

TEMPORARY FAMILY CARE (TFC) SERVICE MANUAL

1. RATIONALE/BACKGROUND INFORMATION

Holt International Children's Services is a private, non-profit American social service agency which has served children around the world for over 40 years.

In Romania, Holt has successfully conducted a program of family reunification and permanency planning since January, 1991. In July, 1992, Holt was awarded additional funding by the United States Agency For International Development (USAID) to establish a three-year pilot project "**FUTURE OF ROMANIA (FOR) CHILDREN**" under Cooperative Agreement EUR-0032-A-2059-00. The project aims to reduce abandonment and unnecessary institutionalization of children.

One of the goals of the FOR projects is "To provide and thereby demonstrate the effectiveness of certain social services which are not well known in Romania in improving the quality of life of children and families". In line with this goal, Holt has developed and implemented a variety of social services.

A major service component of the "FOR Children" project is **TEMPORARY FAMILY CARE (TFC)**. It is a demonstration program, developed as an alternative to the institutional placement of children.

Holt initially explored the idea of demonstrating foster family care in Romania in 1991. This was done under its reunification program as a sub-grant agency of PACT (Private Agencies Collaborating Together). In November, 1991, Holt participated in a meeting of NGOs interested in developing foster care in Romania. Holt pursued this initial effort through a series of meetings with representatives from the Ministry of Labor and Social Protection (MLSP) and Ministry of Health (MOH). Both ministries eventually approved Holt to develop a privately funded foster family care program.

The first attempt to start TFC program in early 1992 was done in partnership with a leagan in Bucharest. The Director of the leagan agreed to cooperate with Holt to being a demonstration program of **TEMPORARY FAMILY CARE**. Four children in the leagan were initially identified for this project. Each of these children had parents who had not visited them for six months. Plans were made to contact the birth parents and at the same time look for possible foster families. Efforts were made to get the involvement of local churches (Catholic and Protestant) and the community around the leagan. The project as envisioned did not take off since no potential foster families could be identified. The project learned that its biggest challenge was going to be the recruitment of foster families.

Under the FOR Children Project, Holt continued its efforts to develop TFC. In November, 1993, Holt contracted with the Romanian Institute For Public Opinion Ltd.



(IRSOP) to conduct a study designed to assess the receptiveness of Romanians towards foster family care and conditions for implementing the program. This study was done on TFC, a program unknown in Romania, which placed abandoned children in unrelated families for short term temporary family care. In this study, Holt was interested in having two questions answered: Was it possible to introduce temporary family care in Romania? If yes, what were the factors that would have to be considered in recruiting families to provide temporary care? The overall results of the study indicated that “TEMPORARY FAMILY CARE FOR ABANDONED CHILDREN WAS POSSIBLE IN ROMANIA, BUT ON A VERY LOW SCALE AND WITH SIGNIFICANT ORGANIZATIONAL AND FINANCIAL EFFORTS.”

In using the IRSOP research findings, Holt has now developed TFC programs implemented in cooperation with hospitals (maternity, pediatric, dystrophic), leagan and tutelary authorities. The project made its initial placements of children with approved foster families in December, 1993, with one placement in Bucharest and one in Constanta. A total of 36 children have been served in foster families from December, 1993, to June 30, 1995. Of this number, three have been reunited with their birth families, fourteen were adopted by Romanian adoptive families and the rest continue to remain in care while awaiting either return home or domestic adoption.

In conclusion, the Holt FOR Children Project has demonstrated the viability of TFC program as an alternative to institutional care for children in need of care outside their own homes.

2. LEGAL BASE

Holt's operation in Romania is legal. GOR authorized Holt's functioning in the country in November, 1992. The legal decision was published in Monitorul Oficial Anul IV - Nr. 323, Partea 1 Legi. Decrete, Hotarari si Alte Acte, dated 10 December 1992.

Holt's TFC program is implemented in accordance with the legal provisions contained in laws related to child and family welfare. These laws are legislated by the Government of Romania (GOR) and by the United Nations (UN).

2.1 United Nations Convention on the Rights of the Child, adopted on November 20, 1989, by the UN General Assembly. This Convention was ratified by the GOR on September 25, 1990.

Article 20

- a) A child temporarily or permanently deprived of his or her family environment or in whose best interests cannot be allowed to remain in the environment, shall be entitled to special protection and assistance provided by State.
- b) State Parties shall, in accordance with their national laws, ensure alternative care for such a child.



- c) Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary, placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

2.2 UN General Assembly Declaration of Social & Legal Principles Relating to the Protection and Welfare of Children with Special Reference to Foster Placement and Adoption Nationally and Internationally dated February 6, 1987.

General Family And Child Welfare

Article 4

When care by the child's own parents is unavailable or inappropriate, care by relatives of the child's parents by another substitute - foster or adoptive family - or if necessary, by an appropriate institution should be considered.

Article 5

In all matters relating to the placement of a child outside the care of the child's own parents, the best interests of the child, particularly his or her need of affection and right to security and continuing care, should be the paramount consideration.

Article 6

Persons responsible for foster placement or adoption procedures should have professional or other appropriate training.

Article 8

The child should at all times have a name, a nationality and a legal representative. The child should not, as a result of foster placement, adoption or any alternative care, be deprived of his or her name, nationality or legal representative.

Article 9

The need of a foster or an adopted child to know about his or her background should be recognized by persons responsible for the child's care, unless this is contrary to the child's best interests.

Foster Placement

Article 10

Foster placement of children should be regulated by law.

Article 11

Foster family care, though temporary in nature, may continue if necessary until adulthood but should not preclude either prior return to the child's own parents or adoption.



Article 12

In all matters of foster family care, the prospective foster parents and as appropriate, the child and his or her own parents should be properly involved.

2.3 Constitutia Romaniei

In art. 44 si art. 45 se stabileste dreptul si obligatia parintilor sa creasca si sa-si ingrijeasca copii si obligatia statului de a asigura protectia sociala a copilului si de a asigura respectarea drepturilor copiilor.

Article 44. Familia

- a) Familia se intemeiaza pe casatoria liber consimtita intre sotii, pe egalitatea acestora si pe dreptul si indatorirea parintilor de a asigura cresterea, educatia si instruirea copiilor.
- b) Copiii din afara casatoriei sunt egali in fata legii cu cei din casatorie.

Article 45. Protectia copiilor si a tinerilor

- a) Copiii si tinerii se bucura de un regim special de protectie si de asistenta in realizarea drepturilor lor.
- b) Statul acorda alocatii de stat pentru copii si ajutoare pentru ingrijirea copilului bolnav ori handicapat. Alte forme de protectie sociala a copiilor si a tinerilor se stabilesc prin lege.
- c) Exploatarea minorilor, folosirea lor in activitati care le-ar pune in primejdie viata ori dezvoltarea normala sunt interzise.

2.4 Codul Familiei (legea nr. 4/1953)

Normeaza urmatoarele:

- drepturile si obligatiile parintilor fata de propriii copii
- responsabilitate si competenta materiala si teritoriala a birourilor de autoritate tutelara

2.5 Legea nr. 3/1970 privind regimul ocrotirii unor categorii de minori

Art. 1 - a) to d)

Art. 2 - 1) to 3)

Art. 3 - 1) to 2)

Art 6 - 1)

3. DESCRIPTION OF THE SERVICE

The concept of foster care in Romania is not new. It dates back to 1970 with the passage of Law #3. Under this law, there were two categories of foster care, i.e. "plasament



familial” and “incredintare”. Both types of placement were long term often with no permanency plans worked out for the children.

3.1 Definition Of Temporary Family Care

Temporary family care is a child welfare service. It refers to the provision of planned, time limited, temporary substitute family care for a non-related child who cannot remain in his own home (either temporarily or permanently) due to a family crisis or problem. It provides a child an opportunity to live in a family environment while a permanent family solution is being explored, i.e. return to birth family or adoption.

As a child welfare service, it always involves a team effort - the social service agency, the foster family, and the birth family.

A number of concepts are embodied in this definition:

- a) Temporary family care is **PLANNED**. What happens while the child is in foster care is not left to chance.
- b) Temporary family care is **TIME LIMITED**. A child should not remain in foster care indefinitely. It is a temporary service provided to a child and his/her family for a limited, agreed upon period. At the end of this period, the child should be living in a stable, permanent home, i.e. his/her birth family or adoption.
- c) The essential resource is an **APPROVED FOSTER FAMILY** which extends care to a non-related child in a family environment, providing opportunity for the child’s optimum development - physical, cognitive, social and emotional.
- d) Temporary family care involves **TEAM WORK**. The foundation of TFC is the concept of team work between the foster family and the social worker.

3.2 Principles

The implementation of temporary family care is guided by the following essential principles:

- a) **Preserving and strengthening the child’s birth family:** A basic aim of child welfare is to initially work to preserve and strengthen the child’s own family whenever possible through the provision of appropriate services.
- b) **Ensuring the best interest of the child:** The emphasis on the importance of meeting the child’s physical, emotional, cognitive and social needs has been derived from the concept “the best interest of the child”. Art. 3 (1) of the UN Convention on the Rights of the Child states that “In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interest of the child shall be a primary consideration”.



- c) **Value of permanency planning:** A child placed in temporary family care needs to eventually live in a permanent stable family in order to foster his optimum development. This means that at the end of foster family care, the child will have a permanent family whether that be back with his birth family or with an adoptive family.

3.3 Benefits of TFC over Institutional Care

Temporary Family Care is preferable to institutional care for two major reasons:

- a) In TFC, a child benefits from the individualized attention only a family can give. One to one care is provided in the intimacy of a family setting. Within a family, the child learns to love and be loved, to trust and develop relationships. These are all important qualities a child needs for his/her future development and well-being. In TFC, the child's normal developmental needs - physical, social, emotional and spiritual are met. Even if time is limited, the influence upon a child's life can be great.
- b) At first look, the savings in financial terms between TFC and institutional care do not seem great. If you compare Holt's demonstrated TFC program to the cost of institutionalized care for one year as provided by the Romanian Government (GOR) in leagan and case de copii, there is *not* a significant cost savings per child. It costs GOR approximately 250,000 lei per month per child ¹ to provide institutionalized care or nearly three million lei per year. In comparison, it costs Holt's TFC program approximately 700,000 lei per month per child to provide a foster family. This comparison is misleading. It is like comparing apples to oranges. A better comparison is the overall costs for the length of the placement. If you make the assumption that the average child is in institutionalized care for their entire childhood or 18 years, the cost per institutionalization placement is nearly 54 million lei. By comparison, it takes the average child five (5) months in foster care before they are reunited with their birth families or placed in an adoptive home. The total cost of a TFC placement is around 3.5 million lei. The cost savings here is over 50 million lei or \$US 28.000 per child! These are the real cost savings. The other costs saved by the government include all the other long term costs incurred by the government to care for children who have grown up in institutions, including special job training, living skills courses and medical care.

4. GOALS AND OBJECTIVES OF TEMPORARY FAMILY CARE SERVICE

4.1 Goals

¹ In real terms of December, 1994, lei, using Romanian Ministry of Finance index. Source of costs of institutionalization come from UNICEF.



The primary goal of foster care is to provide an eligible child with a temporary foster family until he can move on to a permanent family, i.e. back to birth family or to an adoptive family.

4.2 Objectives

- a) To recruit and develop a pool of approved foster families as a ready resource for placement of children in need of care.
- b) To provide a variety of social services to the foster child (and to his birth parents, if applicable) and the foster family to ensure quality care.
- c) To facilitate the implementation of the most appropriate permanency plan for a particular child, i.e. return to birth family or adoption.

5. POLICIES/ELIGIBILITY REQUIREMENTS

The following policies shall guide the implementation of TFC.

5.1 General Policies

- a) Temporary family care should be considered only after all efforts to keep the child with the birth family have been exhausted.
- b) The written approval of the Committee for the Protection of Minors must be secured before the child is admitted for foster family care.
- c) Each child admitted into foster family care should have a clear permanency plan, (i.e. return to birth family or adoption).
- d) Placement with a particular foster family should be based on matching the needs of the child and the resources of the family.
- e) In cases where reintegration is the permanency plan, a continuing link with the birth family needs to be maintained and a visiting plan agreed upon. In such cases, the standard of living of the foster family should ideally be similar to that of the birth family or visits should be facilitated in the Holt Service Center.
- f) If the child will be placed for domestic adoption, the foster care social worker and the foster family should establish a good relationship with the adoptive family to facilitate the adjustment of the child with the new family.
- g) Since TFC is temporary in nature, it should normally not last more than 18 months except when the situation so requires.
- h) The duration of foster care placement should be set initially at admission and be revised periodically according to how the case evolves.



- i) A foster family will not be able to adopt the child who is placed with their family for foster care.

5.2 Eligibility Requirements

a) Eligibility Requirements For Foster Families

The following criteria shall be used as a guide in the recruitment and approval of foster families:

- **Civil Status:** married or single.
- **Age:** applicants should be 25 to 60 years of age.
- **Health:** All members of the family household should be physically and mentally healthy, as evidenced by their health certificates.
- **Income:** The family must have a steady and permanent source of income to adequately meet their family needs.
- **Housing:** The family home should provide a safe environment and sanitary living conditions necessary to promote the health and well being of the child. However, strict space requirements should not be a deterrent to placement if other factors in the family are satisfactory.
- **Good Moral Character:** Applicants must be of good moral character and have no criminal record.
- **Consent Of The Family:** TFC is family care and, therefore, is important to have the consent of every member of the family.
- **Parenting Capability:** The family must have the ability to provide protection, love and family care for the child.
- **Partnership With The Agency:** TFC is a cooperative task and the family must be willing to work cooperatively with the agency.
- **Ability To Let Go:** The foster family must understand they are providing care to a child on a temporary basis. They must be able to handle separation and help the foster child move back to his birth family or into an adoptive family.

b) Children Eligible For Temporary Family Care

TFC shall be considered for infants and young children who need care and supervision within a family setting. Children eligible for temporary family care are those:

- Who are 0-6 years old.



- Who are abandoned or at risk of abandonment.
- Who cannot remain with their birth family and would otherwise be placed in institutional care.
- Who can be reunited with their birth family in a reasonable period of time.
- Who are declared for adoption and waiting for placement with an adoptive family.

Generally, the children should be healthy. Children with minor medical problems or developmental delays can be considered depending on the availability of a foster family capable of meeting the child's needs.

6. PROCESS IN TEMPORARY FAMILY CARE

The system of Temporary Foster Family Care is complex. It entails a series of activities or steps which should be followed to ensure effective service delivery.

6.1 Recruitment And Development Of Foster Families

Foster family recruitment refers to ways of reaching out to families with the purpose of finding potential foster families for children who need temporary family care. Recruitment involves a planned, organized ongoing program of education of the general public about the need to find foster families. Ongoing recruitment efforts create a climate of awareness of the need for foster families over a period of time.

Recruitment aims to identify and motivate prospective foster parent applicants. Its primary goal is to insure that a sufficient number of approved and trained foster families are available and ready to take in children needing care at any given time.

a) Recruitment Methods

A concerted drive to recruit foster parents should include the utilization of a variety of methods with a common theme. Holt's TFC theme is "Help A Child In Need -- Be A Foster Family". The use of the following recruitment strategies has been helpful in recruiting foster families:

- The **individualized approach** or personal contact with families is often the most effective way in helping families actually decide if temporary family care is appropriate for them. Social workers and/or foster families already active in the program may approach new families individually. These prospective families may be their neighbors, friends or colleagues.
- If the foster family lives in a community where neighborhood relationships are very close, neighbors, friends or relatives will learn about foster care and may be influenced to become foster parents themselves. Not only are the foster parents seen as a reliable source of information, but are also models of parents who are very committed to their foster children and to the agency they work for.



- Another approach to foster family recruitment is **organizing foster care forums** which introduce the temporary care program to prospective applicants. These should be scheduled on a regular basis (monthly or bi-monthly).
- **Direct appeal to specific groups:** The social worker and experienced foster parents reach out to meet with various interest groups or organizations, children's medical institutions, the unemployed, old age pensioners, religious organizations, teachers, etc.
- General promotion in the community through the **media:**
 - ads in the newspapers, on radio and on TV
 - dissemination of the brochures and leaflets
 - posters in strategic places
 - publicizing the need for foster families in agencies and institutions (for example, tutelary authorities, hospitals, leagan, etc.) where Holt is carrying out other aspects of its program

A mass media campaign is effective to increase the community's awareness of temporary family care and the need for foster families.

Recruitment is a difficult stage but through good recruitment practice, it can bear positive results. Ongoing recruitment efforts nurture the process so that it culminates in a family making an inquiry or call.

b) Training Program For Foster Parents

The agency should ensure availability of a relevant training program which provides opportunities for the foster parents to learn what they need to know to be foster parents and what they will need to do for the children in their care.

The training program includes:

- Orientation and training for new foster parents (preferably before placement of any child) regarding the agency's purpose, objectives, policies and services, roles and responsibilities of agency workers and foster parents as well as basic information about child development, attachment and separation.
- Periodic ongoing training sessions on subjects relating to the care of foster children, appropriate child care at various developmental stages, handling separation, etc.
- Provide opportunity for foster parents to attend courses and seminars related to child care outside the agency.

6.2 Inquiry/Application



The stage of inquiry and application starts when the applicant (the foster family) first verbally inquires about participating in this program and a meeting takes place between the social worker and the family. It is concluded when the applicant fills out the application form.

During this stage, the following activities are undertaken:

- a) The social worker gives the potential foster family a general description of the program, its principles, the family's rights and obligations, the responsibilities of the agency, the categories of children who benefit from this service and any other information the applicant may request. A copy of the TFC brochure is also shared.
- b) If the applicants meet the basic requirements and decide to pursue their interest in being foster parents, they then fill out the application form (Appendix 3).
- c) The social worker reviews the application. A schedule for a home visit and follow-up contacts are arranged with the applicant. The family is also expected to attend a Foster Care Forum. The prime purpose of these contacts will be to assess the potential foster family.

6.3 Foster Home Study/Assessment

The foster home study is a very important phase in the process of becoming a foster parent. It provides the basis for determining whether the applicant is willing and ready to take on the role of being a foster family and whether they are suitable for this role. The home study report provides an overall assessment of the family and its functioning as individual members and as a group including their interaction within the family system. It is important not only because Holt has a professional responsibility to children placed with the family but also because Holt has a legal responsibility to the community.

This assessment of the family begins with the first contact when the applicant is interviewed at the office. However, it also includes data and impressions gathered from the foster care forum, trainings and home visits.

- a) The foster home study is accomplished:
 - A series of meetings by the social worker with each individual family member as well as with the entire family together.
 - Observations of any kind that help the social worker decide whether the family meets the criteria.
 - Collateral contacts with the extended family, neighbors and friends.
- b) The home study must be completed within three months after application was submitted.
- c) In the process of assessment, the social worker discusses the following with the applicants:



- Where they received the information about the program.
- Motivation for becoming foster parents.
- Attitude towards temporary foster care.
- Attitude towards child abandonment.
- Information on adoption.
- What kind of child they would like to care for: age, gender, how flexible is the family about this?
- Data on the foster father/mother: physical appearance, personality, education, occupation, professional stability, the climate of family life during childhood and adolescence.
- Marital and family life: family dynamics and relationships, ways in which they overcome any periods of stress, separation experiences and how these were handled, compatibility of roles, recreation, holidays and parent-child relationships.
- Children in the family and their characteristics.
- Parenting experiences: value placed on education, disciplining methods, their own childhood experiences.
- Health status.
- Material/financial status: income, expenses, how they manage their resources.
- Religion.
- Family housing and community facilities.

d) Assessment/Foster Home Study Report

The results of the foster home study or assessment is a written report prepared by the social worker. It documents the applicant's capacity for foster parenting as well as recommends the characteristic of the child this family can accept and best care for. In the report, the social worker summarizes her assessment indicating that this is a family of good character, stable interpersonal relationships with an income adequate to meet their needs, healthy enough to provide adequate care, the capacity to provide parental care, ability to let go when the time comes and ability to work with Holt. Further, the report indicates that the family home, meets sanitary and safety standards



and is accessible to community facilities such as hospitals or clinics, school, transportation and other facilities.

- e) The foster home study report is accompanied by the following documents:
- Family photos
 - Copies of the birth certificates
 - Copy of the marriage certificate
 - Income certification
 - Medical certificate of all household members
 - Police clearance records
 - Letters of recommendation

The completed report is submitted to the Program Supervisor for review and approval.

- f) After the family is approved by Holt, their file is forwarded to the Commission For Minor Protection which issues the decision of entrustment of a minor.

6.5 Matching Or Family Selection

Matching is the process of choosing the most appropriate foster family to meet the needs of a particular child.

The matching process is of essential importance and may be helpful in achieving a child's permanency plan. For example, if the case plan is for the child to return to his birth family, it is desirable for both families (the foster family and the birth family) to have common characteristics (cultural, educational, ethnic, religious, etc.) so that the child may not experience adjustment problems because of differences.

- a) When an eligible child is identified, the foster care social worker reviews available approved families and chooses an initial group of 2-3 families.
- b) The selected families are assessed in relation to the child's need and situation in a meeting between the FC social worker, the social worker who referred the child and the program supervisor. Together they choose the most suitable family for the child. Under special circumstances other specialists may be consulted (physicians, etc.).
- c) The decision is recorded by a social worker in the foster family's file (see Appendix).
- d) The files of the child and the foster family are drawn up and submitted to the Commission for Minor Protection for their approval.
Note: In certain cases, foster families are introduced personally to the Tutelary Authority if they request this.
- e) The Commission For Minor Protection issues a written decision which represents the legal basis for the placement.



6.6 Preparation For Placement

The preparation for placement is a crucial stage in the foster placement process. During this stage, the foster family, the child and sometimes also the child's birth family are prepared for the new experience.

a) Preparation for the foster family

- After the matching has been done, the foster care social worker informs the family about the decision. She gives general information about the child and the permanency plan for the child. The information includes:
 - The reason for the placement
 - The child's health status
 - The child's current developmental functioning: physical, cognitive, social and emotional
 - The approximate expected length of stay of the child with the foster family
 - Schedules: feeding, sleeping, etc.
 - Involvement of birth parents, if applicable
- After getting this information, the foster family must decide whether or not to provide foster care to this child. If the family accepts the child, the date is fixed for the family to visit the child.
- The visit of the child and the final acceptance of the child by the family triggers the next step in the preparation process. This involves:
 - Elaboration of the administrative files and their submission to the Commission for Minor Protection.
 - Soon after receiving the written decision from the Commission for Minor Protection, the FC social worker does the following:
 - Requests approval for the money necessary for the acquisition of the equipment for the child and for the foster family's stipend.
 - The acquisition proper of the equipment for the child
 - The family prepares their home for the placement of the child.

b) Preparation of the child

- The social worker who is referred the child starts preparation for the discharge of the child. Preplacement visits by the foster family to the institution are arranged in collaboration with the FC social worker. For an infant, it is important for the social worker to have the information ready on the child's daily routine and his other needs (feeding, nap time, bedtime, etc.). These must be shared with the foster family to ensure a smooth adjustment of the child to the new home.

For an older child, the social worker does the following:

- Shares the plan and information about the foster family with the child.



- Assures the child of his continuing relationship with his birth family through scheduled visits if the plan is eventual reintegration.
- Allows and encourages the expression of his feelings.
- Makes the necessary arrangements in coordination with the FC social workers for the preplacement visit by the foster family to the institution or the child's visit to the foster home, whichever is appropriate.

c) Preparation of the birth family

- The preparation of the birth parents is the responsibility of both the FC social worker and the social worker in the institution referring the child. During this period, the social worker has the responsibility to:
 - Interpret the foster care program to the birth parents
 - Get their consent for placement
 - Encourage them to participate in the plans being made for their child
 - Inform them about their rights and obligations while their child is in foster care
 - Arrange the parent's visiting schedule, if the plan is for reintegration
 - Provide counseling service and other interventions as needed

6.7 Placement in the foster family (admission into care)

The placement is the actual transfer of the child from the home of the birth parents, from the medical institution (pediatric hospital, maternity hospital) or from the child welfare institution to the home of the foster family. It includes the following procedures:

- a) The placement (the day and the hour) is fixed by the FC social worker, by the referring social worker, and by the director of the institution together with the foster family and with the birth family, if applicable.
- b) The foster family comes to the institution to get the child and together with the FC social worker, they take the child to their home.
- c) When the child leaves the institution, a copy of the Decision of the Council for Minor Protection is placed in the child's file kept at Holt's Social Service Center. In Constanta, the discharge of the child occurs when the decision for entrustment is issued at the request of the FC social worker and the foster family on the day of placement.
- d) The child's discharge is recorded in writing. That information is then transmitted by telephone to the children's polyclinic in the area where the foster family lives.
- e) The foster family receives a copy of the child's birth certificate and the Decision of Entrustment which authorizes them to care for the child and specifies their responsibilities as foster parents.



- f) After placement in the foster home, the child is examined by Holt's physician who makes a medical file for the child. In Constanta, the medical examination and the recommendations for care are given by the doctor at the institution on placement day. The doctor informs the foster family about the child's nutrition, his schedule and recovery program as well as his health status.
- g) The social worker gives the family the support contract which is then signed and the placement stipend which is the initial amount for the foster services provided by the family.
- h) Pictures of the child are taken by the social worker.
- i) Arrangements for the next visit by the social worker are made usually for the following day.

6.8 Placement Supervision

Placement supervision begins when the child is placed with the family. The social worker follows the progress of the case, the quality of care provided by the foster family and provide support to the parents whenever necessary. The aim is to provide ongoing case management and social work services to the child and his parents, if applicable, and the foster family.

a) Social work services and case management

The supervision of the foster placement involves a periodic review of the case by following its progress in relation to the child's permanency plan (family reintegration and adoption). It includes the following services and activities:

- In cases where the child will return to his birth family, the social worker plans and monitors the regular contact between the birth parents and the child through visits at Holt's office or in the foster home. When problems arise, the social worker discusses these with the birth parents and the foster family. In the process of working with the birth parents, the social worker provides counseling services and other support services to ensure eventual reunification.
- If the child's permanency plan is adoption, the social worker prepares all the necessary documents (the biological mother's birth certificate in legalized copy, the child's birth certificate, also legalized copy, the mother's/parent's consent for adoption, legalized at the notary's office, and the medical certification together with the HIV test).

When a domestic adoptive family has been selected, the FC social worker will be in contact with the social worker from the adoption program. They will arrange visits by the prospective adoptive family with the child. These meetings take place at the Holt office.



- In case the child has been abandoned, the social worker together with the Tutelary Authority facilitates the process of declaration of abandonment. In Constanta, the FC social worker draws up the file with all the necessary papers and forwards it to the Judicial Office of the institution where the child lived prior to placement in the foster home.
- As long as the child is in foster care, the social worker supervises the growth and the development of the child and writes reports on the progress the child has made.
- The social worker visits the foster child and foster family on a regular scheduled basis. She makes phone calls and schedules more frequent meetings whenever these are necessary. During these visits, the social worker will:
 - Monitor the growth and development of the child, his relationships with and accommodation in the foster family.
 - Prepare the family and the child for the upcoming separation (i.e. the child's going back home or when he will be adopted).
 - Provides the foster child and the foster family with the necessary services to guarantee that good care is provided (advice, referrals to medical institutions).

All visits and contracts are documented. Written reports are completed.

- An important activity during placement is the preparation of the child's life book. A life book should be started for each child that enters foster care. The life book is an account of the child's life conveyed in words and pictures. It should be developed throughout the child's time in care and should accompany him into his permanent placement whether that be back into the child's birth family or in an adoptive home. Please refer to Appendix for the reference material on "THE LIFE BOOK, A LIFE LINE".

b) **Health care**

Holt has a medical doctor (pediatrician) who is responsible for the delivery of health care services to the foster children. Health services for foster children include the following:

- **Medical check-up and follow-up consultation**
The initial health examination is provided by the agency doctor on the day the child is admitted into foster family care. This is followed by regular monthly visits or check-ups for the child in the foster home.
- **Handling emergencies:**
In Bucharest, the agency doctor is available on call day and night to handle emergencies. In Constanta, emergency cases are solved by the pediatric network in the city.



- **Hospitalization**

A child in need of hospitalization is referred by the agency doctor to the specialized institution. For infants up to one year, the foster mother is primarily responsible for watching and supervising the child while in the hospital.

- The social worker visits the child in the hospital. During these visits, the worker monitors the child’s condition and provides any necessary assistance to the foster child and foster mother.
- The social worker also needs with the attending doctor to learn about the medical needs of the child as well as treatment plans.
- When the child is ready to be discharged from the hospital, the social worker takes care of the process.

- **Referrals to specialized institution for special consultations**

The referral is made by the agency doctor. The social worker accompanies the foster child for these consultations (neurology, psychiatry, survey, etc.) when this is recommended by the agency doctor.

- **Immunization campaigns and regular monthly infant care (weighing, measuring)**

In Bucharest, these additional health care services are provided by the territorial children’s dispensary. In Constanta, during the monthly visits, Holt’s physician informs the foster parents about the immunization schedule.

c) **Subsidy/Stipend/Expenses**

Subsidies represent the assistance provided by Holt in cash and in kind to the foster child and the foster family. These include basic expenses for the maintenance of the child (food, clothing, medical care, transportation) as well as the stipend for the foster parents as a compensation for their efforts in caring for the child.

- The kind and the amount of milk provided for each child varies according to his age and his/her individual needs. The following is a general recommendation:

<u>Age</u>	<u>Amount</u>
0 to 4 months	5 kg/month
4 to 6 months	4 kg/month
6 to 12 months	3 kg/month
12+ months	2 kg/month

- **Cost of health and medical care**

Holt pays for the actual expense for medicine, vitamins, etc., during placement.

- **Clothing on placement**



The following sets of clothing are given to each child at time of placement:

- 5 to 6 overalls with sleeves
- 10 cloth diapers
- 2 blankets
- 2 woolen outfits
- 2 to 3 caps for indoors
- thick rain suit
- 2 to 3 caps for outdoors
- 5 thick blouses/shirts
- thick blouse overalls
- 5 to 6 sleeveless overalls
- 4 disposable diapers per day (depends on age and needs of child)
- 1 to 2 sweatsuits
- 3 to 4 pairs of socks
- 5 panties
- 2 to 3 towels

- **Items for body care**

The following items are given on the day of placement:

- 1 bottle of children's shampoo
- 1 box talcum powder
- 1 tube of children's cream
- 1 plastic milk bottle
-

- **Equipment and bedding on loan to each foster family**

The following equipment is loaned to the foster family prior to the placement of the child. After placement has been completed, these materials are returned and are used for either another child or another foster family:

- bed/mattress
- bed set (pillow, blanket, bed sheet)
- strollersmall tub
- electric heater

- **Transportation**

Actual transportation expense of the foster family related to foster care (hospitalization, visits, medical consultations, training sessions for foster family, etc.) is paid by the agency. This also includes transportation to get placement equipment and the monthly supply of milk.

- **Subsidies in cash provided to the foster family**

Holt provides the family a monthly subsidy (called stipend) in the amount of 200,000 lei as of December, 1995. This stipend is divided as follows:

- 80,000 lei for the family's services
- 120,000 lei for food, clothing and other materials necessary for the care of the child



In addition, Holt pays for the cost of monthly utilities for one person (the child). This is done during the months of September through April to insure proper heating is provided each child. We advise that the electric heater be used when the temperature in the house falls below 10 degrees Celsius. The normal room temperature for children should be 17 to 19 Celsius with an air humidity of 66 to 70%. During the winter of 1994-1995, the agency paid 24,000 lei per month to cover heating expenses.

The payment of the foster care stipend is made twice a month by the social worker. Payment of utilities and other occasional expenses is made once a month.

6.9 Evaluation and termination of placement

a) Reasons for termination of foster care placements

Temporary family care is terminated for the following reasons:

- The goal of permanency planning has been achieved:
 - The child is reintegrated with his birth family.
 - The child is placed with an adoptive family.
- The child is transferred to an institution (if the child has special needs which the foster family is not able to meet adequately).
- The child is removed from a foster family. This happens when the family situation does not meet the needs of the child or if there has been some modification in the family situation (illness or death in the foster family, family moves, etc.).
- Death of the child.

b) Discharge procedures for children leaving foster family care

Discharges are normally made at the Holt office. Under special circumstances, the discharge can be made from the foster family's home.

- During the process of termination of placement, the FC social worker prepares two reports (see annex).
 - Discharge report: This report or form is signed by the foster parents who give over the baby and by the members of the family who receives the baby (the birth family, the adoptive family or another foster family), and by witnesses.
 - A report specifying the termination of the support contract between Holt and the foster family whether the loaned equipment has been returned or kept by the family, and possibly, the various debts yet to be honored by Holt to the family (payment of utilities, other expenses). This form is signed by the foster family and the FC social worker.



- Other discharge activities
 - The child's birth certificate and the child's book are returned by the foster parents.
 - Pictures of the child, the foster family and the social worker are taken for the child's life book.
 - If the child is returning to his birth family, Holt offers him all the clothing items that belonged to him and infants are also given a bottle and a box of powdered milk.
- c) **Procedure in case of death**
- In case the child dies, the birth parents are to be informed immediately. In case the child has a potential adoptive family that has submitted its dossier to the Commission of Minor Protection for an entrustment or to the Tribunal for adoption, this family must likewise be informed.
 - The agency will support the foster family throughout the funeral process and in obtaining the following documents:
 - Medical/legal certificate, the record of death and its cause
 - Official notification of the Public Attorney
 - Death certificate
 - Burial authorization

According to the law, in all cases of infantile death up to the age of one year, notification of the Public Attorney is obligatory.

- Burial expenses are covered by the birth family if this was a reintegration case. Holt may provide assistance if it is found that the family cannot cope alone and if the FC social worker recommends it. In case the child was going to be adopted, all funeral expenses are paid by Holt.

d) **Follow-up services**

After the child has been discharged from foster care, the case is followed up for six months by the FC social worker in cases of family reintegration and by the social worker in the domestic adoption program in cases in which the child is adopted.

7. DELINEATION OF RESPONSIBILITIES: HOLT AND THE FOSTER FAMILY

Providing temporary family care is a team effort. It is essential that the roles and responsibilities of both the agency and the foster family be clearly delineated so that service can be effectively delivered.

7.1 Responsibilities of Holt



Holt is committed to ensure quality care and legal protection for both the foster family and the foster child. It is committed to its goal of ensuring a permanent home for each foster child, (i.e., return to birth family or adoption).

Specifically, Holt performs the following:

- Selects and approves suitable foster families for the program
- Develops a permanency plan for every child in foster care
- Provides the necessary material support (in cash and in kind) and appropriate intervention with the foster children and foster families
- Provides counseling and other services to the birth family in cases of future reintegration of the child
- Provides periodic follow-up supervision through visits and meetings
- Provides home-based medical assistance around the clock and facilitates access to special medical services
- Writes regular reports on the development of the foster child
- Safeguards confidentiality throughout the placement (information on the child and the family)
- Organizes training courses for the foster family
- Assists the foster family to obtain whatever allowances or services they are entitled to by the state
- Works in a professional manner and is committed to providing high quality services

7.2 Responsibilities of the foster family

The foster parents work in a team relationship with Holt to provide the best possible care for the foster children. The foster parent's responsibilities are as follows:

- The foster family's primary role is that of substitute temporary parents to the child in their care. In this role, they provide continuous daily care to meet the child's physical, social, cognitive and emotional needs.
- Be knowledgeable about the foster care program and its procedures
- Deal promptly with all medical needs of the child (treatment, immunization)
- Maintain a healthy climate for the protection of the child
- Collaborate with the social worker and the agency, providing information and suggestions to the agency, cooperate with birth parents or the future adoptive family for the best interests of the child and agree to their visiting the child together with the social worker.
- Participate in all meetings pertaining to the program

8. CASE RECORDS

8.1 The importance of case records

Case recording is basic to professional social work practice. Case records must be continuously maintained and updated. Below are some reasons why keeping current, complete case records is important:



a) To document program implementation

Case records provide an ongoing picture of the social worker's activities related to foster care, her involvement with foster care applicants, the foster families and foster children; progress of the cases and case planning. Case documentation may also need to be used for legal defense, e.g. in custody proceedings, declaration of abandonment, etc.

b) For continuity of foster care services

A foster care applicant or family is serviced by the agency, not just by the individual social worker. Thus, if the FC social worker should be out sick, absent, on vacation or should resign, the agency must be able to pick up where the FC social worker left off. The FC social worker and the supervisor also need to refer back to their case recording periodically to follow the development of the case over a period of time.

c) For supervision purposes

Records may be reviewed by the supervisor to identify the social worker's strengths and areas needing improvement. Case records are used by the supervisor as a means of keeping track of the FC social worker's performance. Recording can also be a mechanism for assessing the social worker's skills and enhancing her skills in handling foster cases.

d) Research and program evaluation

Properly maintained records contain a wealth of information, research and evaluating program effectiveness.

e) Statistical reporting

Records are also used for monthly program statistics indicating the number of children served and the number of active approved foster families.

8.2 Case files: foster family and foster child

The foster care files contain pertinent reports and documents on the foster family and foster child including case recording of activities and communication related to the case.

a) File of the foster family - the case file for the foster family should include the following:

- Application form
- Assessment Foster Home Study Report - supported by the following documents:
 - marriage certificate
 - birth certificate
 - medical certifications for all family members
 - income certifications
 - criminal reports
 - two letters of reference
 - photographs
 - Decision of Entrustment



- Consent of birth parents
- Support contract between Holt and the FC parents
- Information on the foster family
- Information on the matching of the child and the foster family
- Information on the matching of the child and the adoptive family
- Form signed by the adoptive family and the note of placement termination
- Form signed by the foster family and Holt terminating their contract
- Placement form I

b) Child's file - the case file for the foster child includes the following:

- Copy of the birth certificate or certification that testifies to the late declaration of birth
- Consent for adoption (original) or certification regarding the ongoing process for the declaration of abandonment
- HIV test
- Medical certificate
- Assessment report
- Consent of the birth family
- Report on the child's psychomotor development
- Any information regarding the child's social and legal situation (legal papers, official letters, etc.)

c) Other documents - in addition to the individual case files, a separate file is maintained for the following:

- List of foster families - this record contains a list of foster families who have been:
 - Recruited
 - Approved
 - Not approved
 - Withdrawn
- List of children who have benefited from TFC including the following information:
 - Date of birth
 - Date of placement in foster home
 - Date of placement termination
- The children's photo album
- Monthly report
- Data base

8.3 Confidentiality of records



Foster care records are confidential and must be placed in a safe, permanent file in order to protect this information from unauthorized disclosure.

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