Strategies for delivering safe and effective foster care

A review of the evidence for those designing and delivering foster care programmes

Family
for every child

Acknowledgements

List of acronyms

ABTH	Associação Brasileira Terra dos Homens, Brazil
APFEL	Active for the Promotion of Foster Care at European Level
BCN	Better Care Network
CEE/CIS	Central and Eastern Europe/Commonwealth of Independent States
CIF	Children in Families
CRC	Convention on the Rights of the Child
FBO	Faith-based organisation
IFCO	International Foster Care Organisation
LACSIG	Looked After Children Strategic Implementation Group
NGO	Non-governmental organisations
SFAC	Substitute Families for Abandoned Children
UASC	Unaccompanied and separated children
UK	United Kingdom
UN	United Nations

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Executive Summary

In recent years, there has been a rapid expansion in foster care services in low and middle income countries, often in an attempt to develop more appropriate alternatives to the use of large-scale institutional care for children who cannot be cared for by their own families. Yet research, knowledge and understanding on how to deliver effective, safe foster care programmes in such contexts is often missing. This report begins to fill the gap in understanding through an exploration of the literature and interviews with experts. It aims to assist those designing and delivering foster care programmes by providing examples from around the world. It accompanies a further report on foster care aimed at policymakers (Family for Every Child 2015).[1]

The evidence presented in this report suggests that there is no one blueprint of universal elements for successful foster care programmes. Those developing and delivering foster care programmes must carefully examine their specific local context and adapt programmes accordingly. However, there are some core components that all foster care programmes must have to ensure that they are safe and effective in meeting children's needs.

First, children should only ever be placed in foster care when separation from family is necessary and in the child's best interests, and when foster care is deemed to be the most appropriate form of alternative care for the child. In determining whether a child should be placed in foster care as opposed to other forms of alternative care it is important to consider whether:

• the child could be placed with kin instead;

• the child's needs can best be met in a family environment, or if they have such challenging behaviour or complex needs that they may need a short period of time in small-scale specialist residential care instead;

• a child needs a temporary placement as a stepping stone to achieving reintegration or another form of longer-term care, or if adoption or another form of permanent care is the most suitable option;

• if the foster care available is safe and well managed.

Decisions about placing children in foster care should be made carefully, in full consultation with children, families, social workers and others and all children should have care plans which are frequently reviewed and clearly state the purpose of the foster care placement. Decisions around placement in foster care should also ideally consider the different forms of foster care on offer and place the child in the form of foster care most suited to their needs, recognising that children's needs may range from short-term foster care aimed at preventing longer-term separation, to long-term, semi-permanent placements.

Second, it is essential that foster care provision is embedded in a wider system of child protection and care, which prioritises support to the family of origin and facilitating reintegration. Carefully managed contact between children in foster care and families of origin is often a vital means of facilitating reintegration, though such contact is not always appropriate or possible.

Third, high-quality, safe foster care programmes require a proper investment of resources in and consideration of existing knowledge on the following.

• The recruitment, careful assessment and proper support of foster carers. Support mechanisms may include associations of foster carers, access to specialist help and advice and proper financial support.

• Proper matching of children to foster carers based on a consideration of the capacities of foster carers to meet the individual needs of each particular child.

1. Family for Every Child (2015) *The place of foster care in the continuum of care choices: A review of the evidence for policymakers.* London: Family for Every Child. See http://www.familyforeverychild.org/knowledge-centre

- Ongoing efforts to build the capacity of foster carers and those supporting foster care through training, supportive supervision and mentorship.

- Proper support for children in foster care, including efforts to respond to the trauma of separation from family.

- Monitoring foster care placements carefully through frequent visits, and using the support of communities.

- Support to children and young adults leaving foster care.

Fourth, it can often be valuable to start with small-scale foster care programmes and to then scale up, incorporating lessons learned. Achieving successful larger-scale foster care provision also depends on effective awareness raising on the benefits of foster care, accompanied by legislative and policy reforms, and capacity building, to develop the required national infrastructure and to ensure foster care is integrated into the wider child protection system.

Finally, some groups of children are often excluded from foster care programmes, including those with disabilities, those aged under three and those who have been living on the streets. However, such children should have the same range of alternative care options as other groups and there are examples of promising practice from around the world which show the possibility of successfully placing these children in foster care.

1 Introduction

In recent years, there has been a rapid expansion in foster care services in low and middle income countries, often in an attempt to develop more appropriate alternatives to the use of large-scale institutional care for children who cannot be cared for by their own families. Yet research, knowledge and understanding on how to deliver effective, safe foster care programmes in such contexts is often missing. This report begins to fill the gap in understanding through an exploration of the literature and interviews with experts. It aims to assist those designing and delivering foster care programmes by providing examples from around the world. It accompanies a further report on foster care aimed at policymakers, which argues the following.[2]

- Foster care can make a valuable contribution to the continuum of care choices available to children.

- Foster care can only be delivered safely and effectively when it is part of a wider system of protection and care that includes an emphasis on family strengthening and provides a wide range of alternative care choices for children. Only through such a system can it be certain that foster care will be used when necessary and appropriate.

- Safe and effective foster care requires a well-trained child welfare workforce, legislation and policies, coordinated actions involving a range of stakeholders, information management systems and research and evaluation.

- Foster care needs extensive investment to be safe and effective and should not be viewed as a quick fix solution for separated children.

It is recommended that those considering establishing new foster care programmes also read the report aimed at policymakers before they begin.

Throughout this report, an attempt is made to demonstrate the complexities of foster care and the need to adapt programmes to context. As such, this report should be seen as less of a definitive prescription on how to deliver foster care, and more of an attempt to scope out the variety of means of developing safe and effective foster care programmes.

The report is split into seven sections. After this introduction, the second section examines the methodology used and the third section looks at definitions and types of foster care. The fourth section of the report looks at mechanisms for raising awareness around foster care. The fifth section considers decision making about foster care, examining factors to consider when deciding whether or not a child should be removed from his or her family of origin and placed in alternative care, and if children in need of alternative care should be placed in foster or other forms of alternative care. This section also explores effective, participatory decision-making processes. The sixth section examines key components of quality foster care programmes, such as the selection and training of foster carers, matching children to carers and effective strategies for supporting foster care. The seventh section looks at how to support foster care for specific groups of children, such as those with disabilities, living on the streets or under aged three. Finally, the report concludes with a summary of key findings and recommendations for those developing and delivering foster care programmes.

2. Family for Every Child (2015) T*he place of foster care in the continuum of care choices: A review of the evidence for policymakers. London:* Family for Every Child. See http://www.familyforeverychild.org/knowledge-centre

2 Methodology

The report is based on a comprehensive literature review and interviews with key global and country-level experts. The research team first conducted an extensive global literature review of relevant documentation in both English and Spanish. Over 170 documents were reviewed. The literature review included a comprehensive analysis of:

• published and grey literature, including peer reviewed journal articles;

• national and regional policy, standards and legislative documents;

• conference materials, presentations, and outcome documents;

• foster care reports, studies, evaluations and assessments;

• news articles from international and national media outlets; and

• country alternative care and child protection systems assessments and studies.

The literature review was supported by internet searches, a call for grey literature via the Better Care Network (BCN), Family for Every Child, International Foster Care Organisation (IFCO), Latin American Foster Care Network (RELAF) and Active for the Promotion of Foster Care at European Level (APFEL), and communication with key actors/organisations working on alternative care including non-governmental organisations (NGOs), faith-based organisations (FBOs), United Nations (UN) agencies, donors, academics, and researchers.

Second, the research team conducted Skype interviews in English and Spanish with key global and country-level stakeholders working in the field of alternative care and foster care. The stakeholders were drawn from leading NGOs, academic institutions, child protection networks, government and the social work sector. Fourteen stakeholders were interviewed from a wide range of contexts. In addition, seven members of Family for Every Child were interviewed, from Brazil, Guyana, India, Indonesia, Russia, South Africa and the UK. Please refer to Annex for a full list of interviewees.

The literature review and interviews with experts particularly attempted to draw out existing knowledge on low and middle income countries. However, efforts were also made to explore the experience of foster care in high income countries to provide examples of research, lessons learned and practice examples from countries that have a longer history of implementing foster care services as well as a larger body of evidence-based research on the impact of these services. This information illustrates the challenges associated with foster care, as well as providing ideas of practice that could be adapted for low and middle income countries. The literature review also made efforts to identify existing research on the views and experiences of children in foster care.

It is important to note that the study has had a number of limitations. First, the research team were unable to arrange interviews with a number of important stakeholders, in particular government ministries, due to scheduling conflicts and other restrictions. Second, in general little research has been done on foster care, especially in low and middle income contexts, and the evidence base on the impact and outcome of foster care programming in such countries is limited mainly to small-scale projects and programmes and pilot evaluations. There is also a dearth of evidence on the views and experiences of children in foster care. Third, there is very little evidence on foster care aimed at providing care for children outside of any adult care, such as those on the streets, with the bulk of the literature focusing on foster care for children who face abuse and neglect within families or who have been in institutional care.

3 Definitions and types of foster care

The report uses the definition of foster care in the Guidelines for the Alternative Care of Children (hereafter referred to as 'the Guidelines') and also used in Family for Every Child's Conceptual Framework (UN 2010; Family for Every Child 2012):

"Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care."
(UN 2010, Para. 29)

It should be noted that the definition of foster care provided in the Guidelines is by no means universally used, and it is acknowledged that foster care is defined and used differently around the world. In this report, an effort is made to explore a wide range of forms of foster care to illustrate the different ways that foster care can be used to assist vulnerable children. However, some parameters have been placed around the definition of foster care to ensure that the study remains meaningful. Placement in small group homes is not included in this report as this is felt to be qualitatively different from foster care and more appropriately examined alongside other forms of residential care. For similar reasons, *informal* placements with kin, where no official bodies have been involved in placements, are also not included. However, *formal* placements with relatives (relative or kinship foster care), where children are placed in kinship care by a competent authority and supervised in a similar way to non-relative foster carers, is included, though the emphasis is very much on non-relative foster care. Both short and long-term foster care are examined.

Within this broad definition of foster care there are a range of types of foster care currently being used in different settings. These include the following.

- Short-break foster care where children are cared for for short periods whilst parents are in hospital or to give parents a break from caring responsibilities. Placements are planned and children able to form relationships with their carers.

- Emergency foster care for the unplanned placement of a child for a few days or weeks whilst longer-term placements are sought.

- Short or medium-term foster care of a few weeks or months whilst efforts are made to reunite the child with his or her family.

- Long-term foster care for an extended period, often until adulthood, for children who cannot return to their own families, but for whom adoption is not appropriate.

- Treatment or specialised foster care for, for example, juvenile offenders or children with serious behavioural difficulties or mental health problems.

- Parent and baby fostering where parents, usually young mothers, are fostered alongside their babies in an effort to help them in their parenting. This is used with groups such as teenaged mothers and those caring for children with disabilities.

Ideally, there will be a range of foster care options on offer so that the best option for each child can be chosen. It is essential that practitioners understand the full range of foster care options available in their context and are able to make a decision about which forms of foster care should be used with each individual child. It should be noted that foster care is not always about responding to cases of family separation, but can also be a means of preventing long-term separation, as illustrated in particular by the examples above on short break and parent and baby fostering.

4 Raising awareness around the place of foster care in the continuum of care choices

"Society needs to be brought in at every level, community to government. Otherwise it is not going to work. If you don't have a government system that fundamentally understands and is ready to implement foster care, it puts the entire system in danger and makes it vulnerable."
(Ian Anand Forber-Pratt, Director and Founder of Foster Care India)

In order for foster care programmes to succeed, government officials, alternative care providers, NGOs, families, community members, police, health care providers, teachers, and indeed anyone who is in contact with the child, need to understand the potential benefits and risks of foster care, as well as working to overcome the possible misconceptions and stigma associated with foster care (Human Rights Watch 2010, 2014; Forber-Pratt et al. 2013; Petrova-Dimitrova 2009; Terra dos Homens, Brazil, undated a; Bunkers 2012; Save the Children and Center for Educational Research and Consulting 2013; Centre for Law and Policy Research and Foster Care 2013; ChildPact 2014). A number of country experiences highlight the positive impact that awareness-raising activities have on the implementation of foster care programming. In Japan, for example, municipalities that were open to foster care and acknowledged its benefits over residential care had higher foster care placement rates (Human Rights Watch 2014). In contrast, in Armenia, limited awareness of foster care was identified as one of the factors leading to the slow growth and expansion of foster care (Save the Children and Center for Educational Research and Consulting 2013).[3]

In some settings, awareness raising is important to overcome significant cultural barriers to non-kin foster care. In some African communities, for example, some ethnic groups believe that a child entering the family brings with them unknown ancestors, and this can impact on the willingness to foster children from other families (World Vision 2009). Similar norms leading to a resistance to foster care have been reported in the Middle East and some parts of Asia (Tolfree 1995). In other contexts, the concept of providing a child with only temporary care, rather than making them a permanent part of the family, is problematic (EveryChild 2011).

There is much evidence to suggest that such cultural barriers can be overcome and country-level experience and existing literature point to a number of possible foster care awareness-raising interventions (Human Rights Watch 2014; Bethany Christian Services 2011; Fry 2012; UNICEF CEE/CIS 2012; Terra dos Homens, Brazil, undated a/b; ChildPact 2014; Wilson et al. 2004; Mackenzie et al. 2012; Forber-Pratt et al. 2013):

- **peer networks and coordinating groups** to help influence child protection actors and leaders on new innovative practices;

- **interactive and multi-pronged media campaigns** utilising television, radio, and newspapers;

- **information sessions** in which foster carers and children in foster care share their experiences with and answer questions from community members;

- **community-based forums** (i.e. village elder meetings, women's groups, religious gatherings etc.) to raise awareness among families, community members, teachers/schools, police and hospitals;

- **efforts to engage with community and religious leaders** to overcome cultural resistance to foster care.

Of course, it would be inappropriate for awareness raising on foster care to simplistically present foster care as the only solution to family separation, and it is essential that any awareness-raising efforts also include the risks associated with foster care and acknowledge that foster care is not right for every child. Vitally, awareness raising should emphasise that foster care should only be considered when family separation has proven to be necessary, when reintegration is not possible, and when foster care has been identified as a suitable form of alternative care.

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3. As of December 2012, there were around 15 'active' foster families in Armenia, although there are government commitments to support 25 foster families. Around 500 children a year come under the care of legal guardians and approximately 2,000 children, including children with disabilities, are cared for in institutional care.

Box 1: Examples of promising practice

Bulgaria: In order to raise awareness and understanding about foster care, the Government of Bulgaria, with support from UNICEF, developed a TV documentary series: 'Life as it is – foster care'. The documentary followed 11 foster families for seven months, showcasing both the positive aspects and the challenges of fostering. The TV series was very popular and more than 270 new foster families were approved during the airing of the show. A clip of the TV series is available on the UNICEF website: http://www.unicef.bg/en/page/11/Life-as-It-Is-Foster-care/31?v=1 (UNICEF CEE/CIS 2012).

Ethiopia: In 2009, Bethany Christian Services started a foster programme. Since then, foster families and community members have become the biggest advocates and voices for foster care, with Bethany organising for government officials to visit foster families and community leaders to learn from them about the benefits of foster care. As Bethany's International Program Director Tendai Masiriri noted during the stakeholder interviews: "[The] government went down to the community to see the foster care programme… [They] always read about it in books but they checked it at the community level, now fully able to understand and able to see it with their own eyes… [and] understand that it works in the ground… the community needs to demonstrate to the government what it is and how it works." (Bethany Christian Services 2011; Fry 2012)

5 Decision making about whether a child should be placed in foster care

Decisions about whether or not to place a child in foster care hinge on two questions. Firstly, is it necessary for the child to be apart from his or her family and be placed in alternative care? It should be noted that in some instances, children do not go straight from families into foster care and may come to foster care from the streets, or from other forms of alternative care, such as institutions. For these children it is important to consider whether return to family is an option or whether alternative care is a necessity. Second, if alternative care is necessary, is foster care the best option for the child? These two questions are explored in more detail below, alongside a consideration of the decision-making process.

5.1 Should the child be placed in alternative care?

As noted by the UN Convention on the Rights of the Child (CRC) and the Guidelines, both separation from families and placement in alternative care should only happen when in a child's best interests and when all attempts have been made to support families to care for their own children. Growing up within safe and protective families allows children to bond with a consistent carer, something that is vital to their development. It can provide children with stability, and the opportunity to remain within their cultural context, which is important for children's sense of identity and belonging (UN 2010; UN 1989; Cantwell et al. 2012). Children themselves also often prefer to stay within or return to their own families.

"No one will love you like your mother; she gave birth to you so you are part of her. A mother will care for you better than anyone else."
(Children in Malawi, cited in Mann 2004, p.35)

"It is always a difficult time before you get used to your new family. You feel uncomfortable and embarrassed. But if you stay with your grandparents – you stay in the same family

and you do not have to change everything completely."
(Child in foster care in Georgia, cited in EveryChild 2011, p. 23)

For these reasons, practitioners making decisions about whether or not an individual child should be placed in foster care should first examine whether separation is necessary, and whether parents or extended family members could be supported to care for the child themselves. For children who are already separated from families, it is important to consider early on whether reintegration is a possibility. The Guidelines suggest that the following be taken into consideration when determining if separation from families is in children's best interests:

• the importance of understanding and meeting universal child rights (as articulated by the CRC) and the specific needs of individual children;

• balancing children's immediate safety and well-being with their medium and longer-term care and development needs;

• recognising the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships;

• a consideration of children's attachments to family and communities, including the importance of keeping siblings together.

5.2 Is foster care the best option for the child?

Once the decision has been made that separation is necessary, practitioners then need to consider whether foster care offers the most appropriate option for children (UN 2010). Here it may be important to reflect on the following questions (Cantwell et al. 2012).

• **Will the child benefit from being in a family environment?** As noted above, there are many benefits associated with placement within a

family, including enabling the children to bond with a carer and to live in an environment that reflects the forms of care used within their home communities. However, family-based care is not right for every child, and some children may benefit from time apart from a family; for example, children who have specialist therapeutic needs or challenging behaviour that may be better addressed in an appropriate, specialist residential setting, and children who feel let down by families or who have experienced independence (e.g. through street living) and find it hard to adapt to being in a family environment. Such children may instead benefit from a well-resourced small group home able to offer quality care or supported independent living arrangements.

- **Does the child need permanent care, and what is the best strategy for delivering this care?** Foster care is usually a short to medium-term solution whilst more permanent placements can be found through return to family or adoption or similar arrangements such as *kafala*.[4] In many cases, for a child for whom return to family is not possible, adoption offers the best option as it allows children to live within a home that is intended to be permanent. However, adoption is not culturally acceptable in some contexts, and children and families of origin may be resistant to the severing of bonds implied by adoption. In these instances, long-term foster care may be a better option.

- **If the child cannot be cared for by parents, is kinship care an option?** As noted by the Guidelines, kinship care should be considered before other forms of alternative care as it brings with it the benefits of growing up in a familiar family and cultural context. However, kinship care may not be available or suitable for all children,

and it is important to remember that, as with any form of care, abuse and exploitation does happen within kinship care.

- **Is the foster care on offer safe and well managed?** The research carried out for this study suggests that in many contexts foster care is under-resourced and poorly managed, and this can place children at risk (Family for Every Child 2015). Practitioners determining whether or not to place a child in foster care will need to make a judgment about whether the foster care on offer can adequately protect children from harm. Of course, here practitioners will need to reflect on the harm that could result from the other available forms of care, in particular large-scale institutional care.

In addition to determining whether foster care is the best option for children, practitioners will also have to decide which form of foster care is most appropriate. As noted in the examples provided above, foster care can serve many purposes, including helping to strengthen families to avoid longer-term separation; providing emergency care whilst other placements are identified; providing a short-term home whilst efforts are made to reintegrate the child, and providing a long-term home for children who cannot return to their families of origin. It is vital that all stakeholders – children, families of origin, social workers and foster carers – are aware of the purposes of foster care.

Ambiguity in relation to the length of foster care placements can cause problems (EveryChild 2011; Save the Children and Center for Educational Research and Consulting 2013). In Rwanda and Liberia, families fostering children affected by conflict sometimes viewed relationships as permanent, hindering opportunities for effective family tracing. In other cases, foster carers and

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4. A variety of means for providing child care for vulnerable children, recognised under Islamic law, which does not recognise adoption as the blood bonds between parents and children are seen as irreplaceable. Kafala may include providing regular financial and other support to children in need in parental, extended family or residential care. Alternatively, as referenced in the CRC, it may involve taking a child to live with a family on a permanent, legal basis, and caring for them in the same way as other children in the household, though children supported under kafala may not have the same rights to a family name or inheritance (Cantwell and Jacomy-Vite 2011; ISS/IRC, 2007).

children had different perceptions regarding entitlement to household assets and inheritance (Abullai et al. 2002; Dona 2001). In Armenia, children in foster care, foster families and families of origin all expressed confusion around the length of placement (Save the Children and Center for Educational Research and Consulting 2013):

> *"A few years ago my biological mother called me and I was surprised and stressed. My mother calls and tells me that she knows that when I turn 18 the family where I live now will not keep me any longer. Soon I will turn 18 and I understand that the family where I live now is going to keep me as long as I wish until I get married."*
> (Girl in foster care, Gegharkunik, Armenia, Save the Children and Center for Educational Research and Consulting 2013, p.15)

5.3 The decision-making process

As indicated by the Guidelines and articulated in Family for Every Child's Conceptual Framework (Family for Every Child 2012), decision making on foster care should follow these principles of good practice (see also Cantwell et al 2012).

- All children already in or entering into formal care should have clearly articulated care plans, which are regularly reviewed.[5] This should be a multi-faceted process, involving children, parents, friends and any relevant professionals. Children and parents must always be given an opportunity to engage in decision-making regarding children's care.

- Adults involved in decision making regarding children's care, including social workers and judges, must be properly trained to acknowledge the importance and means of involving children in decisions regarding their care, and of making decisions on a best interest basis.

- All of those involved in decision making regarding children's care should understand the importance of children's developmental needs (particularly of stable and permanent care), and of families and siblings staying together if possible (see below). There should be a well-defined process to ensure that children are only separated from parents and placed into care if it is in their best interests.

- The dangers associated with care in large-scale institutions, especially for very young children, should also be understood.

- The spaces where decision making takes place, such as courts, should be child friendly, and consideration should be given to appointing a neutral appropriate adult to assess and represent children's best interests in proceedings.

- Sibling groups should be placed together, except where it is clearly not in their best interests, such as when a joint placement would meet the needs of some but not all of the siblings.

As indicated above, the decision to place a child in foster care is not a one-off decision, but is something that should be reviewed regularly to determine if a return to family is possible, or if foster care remains the most appropriate form of care for the child. Effective decision making on the necessity and appropriateness of foster care hinges on the existence of wider systems of child protection and care. There should be both a range of other alternative care options open to children and support systems in place for families, and indeed, as argued below, support to families of origin should be prioritised over foster and other alternative care provision.

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5. The Guidelines for the Alternative Care of Children state that reviews of care plans should preferably take place at least every three months (UN 2010, Para. 67).

6 Key components of quality foster care programming

Interviews and the literature reviewed identified a number of common components of quality foster care programming, which are explored in detail below. As noted in the introduction, the guidance provided here is not intended to be prescriptive and programmes will have to be adapted to reflect different contexts and to meet the needs of different groups of children. A number of stakeholders interviewed for the study noted that low and middle income countries should not simply import Western models. Instead, they should learn from both good practice and wrong paths taken in Western countries, and also build on models from elsewhere. Foster care should not threaten existing care arrangements such as informal kinship care by introducing a degree of formality that is not necessary. Thus, foster care should build on and strengthen, rather than threaten, existing ways of supporting children and families.

6.1 Support services for and contact with family of origin

"We need to write it in the law, respect short-term placement and respect the importance of a child living with [their] family of origin… Once you know how to work with biological families everything falls into place." (Claudia Cabral, Director of Associação Brasileira Terra dos Homens, Brazil (ABTH))

"A fundamental issue is that foster care is part of a bigger system… Where are the divisions of alternative care over family care? What resources are available to support families? If someone is incompetent to parent at certain times [that] doesn't mean that they are incompetent forever." (Andy Bilson, Professor, School of Social Work, University of Central Lancashire)

As noted above, for a foster care programme to be effective, and for foster care to be used only when necessary and appropriate, it should be rooted within a child protection system that prioritises ensuring that children remain with or return to their family of origin (Bostock 2004; UNICEF Croatia 2012; Bass et al. 2004; Ark Bulgaria 2009; Martinez 2012). However, in practice, as identified by a number of key informant interviews and by the literature review, there is a growing concern that foster care is being treated as permanent removal, and that parallel family support interventions are not being explored. For example, in Guyana there are no set criteria or standards to guide foster care, and it is reported by a stakeholder interviewed for this paper that foster care placements, in particular those conducted by government, are being used as a permanent solution for separated children even when family reunification may be a possibility with appropriate support (interview with Omattie Madray, Director of Childlink Guyana).

The literature review and stakeholder interviews suggest that in order to ensure that foster care helps to promote care within children's own families of origin, foster care programmes should ensure the following (UN 2010; UNICEF et al. 2013; UNICEF Croatia 2012; Bass et al. 2004; Maluccio et al. 2006; Martinez 2012).

- Involve proper **decision making** about placements, so that children are only placed in foster care when separation from the family is necessary (see section 5 for more details).

- Include the provision of **family support services** to the family of origin to ensure family and children are supported and children are cared for in a healthy family environment. The services include: counselling, training in parenting, home visitation, day care facilities, material support through social protection, etc.[6] These services need to be offered prior to reintegration and afterwards.

- Involve frequent **monitoring and follow-up visits** to the placement to assess when the child is ready to go back to his/her family of origin and whether the child and family are being properly prepared for this reintegration.

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6. For tools, guidance and more information on the provision of family support services refer to the Better Care Network website, section on preventing family separation: http://www.bettercarenetwork.org/BCN/theme.asp?themeID=1000&pageID=1043.

- Build partnerships with community-based organisations/mechanisms and provide **strengths-based family-focused interventions**, such as family group conferencing and mediation.

As noted above, foster care can in itself be viewed as a preventative mechanism that, rather than responding to family separation, can be used to help prevent long-term separation. Foster carers can play a major role as providers of support to families in need and can serve as a bridge between the child and the family of origin (Barnardo's 2004).[7] Short-break foster care, therapeutic foster care and placement of a parent and child together in a foster placement can all be used to help prevent longer-term separation. To this end, placement with a foster family should be done in a thoughtful and careful manner, encouraging, not hindering, future family mediation and reunification efforts.[8]

Contact with families of origin can be a key part of ensuring eventual reintegration and can also have other benefits, such as reducing breakdown of foster care placements (Maluccio et al. 2006). Even if children in foster care are not reunified, families of origin can be an important resource for children as they become adults and are no longer eligible for foster care. However, contact with families of origin is not always in children's best interests and, while it is important to protect parental rights, the primary concern must be acting in the best interests of the child and protecting the child from further abuse and neglect. Research and country-level evidence has shown that contact between a child in foster care and their family of origin requires very careful management and supervision to prevent any potential harm and disruption to the child's placement. Possible strategies and interventions to support the management of this relationship and to ensure the safety of the child may include the following (Bostock 2004; UNICEF Croatia; Terra dos Homens, Brazil, undated a; Bass et al. 2004; Dore

and Mullin 2006; Galappatti 2002).

- **Various means of maintaining contact** should be explored including both direct face-to-face or telephone contact, which may need to be supervised, or indirect contact, such as written communication. The latter, including exchange of letters, cards or emails, may need to be via an intermediary, if revealing the child's location or other details of the placement could put them or the foster carers at risk.

- Where possible and in the best interests of the child, **placing the child close to his/her parents, family of origin and community** and placing sibling groups together.

- **Paying attention to the child's views** with regard to his/her relationship with his/her family of origin and how much contact he/she would like at various times of the placement.

- Defining **clear protocols and boundaries for contact**, distinguishing between contact with different family members and for different purposes.

- **Involving the foster carers in contact with the family of origin** and recognising the views of the foster carers who are vital in helping children make sense of their family relationships.

- Providing **psychosocial support** to families of origin and foster families via coordinated and multi-sectorial partnerships, including arrangements to support and facilitate contact and ensure it is safe for all concerned.

- Identifying and involving **other members of the child's social support network** who could provide additional support.

The examples in box 2 illustrate some interventions aimed at facilitating contact and relationships between the foster family and family of origin, with a view to family reintegration.

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7. In Sweden, the use of foster carers has led to a significant decrease in the use of compulsory care measures (Barnardo's 2004).

8. "A study that dealt with the experiences of separation and placement in foster care from the perspective of children aged eight to 14 years, conducted by Folman (1998), indicated that the separation process is often ineptly and inadequately handled by professionals. The research showed that children separated from their families suffer numerous losses, especially if they are not placed together with their siblings. Regarding children, there are a number of risks associated with a lack of information, uncertainty and a lack of acknowledgment of their emotions such as loss and pain." Cited in UNICEF Croatia 2012, p.11.

Box 2: Examples of promising practice

Brazil: National NGO Associação Brasileira Terra dos Homens, Brazil (ABTH) helped to establish foster care in Brazil. Their aim is to ensure that foster care is generally used as a short-term placement to support eventual family reintegration. Once it has been established that it is necessary for the child to be removed from the family and appropriate for them to be placed in foster care, ABTH encourages support to the family of origin to reduce violence and address other problems using a coordinated approach. This approach includes psychosocial treatment involving the foster family, the family of origin and the child as well as the community support network. From their experience, ABTH "knows that the family of origin can change and be empowered and supported… Foster care can help [the] biological family and not be in competition with them and have [the] biological family be grateful to the foster family… It's a long-term commitment, especially [when dealing] with violence." (Interview with Claudia Cabral, Director of ABTH; Terra dos Homens, Brazil, undated b).

Russia: EveryChild and Partnership for Every Child Russia has been supporting foster care in Russia for over a decade. They view foster care as a "short-term instrument that can help a child and family". To this end, they provide respite care (or short breaks) to families caring for children with disabilities to help reduce daily stress and improve quality of life for the child and family, and to ensure that the child is not placed in institutional care. Short breaks allow for personal time for the parents and the other children in the family as well as opportunities for specific recreational or training experiences for the child with disabilities. The short breaks are from one to two hours up to a maximum of 15 days (the annual limit for each family). These breaks are provided by 'respite families' who are assessed, trained and matched to support one or more families. This service is not only for parents but also for wider extended family; for example, grandparents who are caring for grandchildren with disabilities. (Interview with Jo Rogers, Director for Strategic Development, Partnership for Every Child Russia; Partnership for Every Child Russia, undated).

United States: New York City child protection agencies have been working towards reducing the numbers of children in foster care by enhancing family support and family reintegration services. One creative way that they have supported family reintegration is through improved family tracing while a child is in foster care. Child protection authorities are using Facebook and other social media outlets to trace parents and extended family members and have seen success in finding families and eventually reintegrating children from foster care back with their families (Gay 2013).

6.2 Recruitment and assessment of foster carers

"A pool of accredited foster carers should be identified in each locality who can provide children with care and protection while maintaining ties to family, community, and cultural group."
(UN 2010, Para. 119)

Research has shown that recruiting a sufficient number of qualified foster carers and retaining the right types of individuals is key to successful placement since poor recruitment can lead to abuse and neglect of the child in care, eventual placement breakdown and poor outcomes for children in care (Sherwin 2011 a/b/c; EveryChild 2011; Wilson et al. 2004).[9]

A number of informants noted that one of the difficulties with effective implementation of foster care programmes is that some foster carers view themselves as just 'placeholders' for the children, without the commitment or the emotional engagement needed to work with children who may have experienced severe trauma, abuse and neglect. Foster carers are often not aware of the challenges associated with foster care (NPR 2013) and do not realise that fostering is not just "being nice to children but having an intense, committed relationship… it's a lot to ask from foster parents… it is a really hard job and [a] tough thing to do." (Interview with Dr Charles Zeanah). Thus, an integral aspect of the recruitment process is making

9. In the UK, for example, in 2005 there was a shortage of at least 10,000 foster carers, resulting in children having to live many miles from their family, friends and school, and ultimately to poor outcomes for those children (Tapsfield and Collier 2005).

potential carers aware of the challenges of fostering as well as assessing their capacity to appropriately care for children.

Globally, foster care providers have found it difficult to set standards and criteria for recruitment and, if standards are in place, to adhere to them. In Japan, for example, one of the shortcomings of the foster care system is that authorities are lenient with the selection and certification process of foster carers (Human Rights Watch 2014). Below are some of the suggested ways to improve recruitment processes, as highlighted by the literature review and and stakeholder interviews (Human Rights Watch 2014; Give a Child a Family, undated; Save the Children UK Dadaab Programme Kenya 2011; EveryChild 2011; Bostock 2004; Ark Bulgaria 2009; Scottish Executive 2005; INABIF and Buckner 2012).

Identification of foster carers

- Tap into both **formal and informal (local) channels** to recruit foster families, taking into account that in a wide range of contexts, word of mouth has been found to be the most effective recruitment channel (e.g. community and religious gathering points and meetings, distribution of flyers etc.).

- **Involve fosters cares in the recruitment campaign** (e.g. the UK has had great success with this).

- **Recruit celebrity goodwill ambassadors,** such as well-known local representatives of academia, business, sport or the media to spread the word about foster care.

- Model recruitment methods on techniques used in **private sector recruitment campaigns.**

- Emphasise the **potential longer-term commitment** that may be involved in caring for a child or young person to prepare foster carers for the commitment needed.

- Set up a **campaign website, telephone hotline or logo/motto,** which can be a helpful way to draw attention to recruitment campaigns.

- Keep in mind that **foster care recruitment is ongoing and never ends**, with regular high profile events interspersed with the ongoing provision of information via media, local community events and so forth.

Assessment of foster carers

- Establish **clear mechanisms and policies** for recruiting, assessing, approving and reviewing foster carers (reviewed annually), and for their de-registration.

- Develop clearly defined **minimum standards, criteria, guidelines and forms** to guide the recruitment and assessment process. This should then be adhered to, and continually improved based on monitoring and evaluation of their effectiveness in the local context.

- Put into place a **competent and qualified authority** (i.e. social workers, trained community workers etc.) to oversee the recruitment process and assess the ability of foster carers to promote the development, health and education of the child in their care.

- Frame the selection and assessment of the foster family not on the socio-economic status of the individual or family but on their **competencies, openness and commitment** to properly care for and nurture children, respect and understand their individual needs, identity and family ties, and take on new ideas and challenges.

- Ensure that the child will be placed in a safe home environment by requiring that all potential **foster carers and their homes undergo safety checks, including checking police records where available,** to ensure that carers are safe and suitable for looking after children with different needs, and have the required knowledge and commitment to child protection, health and safety.

- **Assess the suitability and commitment of the entire family to fostering children,** including children from different backgrounds, who may present challenging behaviour and complex needs.

Box 3: Examples of promising practice

Jordan: Thousands of unaccompanied and separated refugee children (UASC) have come to Jordan from Iraq and Syria. Children who cannot be cared for within their existing networks are being provided with a range of alternative care arrangements including formal foster care. Foster families are selected and screened from among the refugee population (Syrians in the case of Syrians, Iraqis in the case of Iraqis). In some cases, children are fostered by families who are known to them and these families are screened in the same way as other foster families. A pool of standby foster carers are also selected by caseworkers and given prior approval by 'behavioural monitors' and a judge. This allows for children in need of urgent or temporary care to be accommodated in a family-based setting rather than a temporary shelter while their relatives are traced. (Briefing note: Temporary guardianship procedures for separated and unaccompanied refugee children, undated).

Peru: An important element of successful foster care placement in Peru is the "very delicate and in-depth assessment" of potential foster caregivers (interview with Claudia de Leon, Buckner Peru). As one social worker put it: "We have to place a life within a family. Our challenge is to do an exhaustive assessment of that family to guarantee that the child/adolescent receives the care and protection they needed." (INABIF and Buckner 2012, p.42) Assessment tools to evaluate all members of a potential foster family have been developed by and are utilised by the programme. The evaluation and selection process for foster care includes both an in-depth home study and a psychological evaluation of every member of the household. The home study includes a socio-economic report and a visit to the workplace to corroborate information provided. During a four-year period, 426 families were assessed as foster carers and only 74 were approved. (Key informant interview, Claudia de Leon, Buckner Peru; INABIF and Buckner 2012).

Scotland: In Scotland, 'fostering panels' have been an effective way of assessing the suitability of potential foster carers, and supporting the matching of foster families with children in need of alternative care. Every fostering agency must, by law, set up a fostering panel to recommend whether prospective foster carers should be approved. The panel

reviews the performance of existing foster carers at certain intervals, and makes recommendations about whether they should continue to be approved. The panel also makes recommendations about a foster carer's suitability for a specific child, or categories of children (i.e. infants, teenagers, etc.). The prospective foster carer is given the opportunity to meet the fostering panel before the panel makes its recommendation to the fostering agency. The panel consists of six members, drawn from the public, but all with knowledge of the sector. The panel must also include medical and legal advisers, and it is recommended that foster carers and people with experience of being in foster care are included. The panel members all have knowledge and experience of the community they serve, and they can call on expert advice if necessary. The skills of the panel members are supplemented by training and information (provided by the fostering agency) about important developments from research and best practice guidance. (Scottish Government 2009; Scottish Executive 2005).

South Africa (NGO): Give a Child a Family (GCF), a registered South African NGO, provides foster care services for children in the GCF Interim Shelter and other children's institutions in the Kwazulu Natal region in South Africa. GCF recruits, screens, trains and supports foster carers. Approximately 75 new families enter the programme each year as prospective foster carers. Foster families are recruited from community churches and women's groups. A stringent assessment and screening process ensures that only secure families are approved. This process involves at least seven visits to the family home, interviews with neighbours and other community members and police clearance. Successful families who have passed the selection criteria undergo a five-day foster care training programme. A database with details of available foster carers is maintained at GCF (Give a Child a Family, undated).

South Africa (Government): The new Children's Act in South Africa sets the criteria for the selection of foster carers as well as listing their rights and responsibilities. Prior to the new Children's Act there were no set criteria or standards of measurement, which led to variation in recruitment practices across agencies (Todd 2014).

6.3 Matching and placement procedures

"The competent authority or agency should devise a system, and should train concerned staff accordingly, to assess and match the needs of the child with the abilities and resources of potential carers and to prepare all concerned for the placement."
(UN 2010, Para. 118)

Research shows that problems associated with matching and placement procedures have led to placement breakdown and limited growth of the foster care system. Unfortunately, placements are too often dictated by resources and by the wishes of the foster carers rather than by the needs of the child (Petrova-Dimtrova 2009; NPR 2013; Human Rights Watch 2014; Dona 2001; UNICEF Croatia 2012).

Evidence and research highlight a number of key aspects in ensuring successful matching and placements.

- The child and foster family are **matched according to the individual needs of that particular child** as outlined in the assessment of the foster family and the child's individual care plan (see box 3 above).

- The **best interests of the child** are paramount to the decision-making process (UN CRC 1989; UN 2010).

- The **child is an integral part of the decision-making process** and their desires and wishes, not those of the foster carers, should drive and shape the matching process.

- Before placing the child and during the matching process, the **foster carer(s) should be given appropriate and relevant information about the child's background and his/her current needs**, including reasons for placement, family and medical history, and care and placement history. The family should be well aware of the circumstances of the child so they can consider if they have the skills and capacity to care for

that child. This information will also help facilitate forging the relationship between the foster carer(s) and the child.

- **Uniform matching criteria across agencies** clearly outlined in national regulations, guidelines or laws improves the quality of matching, and, in turn, of foster care (Dona 2001; Human Rights Watch 2014).

- Have **written agreement between the foster carer(s) and the agency** outlining the roles and responsibilities of the foster carer(s) and the provision of safeguards for children.[10]

6.4 Building capacity through training, supportive supervision and mentorship

One of the core components of providing high-quality foster care is ensuring that the child welfare workforce and foster carers have the skills, knowledge and tools to provide these services. Studies have shown that building such capacity will greatly improve the quality of services and effective monitoring of placements, reduce placement breakdowns, and ultimately lead to better outcomes for children (Martinez 2012; Manitoba Foster Family Network 2011; Human Rights Watch 2014). Community members who support foster care provision, by, for example, informally monitoring children in care or providing support to foster families, may also need capacity building support. A number of stakeholders interviewed felt that effective large-scale capacity building is not happening in many low and middle income countries, and as a consequence it was hard to identify good practice examples from these contexts.

Training

Training offers one way to build the capacity of foster carers, the child welfare workforce and others who support foster care. The following are possible interventions for governments and partners to consider when designing the training

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10. In Rwanda assessments showed that written agreements during formal foster care placements led to positive outcomes for children, and parents who had fostered spontaneously had less clarity in terms of their long-term obligations (Dona 2001).

component of a foster care programme (ARK Bulgaria 2009; Sherwin 2011 a/b/c; EveryChild 2011; Human Rights Watch 2014; Mathews et al. 2013; EveryChild Georgia 2011; Ministry of Gender Equality and Child Welfare 2009 a/b).

- Develop **standardised national foster care training for foster carers, the child welfare workforce and community actors.**[11]

- Write training materials that are **culturally relevant and locally accessible**, with examples and case studies relevant to the specific country context and various population groups.[12]

- **Utilise the foster carer assessment process** to share knowledge with the family as well as receive information about the prospective carers and their willingness and ability to learn and grow.

- Provide foster carers with both **pre-placement/ preparatory/induction training** as well as **additional mandatory training** tailored to their specific needs throughout their time as foster carers, to ensure their continued professional development.

- Ensure that training is **done in small groups in the local community** to enable more effective learning (see boxes 5 and 6).

- Offer foster carers and care workers **ongoing consultations and supervision** from relevant experts and specialists, either through home visits or local foster carer support groups.

- Include **training topics that introduce prospective families to issues related to child well-being and the different situations in which children may need alternative care**, including sessions on: parenting; attachment theory; the effects of abuse and neglect on child development; communication and conflict resolution skills.

- Provide foster carers with information and training on the **importance of 'permanence' at an early stage** to help them prepare to support the child as they grow up and leave foster care, or for situations where a young person wishes to remain with them into adulthood.

- Design **specialised training programmes** for those caring for children with disabilities, children with severe behavioural issues, or children in conflict with the law.

- Provide **personal professional development training for social workers**.

- Invest in **building the human resources of the wider community by developing skills in local communities at all levels** (families of origin, foster carers, social workers, psychologists, community members etc.) to support the foster care process.

Other ways to improve capacity building

A number of stakeholders interviewed noted that training is not the only way to improve the capacity of foster carers and those supporting foster care. Indeed, some argued that it is still unclear what the outcomes are for children as a result of foster carer training. In addition to or instead of training, stakeholders suggest exploring other methods to increase capacity and knowledge, including community-based mentorship, apprenticeship support and direct supervision, in particular for those carers who are taking care of children with disabilities, in conflict with the law or with severe behavioural problems. Promising practice from both Canada and the United States illustrate such innovative capacity building methods.

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11. A recent review of the Scottish foster care programme recommended that the Scottish Government "commission a National Learning and Development Framework for Foster Care, underwritten by new National Care Standards (Fostering) or Regulations". The proposed framework would include two mandatory courses (at preparatory and induction stages) for new foster carers, and a mandatory programme of continuous skills and knowledge development for experienced foster carers. Looked After Children Strategic Implementation Group (LACSIG) 2013, p1.

12. Ministry of Gender Equality and Child Welfare 2009 a/b.

Box 4: Examples of promising practice

Supporting caregivers to foster children in conflict with the law in Canada: PLEA, a child welfare organisation working in Vancouver, Canada, receives youth placements from justice, child welfare, aboriginal child welfare and health authorities.

PLEA places young people in specialised or treatment foster care placements.[13] Rather than using stand-alone training programmes to build the capacity of foster carers (or family caregivers as PLEA calls them), PLEA uses a direct supportive supervision model. The family receive visits from PLEA staff at least once a week, and telephone calls on a more frequent basis. Staff hold monthly meetings with caregivers to address issues such as boundaries, dealing with behaviour escalations, and drug awareness.

Building and forging relationships, focusing on strengths, and working in a flexible manner is central in delivering services and building the capacity of the caregivers. PLEA has also learned that for most children in foster care, talk therapy is not as successful as 'learning by doing', and therefore places particular emphasis on activities: engagement with school, work experience, involvement with positive peers, and lots of one-to-one engagement with PLEA staff.

This innovative model of building capacity has had great success in placing children in conflict with the law, with violent histories and with severe behavioural problems, in foster families. An evaluation of PLEA found that 86 per cent of young people reported benefiting "very much" or "quite a bit" from the programme. As one young person noted: "[PLEA is allowing me] to clean all the skeletons out of my closet and deal with problems that I haven't from the past." (McCleary Centre Society 2012, p.49) The three caregivers interviewed for the evaluation felt "very fortunate to be caregivers at PLEA. They saw themselves as having many roles, including providing a safe and structured environment for youth, being a supportive role model, and providing the youth with one-on-one attention to help them feel heard and validated." (McCreary Centre Society 2012, p.53)

For additional information regarding PLEA, visit: www.plea.ca. (Email communication with Timothy Agg, Executive Director, PLEA Community Services; McCreary Centre Society 2012).

United States: Research has shown that young children who have experienced abuse and/or disruptions in care placements can often behave in ways that push caregivers away. The Attachment and Bio-behavioural Catch-up (ABC) intervention helps caregivers in the US overcome these challenges and provide nurturing care to these infants and children. Through parent coaches, ABC helps caregivers interpret children's behavioural signals so they can provide care and support even when it is not elicited. ABC guides carers to create a nurturing, responsive and predictable environment that improves children's behavioural competencies.

Over a period of 10 weeks, parent coaches provide parenting training in the home of the foster carer(s) in the form of weekly one-hour sessions. Foster carers must attend all sessions with children in their care who are aged between six months and two years. Other family members are also welcome to attend. Even though the sessions are guided by a manual, the parent coach's main role is to provide 'in the moment' feedback about the foster carer's interactions with the child in his/her care. Parent coaches also provide video feedback highlighting foster carers' strengths and weaknesses, and positive changes in the child's behaviour. For more information visit: http://www.infantcaregiverproject.com

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13. PLEA uses the term 'specialised residential care' since in their jurisdiction, foster care is managed exclusively by the British Columbia Ministry of Children and Family Development, and use of the term 'foster care' would be improper. PLEA also distinguish themselves from traditional foster care because their family caregivers work as part of a team, the rest of whom are agency staff and, as needed, external professionals, and provide a comprehensive set of support and services. PLEA has not adopted the 'treatment foster care' label because that model that is not formally part of the British Columbia services system. And, lastly, PLEA's funders are more comfortable with 'specialised residential care'.

Importance of ongoing capacity building

Experience in a number of countries has shown that training and learning must be ongoing in order to be effective. Capacity building is more effective if done at a local level in small groups on a regular basis. Enabling carers to meet each other and share experiences in a controlled environment is widely recognised as a valuable support mechanism to enhance carers' learning. This also keeps capacity building low cost and, ultimately, more sustainable. It is important to develop capacity building interventions gradually over a number of years taking in lessons learned as well as emphasising the key elements of safe care, understanding children's needs, establishing trust and developing strong working relationships (ARK Bulgaria 2009; Palayret et al. 2012; Sherwin 2011 a/b/c).

Box 5: Example of promising practice

Training, support and development standards for foster carers, England: England's Training Standards for Foster Carers provide a national minimum benchmark of seven standards that set out what foster carers should know, understand and be able to do within the first 12-18 months after being approved. These are: (1) understand the principles and values essential for fostering children; (2) understand your role as a foster carer; (3) understand health, safety, and healthy care; (4) know how to communicate effectively; (5) understand the development of children; (6) keep children and young people safe from harm; and (7) develop yourself. To review the Standards visit: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287954/foster_care_tsd_standards_guidance.pdf

6.5 Support services for children in foster care

It is vital that foster care programmes promote the rights and needs of the child rather than focusing solely on foster carers, which is often the case in foster care programming. Research has shown that when children in foster care are provided with holistic support services, they will have a better attitude towards their foster family and will experience more positive outcomes (Höjer et al. 2013). For example, in Georgia a foster care programme run by EveryChild ensured that alongside meeting children's basic needs, children in foster care also had support in relation to their education and recreation, and were able to maintain contact with birth families where appropriate. An evaluation of this programme found that children in foster care had a high level of satisfaction with the care provided by foster carers (EveryChild Georgia 2011).

Children in foster care have experienced the trauma of separation from their families of origin, and often also of abuse and neglect and multiple placement changes. Support services for children in foster care should aim to help the child to respond to this trauma, and to build the resilience of the child, by promoting self-esteem, developing secure relationships with the foster carer and encouraging and supporting the child in school and in the community (Bostock 2004). The literature review and interviews with stakeholders found that the following services and mechanisms could support this (Bostock 2004; UNICEF Croatia 2012; Bass et al. 2004; ARK Bulgaria 2009; Höjer et al. 2013; Cantwell et al. 2012; Sherwin 2011 a/b/c).

- Encouraging the **involvement of children in making decisions** about their placement and in the development of support services. Children should have mechanisms to express their views and concerns throughout their time in care (see box 6 below).

- Creating systematic policies, mechanisms and practices to **support and integrate the feedback from children and young people.**

- Establishing **transparent complaint mechanisms** to enable children to disclose cases of abuse or neglect, or report other concerns they may have.

- Ensuring that **every child in care has a person outside of the foster placement that they can trust and speak with on a regular basis** (i.e. social worker, mentor, or community member).

- Creating **groups and associations of children** and young people in care (see box 6).

- Creating **a professional team or 'community of care'** that involves social workers, professional staff, local authorities, foster families and families of origin, working together to provide support to the child.

- Providing all children with access to **specialised therapeutic and counselling services**, as needed and appropriate to their age. For example, very young children should have access to early childhood services and older children should have specific educational and transitional support for ageing out of care.

- Ensuring that each placement has **an appointed social worker** (or person responsible for the placement) to review the placement on a monthly basis. During these consultations, the social worker should use child-friendly methods and materials to ensure the child is able to effectively express themselves (i.e. drawing, play).

It is important also to bear in mind that excessive intrusion and control by social workers or other representatives of local authorities into the life of a child in foster care can be experienced as negative, particularly if it regularly interferes with the details of family life (e.g. a foster carer requiring a social worker's permission to have a child's hair cut). Whilst a high level of outside input may be necessary for some aspects of children's well-being, especially in more complex cases, it may be appropriate for foster carers to be empowered to assume responsibility for most decisions on daily care. Of course, foster carers must be encouraged to listen to children's views when making such decisions.

Box 6: Examples of promising practice

Liberia: During the civil war in Sierra Leone, Save the Children responded to the large numbers of children who had become separated from their families by establishing foster care in the Sinje refugee camp in Liberia. Save the Children worked primarily through existing community structures to identify, support and monitor foster care. An interesting aspect of the programme was the formation of boys' clubs and girls' clubs. The young people were given training in issues such as children's rights, child protection and participation, issues of sexuality and HIV and AIDS, etc. Each club elected a committee and over time they became self-directing. They also sent representatives to the Camp Management Committee. In each block of the camp, a girl or boy was appointed to act as advocate and took on child protection responsibilities within their block. This provided all children – and especially separated/fostered children – with an opportunity to share problems and concerns with another young person whom they could trust. This also enabled many girls and boys to reveal issues of abuse and discrimination to a peer rather than to an adult, with the young person then being able to take up the matter with Save the Children or with the appropriate community group. More broadly, the clubs enabled separated children and children with disabilities to integrate with other young people (Tolfree 2006).

UK: In Cambridge, the 'Just us' group (foster child association) was formed for children and young people who are in foster care or who have left care. The group meets on a monthly basis in three localities. The group has served as an important support service for young people as well as a mechanism to promote and recognise their voice in the foster care system. For example, the young people in this support group were consulted during the development of local guidelines on foster care and also contributed ideas on how to train staff to work more sensitively with children in care (Bostock 2004).

6.6 Support services for foster carers

"Foster parents do not simply come around, foster parents should be fostered and supported by the government administration as a precious resource for child welfare, as a resource which should be prioritised over institutions, to look after children in need. Training and support breed foster parents."
(Professor Tesuo Tsutaki, Human Rights Watch 2014, p.71)

"Special preparation, support, and counselling services for foster carers should be developed and made available to carers at regular intervals, before, during and after the placement."
(UN 2010, Para. 120)

"If prospective carers could meet… with more than just a couple of people… they could see that we actually support each other… I think that if new people coming in realise that they don't have to do it by themselves, because foster carers talk to each other, [then] that is helpful."
(Foster carer in consultation group in the UK, SCIE, Bostock 2004, p.13)

The Guidelines, as noted above, clearly stipulate the importance of supportive services for foster carers before, during and after foster care placements (UN 2010). The provision of accessible support has been found to help carers to form attachment bonds with children, which in turn promotes placement success, stability and retention rates, and improves outcomes for children. There is strong evidence supporting this, as demonstrated in the literature review and stakeholder interviews (Bostock 2004; Wilson et al. 2004; Manitoba Foster Family Network 2011; Pasztor et al., 2006; Jareg 2005). For example, a study of short-term foster carers in statutory as well as voluntary agencies in the UK found that:

"...placement outcome was positive if foster parents and children were provided with professional support from their own family placement worker; the child's worker; mutual support from other foster carers; financial and practical assistance; and respite care services."
(Maluccio et al. p.493)[14]

The literature review and interviews with stakeholders suggest that in many contexts more support is needed for foster carers (see Family for Every Child 2015a for more details). For example, in a recent study of foster care in Armenia, foster carers said that they would benefit from additional support and two-thirds of the carers said they would not want to foster another child due to the various challenges associated with fostering (Save the Children and Center for Educational Research and Consulting 2013).

Whilst all foster carers should have access to support, how regularly support is required and from whom will vary. Support mechanisms may include the following (Scottish Executive 2005; Bostock 2004; Wilson et al. 2004; Manitoba Foster Family Network 2011; Jareg 2005; Sherwin 2011a/b/c; Tolfree 2006; UN 2010; INABIF and Buckner 2012; Cantwell et al. 2012).

- **Short-term breaks or respite care**, particularly for foster carers working with children with more complex needs, with the possible involvement of appropriate members of the child's birth family.[15] (See box 2 for an example of a short-break programme of the kind that could be offered to foster families as well as to families or origin).

- **Telephone helplines.**

- **Foster carers' associations and support groups** allowing for informal support, peer monitoring and group training (see promising practices in box 7).

- Easy **access to specialists** to seek help and advice.

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14. Citing Sellick, C (1992) Supporting short-term carers. Aldershot, UK: Avebury.

15. The Scottish Government's 2007 strategy for 'Getting it right for kinship and foster care' strongly encourages fostering agencies to offer short-term breaks to carers, these being 'identified as one of the essentials in providing good support'. Scottish Government 2007, p.28.

- **Newsletters** for foster carers with information about best practice and research to help them address any developmental, emotional or behavioural problems experienced by the child they are fostering.[16]

- **Simple, user-friendly documents.**

- Adequate **allowances** to cover expenses, and, if deemed appropriate, a salary with a well-managed payment system. See Thai example of promising practice in box 7.

- **Complaint mechanisms** to allow foster carers to appropriately address their concerns and complaints to a competent authority.

- **Written foster care agreements and handbooks** that clearly stipulate the shared responsibilities and expectations between foster carers and agencies in the provision of care for the child.

Every foster carer should be allocated a **supervising social worker or other child welfare worker**. The social worker is responsible for overseeing the support the carer receives, assessing their performance and ensuring they develop their skills. Most established foster care systems require the supervising social/child welfare worker to make frequent contact through regular visits and telephone communication. Workers should provide the link to other support mechanisms.

Box 7: Examples of promising practice

Thailand: Over the last decade, the Government of Thailand, with support from NGOs and alternative care providers, has put in place a small-scale foster care programme. A key component of the government-run scheme is the provision of financial support to foster carers, with government officers also monitoring the quality of child care. Under this programme, each family receives a maximum of Baht 1,000 (around $31) per child per month, while a family that takes care of more than one child receives a maximum of Baht 3,000 (around $92). It is important to note that, nationally, the percentage of children in out-of-home care who are placed in foster care is extremely small (UNICEF 2006; Department of Social Development and Welfare 2013).

Bosnia: Following the 1992-95 war in Bosnia and Herzegovina, Save the Children supported the large number of children without parental care in Tuzla Canton. An important aspect of this programme involved working with the Foster Parents' Association as a means of securing the close involvement of foster carers and children in foster care. A co-ordination group was set up involving the relevant government ministry, social workers, the Foster Parents' Association and Save the Children. The association's key activities included: awareness raising and advocacy; setting up self-support networks; the provision of training and support for foster families; activities with children in foster families and the development of promotional materials. For example, the association organised workshops for children in foster care, and various social and cultural activities and events (Tolfree 2006).

Cambodia: Children in Families (CIF), a child welfare NGO in Cambodia, is implementing a small-scale foster care programme which includes the creation of support services for foster families. One aspect of this is setting up 'communities of care' or foster carer support groups/associations. These communities of care meet on a monthly basis to share their problems and to discuss ways to overcome potential challenges. In order to facilitate teamwork and a sense of community, the communities of care participate in joint training and outings together. Through this mechanism, CIF is encouraging foster families to support one another and for the communities of care to find ways to resolve their own problems as much as possible. (Interview with Cathleen Jones, Executive Director of CIF).

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16. In Montreal, Canada, a child welfare agency instituted a quarterly newsletter for foster carers. Noting that foster carers are often inadequately trained, the newsletter addressed their attitudes and skills when confronting behaviour problems. The agency noted that the newsletter had positive effects. (Pasztor et al. 2006)

Latin America: In Costa Rica, caregivers are recruited directly from and supported by individual churches, and the faith community plays an important role in providing support to caregivers and children in foster care. Philip Aspegren of Casa Viva noted that the holiday parties for the 70 children in foster care supported by his organisation typically include more than 500 people because so many volunteers from partner churches come to celebrate with the foster families. In Peru, foster families provide support for one another. They first meet at the initial training sessions and bonds grow from there. The opportunity for foster families to spend time together is an important element recognised by caregivers: "The meetings are very important because in those forums we speak about what has happened and we find that the issues we have are very similar to those that another family has gone through. It serves all of us to share our experiences." (Interview with Philip Aspegren, Casa Viva; INABIF and Buckner 2012, p57).

United States: A national foster care study found that foster carers reported that if their community had a strong foster carer association they mostly relied on this network for finding health care providers and other services. "Foster parents noted they more often relied on each other than [on] their child welfare agencies for referrals." (Pasztor et al. 2006, p.43).

Some of those interviewed for this paper argued that it is critical to think beyond foster carers' role as volunteers and look at their potential as 'para-social workers' with an integral role within the care team. Studies of foster carers have noted that they view themselves as essential members of the care team and expect to be provided with complete and accurate information (Pasztor et al. 2006). A number of stakeholders interviewed recommended discussing the professionalisation of the sector and the role of foster carers in the child welfare system at the onset of programme development, whether there is a need to do so or not. Globally, in particular in the CEE/CIS region (e.g. Romania) as well as in high income countries (e.g. the UK), there is an increased push for professionalisation with the growing status, training and position of foster carers. In Romania, for example, professional foster carers were instrumental in de-institutionalisation efforts. In the UK, over the past 15-20 years there has been a gradual move towards professionalisation of foster carers and to their being paid a salary as well as an allowance. This has led to local authorities demanding higher standards amongst carers. (Interviews with key informants, Delia Pop and Mick Pease)

Increased professionalisation has also been problematic in some countries due to the tensions between the professional and volunteer aspect of the role of carers and the added costs to the system. In Scotland, for example, there is a great deal of debate surrounding the professionalisation of foster carers, with a split between those who think carers should continue to be financially recompensed 'volunteers', and those who believe they should be seen as professionals, and treated like employees of the fostering agency. In more resource-constrained contexts there are additional challenges associated with the professionalisation of foster care where the costs would be unmanageable, and there is a push towards more use of unpaid volunteers.

6.7 Monitoring care placements and evaluating foster care programmes

The literature review and stakeholder interviews all highlighted the critical importance of monitoring care placements to enable the provision of quality, safe services, as all children in out-of-home care, including foster care, are at risk of abuse, neglect and maltreatment (Bass et al. 2004). An integral component of monitoring is ensuring that there is a trained professional involved. However, according to the stakeholders interviewed for this report, in many countries there is insufficient monitoring and many are worried that children in foster care may be at risk.

These are some of the suggested ways to improve the monitoring of foster care (Give a Child a Family,

undated; EveryChild 2011; ARK Bulgaria 2009; Sherwin 2011 a/b/c; Dona 2001; Bass et al. 2004; EveryChild Georgia 2011; Cantwell et al. 2012; UN 2010; Tolfree 2006).

- Ensure there are **frequent monitoring visits to foster families.** Interview all family members, children in foster care and members of the wider community, and include unannounced visits (though here it is vital to ensure that foster carers are aware that unannounced visits will take place at some time, and that it is explained why they are so important, so as to avoid issues of feelings of mistrust).

- **Train and build the capacity of social workers or other child welfare workers** to conduct monitoring visits and to serve as mentors for foster carers during monitoring visits to reduce the risk of placement breakdown.

- **Partner with and build the capacity of teachers, health workers, community and religious leaders and community-based mechanisms** such as child welfare or rights committees to report instances of abuse and neglect in foster families. This is crucial in settings where there is heavy reliance on informal structures as formal structures are not in place (see box 8).

- Put in place clear **complaint, investigation and intervention mechanisms** for cases of abuse, maltreatment and neglect, including removal and alternative placement of children where necessary.

- **Develop a centralised system for referral, monitoring and support for** children without parental care, including those in foster care. Refer to example of promising practice from Togo, in box 8.

Box 8: Examples of promising practice

Cambodia: Children in Families (CIF), which provides foster care services in rural areas, works closely with local village chiefs to seek permission for the foster care placement and monitor the placement. CIF has found this to be crucial to their monitoring efforts: "In village settings everyone lives in everyone's pocket, and working closely with authorities, there is high degree of accountability." (Interview with Cathleen Jones, Executive Director, CIF).

Togo: The Togolese government has developed, in collaboration with partners UNICEF, Plan Togo and Terre Des Hommes, a strategy of care for vulnerable children in foster care. In order to implement this strategy, a number of activities were conducted including: awareness raising to recruit foster carers; training for potential foster families; accreditation of host families; placement with foster families and monitoring of children. The government, with support from UNICEF, strengthened its national system of protection for vulnerable children by creating a centralised system for the referral of children without parental care, an orientation centre providing emergency shelter and monitoring of all

children without parental care or at risk, and an interdisciplinary team providing support (counselling, rehabilitation and reintegration) for children within foster families. The application of this strategy has decreased the number of vulnerable children in institutions, established a national mechanism for collecting information on vulnerable children and supported the development of a welfare system for children in alternative care. Currently, the government is documenting the strategy, extending it to all communities – including those in rural areas – and strengthening members of specialised child protection committees at village level so they can effectively monitor children in foster care (Cantwell et al. 2012, p 102).

Zimbabwe: The fostering programme developed by the Farm Orphan Support Trust (FOST) programme was implemented as a means of responding to the problems of children who had been orphaned (mainly by AIDS) in Zimbabwe's commercial farming areas. Non-kinship fostering was a culturally unfamiliar concept and careful work had to be undertaken to promote the concept within farming communities.

At a local level, child welfare committees (CWCs)

were set up, often supported by a child care representative appointed by FOST. Together, they identified and supported children affected by HIV and AIDS and, following the death of their parents, took all possible steps to ensure the children were placed within the extended family. Where that was impossible, they sought foster homes for the children.

Potential foster carers were identified by the CWCs, though there was no formal assessment or training process. However, a pattern of regular meetings with carers was established to discuss issues and problems of mutual concern, and informal training was provided on issues such as psychosocial care. The child care representative or health worker undertook regular visits to the foster home to monitor and support the placement. Material support (e.g. school fees and uniforms) was provided where necessary and efforts were made to facilitate the family's self-sufficiency.

It was found that the quality of care in foster homes was frequently better than that received by children living with relatives. The main reason for this appeared to be that unrelated foster carers took on their role voluntarily rather than out of a sense of family obligation (Tolfree 2006).

In addition to the regular monitoring of care placements to ensure child safety and well-being, it is important to evaluate foster care programmes to explore lessons learned and check that they are meeting stated objectives. Here it is vital to:

- put in place accreditation, **monitoring and evaluation mechanisms to regulate and oversee NGOs** implementing foster care to ensure accountability and transparency in service provision;

- **quantitatively monitor the well-being of the child** by measuring how well the health, development, psychosocial and education needs of children in foster care are being met.

6.8 Supporting children and young adults leaving foster care

"On the day of my so-called emancipation, I didn't have a high school diploma, a place to live, a job, nothing...The day I emancipated — it was a happy day for me. But I didn't know what was in store. Now that I'm on the streets, I honestly feel I would have been better off in an abusive home with a father who beat me; at least he would have taught me how to get a job and pay the bills."
(Former foster child in Los Angeles, California, Human Rights Watch 2010, p.1)

"It is widely acknowledged that children in care can be in more vulnerable positions than their peers… We are all dedicated to ensuring that children and young people who are looked after and accommodated have the best start in life, and that their care journey enables them to have experiences which will equip them with the resilience and skills they need to make successful transitions to adulthood."
(Annette Bruton, Chief Executive, Care Inspectorate (Scotland), Scottish Government 2013, p.2)

Studies from high income countries have shown that children raised in long-term care consistently have poorer outcomes than their peers. While the outcomes for children in foster care may be slightly better compared to institutional care, they tend to face the same problems once they leave foster care. Research has shown that the transitional period from care to independent living or adulthood is one of the most vulnerable periods of the child's life and often they are left with no place or no one to turn to once they leave care (Human Rights Watch 2010; Jareg 2005; Avery 2010; Havlicek 2011; Munson and McMillen 2009; Scottish Government 2013; Maluccio et al. 2006).

"The pathways care leavers take in early adulthood are strongly influenced by the nature of their transition from care, and the support they receive after they leave."
(Scottish Government 2013, p.7)

After exiting care, young people are often confronted with a number of challenges and hardships such as homelessness,[17] coming into conflict with the law and incarceration, mental health problems, teenage pregnancy, low educational attainment,[18] unemployment and drug abuse, due to weak leaving care measures and programmes (Scottish Government 2013; Human Rights Watch 2010; Jareg 2005; Iglehart 1994). Care leavers have consistently voiced that they face numerous challenges due to lack of financial support, support from family and friends, and suitable and stable accommodation, and as a result, many have expressed a desire to stay longer in their respective care arrangements (Scottish Government 2013; Human Rights Watch 2010; UNICEF Croatia 2012). In Scotland, for example, many care leavers consulted during the development of the Children and Young People (Scotland) Act noted that they would have preferred to have had the opportunity to stay in their care placement beyond the terms of their supervision order, or to return to care placements at a later date (Scottish Government 2013). Stakeholder interviews for the study also identified these concerns as one of the biggest barriers to implementation of a quality programme.

Many children exit foster care without permanency planning. In the US, for example, while more than half of the children who exit foster care do so to reunify with their family, and many move to adoptive placements, many other children leave foster care without a legal permanent living arrangement (Akin 2011).[19] It is important to note that the published research on leaving foster care is from high income countries and that research on outcomes for children leaving foster care in low and middle income countries is still nascent.

There are a number of key issues that need to be recognised and addressed to support children and young adults leaving foster care in low, middle and high income countries. First, low and middle income countries can learn from failures in high income countries by ensuring that support and follow-up services are in place and children are linked with their family of origin where appropriate and provided with individualised support. Second, research and country-level evidence has consistently shown that if a young person leaves care before they are ready for independence it tends to lead to poor outcomes (Stein 2012). A care leaver or young person's 'readiness' includes their ability to care for themselves and make healthy life decisions. In order to achieve this, the young person must have access to positive support networks (including family members or mentors), practical life skills and knowledge, training and employment and the continued supervision and support of a child welfare system. Research has shown, for example, that educational outcomes for young adults who remained under the care and supervision of the child welfare system were much higher than those who had left care abruptly (Wade 1997). The age at which they leave care is a critical factor and should be in line with the population at large (Scottish Government 2013). Third, children and young people in care are often not provided with an aftercare plan and are not prepared with the necessary basic living skills and connections to allow for a smooth transition. After they exit care youth are often not given the continued follow-up and support that is needed once they 'age out' and are young adults. In order to overcome these challenges and outcome gaps, it is imperative that governments and partners create an environment and support services for these care leavers to help them ease the transition into adulthood. An integral component of this is having a social worker to support and monitor the child throughout his/her time in care and in exiting placement.

The following provisions, services and approaches can be considered during and after care to support a smooth transition to independence (Human Rights Watch 2010 and 2014; Jareg 2005; Avery 2010; Havlicek 2011; Munson and McMillen 2009; Scottish Government 2013; UN 2010; Cantwell et al. 2012; Sherwin 2011 a/b/c; Scottish Government 2011). Overall the approach should be gradual, supportive and flexible.

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17. In the US, research suggests that nationally, somewhere around 20 per cent of the young people leaving foster care each year will become homeless (Human Rights Watch 2010, p.1).

18. Sixty-five per cent of 18-year-olds leaving foster care in the US have failed to complete high school (Rhodes 2005).

19. US federal reports indicate that annually about 40,000 children and young people leave foster care without permanency. Akin 2011, p.999, citing US Department of Health and Human Services: Administration for Children Youth and Families.

- **A regulatory framework which supports leaving care strategies** and young people's rights and entitlements. Ensure that young people are aware of these rights and engaged in decision-making processes.

- Ensure **permanency planning is at the centre of care planning and placement,** and is discussed from day one and not just upon exiting care.

- Create **opportunities for youth to develop the skills needed for independence** during their time in care as well as after care. No child in foster care should leave without the skills and support needed for healthy living. This may include courses and assistance programmes in:

  - independent living (budgeting and accounting, household chores, time management, hygiene and healthy lifestyles);

  - micro-loans, business development and employment assistance;

  - vocational training and literacy;

  - apprenticeships, attachments or internships: see example of promising practice from Sierra Leone in box 9;

  - physical and sexual and reproductive health services;

  - nutritional support;

  - parenting, counselling, family therapy, mediation and crisis management;

  - support services for children with special needs;

  - assistance in attaining legal documentation;

  - links to employment and information resource centres.

- Guarantee that every child in care has an **aftercare or transitional independent living plan**, including arrangements for housing, financial support and family networks.

- **Delay the exit of young people** from foster care until they are sufficiently skilled and emotionally and psychologically equipped. Accordingly, young people should be encouraged to remain in a positive care setting until they are ready to move.

- The **age** in which a child transitions from care to independent living should be comparable to the general population, and governments should consider extending support beyond 18 years of age.

- **Support young people to establish and maintain relationships that extend beyond their time in foster care**, whether those relationships are with their families of origin, their foster families, mentors, or community leaders. Refer to the example of promising practice from the US, in box 9 below. Foster carers should be encouraged to care for the child for longer periods and not to disappear once the child turns 18, but to continue to serve as mentors and surrogate family.

- Develop **supported independent living programmes/arrangements** (arrangements in which a young person is supported in her/his own home, a group home, hostel, or other form of accommodation such as an apprentice programme, to enable them to become independent).

- Encourage and support the development of **leaving care associations** for young people who have been in foster care.

- Ongoing **monitoring, evaluation and reassessment** should be a key part of the programmes to ensure young people's needs are met and positive outcomes are achieved.

Box 9: Examples of promising practice

UK: The Government of Scotland has developed the Children and Young People (Scotland) Act, which proposes increasing the age to which care leavers receive aftercare support services to 25 years based on the assessment of a young person's individual needs.[20] To support the implementation of the Act, the Government of Scotland developed practice guidance. This 'Staying Put' approach allows young people to enjoy a transition from care to adulthood that more clearly resembles the experience of children not in care. Care planning decisions are based on the individual needs of the care leaver and not on their age. Social workers will help to achieve the aims and objectives of the approach and create the conditions for improved outcomes for young people. Foster carers will be provided with information and training on the importance of 'permanence' and to help them prepare if there are situations in which the young person in their care wants to stay with them until adulthood. Many local authorities in Scotland are now enabling looked after young people to remain with their existing foster carers beyond the age of 18 (Scottish Government 2013). England has also passed legislation on 'Staying Put' in the Children and Families Act 2014.

Sierra Leone: In Sierra Leone, Christian Brothers, a local NGO, has developed apprenticeships, in which a group of young people live with and are trained by an artisan. Christian Brothers makes arrangements for a group of eight boys to live with a carpenter and his family for a period of 18 months. The boys are given a small stipend and trained in carpentry and literacy. Christian Brothers assists adolescent boys in buying tools so that they can set up their own business. The programme provides the boys with family relations, peer support and a consistent daily structure. It is important to be aware of the potential risks of child labour when designing apprenticeship programmes. A social worker or care worker from the organising NGO or a government social worker can prevent these risks via regular monitoring and oversight visits (Tolfree 2006).

United States: In the US, mentor programmes have played a positive role in addressing the fundamental need of young people in foster care for close and caring relationships, and in promoting better outcomes for young people aging out of the foster care system. Since many young people in foster care have been exposed to inconsistent parenting or multiple care placements, they may have difficulty forming healthy, trusting attachments with their parents or other adults. "A relationship with a mentor can become a 'corrective experience' for those youth who have experienced neglectful or abusive relationships with their parents. Further, mentoring can facilitate more positive relationships with peers and others." (Rhodes 2005, p.2). These programmes provide children in foster care with mentor(s) in order to develop basic life skills (i.e. career planning, budgeting) that prepare them to live independently. In addition mentors support young people to find transitional housing, and also provide counselling. Mentors are trained and spend a few hours a week or month with the child for a period of at least one year. In general, studies in the US have shown that mentorship programmes have "the potential to connect youth in foster care with a cross section of caring adults who can provide an important bridge to higher education and employment" (Rhodes 2005, p.3) as well as helping them solve other problems faced in the transition to adulthood. For example, a national impact study of mentoring programme Big Brothers Big Sisters reported that children in foster care showed improved basic social and interpersonal skills, as well as greater comfort and trust with others, as a result of having a mentor. Examples of mentorship models include: Building Futures Community-Based Mentoring Program, Mentoring USA's Foster Care Initiative, Joint Action in Community Service Amicus, Chafee Foster Care Independence Program, Big Brothers Big Sisters (Rhodes 2005).

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20. Studies in Scotland have shown that the national average age for leaving home in Scotland is 25, while the average age of young people leaving care is 16-18.

6.9 Scaling up small-scale foster care programmes

The literature review and stakeholder interviews identified a number of small-scale foster care schemes, run by both government and NGOs in Brazil, Cambodia, Ethiopia, Ghana, Jordan, Peru, Honduras, and Moldova (see box 10), among others. These small-scale programmes, which are predominantly run by NGOs, can serve as a laboratory for learning and for identifying what has been successful, as well as the challenges in implementation. While small-scale programmes have had some success within their limited geographic area of coverage, there are limited examples of these programmes expanding to provide foster care on a wider scale. Interviews for this report suggest that the limitations of scale up, and in the development of foster care services in low and middle income countries in general, are due to the following factors:

- slow growth of investment – it takes a lot of time, resources (financial and human) and capacity to implement foster care;

- limited national buy-in from key government ministries – building capacity at state level and building national systems take time;

- limited financial resources – funding is only available for small-scale programmes but not for national scale up;

- limited monitoring and follow-up of small-scale programmes;

- the need for flexible models which are adapted to specific context;

- perception that fostering is not culturally accepted and that this is the reason why a programme is not developed on a larger scale.

As illustrated in box 10, some programmes have managed to overcome these barriers to provide foster care on a larger scale.

Box 10: Example of promising practice

Moldova: Pilot Foster Care Programme. Partnerships for Every Child Moldova (P4EC) (formerly EveryChild) has piloted foster care programmes in Moldova since the early 2000s. Recent assessments suggest that the pilot model has become a nationally accepted model with the Government of Moldova adopting the P4EC model of short and long-term foster care in several *raions* (districts) and including this in national policy as a recognised core service to be offered by local authorities.

P4EC is also piloting respite foster care and the government has looked at that model as well. P4EC has approached the development of foster care and other services from a very collaborative perspective involving government, from national to local, in all aspects of service development and implementation. In time, and with significant lobbying and advocacy efforts, the organisation has become a vital partner of the Government of Moldova, and well respected for its experience and expertise. In addition to advocacy P4EC has worked closely with the government to develop policies and standards, provided training, technical assistance and capacity building for government social workers, organised study tours, conferences and policy debates, and supported the development of both working groups and, at the national level, the bringing together of local practitioners, NGO service providers and national policymakers. In addition, P4EC supported the development of a foster care network. Part of their success has been related to their openness in sharing with the government at every step of the development of foster care services their resources, publications, curricula, lessons learned and experiences (Bunkers 2012; Bradford 2013; email communication with Kelley Bunkers and Beth Bradford).

7 Fostering specific groups of children

Some population groups are far less likely to be fostered than others and more support is needed to ensure that they have the same care options as their peers. In this section, the evidence on providing effective foster care provision to three such groups is examined: children with disabilities, street-connected children and very young children.

7.1 Left behind: children with disabilities and the foster care system

Even though children with disabilities make up a large percentage of children in alternative care in the CEE/CIS region, they continue to fall outside of the foster care system and instead remain in large-scale institutional care (BCN and Every Child 2012). For example, recent analysis of de-institutionalisation efforts in the CEE/CIS region has found that foster care is almost non-existent for children with disabilities despite the progress made in the region in finding an alternative to institutional care for other groups of children (Legrand 2012).

An analysis of child care system reform efforts in Hungary and Romania found that in both countries foster families prefer young children without complex behavioural problems, whilst children with disabilities (as well as teenagers, children of Roma origin, or those with behavioural problems) remain in or are sent back to institutions. The continued resistance to fostering children with disabilities is linked to attitudes towards and perceptions of disability in both Hungary and Romania, as well as a lack of therapeutic and specialised foster care support (Anghel et al. 2013). In Armenia, a recent study found that very few existing or potential foster carers, including those with specialist child care experience, are willing to foster children with disabilities, citing a lack of psychological preparedness and access to appropriate supportive services (Save the Children and Center for Educational Research and Consulting 2013). The Georgian case study in box 11 below highlights the continued gaps and challenges in providing foster care services for children with disabilities, even in a country dedicated to reforming its national alternative care system.

Box 11: Example of lesson learned

Georgia: Over the past decade the Republic of Georgia has undertaken ambitious child care reform. International and national organisations, with assistance from UNICEF and donors, have made important inroads in promoting foster care, small group homes and day care centres to promote the deinstitutionalisation of children (EveryChild Georgia 2011; UNICEF Georgia 2011; UNICEF Georgia and USAID Georgia 2011; EveryChild 2011). While some children with mild disabilities are benefitting from the new foster care services, a study by Disability Rights International (DRI) found that in general the chances of children with disabilities, in particular those with severe disabilities, being fostered are extremely limited. For most of these children the only available option is to remain in some form of institutional care, with continued exposure to life-threatening abuse, neglect and segregation (Mathews et al. 2013). DRI reports that neither foster care services nor small group homes were 'designed' or 'equipped' for children with more severe disabilities. The study recommended that the capacity of specialised foster care services and foster carers be strengthened to ensure they are safe and appropriate for children with disabilities. Accordingly, the monitoring of foster families needs to be improved. The authors found that, at present, monitoring visits to foster families by social workers are inadequate for children with disabilities. Since the monitoring visits are required to be scheduled ahead of time, the social workers are not necessarily observing the everyday circumstances of the child. The study also recommended that the state budget cover child care-related costs, such as medical care, wheelchairs and day care services. In addition, special aftercare services for children with disabilities (as well as children without disabilities) should be strengthened to prepare and capacitate young people for successful independent living (Mathews et al. 2013).

While a number of countries are continuing to struggle to provide foster care services to children with disabilities, there are several examples of promising practice that have emerged from the CEE/CIS region: see box 12.

Box 12: Examples of promising practice

Moldova: Partnerships for Every Child Moldova, in partnership with local authorities, has implemented a successful pilot short-break foster care service for children with disabilities in two regions in Moldova. This was undertaken through a number of key strategies including work to build the capacity of local authorities, efforts to improve public policies and efforts to change attitudes towards caring for children with disabilities. An evaluation of the pilot identified the following key lessons learned (Bradford 2013).

- Placement is easier and smoother if the foster family is from the same community as the family of origin, especially in rural settings. This proximity enables the building of a trusting relationship, facilitates a successful matching process and ensures that children remain within their community and are unstressed by major changes in their setting.

- Capacity building of the social welfare workforce should take a holistic approach including training, technical assistance, empowerment of workers and practical support. Such capacity building can improve skills, change attitudes and behaviours, and encourage the development of local, innovative models for children with disabilities and their families.

- Engaging of media outlets is a vital aspect of disabilities reform. Consistent messaging across print, television and radio is reaching diverse audiences in rural and urban areas, and helping to increase the visibility of disability issues in Moldova.

Russia: Refer to box 2 for information about Russia's short breaks programme.

Serbia: Between 2005 and 2011, thanks to efforts in deinstitutionalisation, investment in and capacity building of new regional fostering centres, as well as the development of community-based services for children with disabilities and their families, the placement of children and young people – including those with disabilities – in institutional care fell, and placement in foster care increased. Community-based support services, such as cash allocations, day care centres and inclusive education, allowed parents to continue to care for children with disabilities rather than placing them in institutional care. Thirty-five per cent of local municipalities provide some funding for day care centres for children with disabilities (Legrand 2012).

The following strategies and interventions are recommended to support the provision of foster care for children with disabilities (Mathews et al. 2013; Bradford 2013; Legrand 2012; BCN and UNICEF 2012; Anghel et al. 2012; EveryChild Georgia 2011).

- **Ensure that foster care services for children with disabilities** are included in national legal and policy documents, and improve existing social policies accordingly.

- **Build the capacity of local authorities, foster care agencies and foster carers** to provide specialised care. Capacity building interventions should be holistic and include training, technical assistance, supportive supervision, empowerment of workers and practical support. These efforts should aim to improve skills, change attitudes and behaviours, and encourage the development of local, innovative models for children with disabilities and their families.

- **Improve the monitoring of foster carers** to ensure the safety and appropriate care of children with disabilities, including adding unplanned monitoring visits.

- **Budget for the additional costs associated with placing a child with disabilities in foster care**, such as medical care, assistive devices like wheelchairs, day care services, early intervention and a separate or additional foster carer salary or allowance to care for children with special needs.

- Develop **community-based services** for children with disabilities and their families, such as cash allocations, day care centres, inclusive education and respite care. This will help to ensure that a child is only separated from his or her family of origin and placed in longer-term alternative care when absolutely necessary.

- **Provide special aftercare services** for children with disabilities to prepare young people for successful independent living.

- **Develop effective communication and advocacy campaigns** and work with print, television and radio media outlets to achieve advocacy goals and raise awareness around disability.

7.2 Children under the age of three

The Guidelines specifically call for children under the age of three to be placed in a family setting (UN 2010, Para. 22). Subsequently, a number of countries have called for no children under the age of three to be placed in institutional care, and there are currently regional campaigns in CEE/CIS and Latin America and the Caribbean working towards this goal.[21] However, recent studies have shown the challenges of placing this population group in foster care, despite their particular vulnerabilities and the urgency with which they often need to be placed in family-based care. A regional situation analysis of the CEE/CIS region found that foster care is barely used for children under the age of three and that legal obstacles remain in allowing these children to benefit from foster care across the region (Palayret et al. 2012). There are examples of positive efforts to place children under the age of three in foster care: see box 13 for one of these.

Box 13: Example of promising practice

Russia: Partnership for Every Child Russia is working to end the placement of infants into baby homes and to overcome the lack of awareness of the importance of family care during early childhood. Many Russians believe that a young child will be distressed if moved from a baby home to foster care and are unaware of the resilience of young children in adapting to new environments, if provided with high-quality care and the opportunity to form a stable attachment to their carer. Partnership for Every Child has thus far worked to provide six to seven foster care placements for children under three. The first step is to intervene in the maternity hospital and to prevent the initial separation, through crisis management, intensive work with the family of origin, finding other family members, and housing and legal work. If the infant needs to be separated from the birth family, the infant is placed with a foster carer who is trained to care for that age group. The placement is short-term and the infant is either temporarily placed in foster care, until reintegration with the birth family is feasible, or placed in domestic adoption (after all prevention and reintegration options have been exhausted). Throughout the placement, the social workers conduct assessments of the individual child and track progress using early childhood development scales. The placement provides a family environment that can meet the child's need for daily individualised contact to maximise their development, something that is lacking in large-scale institutions (Interview with Jo Rogers, Director for Strategic Development, Partnership for Every Child Russia).

One important issue to keep in mind is that when babies and very young children are fostered (depending on the duration of the placement) they tend to form an attachment with the foster carers.

This should not be avoided, as being able to form such attachments is an essential part of the child's development. However, any subsequent move (whether reintegration or placement for long-term

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21. Both the CEE/CIS and Latin American regions have initiated campaigns calling for an end to the institutionalisation of children under age three. See UNICEF and OCHR 2011, and UNICEF 2013.

foster care or adoption) needs careful handling and planning, including support, preparation for all parties, contact visits in the build-up to a move and appropriate explanation, to minimise any distress or feelings of loss and rejection resulting from the further separation.

7.3 Children living and working on the streets

As noted by stakeholders interviewed for this paper, one of the population groups that has proven extremely challenging to foster are children and young people living and working on the streets. Mick Pease, Director of SFAC, who has worked with NGOs providing alternative care services to children living on the streets, noted that there is a need for extra precautions and 'safe care' when working with this population group. If the children are 'street hardened', there is a danger in placing the child right away in a foster family and the priority should be to protect the child and foster family. Accordingly, he expressed reservations about placing these children in emergency foster care placements: "Need to first place in small group home for only street children until assessment is made and then the child can be placed with a family… But one needs to be very careful and cautious." (Interview with Mick Pease)

The experience of Retrak, an international NGO working with children living on the street, illustrates both the challenges and successes of working with this population group (see box 14).

Box 14: Example of promising practice

Uganda: Since 1999, Retrak has administered a foster care programme for children living on the streets in Uganda. The programme is currently registered with the Government of Uganda and works in partnership with government authorities. Retrak does not immediately place a child from the street into foster care and instead first places the child in their drop-in centre/place of safety and provides them with support and counselling services.

Retrak recruits foster families through individual recommendations, community groups, churches, existing foster carers, NGOs, Retrak staff and the media. Each foster family undergoes extensive family study and assessment to determine their suitability. Once foster carers have passed the selection process, they are carefully matched with a former street child. The preparation for placement is a crucial stage in the foster placement process. During this stage both the foster family and child are prepared. Retrak offers ongoing training to foster carers to enable them to provide quality care to fostered children. Training and guidance in life skills is also offered periodically to fostered children. To support the families, Retrak provides health, transportation and foster family support services.

Retrak reviews the placement annually to ensure that children are well and that the family continues to provide the requisite quality of care. As of July 2014, Retrak is supporting 25 families that are fostering children (six couples and 19 single parents) with 39 children in foster care (10 female, 29 male). To date, the programme has placed 96 children with foster families.[22]

While Retrak has had success in fostering, they have also experienced a number of challenges, and slow expansion. Potential foster carers are resistant to caring for children from the streets due to stereotypes that pervade communities: "Children are seen as urchins, thieves, rats and criminals who are too hard and unlovable and too dangerous to have, and nothing can be done for them." (Email communication with Diarmuid O'Neill, CEO of Retrak.) From a child's point of view there are issues of trust and attachment after typically being let down by (an) adult(s) and in letting go of the coping mechanisms they have relied upon to survive on the street both physically and emotionally. In general, for both the foster carer and the child, the challenge in fostering is around forming strong attachments. The difficulties in doing so can be overcome but it takes time and careful planning.[23]

22. Information regarding Retrak's programme gathered via email communication with Diarmuid O'Neill, CEO of Retrak.
23. As above.

8 Conclusion and recommendations

The evidence presented in this report suggests that there is no one blueprint of universal elements for successful foster care programmes. Those developing and delivering foster care programmes must carefully examine their specific local context and adapt programmes accordingly. However, there are some core components that all foster care programmes must have to ensure that they are safe and effective in meeting children's needs.

First, a child should only ever be placed in foster care when separation from his or her family of origin is necessary and in the child's best interests, and when foster care is deemed to be the most appropriate form of alternative care for the child. In determining whether a child should be placed in foster care as opposed to other forms of alternative care it is important to consider whether:

- the child could be placed with kin instead;

- the child's needs can be best met in a family environment or if they have such challenging behaviour or complex needs that they may need a short period of time in small-scale specialist residential care instead;

- a child needs a temporary placement as a stepping stone to achieving reintegration or another form of longer-term care, or if adoption or another form of permanent care is the most suitable option;

- the foster care available is safe and well managed.

Decisions about placing children in foster care should be made carefully, in full consultation with children, families, social workers and others and all children should have care plans which are frequently reviewed and clearly state the purpose of their foster care placement. Decisions around placement in foster care should also ideally consider the different forms of foster care on offer and place the child in the form of foster care most suited to their needs, recognising that children's needs may range from short-term foster care aimed at preventing longer-term separation, to long-term, semi-permanent placements.

Second, it is essential that foster care provision is embedded in a wider system of child protection and care, which prioritises support to the family of origin and facilitating reintegration. Carefully managed contact between children in foster care and families of origin is often a vital means of facilitating reintegration, though such contact is not always appropriate or possible.

Third, high-quality, safe foster care programmes require a proper investment of resources in and consideration of existing knowledge on the following.

- The recruitment, careful assessment and proper support of foster carers. Support mechanisms may include associations of foster carers, access to specialist help and advice and proper financial support.

- Proper matching of children to foster carers based on a consideration of the capacities of foster carers to meet the individual needs of each particular child.

- Ongoing efforts to build the capacity of foster carers and those supporting foster care through training, supportive supervision and mentorship.

- Proper support for children in foster care, including efforts to respond to the trauma of separation from family.

- Monitoring foster care placements carefully through frequent visits, and using the support of communities.

- Support to children and young adults leaving foster care.

Fourth, it can often be valuable to start with small-scale foster care programmes and to then scale up, incorporating lessons learned. Achieving successful larger-scale foster care provision also depends on effective awareness raising on the benefits of foster care, accompanied by legislative and policy reforms, and capacity building, to develop the required national infrastructure and to ensure foster care is integrated into the wider child protection system.

Finally, some groups of children are often excluded from foster care programmes, including those with disabilities, those aged under three and children who have been living on the streets. However, such children should have the same range of alternative care options as other groups and there are examples of promising practice from around the world which show the possibility of successfully placing these children in foster care.

References

Abdullai, M., Dorbor, E. and Tolfree, D. (2002) *Case study of the care and protection of separated children in the Sinje refugee camp, Liberia.* London: Save the Children.

Akin, B. (2011) Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship and adoption. *Children and Youth Services Review,* 33, p.999-1011.

Anghel, R., Herczog, M., Dima, G. (2013) The challenge of reforming child protection in Eastern Europe: The cases of Hungary and Romania. *Psychosocial Intervention,* Vol. 22 No. 3, p.239-49.

ARK Bulgaria (2009) *Fostering change in Bulgaria: Develop a foster care service in Stara Zagora, Bulgaria*. Bulgaria: ARK.

Avery, R. (2010) An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review,* 32, p.399-408.

Barnardo's (2004) *What works in adoption and foster care?* London: Barnado's.

Bass, S., Shields, M. and Behrman, R. (2004) Children, families, and foster care: Analysis and recommendations. *The Future of Children,* Vol. 14, No. 1, p. 5-29. Available at: http://www.futureofchildren.org/futureofchildren/publications/journals/journal_details/index.xml?journalid=40

Bethany Christian Services (2011) *The development of the BCS Global Foster-to-Adopt Pilot Project in Ethiopia*. Addis Ababa, Ethiopia: Bethany Christian Services.

Better Care Network (BCN) and Every Child (2012) *Enabling reform: Why supporting children with disabilities must be at the heart of successful child care reform*. New York: Better Care Network.

Bostock, L. (2004) *Resource guide 6: Promoting resilience in fostered children and young people.* London, UK: Social Care Institute for Excellence (SCIE).

Bradford, B. (2013) *Developing short break foster care service for children with disabilities in the Republic of Moldova: Final project evaluation.* Written for European Commission – EUROPEAID/130-130/L/

ACT/MD, European Instrument for Democracy and Human Rights. Partnerships for Every Child.

Briefing note: Temporary guardianship procedures for separated and unaccompanied refugee children. For consultation with Jordanian government partners (2013-2014). On file and shared with author, February 2014.

Bunkers, K. (2012) *Final report: Foster care services for children in Moldova*. Submitted to Ministry of Labor, Social Protection and Family and UNICEF.

Cantwell, N. and Jacomy-Vite, S. (2011) *Assessment of the alternative care system in the Syrian Arab Republic*. Damascus, Syria: Ministry of Social Affairs and Labour and UNICEF.

Cantwell, N., Davidson, J., Elsley, S., Milligan, I. and Quinn, N. (2012) *Moving forward: Implementing the guidelines for the alternative care of children.* UK: Centre for Excellence for Looked After Children in Scotland.

Centre for Law and Policy Research and Foster Care (2013) *Policy brief on foster care and recommendations for Rajasthan.* India: Centre for Law and Policy Research and Foster Care.

ChildPact (2014) *Why networks encourage innovation and why donors should invest in them.* Available at: http://www.childpact.org/2014/03/26/why-networks-encourage-innovation-and-why-donors-should-invest-in-them/

Department of Social Development and Welfare, Ministry of Social Development and Human Security (2013) *Huachiew Chalermprakiet University project proposal. Review of alternative care in Thailand: Policy to practice with special focus on children affected by HIV/AIDS*. Bangkok, Thailand: Ministry of Social Development and Human Security.

Dona, G. (2001) *The Rwandan experience of fostering separated children*. Stockholm, Sweden: Save the Children Sweden.

Dore, M. and Mullin, D. (2006) Treatment family foster care: Its history and current role in the foster care continuum. *Families in Society: The Journal of Contemporary Social Services,* Vol. 87, No. 4. Alliance for Children and Families.

EveryChild (2011) *Fostering better care: improving foster care provision around the world.* London: EveryChild.

EveryChild Georgia (2011) *Needs assessment*. Tbilisi, Georgia: EveryChild.

Family for Every Child (2015) *The place of foster care in the continuum of care choices: A review of the evidence for policymakers.* London: Family for Every Child.

Family for Every Child (2012) *Towards a family for every child. A conceptual framework.* London: Family for Every Child.

Forber-Pratt, I., Loo, S., Price, S. and Acharya, J. (2013) Foster care in India: An exploratory survey of the community perceptions prospects for implementation of foster care in a developing nation: A study in Udaipur, Rajasthan, India. *Children and Youth Services Review,* 35.

Fry, B. (2012) *Mid-term evaluation: Adama Foster-to-adopt Program Ethiopia.* Submitted to Bethany Christian Services Global. Ethiopia: Bethany Christian Services.

Galappatti, A. (2002) *Caring for separated children: An approach from Eastern Sri Lanka.* Save the Children Norway.

Gay, M. (2013) *New York City is trying a new strategy to find good homes for foster kids and it's working.* New York Magazine, 18 December 2013.

Give a Child a Family (Undated) *A proactive approach to foster care.*

Havlicek, J. (2011) Lives in motion: A review of former foster youth in the context of their experiences in the child welfare system. *Child and Youth Services Review,* 33, p.1090-1100.

Höjer, I., Sebba, J., Luke, N. (2013) *The impact of fostering on foster carers' children: An international literature review.* Oxford: Rees Centre, University of Oxford.

Human Rights Watch (2014) *Without dreams: Children in alternative care in Japan.* USA: Human Rights Watch.

Human Rights Watch (2010) *My so-called emancipation: From foster care to homelessness for California Youth*. USA: Human Rights Watch.

Iglehart, A (1994) Foster care placement, service and outcome issues. *Children and Youth Services Review*, Vol. 16, No.12, p.107-122.

INABIF and Buckner (2012) *Foster care. The experience of INABIF and Buckner in guaranteeing a child's right to live in a family.*

ISS/IRC (2007) *Fact sheet no. 50 – Kafalah.* Geneva: ISS/IRC.

Jareg, E. (2005) *Community-based foster homes in Ethiopia: An account of a follow-up experience 10 years after phase out.*

Legrand, J. (2012) *CEE/CIS: Child care systems in Eastern Europe and Central Asia: Why we need to focus on children below three years.* Presentation at Sofia Conference, November 2012. Available at: http://bettercarenetwork.org/BCN/details. asp?id=30699&themeID=1004&topicID=1028

Looked After Children Strategic Implementation Group (LACSIG) (2013) *National foster care review: Final report*. UK: Centre for Excellence for Looked After Children in Scotland.

Mackenzie, M., Brewer, K., Schwalbe, C., Gearing, R., Ibrahim, R., Batayneh, J., Darwish, D., Al-Kharabsheh, J. and Al-Zu'bi, M. (2012) Foster care as a viable alternative to institutional care in the Middle East: Community acceptance and stigma across type of placement in Jordan. *World Perspectives, Journal of Developmental and Behavioral Pediatrics*, Vol. 33, No. 6, July/August 2012.

Maluccio, A., Canali, C. and Vecchiato, T. (2006) Family foster care: Cross-national research perspectives. *Families in Society: The Journal of Contemporary Social Services.*

Manitoba Foster Family Network (2011) *Circle of care. Fostering fostering: Enhancing supports to foster and kinship care families*. Available at: http://www.gov.mb.ca/fs/pubs/circle_of_care.pdf

Mann, G. (2004) *Family matters: The care and protection of children affected by HIV/AIDS in Malawi.* USA: Save the Children.

Martinez, R. (2012) *Study on the process and implementation of the Foster Care Program aimed at improving family reunification of children and adolescents.* New York: UNICEF.

Mathews, E., Ahern, L., Rosenthal, E., Conroy, J., Kaplan, L., Levy, R., McGowan, K. (2013) *Left behind: The exclusion of children and adults with disabilities from reform and rights protection in the Republic of Georgia*. USA: Disability Rights International.

McCreary Centre Society (2012) *PLEA evaluation report: PLEA programs for youth in conflict with the law.* Available at: http://www.mcs.bc.ca/pdf/PLEA_Evaluation_Report.pdf

Ministry of Gender Equality and Child Welfare, Government of the Republic of Namibia (2009a) *Foster care in Namibia: Recommendations for the framework.* Namibia: Government of Namibia.

Ministry of Gender Equality and Child Welfare, Government of the Republic of Namibia (2009b) *Standards for foster care services in Namibia.* Namibia: Government of Namibia.

Munson, M. and McMillen, J. C. (2009) Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. *Children and Youth Services Review* 31(1), p.104-111.

National Public Radio (NPR) (2013) *The foster care system: What parents wish we knew*. Available at: http://bettercarenetwork.org/BCN/details_news.asp?id=30654&themeID=1002&topicID=1013

Palayret, G., Legrand, L., Nordenmark Severinsson, A., Cantwell, N. and Martin-Fickel, H. (2012) *Children under the age of 3 in formal care in Eastern Europe and Central Asia: A rights-based regional situation analysis.* New York: UNICEF.

Partnership for Every Child Russia (2005) *EveryChild short breaks service: An evaluation of the innovative service for families caring for children with disabilities*. Russia: Partnership for Every Child.

Pasztor, E.M., Hollinger, S., Inkelas, M. and Halfon N. (2006) Health and mental health services for children in foster care: The central role of foster parents. *Child Welfare* Vol. LXXXV, No.1, January/February 2006.

Petrova-Dimitrova, N. (2009) *Development of alternative services, including foster care, within the framework of reforming the child protection system: Experience of Bulgaria.* Background paper prepared for Regional Conference on Child Care System Reform in Armenia, Belarus, Georgia, Moldova and Ukraine, 24-26 November 2009, Chisinau, Moldova. Available at: http://bettercarenetwork.org/BCN/details.asp?id=23718&themeID=1001&topicID=1010

Rhodes, J. (2005) *Fostering positive outcomes: How mentoring can help children and adolescents in foster care*. Available at: http://www.mentoring.org/downloads/mentoring_1325.pdf

Save the Children UK Dadaab Programme Kenya (2011) *Standard operating procedures for child protection case management*. Kenya: Save the Children.

Save the Children and Center for Educational Research and Consulting (2013) *Development perspectives of foster care in Armenia: Research analysis results.* Armenia: Save the Children.

Scottish Executive (2005) *National care standards: foster care and family placements*.

Scottish Government (2013) *Scottish Government response to the findings by the foster care review.*

Scottish Government (2011) *Guidance on the Looked After Children (Scotland) Regulations 2009 and the Adoption and Children (Scotland) Act 2007.*

Scottish Government (2009) *Scottish Statutory Instrument: 2009 No. 2010. Children and young persons social work: The Looked After Children (Scotland) Regulations 2009.*

Scottish Government (2007) *Getting it right for every child in kinship and foster care.*

Sherwin, E. (2011a) *A global perspective of foster care, its development and contemporary practice: Country responses.* Austria: SOS Children's Villages International.

Sherwin, E. (2011b) *A global perspective of foster care, its development and contemporary practice: Literature review.* Austria: SOS Children's Villages International.

Sherwin, E. (2011c) *A global perspective of foster care, its development and contemporary practice: Foster care desk research.* Austria: SOS Children's Villages International.

Stein, M. (2012) *Young people leaving care: Supporting pathways to adulthood.* London: Jessica Kingsley.

Tapsfield, R. and Collier, F. (2005) *The cost of foster care: Investing in our children's future.* UK: British Association for Adoption and Fostering (BAAF) and the Fostering Network.

Terra dos Homens, Brazil (Undated a) *Growing seeds: Network creation for the implementation of public policies regarding children and adolescents.*

Terra dos Homens, Brazil (Undated b) *Notebook 3: Foster care program.*

Todd, J. (2014) *Foster care in South Africa.* Presentation for Family for Every Child annual meeting.

Tolfree, D. (2006) *A sense of belonging: Case studies in positive care options for children.* London: Save the Children, UK.

Tolfree, D. (1995) *Roofs and roots: The care of separated children in the developing world.* London: Save the Children Fund, UK.

United Nations (2010) *Guidelines for the alternative care of children. A/Res/64/142.* New York: United Nations.

United Nations (1989) *UN Convention on the Rights of the Child.* New York: United Nations.

UNICEF (2013) *End the placement of children under three years of age in institutions (Latin America).* Panama: UNICEF Latin America and Caribbean Regional Office.

UNICEF (2006) *Alternative care for children without primary caregivers in tsunami-affected countries: Indonesia, Malaysia, Myanmar and Thailand*. Bangkok, Thailand: UNICEF East Asia and Pacific Regional Office.

UNICEF and OCHR (2011) *End placing children under three years in institutions: A call to action (CEE/CIS region).* Geneva: UNICEF CEE/CIS Regional Office.

UNICEF, Inter-American Commission on Human Rights, Organization of America States (2013) *The right of girls and boys to a family. Alternative care: Putting an end to institutionalization in the Americas.* Available at: http://www.oas.org/en/iachr/children/docs/pdf/Report-Right-to-family.pdf

UNICEF Central and Eastern European/Commonwealth of Independent States (CEE/CIS) Region (2012) *Bulgaria: Life as it is. Showcasing alternative family care.* Geneva: UNICEF CEE/CIS.

UNICEF Croatia (2012) *What children say about foster care: A study of the children's perspective on foster care with recommendations for improvement.* Croatia: UNICEF Croatia Country Office.

UNICEF Georgia (2011) *Summary of child care reform.* Tbilisi, Georgia: UNICEF Georgia Country Office.

UNICEF Georgia and USAID Georgia (2011) *Strengthening child care services and systems: Quarterly report for activities, June 2011-August 2011.* Tbilisi, Georgia: UNICEF Georgia Country Office.

Wade, J. (1997) Developing leaving care services: Tapping the potential of foster parents. *Adoption and Fostering*, Vol. 21 No. 3, p.40-49.

Wilson, K., Sinclair, I., Taylor, C., Pithouse, A. and Sellick, C. (2004) *Knowledge review #5: Fostering success: an exploration of the research literature in foster care*. London, UK: Social Care Institute for Excellence (SCIE).

World Vision (2009) *Because we care: Programming guidance for children deprived of parental care,* USA: World Vision.

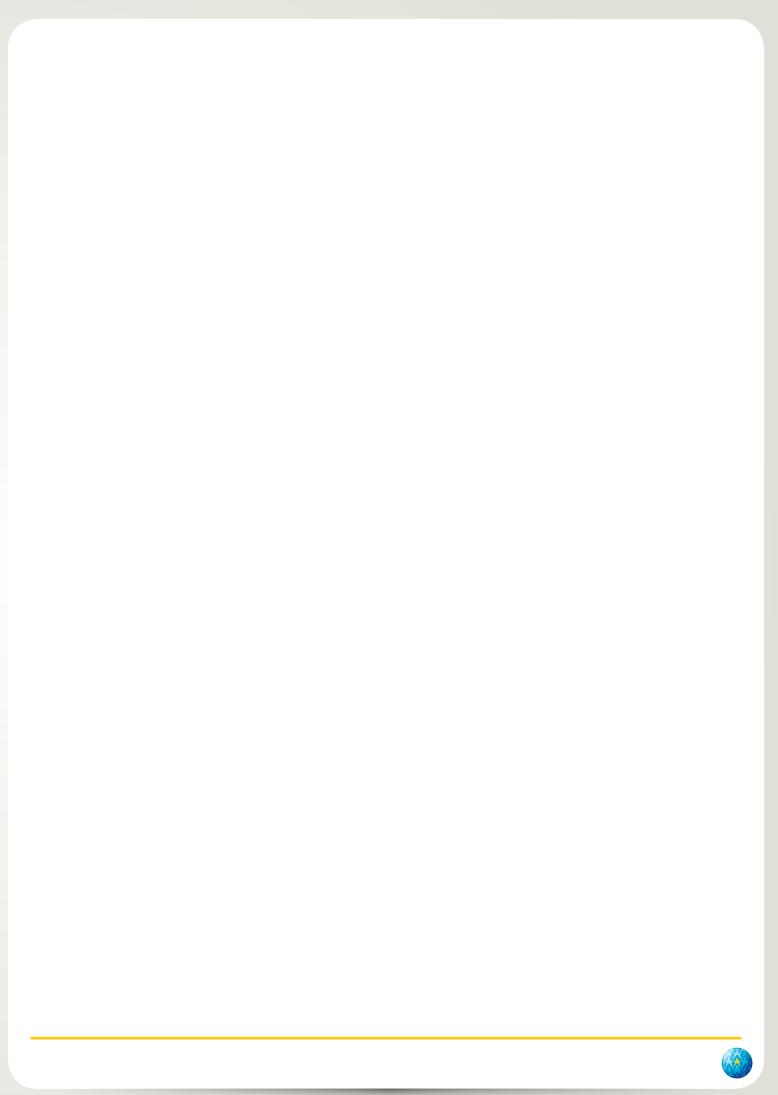# Annex: List of stakeholders interviewed

Family for Every Child members

- Claudia Cabral, Executive Director, ABTH, Brazil
- Meena Enawalla, Executive Director, CFAB, UK
- Omattie Madray, Executive Director, ChildLink, Guyana
- Rita Panicker, Executive Director, Butterflies, India
- Herni Ramdlaningrum, Muhammadiyah, Indonesia
- Jo Rogers, Director for Strategic Development, Partnership for Every Child, Russia

Foster care stakeholders

- Andy Bilson, Professor, School of Social Work, University of Central Lancashire
- Mick Pease, SFAC
- Delia Pop, Hope and Homes for Children
- Bep van Sloten, Consultant
- Ian Forber-Pratt, Executive Director, Foster Care India
- Julie Todd, Child Welfare South Africa
- Tendai Masiriri, International Program Director, Bethany Christian Services
- Cathleen Jones, Executive Director, Children in Families Cambodia
- Stela Grigoras, Executive Director, Partnerships for EveryChild, Moldova
- Dr Charles Zeanah, Tulane University, Department of Child and Adolescent Psychiatry
- Ben Farrugia, Sector Engagement Lead, CELCIS, University of Strathclyde, Scotland
- Glenda Zeron, Foster Care Programme, Buckner Honduras
- Sully de Ucles, Programme Manager, Buckner Guatemala
- Philip Aspegren, Executive Director, Casa Viva, Costa Rica
- Claudia de Leon, Buckner Peru
- Florence Martin, Director, Better Care Network

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