
<td>Resettlement</td>
<td>The process of moving people, usually refugees, from an asylum country to another country that has agreed to accept them.</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>A systematic process of assessing the potential and actual risks involved in view of reducing the harm that results from these risks.</td>
</tr>
<tr>
<td>Safety goals</td>
<td>Goals that ensure children in out of home care are safe from abuse, neglect, and maltreatment.</td>
</tr>
<tr>
<td>Screening process</td>
<td>Preliminary assessment to determine suitability of an applicant. Foster parents are screened mainly for safety requirements whilst a child is screened only for programme requirements. Screening allows for the right persons to be referred into the programme.</td>
</tr>
<tr>
<td>Separated minor/child</td>
<td>A person below the age of 18 who is separated from both parents/guardian or primary care giver but is in the country with other adult relatives.</td>
</tr>
<tr>
<td>Sexual and Gender Based Violence (SGBV)</td>
<td>Any act - physical, emotional, psychological or sexual in nature - that is carried out against a person's will. The violence carried out is based on gender norms and unequal power relationships that can affect women, girls, men and boys.</td>
</tr>
<tr>
<td>Stability goals</td>
<td>Goals that look into reducing the number of disruptions in a child’s life and to provide some form of stability that was lost through the migration process.</td>
</tr>
<tr>
<td><strong>Support Groups</strong></td>
<td>Groups of foster parents or potential foster parents coming together to share information and resources, offer support and tips for caring for a foster child. Support group meetings will be facilitated by the Foster Care Agency.</td>
</tr>
<tr>
<td><strong>Trauma</strong></td>
<td>A person’s emotional and physical response to highly distressing experiences or events. Such events usually involve significant loss, emotional or physical harm or the threat thereof.</td>
</tr>
<tr>
<td><strong>UN Convention on the Rights of the Child (UNCRC)</strong></td>
<td>United Nations Convention on the Rights of the Child is a human rights treaty that sets out the civil, cultural, legal, health, political and social rights of children. Countries that have ratified the Convention are expected to advance the implementation of the Convention and the status of child rights in the country. Malaysia ratified the Convention in 1995.</td>
</tr>
<tr>
<td><strong>Unaccompanied minor/child</strong></td>
<td>A person below the age of 18 who is separated from both parents and is not being cared for by an adult who under law or custom has the responsibility to provide such care.</td>
</tr>
<tr>
<td><strong>Undocumented persons</strong></td>
<td>A person who does not have the appropriate documentation and/or legal right to reside in a country.</td>
</tr>
<tr>
<td><strong>United Nation High Commissioner for Refugees (UNHCR)</strong></td>
<td>The UN refugee agency mandated to protect refugees, asylum seekers, forcibly displaced persons and stateless persons.</td>
</tr>
<tr>
<td><strong>Well-being goals</strong></td>
<td>A holistic and broad way of describing how a person is doing. It is often related to the extent the basic rights of a person are being met. Child well-being goals will include goals related to physical and mental health, material needs, risk and safety, social support, education, housing, and child participation.</td>
</tr>
</tbody>
</table>

### BIBLIOGRAPHY


The Child Act, Act 611, (Malaysia) (2011)

The Child Amendment Act, Act A1511, (Malaysia) (2016)


UN General Assembly (24 February 2010), Guidelines for the Alternative Care of Children: resolution/ adopted by the General Assembly, A/RES/64/142. Available at: http://www.refworld.org/docid/4c3acd162.html


This Manual was written and designed by Persatuan Kebajikan Suara Kanak-Kanak (SUKA Society) in close collaboration with the United Nations High Commissioner for Refugees (UNHCR) Malaysia Office.

This publication was developed within the “Global Technical Assistance and Capacity Building Programme to Prevent Detention of Children and to Protect Children and Other Asylum-Seekers in Detention” project funded by the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

This Manual may be freely downloaded, reviewed, quoted, reproduced or translated, in full or in part for non-commercial purposes only, particularly in application to ongoing work related to foster care and case management. Use for non-commercial purposes is subject to the material being; accompanied by a sufficient acknowledgement, reproduced accurately, and not being used in a misleading context.

The material contained in this Manual has been prepared to serve as a guide to develop and enhance safe foster care arrangements of UASC within the community. While SUKA Society and UNHCR Malaysia do not represent or warrant that the contents of this Manual is entirely suitable for your specific needs, you may adapt the information and processes to suit your purposes and tailor it according to your available resources. You should also assess whether the information is accurate, relevant or complete for you, and where necessary, seek independent professional advice accordingly. SUKA Society and UNHCR Malaysia reserve the right to amend or withdraw material in this Manual at any time without prior notice. For further information, please write to uasc@sukasociety.org.

First published: April 2018