# The place of foster care in the continuum of care choices

## A review of the evidence for policymakers

**Family**
for every child

# Acknowledgements

# List of acronyms

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| APFEL | Active for the Promotion of Foster Care at European Level |
| BCN | Better Care Network |
| BEIP | Bucharest Early Intervention Project |
| BID | Best Interest Determination |
| CEE/CIS | Central and Eastern Europe/Commonwealth of Independent States |
| CELCIS | Centre for Excellence for Looked After Children in Scotland |
| CCI | Children's Charitable Institution (Kenya) |
| CRC | Convention on the Rights of the Child |
| DCO | District Children's Officer (Kenya) |
| FBO | Faith-based organisation |
| IFCO | International Foster Care Organisation |
| LACSIG | Looked After Children Strategic Implementation Group |
| NGO | Non-governmental organisation |
| RELAF | Latin American Foster Care Network |
| SFAC | Substitute Families for Abandoned Children |
| UASC | Unaccompanied and separated children |
| UK | United Kingdom |
| UN | United Nations |

# Contents

# 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 implement effective, safe foster care programmes in such contexts is often missing. Concerns have also been raised that, while foster care can benefit many children, it is in some cases being used when family separation is avoidable or when it is not the most appropriate form of alternative care. This report explores these concerns and begins to fill the gap in understanding through an exploration of the literature and interviews with key global and country-level experts. It aims to assist in both states' and NGOs' decisions on whether to invest in foster care, and in the kinds of supportive services needed to make foster care safe and effective. It accompanies another paper that provides detailed information for those attempting to design and deliver safe and effective foster care programmes.[1]

The evidence presented in the report suggests that foster care can be an important part of the continuum of care choices for children. When foster care is administered appropriately, with the proper mechanisms, structures and resources, it allows children to remain in a loving and caring family while authorities work towards family reintegration or permanent alternatives. Foster care can be used for a range of children, including those leaving institutional care, in emergency contexts and from the streets. Foster care may provide some children with a longer-term home in cases where neither a return to family or adoption is in children's best interests. However, foster care is not appropriate for all children in need of alternative care, and other options must also be available. Investments in foster care, and indeed in any alternative care, should not supplant efforts to support families, and priority must be given to helping children to grow up safe and protected in their own families.

For foster care services to be safe and of good quality they must include proper systems for: decision making about entry into care; recruitment, assessment and support of foster carers; matching foster carers and children; support services for children in foster care and their families of origin, and monitoring of care placements. Several mechanisms and strategies need to be in place to help guarantee the effective delivery of such systems including: strong legal and policy frameworks rooted in the best interests of the child; coordinated and collaborative efforts by a range of stakeholders; a well-resourced and trained child welfare workforce; and research and public debate around the issue. Ultimately, foster care systems need to be rooted in a holistic child protection system that prioritises prevention and family support services. These findings suggest the following key recommendations for policymakers.

1. Invest in foster care as part of a holistic national child care system which prioritises efforts to prevent family separation, and also provides a range of other alternative care choices for children.

2. Invest in a range of different types of long and short-term foster care, including foster care aimed at preventing long-term family separation, to ensure that children can be placed in the form of foster care most suitable to their individual needs.

3. Invest adequate resources to ensure that foster care is safe and of good quality and allows for

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1. Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes.* London: Family for Every Child. See www.familyforeverychild.org/knowledge-centre

eventual national scale up. This includes investing in a child welfare workforce that is properly trained and supported to deliver high-quality foster care.

4. Develop and implement locally appropriate forms of foster care and legal and policy frameworks to support foster care and the wider child care and protection systems. Involve children and other local stakeholders in the design of laws and policies.

5. Monitor and evaluate foster care programmes, including understanding children's perspectives, to identify examples of good practice and areas of improvement.

6. Recognise and support the vital role played by communities and NGOs in the delivery of quality, safe foster care services, but ensure that all foster care provision is properly regulated and monitored. Ensure that there are appropriate coordination mechanisms among the different levels of government, between NGOs and states and with various alternative care providers to effectively enforce the law and deliver services across the country.

# 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 implement effective, safe foster care programmes in such contexts is often missing. Concerns have also been raised that, while foster care can benefit many children, it is in some cases being used when family separation is avoidable or when it is not the most appropriate form of alternative care (see Annex 2).

This report explores these concerns and begins to fill the gap in understanding through an exploration of the literature, and interviews with key global and country-level experts. It aims to assist in both states' and NGOs' decisions on whether to invest in foster care, and in the kinds of supportive services needed to make foster care safe and effective. It accompanies another paper that provides detailed information for those attempting to design and deliver safe and effective foster care programmes.[2]

This reports starts with an explanation of the methods used, followed by a definition of foster care and a description of the different types of foster care being used around the world. It then examines the place of foster care in the continuum of care choices, emphasising the importance of placing foster care within a system of child care and protection that prioritises support to families and provides a range of care options for children. The report looks at the strategies and investments needed to deliver high-quality foster care, including a strong policy and legal framework and an effective child welfare workforce. The report concludes with a summary of key findings and recommendations for policymakers.

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

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2. Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes*. London: Family for Every Child. See www.familyforeverychild.org/knowledge-centre

# 2 Methodology

The research for this report consisted of a comprehensive literature review and interviews with key global and country-level experts. First, the research team 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 the following:

- 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;

- country alternative care and child protection systems assessments, studies and case 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. Refer to the references for a full list of documents reviewed.

Second, the research team conducted Skype and telephone 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 countries. In addition, seven members of Family for Every Child were interviewed from Brazil, Guyana, India, Indonesia, United Kingdom, South Africa and Russia. Refer to Annex 1 for a full list of interviewees.

The literature review and interviews with experts particularly attempted to draw out existing knowledge on foster care in low and middle-income countries. However, efforts were also made to explore the experience of foster care from high income countries to provide examples of research, lessons learnt 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.

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 country 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. Third, there is very little evidence on foster 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 Foster care definitions and types

## 3.1 Definitions of foster care

The report uses the definition of foster care from the Guidelines for the Alternative Care of Children (hereafter referred to as 'the Guidelines'), 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 around the world. Currently there are wide differences in how foster care is defined, making comparisons across countries difficult, and stakeholders interviewed identified this as one of the fundamental challenges in understanding and designing quality foster care (Tolfree 2007; Forber-Pratt et al. 2013). An analysis of the different definitions of foster care used around the world is included in the box below. For the purposes of this report, it is acknowledged that foster care is defined and used differently in different contexts. 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, as noted above, 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 how they would be supervised with non-relative foster carers, are included, though the emphasis is very much on non-relative foster care. Both short and long-term foster care are examined.[3]

### How is foster care perceived differently around the world?

Differences in perceptions of foster care around the world often hinge on how foster care is or is not seen as distinct from other forms of alternative care. For example, in a number of countries, such as Indonesia, Thailand, India and Liberia, among others, there is overlap in how foster care and kinship care are defined.[4] In the Guidelines, kinship care is described as distinct from foster care, yet in many countries, formal kinship care, whereby children are placed with extended family and supervised and supported in a similar way to foster care, is referred to as 'kinship foster care'. In a number of contexts, particularly in Africa, informal kinship care placements are also called 'foster care' or 'fosterage'.

Many of those interviewed stressed the importance of foster care including only children being cared for in a family environment, where the full range of parental rights are not transferred to foster carers. Thus, in essence, foster care is distinct from adoption, where parental rights are generally transferred to carers. In addition, many of those interviewed also emphasised that care provided in a small group setting or 'family-like' environment should not be defined and categorised as foster care. Many expressed concern that 'small group homes' are increasingly being defined as foster care.

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3. It should be noted that the decision to exclude or include forms of foster care into this study does not indicate a judgement about the appropriateness of different types of care. As is discussed in more detail in the second report in this series, judgements regarding the appropriateness of different types of care can only be made on a case-by-case basis. For example, for some children, where return to family is a viable option, long-term foster care is totally inappropriate, but for others this may be the best option open to them.

4. Liberia's Children's Act (2011), for example, places priority on the child's paternal or maternal extended family members to foster. Children Act, 2011 (Article X(III)).

Some of those interviewed for this paper were keen to emphasise that foster care is not solely about providing children with an alternative to their own families, but can instead be a means of family preservation. This is especially the case when foster care is used to give those caring for children with disabilities a break, or when foster care is used therapeutically to help children and families to overcome trauma or develop new means of interacting with one another. Foster care can also be used in a very specific, time-bound way in instances when parents are temporarily in hospital or prison. In some cases, foster care may not mean separation from parents at all; for example, when young mothers are fostered alongside their babies.

Another debate surrounding definitions of foster care hinges on the extent to which foster care should be viewed as a temporary option. In some contexts foster care is only ever a short-term option for children while efforts are made to reunite them with their families or to find other permanent forms of care, such as adoption. In other settings, particularly where adoption is not culturally acceptable, long-term foster care is included within foster care provision as a common option or the only long-term option open to children. As discussed below, this long-term foster care may be seen as a preferable option to adoption in instances where children do not want to threaten relationships with their families of origin by formally entering a new permanent family through adoption. This debate is further complicated by differing definitions and cut off in relation to short and long-term care. In Scotland, for example, a national review of the foster care system found that views of what short and long-term means vary among foster families, agencies and stakeholders and, in response, the Scottish Government has agreed to establish a set of 'placement descriptors' to set clear distinctions between different types and lengths of foster care placements (Scottish Government 2013a; Looked After Children Strategic Implementation Group (LACSIG) 2013b).

## 3.2 Types of foster care

Table A provides examples of different types of foster care. This is not intended as an exhaustive list, but rather aims to illustrate the range of types of foster care that exist. For policymakers, this list demonstrates options to consider when establishing foster care programmes. Overall, as children coming into alternative care have such a wide range of needs, it is unlikely that one form of foster care will be suitable for every child and in every context. It is therefore essential to consider the needs of children in a given context, and to introduce a range of different types of foster care so that the specific needs of individual children can be met. As noted below, it is also important to offer proper case management and family strengthening to ensure that children are only placed or remain in care when necessary, and to offer other forms of alternative care as foster care is not right for every child.

## Table A: Examples of different types of foster care[5]

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| **Interim care in situations of displacement, conflict and emergencies** | In the aftermath of an emergency or during conflicts, foster care placements can provide care and protection for separated children, pending tracing and care planning. Ideally, a roster of foster carers can be identified and trained to provide such care in the event of an emergency (see Melville Fulford 2011). |
| **Emergency foster care** | This is a foster home to care for the unplanned placement of a child for a limited time period, typically from a few days up to several weeks, when it is deemed essential to remove a child quickly away from a particular situation. Children who continue to require alternative care should then be moved to a more suitable, planned, short to long-term placement, in order to keep the emergency foster care placement available for children who require it (Barth 2002). |
| **Short or medium-term fostering** | Short or medium-term fostering is the planned placement of a child in foster care for typically a few weeks or months. It provides a safe place for a child to live until it is possible to reunite the child and the parents, place a child in extended family care, or arrange an alternative longer-term or permanent option in accordance with the child's developing care plan. |
| **Long-term foster care** | Long-term foster care is the placement of a child in foster care for an extended period, often until the child reaches adulthood. After adoption has been explored and not selected, and if kinship placement options are not feasible, a goal of planned long-term foster care may be seen as a viable option for children who are not expected to return to their family (Courtney 2001). In some settings, long-term foster care is referred to as 'permanent' foster care. |
| **Treatment/specialised foster care** | In this model, families are recruited and given special training and on-going consultation to provide treatment (Barth 2002). They typically receive higher rates of reimbursement than non-specialised foster carers. Most treatment foster care programmes offer multiple services, including behaviour management and problem-solving training; special education; counselling; acquisition of independent-living skills; intensive care management and individual, family, and group services for children and parents (Dore and Mullin 2006). This specialised form of foster care is useful for young people who might otherwise have difficulty in maintaining a placement in regular foster care e.g. juvenile offenders or children with serious behavioural or mental health problems. These homes can provide the stability of a home environment in combination with psychosocial treatment for the child. However, for some children such therapeutic support may be better offered in a small group residential environment (EveryChild 2011b; Hannon et al. 2010 and Children, Schools and Family Committee 2009). |

5. This table is taken from EveryChild 2011a with additional examples provided by those interviewed for this report.

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| **Treatment/specialised foster care (continued)** | There are numerous types of treatment/specialised foster care and examples include:<br><br>• Multi-systemic Treatment Foster Care: aimed specifically at returning the child or young person to their own family, this is a time-limited intervention;<br><br>• Remand foster care: for children who are awaiting trial, this aims to remove the child or young person from the environment which led to their offending behaviour and to mentor the child and motivate him or her to acquire an education, trade or employment. |
| **Short break foster care** | Short break (or respite) foster care is where the foster carer supports the parent to care for their child by providing day, evening, weekend or short-term care of a child on a regular basis. It can also be used as one-off care for a pre-determined period; for example, when a parent is hospitalised. It is different from emergency foster care in that it is planned and children and their families often have a relationship with the foster carers. It is aimed at improving parents' ability and capacity to care for their child (George et al. 2001). Short break foster care can also be used to provide long-term foster carers with a break from their caring responsibilities, thereby improving placement stability. |
| **Pre-adoption foster care/fostering for adoption** | Fostering as a pre-adoption measure may be used to ensure that the prospective family is able to meet the needs of the child, or to enable parents and older children to have an opportunity to reconsider their decision. Fostering for Adoption places a child with foster carers who are also approved as adopters while final decisions are made about adoption. If the court agrees that the child should be adopted and the adoption agency approves the 'match' between the carers as adopters and the child, the placement becomes an adoption placement.[6] |
| **Parent and baby fostering** | This is where the child is placed with his or her primary carer (typically the mother) together in a foster placement in order that the primary carer can benefit from parenting guidance and support. This is particularly beneficial for school-age parents, parents with learning disabilities or care leavers who require modelling of good parenting. It can enable them to improve their capacity to care for their child without having their caregiving role taken away from them. |
| **Cluster foster care** | Cluster foster care describes the development of a network of foster families who can provide each other with mutual support. The households are typically located within close distance of each other, enabling easier organisation and provision of support and services. Cluster foster families often care for children who have experienced trauma.[7] |

[6.] See: www.first4adoption.org.uk/being-an-adoptive-parent/fostering-options/fostering-for-adoption/

[7.] For more information, see resources: www.crin.org/docs/NamibiaMGECW%20-%20Foster%20Care%20Report%20-%20for%20email%20+%20web.pdf; http://www.ci.org.za/depts/ci/plr/pdf/salrc_dis/20-dp103-ch17.pdf; http://www.mockingbirdsociety.org/index.php/what-we-do/mockingbird-family-model

# 4 The place of foster care in the continuum of care choices

*"Foster care is not an answer in itself; rather it is part of the answer. Different children have different needs at different stages in their life. Foster care is part of the continuum... and does have its benefits and challenges for children, families and community."*
(Mick Pease, Director of Substitute Families for Abandoned Children (SFAC))

This section outlines factors that need to be taken into consideration when policymakers are determining whether and how much to invest in foster care, relative to other investments in children's care. Overall, the evidence presented here suggests that foster care can make a valuable contribution to the continuum of care choices for children. However, preventative efforts and other forms of alternative care also need to be invested in, and foster care is only of value and in the best interests of the child if properly supported and considered a part of the wider range of care choices.

The need for priority to be given to supporting families to take care of their own children, and for foster care to be one care option among many, is in line with the Guidelines. These two concerns are often summarised as the following principles (UN 2010; Cantwell et al. 2012).

- Necessity – is foster care or indeed any form of alternative care 'necessary' or could families, if better supported, look after children themselves?

- Suitability – having proven that children need to be in alternative care, is foster care the best place for them?

This section is split into three, and starts with a consideration of the necessity principle in relation to foster care, followed by a consideration of the suitability principle in relation to foster care. The final part of this section includes a discussion of a cost benefit analysis of foster care.

It should be noted that all decisions regarding the placement of individual children in foster care need to be made on a case-by-case basis, taking into account the individual circumstances of each

child. For an exploration of decision making around individual children's placements, please see the other paper in this series: Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes.*

## 4.1 The necessity principle: foster care should not replace support to children's own families

There is a danger that by focusing too much on alternative care placements, such as foster care, child welfare authorities will fail to address the factors leading to child separation and abandonment. As outlined in the UN Convention on the Rights of the Child (CRC) and the Guidelines, caring for a child in their own family is paramount to the development and best interests of the child. This suggests that foster care should not and cannot replace supporting families to care for their own children (UN 1989; UN 2010). Children themselves also consistently express a wish to grow up within their own families (Family for Every Child 2013; Mann 2004; UNICEF Croatia 2012; Save the Children and Center for Educational Research and Consulting 2013).

*"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."*[8]
(Children in Malawi)

Remaining within their own families allows children the opportunity to bond with a continuous carer that may not be available in foster care, especially if, as is often the case, placement changes are frequent. Living within their own families also usually means that children stay in their own communities and cultural contexts, giving them a vital sense of identity, love, security and belonging (Perry et al. 2012; EveryChild 2011a; Roby 2011; Iglehart 1994; O'Brien 2012; O'Brien 2013). Studies in Ireland, the US and Canada, among other countries,

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8. Mann 2004, p. 35.

have shown that kin placements facilitate greater placement stability than foster care (Perry et al. 2012; Iglehart 1994; O'Brien 2013; O'Brien 2012),[9] and foster care is likely to be more expensive than effective support to children's own families (Desmond and Gow 2001).

> *"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."*[10]
> (Child in foster care in Georgia)

This evidence indicates that priority must be given to supporting parents and extended families to look after children (UN 2010; Cantwell et al. 2012). The second report in the series provides further details about how to provide effective support for families.[11]

## 4.2 The suitability principle: foster care as one care option among many

As noted above, the Guidelines stipulate that once a decision has been made that children cannot be cared for by their own families, consideration has to be given to which form of care is most suitable for them, a decision which should be frequently assessed to ensure that children remain in the most suitable care placement. In order to make this decision, it is important to have a range of care choices open for children. In this section, the case for including foster care as one of those options, and for ensuring that foster care is never the only option available for children, is examined.

## The case for including foster care as a care option for children

### *Foster care provides family-based care*

The CRC (Article 6) and the Guidelines (Para. 3) both recognise that children have the best chance of developing their full potential in a safe and protective family environment (UN 1989; UN 2010). A family setting fulfils a child's psychological and developmental needs by providing love, a sense of belonging and a sustained ongoing relationship with one or more adults (UN 1989; UN 2010; Williamson and Greenberg 2010; Galappatti 2002). Foster care also builds on existing models of informal family-based care that exist across low and middle-income countries. Accordingly, all stakeholders interviewed for this report said that one of the core benefits of foster care is that it allows children to be placed in a temporary family while family reunification or other permanent family-based care is explored.

Consultations with children have shown that many children have a positive experience of care in a foster family since it allows them to experience a normal family life and sense of belonging and attachment (UNICEF Croatia 2012; Wilson et al. 2004).

### *Foster care is generally a preferable alternative to large-scale institutional care*

The benefits of placing children in a family-based setting are further illustrated when foster care is compared to institutional care. For example, a longitudinal study by the Bucharest Early Intervention Project (BEIP) found that young children

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9. A Canadian study found that non-kin placements were four times more likely than kin placements to end within the first months and that kin placements were also more likely to end successfully by discharge to parents, whereas non-kin placements were much more likely to end because the child moved to another placement. However, it is important to keep in mind that placement stability does not necessarily equate with placement success, and kin and non-kin carers have different motivations for caring, with non-kin approaching it much more as a short-term placement. The characteristics of foster carers, children in foster care, the placement process and the family of origin are all important in the analysis. Thus, it is important to note that the evidence is still inconclusive and caution is needed when drawing conclusions from the existing research and evidence. See Perry et al. 2012.

10. Everychild Georgia 2011, p 23.

11. Family for Every Child (2015) *Strategies for delivering safe and effective foster care: A review of the evidence for those designing and delivering foster care programmes.* London: Family for Every Child. See: www.familyforeverychild.org/knowledge-centre

who were moved from large-scale institutional care in Romania to supported foster care before the age of two made dramatic developmental gains across several cognitive and emotional developmental measures, compared to those who continued to live in residential care and whose situations worsened (Nelson et al. 2007; Smyke et al. 2009). This may be attributed to the lack of attachment to a consistent carer in large-scale institutional care which produces long-term and sometimes permanent effects on children's cognitive, physical, intellectual, and social-emotional development (Johnson and Gunnar 2011; Dobrova-Krohl et al. 2008). Some studies have also found that violence in residential care is six times higher than violence in foster care, and that children in group care are almost four times more likely to experience sexual abuse than children in family-based care (Barth 2002; Pinheiro 2006; Hobbs et al. 1999).

In addition to this extensive research, consultations with children themselves also suggest that they commonly prefer to be placed in foster care as opposed to large-scale institutions (EveryChild 2011a; UNICEF Croatia 2012; Save the Children and Center for Educational Research and Consulting 2013).

> *"Orphanage caregivers only superficially care for children – they feed, dress and wash children. However, there are so many children and caregivers cannot give enough attention and cannot offer support to all of them."*[12]
> (Child in foster care in Georgia talking about why foster care is better than institutional care)

> *"I want to find a foster family and leave. I want to go away from the children's home"*[13]
> (Boy from Russia with developmental disabilities)

A study of the perspectives of children in foster care in Croatia found "a clear preference of foster care to institutional care, both in children with previous negative experiences in foster care and in children who previously lived in a children's home, as well as those who were placed directly in their foster family. The majority of the children interviewed state that if they were charged with placing a child in out-of-

home care, or if they could make the decision for themselves again, they would always pick a foster family because it is a family."[14]

### *Foster care is a preferable alternative to other forms of alternative care for some children*

In addition to offering a better alternative to institutional care, it is also the case that for some children foster care is a better option than other forms of alternative care. Although most of the research comparing foster care to residential care has focused on large-scale institutions, there has been some research comparing foster care to small group homes. Research in the United States comparing infants in five small group care facilities with children in foster care found that children in such facilities experienced a less stimulating environment and scored worse on measures of socialisation and development (Harden 2002). Evidence such as this has led to the Guidelines recommending that family-based care such as foster care should generally be used for very young children:

> *"In accordance with the predominant opinion of experts, alternative care for young children, especially those under the age of 3 years, should be provided in family-based settings."*
> (UN 2010, Para. 22)

Kinship care is acknowledged in the Guidelines as generally offering the best option for many children who are separated from their parents (UN 2010, Para. 3) and globally there is also an increased emphasis among policymakers and practitioners on placing children with kin (Perry et al. 2012; Berrick and Barth 1994; Iglehart 1994; O'Brien 2013; Scottish Government 2007; Department for Education, UK 2011c). While research is still inconclusive, kinship care is generally believed to preserve continuing contact with the family, help maintain identity, keep sibling groups together, decrease trauma and stress following the separation or death of parents, and reduce the likelihood of multiple placements and minimise placement

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12. EveryChild 2011a, p.16.
13. Family for Every Child 2013, p.4.
14. UNICEF Croatia 2012, p.38.

adjustment problems (Roby 2011; Iglehart 1994; O'Brien 2012; O'Brien 2013).

However, global research suggests that kinship care may not be available or suitable for all groups of children (EveryChild and HelpAge International 2012). For example, extended families may feel unwilling or unable to care for children with disabilities or living with HIV in some settings (Better Care Network (BCN) and EveryChild 2012; Mann et al. 2012), and of course some children will not have living relatives or may be separated from them by emergencies. Studies have shown that kin carers may not have the skills and training or access to support services needed to deal with a child's severe behavioural or mental health needs, in particular older youth, and specialised foster carers may be needed in some instances (Berrick et al. 1994; Barth 2002), though it may also be possible that with better training and support some kinship carers could provide similar levels of care to specialised foster carers. Not all kin make suitable carers, and, as in all care settings, abuse and exploitation do happen in kinship care (Pinheiro 2006). This evidence suggests that foster care is needed as a care option for children for whom kinship care is either not an option or not in their best interests, and for whom a family environment is the most appropriate context.

### Foster care as a preferable alternative to adoption for some children

As noted in the typology of foster care provided earlier, foster care can offer some children a long-term home. Long-term foster care is distinct from adoption in that parental rights and responsibilities are not transferred to foster carers in the same way as they are (usually) transferred to adoptive parents. Long-term foster care may be a preferable option to adoption when (EveryChild 2011a):

• there is extensive cultural resistance to adoption which makes it hard to implement and/or there are systems in place to support foster care but no systems in place to support domestic adoption;

• it is in children's best interests to maintain contact and bonds with their families of origin without the severing of such bonds that can sometimes be implied by adoption; and

• children need long-term care but are hard to place in adoptive families.

Recent research in the UK (Biehal et al. 2011) shows that children in *stable*[15] long-term foster placements do as well as adopted children. Long-term foster care has additional benefits for some children, including higher levels of birth family contact and the retaining of the birth family identity. Long-term foster care is also promoted in other contexts.[16]

### Foster care can benefit a range of children

While the literature primarily focuses on foster care as an alternative to institutional care, or as a form of alternative care for children who have been abused or neglected within families, there is evidence to suggest that foster care can be used for children who are outside of any adult care, such as those living on the streets. As presented in the other paper in this series, NGOs, such as Retrak in Uganda, have demonstrated the potential of developing foster care services for such children (Family for Every Child 2015). Currently, some groups of children, such as those living with HIV or with disabilities, are commonly excluded from foster care programmes. However, again, evidence suggests that with the right support and assistance for foster carers and the children in their care, such children can benefit from foster care (Family for Every Child 2015). Evidence also shows that foster care can be used to provide care for children separated by emergencies (Save the Children UK Dadaab Programme Kenya 2011).

### Foster care can help keep families together

As noted in the discussion on definitions above, foster care should not only be viewed as an alternative to care in children's own families, but should also be seen as a potential mechanism for

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15. The Biehal research suggests that children in *stable* long-term foster placements do as well as those adopted. Those in unstable foster placements did not do as well.

16. For example, Care for Children in China support good quality, *local* long-term foster care as a positive option for all children who would otherwise grow up in institutions.

keeping families and sibling groups together. For example, foster care can offer a short-term break for parents caring for children with disabilities. In Russia, this has been shown to prevent placement in institutional care (see Partnership for Every Child Russia; Family for Every Child 2015). Foster care can also offer therapeutic support, helping children and families to deal with challenges that may otherwise push them apart in the long term. Teenage mothers may be fostered alongside their babies, helping to ensure proper support, provide models of good parenting and avoid permanent separation (Dore and Mullin 2006; EveryChild 2011a).

## Foster care should never be the only care option available to children

### Children need other alternative care options too

The literature review and the stakeholders interviewed for this paper suggest that for some children and young people, foster care is not the best option. For example, there is evidence to suggest that some girls and boys are not ready or willing to be placed in a family setting and would benefit from small group homes or independent living arrangements, at least in the short term. These may include for example (EveryChild 2011a/b; Barth 2002; Todd 2014; Better Care Network and EveryChild 2012):

- children who have experienced chaotic, violent or abusive family life and who do not want to live in a family as a result;

- children with specialist therapeutic needs which might be better met in a small group residential setting;

- children, such as those living and working on the streets, who have felt let down by adults or families;

- children (especially older children) who have experienced frequent placement breakdowns or changes in foster care and require a more stable, permanent placement;

- larger groups of siblings who cannot be accommodated in foster care;

- children with disabilities and other special needs that cannot be met in a family foster care setting.

Children and young people have also stressed in consultations that they need to be engaged in the decision-making process to determine what they feel is the best form of care for them (UNICEF Croatia 2012; Human Rights Watch 2010, 2014).

### Long-term foster care is not the same as adoption

As noted above, long-term foster care can be a positive option for some children in need of long term care. However, it is important not to see long-term foster care as fully equivalent to adoption. While some research does suggest that stable long-term foster care can provide comparable outcomes to adoption in terms of child well-being, other studies indicate that children do better in terms of emotional security, sense of belonging and general well-being when adopted rather than in long-term foster care (Barnardo's 2004; Akin 2011).

Unlike adoptive parents, foster carers do not take on legal responsibility for the child, or generally commit to their care beyond 18. Long-term foster care can carry with it problems, including children not having the security of knowing that relationships are intended as permanent, confusion around the permanency of the fostering relationship, and foster carers lacking the ability to make the same decisions about children's lives as adoptive parents.

## 4.3 The cost effectiveness of foster care?

Many argue that cost-benefit analysis should not influence decisions about child care reform priorities, which should instead be made purely considering the best interests of children. However, the unfortunate reality is that governments are likely to make decisions at least partially on the basis

of available resources and cost-benefit analysis, and that therefore some space must be given to the evidence on the relative costs of foster care. A review of this evidence provides mixed conclusions.

In interviews for this paper, a number of national stakeholders noted the cost effectiveness of foster care as compared to residential care (in particular, high-quality residential care). Casa Viva, which operates both residential and foster care services, has found that the foster care costs are less than two-thirds of the cost of private NGO residential care.[17] Buckner International report that in Peru residential care is US$ 14,600 annually compared to foster care which is US$ 2,400 annually (interview with Buckner). The data emerging from Scotland also demonstrates that high-quality residential care is more expensive than foster care services. The 2011-2012 Scottish budget for residential care[18] was approximately US$ 404.74 million, as compared to US$ 276.35 million for foster care, while the population of children in residential care is only 8 per cent of the total population of children in care and the population of children in foster care is 32 per cent (Interview with Ben Farrugia; LACSIG 2013a; Scottish Government 2013b). In Japan the government has estimated that it costs 83.7 million Yen (around US$ 708, 000) to raise a child in institutional care from birth to age 18, compared to 32-38 million Yen (around US$ 271,000-321,000) for foster care (Human Rights Watch 2014).

However, it is not always clear how these costs have been calculated and whether they take into account the set up costs associated with large-scale foster care in some contexts, such as establishing a social workforce of sufficient size. In addition, as noted by Every Child (2011a) "foster care may also be costly for individuals, with many studies suggesting that grants for foster carers are inadequate, especially when the costs of caring for a child with disabilities or other special needs are considered"[19] (see for example: Lee and Henry

2009; Ministry of Gender, Equality and Children 2009a/b; Dona 2001). In terms of comparing high-quality foster care with large-scale institutional care the cost comparison evidence is still unclear since globally, large-scale institutional care facilities often provide sub-standard services to children with minimal nutritional, health, recreational and counselling support.

As noted by numerous stakeholders interviewed, even if it is accepted that foster care is cheaper than residential care it is still an expensive service to deliver in terms of quality and effectiveness:

*"[Foster care] is an expensive thing to do well – not as expensive as high-quality residential care, but it still imposes a significant cost… If a country pursues foster care because it believes it will be cheaper they are liable for a shock. Foster carers are likely to demand more and more from the State as the sector grows."*
(Ben Farrugia, Sector Engagement Lead, CELCIS, University of Strathclyde, Scotland)

Such arguments suggest that while foster care should not be dismissed by policymakers as too expensive or too difficult to implement, it also must not be seen as a 'miracle solution' or 'quick fix' for vulnerable children. Governments, donors and civil society engaged in foster care must be willing to invest properly and to build up foster care provision carefully if they want to see positive outcomes for children. The next section of this paper provides details of what such 'proper' investments may entail, and the other paper in this series (Family for Every Child 2015) outlines key components of quality foster care provision that need to be taken into consideration in determining how much and what to invest in foster care. Considering the initial costs associated with implementing high-quality foster care, its development may not be feasible in some settings and alternatives such as supported kinship care may need to be explored further.

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17. "Cost estimates are based on comparison of our actual costs per average number of children in care per month compared with the cost per child per month of two private children's homes here in Costa Rica." Email communication with Philip Aspegren, Executive Director, Casa Viva.

18. Accommodation-based services in Scotland are residential care facilities, which are high-quality care, provided within units with qualified staff and access to support services. An element of these residential services is therapeutic interventions for children over the age of 12 who are unable to be placed in foster care or have had multiple unsuccessful placements. Scottish Government 2013b.

19. EveryChild 2011a, p.11.

# 5 Investments, mechanisms and strategies to deliver quality foster care

## 5.1 The need for proper investments in foster care

The evidence presented above suggests that foster care can make a valuable contribution to children's care options, if provided in the context of adequate support to families and a range of other care choices for children. In this section it is argued that, despite its advantages, the decision to invest in foster care should not be taken lightly, and requires a long-term commitment and proper investment of resources. A number of stakeholders interviewed for this paper voiced concern about the rapid expansion of foster care in many regions, in particular when foster care services are not supported by the necessary mechanisms, resources and structures, and further evidence of a lack of proper investment in foster care around the world is provided in Annex 2. The rapid expansion of foster care without adequate support mechanisms in place is particularly alarming when the risks associated with foster care, even in relatively well resourced settings, are considered. For example, in the US, studies found that rates of sexual abuse of children in the foster care system are four times higher than among the general population of children. Other recent reports have found similar findings in Australia, the Netherlands, Bulgaria, Burundi, Canada, England, Poland, Serbia, and Sweden (Covell and Becker 2011).

As outlined in detail in the second paper in this series (Family for Every Child 2015), safe and effective foster care has a number of components, including the following.

- Proper decision-making structures for making informed, participatory decisions around entry into care and between care options.

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

- 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.

- 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 and entering foster care.

For the remainder of this section the systems and structures that need to be in place in order to enable these components to be delivered are outlined.

## 5.2 A holistic care system

Foster care should be part of the wider child protection system and package of services available to children in need (UN 2010). As noted above, the child protection system should be rooted in a child-focused system centred around prevention and not response, and support to children's own families must be prioritised. Effective support is needed for children who are living without or at risk of living without any adult care, such as those on the streets, those living with employers or with others who exploit or abuse them, or those who have been trafficked or migrated for work. Effective, participatory decision-making mechanisms are essential to ensure that children only enter alternative care when necessary and deemed appropriate for the individual child. For those children who do need to be in care, as also mentioned in the preceding section, foster care may not be appropriate for all children and a range of other alternative care options also need to be in place (Anghel et al. 2013; ARK Bulgaria 2009; Palayret et al. 2012). These reflect the necessity and suitability principles of the Guidelines.

## 5.3 Coordinated multi-stakeholder engagement in foster care provision

A number of stakeholders play a role in foster care delivery, including government, non-governmental and private sectors as well as community-based mechanisms. Strong government and non-governmental and public-private partnerships are needed to develop and provide effective and safe foster care services. In order to provide high-quality services, it is essential to clearly outline the roles, responsibilities and expectations of these different stakeholders. In working with children and their carers, this will ultimately assist in ensuring positive communication between authorities, foster carers, families of origin and children to ensure that everyone is working together for the best interests of the child (Manitoba Foster Family Network 2011).

At the policy level, coordination and networking via technical working groups or peer networks (which include government agencies, child-focused NGOs, private sector and media) is a critical component for sharing learning and encouraging scale up of innovative and new practices and policies, such as foster care. Experience in CEE/CIS countries (Georgia, Serbia, Croatia), Africa (Namibia), Latin America (Brazil) and Asia (Indonesia) illustrate the positive role that working groups and committees can play in foster care policy development (ChildPact 2014; Terra dos Homens, Brazil undated a/b; Ministry of Gender Equality and Child Welfare 2009 a/b; Palayret et al. 2012; UNICEF Georgia and USAID Georgia 2011).[20]

Foster panels or committees have also proven to be effective mechanisms for local authorities and stakeholders to carry out foster care functions and decision making in a coordinated and accountable manner, as illustrated by experiences in Scotland as well as emergency settings in low and middle income countries (Save the Children UK Dadaab Programme Kenya 2011; Scottish Government 2009; Scottish Executive 2005; Briefing note:

Temporary guardianship procedures for separated and unaccompanied refugee children, undated). Examples of foster care panels or committees are provided in the box below.

Experiences in high-income countries, such as the UK, Australia, Sweden and the US have shown that the state needs to play the primary role in coordination and quality control of the entire sector and provision of quality foster care services (Andersson 1999; Backe-Hansen et al. 2013; Department for Education, UK 2011a, 2011b; Scottish Executive 2005; Scottish Government 2009; Fernandez et al. 2013).

Country-level experience has shown that political will and strong local leadership has played an influential role in the promotion and development of foster care services. In Moldova, for example, a recent assessment found that *raions* (local districts) with strong local leadership (as well as those with strong NGO involvement) appeared to have stronger foster care services. These *raions* appear dedicated to ongoing development of services, and local councils have advocated for and proactively supported increased budget allocations for child-focused services such as foster care (Bunkers 2012).

NGOs have played an important role in a number of countries in initiating small-scale foster care programmes, providing technical assistance to local authorities, delivering foster care services and training, and providing examples of good practice for governments to build on, as evidenced by examples in Brazil, Cambodia, Costa Rica, Ethiopia, Ghana, Jordan, Peru, Honduras, Moldova, among others (see the second report in this series: Family for Every Child 2015). These small-scale programmes serve as a laboratory for learning, identifying what has been successful as well as the challenges in implementation (Terra dos Homens, Brazil undated b; Sherwin 2011a/b/c; UASC SOPs 2013; Bethany Christian Services 2011; BCN and UNICEF (to be published); Bradford 2013; Bruere 2012; INABIF and Buckner 2012; UNICEF et al. 2009).

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20. "Child protection decision makers are influenced by their social context" and such social networks that allow for personal contacts are extremely influential in raising awareness of new innovations and policies, such as foster care. Studies have shown that people rely on people that they know and trust to make a decision; once influential people or 'opinion leaders' make a change or adopt a new innovation then others will follow (ChildPact 2014). Brazil is an example where networking has played an important role in the development of national networks as well as implementation of foster care services (Terra dos Homens, Brazil undated a).

In some contexts, such as Moldova, pilot programmes have managed to provide foster care on a larger scale. Here the model established by Partnerships for Every Child Moldova (formerly EveryChild) has moved to a nationally accepted model (Bunkers 2012; Bradford 2013; email communication with Kelley Bunkers). However, often it is hard for small-scale foster programmes to scale up, and interviews for this report suggest that the following limitations need to be overcome to enable the growth of foster care programmes.

- Slow growth 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 – must empower state level and national systems which takes time.

- Limited financial resources – funding is only available for small-scale programmes but not for national scale-up. This funding often comes from external donors as opposed to core government funds, and is therefore unsustainable in the long run.

- Limited national capacity to collect data and information on the numbers of foster care placements and profile of children in care.

- Limited monitoring and follow up of small-scale programmes.

- One model cannot work in every province/district – needs to be a dynamic model.

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

In addition, it has been noted in both the literature and the stakeholder interviews that it is important that the quality and safety of the work carried out by NGOs is carefully monitored and regulated. All foster care providers, including NGOs, should be registered and licensed and accountable to a regulatory framework. There is also need for stronger collaboration, streamlining and coordination between NGOs, and between NGOs and the state (Bunkers 2012; ChildPact 2014; Centre for Law and Policy Research and Foster Care 2013; Save the Children and Center for Educational Research and Consulting 2013).

## Examples of promising practice

**Kenya:** One example of foster panels or committees is the Best Interest Determination (BID) panels in Dadaab Refugee Camp in Kenya's North Eastern Province. The refugee camp houses over half a million Somali refugees. Save the Children is supporting approximately 400 foster care placements for Somali refugee children. While the majority of the foster care is informal/spontaneous, Save the Children formally arranges approximately 30 per cent of these placements, in partnership with the Dadaab District Children's Officer (DCO). Save the Children has pre-vetted foster carers that they use during an emergency. Via BID panels, DCO, Save the Children and community leaders help vet and identify foster carers. The BID panel uses the UNHCR BID procedures to assess the situation and identify the best alternative care placement. The foster care placement is registered via the Kenya's Children's Act foster care documentation. Save the Children provides the following services to foster carers: non-food basic items to all foster families; income-generating grants to approximately 200 foster families; foster carer training; formula for infants; and fresh food vouchers. Foster carer support groups have also been established. Infants are monitored three times within one month and older children once per month, using the foster carer support groups as a monitoring mechanism (Save the Children UK Dadaab Programme Kenya 2011). This is one example of fostering in emergency situations. NGOs and community-based organisations have implemented fostering programmes in a number of refugee and protected emergency contexts such as Liberia, Sierra Leone and, more recently, Jordan (Briefing Note: Temporary guardianship procedures for separated and unaccompanied children, undated; Abdullai et al. 2002; Dona 2001).

**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 (to the agency) 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 service, 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).

## 5.4 Legal and policy framework

Research and country-level experience both point to the importance of having a robust legal and policy framework in place to ensure the provision of consistent quality foster care on a large scale as well as to hold the government and partners to account (Terra dos Homens, Brazil undated a/b; Palayret et al. 2012; Sherwin 2011 a/b/c). In Rwanda, for example, following the civil war there were great efforts to place separated and unaccompanied children in foster care. However, fostering was not contained within the legal framework which meant that the status of the child in foster care and the rights of the child in foster care, the foster carers and the family of origin were unclear and, while guidelines were in place, an assessment showed differences in the processes of selecting foster carers and matching across agencies (Dona 2001). Laws and policy frameworks should not just focus on foster care, but help to ensure the implementation of the holistic child care system described above.

Legal frameworks should be reflective of local practice and realities rather than mirroring foster procedures and practices from Western countries that may not resonate with the local context. Countries are increasingly turning to youth and community members to help develop laws and policies that are culturally relevant and informed by local practices and realities on the ground, as illustrated by recent development of foster care standards in Namibia (Ministry of Gender Equality and Child Welfare 2009 a/b) and the Children's Act in South Africa. Of course, it is not enough for laws to be developed: it is also essential that they are implemented.

**Examples of promising practice**

**Namibia:** In 2011, the Ministry of Gender Equality and Child Welfare, Government of the Republic of Namibia issued Standards for Foster Care Services. These standards are intended to guide social workers and other service providers in carrying out the tasks of recruiting, assessing, training, matching, supporting, supervising and monitoring when providing foster care services. The primary aim of these Standards is to ensure that the best interests of the child are sought when a child is in need of foster care.

The standards are designed to guide all those responsible for planning and providing foster care services, and for registering and monitoring foster care service providers in Namibia. The Standards are grouped into six categories: (1) organisational issues; (2) management and staffing; (3) finance and fundraising; (4) the foster care service process; (5) caring for children; and (6) standards for foster carers.

The Standards were developed in a collaborative process, which included consultations and input from a wide array of stakeholders, including carers providing foster and kinship care and children in foster and kinship care (Ministry of Gender Equality and Child Welfare 2009 a/b).

**Peru:** In Peru, a small but influential lobby was developed in support of a revised legal and policy framework that better supported foster care as a recognised care option that was different from domestic adoption. There was a strong push for a new law that included language that was more rights-based and better reflected international instruments such as the Guidelines for the Alternative Care of Children. Over a period of several years, with quiet behind the scenes work, a Foster Care Bill was drafted and presented to the government for approval. In January 2014 Law 30162 or the Family Care Law (*Ley de Acogimiento Familiar*) was published. The law defines foster care, including definitions for both foster care with relatives and foster care with unrelated caregivers. There is an article in the law that recognises foster care as a means of avoiding placement in residential care. (El Peruno, Diario Oficial, 29 January 2014. Ley de Acogimiento Familiar (Foster Care Law)).

## 5.5 A child welfare workforce

Country-level experience and research from Latin America, Africa, Asia, Europe and North America has shown an absence of sufficient numbers of professionally trained social workers to support foster care. This leads to gaps in training foster families (in particular those caring for specialised children's needs), in supporting both families of origin and foster families, and in monitoring placements. In some instances the lack of trained statutory social workers (as well as the unclear role of social workers) puts more of the burden on foster carers rather than ensuring a shared responsibility (Parry-Williams and Dunn 2009; Goldman forthcoming; UNICEF 2007; Palayret at al. 2012; Human Rights Watch 2014; Sherwin 2011 a/b/c; EveryChild 2011a/2012; EveryChild Georgia 2011).

This is an issue of both the numbers of social workers and of their training. For example, a recent study of Chilean foster care found that social workers need more specialised training and consistent, supportive supervision and feedback to help inform practice and to improve services based on lessons learned through experience. By improving the quality of services provided through different levels of training, this would increase the capacity of caregivers to care for a diverse range of children (Martinez 2012). An assessment of EveryChild's Georgia programme found similar gaps in the child welfare workforce, in particular in terms of its performance level. The assessment found that there were cases in which social workers' performance was 'substandard' – in that they did not provide comprehensive information about the child to the families, did not address the needs identified by the foster carer with due diligence, and did not make monitoring visits on a regular basis. The assessment recommended further capacity building of the workforce in terms of training and

supportive supervision to address these concerns (EveryChild Georgia 2011). Studies, country-level experience and key informant interviews have also highlighted the importance of not only training social workers but also other professionals who are in contact with foster carers and children, such as health care workers, law enforcement officials, teachers, lawyers and judges.

In many countries and contexts, social workers are unable to provide proper child protection services due to the size of their caseload.[21] In order to fill this social work gap, a number of countries across Asia, Africa and Latin America and Caribbean have turned to para-professionals and community-based structures to support the delivery of services. These structures include: community volunteers; village elders; women's groups or associations; places of worship etc. Communities can in turn play an important role in the provision of both informal and formal foster care, in partnership with the government and non-governmental partners (Every Child 2012; World Vision 2009).

In Sierra Leone, for example, foster care

programmes are supported by community child welfare committees. The committees, which are monitored and supported by statutory social workers, help identify foster carers, match children and monitor placements (Gale 2008). In Namibia, involving community leaders and structures has been a key aspect of the development of the foster care programme (Ministry of Gender Equality and Child Welfare 2009 a/b). In Cambodia, for example, Children in Families, a local NGO, has tried to overcome the severe lack of qualified social workers to support foster care by recruiting people in the community and training them directly in basic social work skills (known as the 'Community Care Team'). Such individuals "have huge value in that they are the eyes and ears into the care families, are able to build up a relationship with them, and able to respond quickly to any situations that arise".[22] It is important to recognise the limits of such community mechanisms as volunteers or para-professionals may not have the time or the skills to respond to complex cases. In Sierra Leone, for example, complex cases of child abuse are referred to the police (EveryChild 2012 citing Gale 2008).

## Examples of promising practice

**Shifting human resources away from institutional care to support foster care**: One way to overcome the challenge of limited human resources is to transition caregivers working in institutional care facilities to become foster carers (interview with Mick Pease). In Ghana, for example, OrphanAid Africa has shifted from using an institutional care approach to a family-based model, and caregivers in former institutional care facilities have been trained and supported to become foster carers, including for children with disabilities (email communication with OrphanAid Africa staff members). It should be noted that the very nature of institutional care may pose challenges when retraining staff, as institutional care workers may not be used to caring for children in the individualised, loving manner of more family-based care.

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21. Japan is a good case study of an inadequate number of social workers putting a strain on the foster care system. For example, Osaka prefecture in Japan has only 108 child social workers for 6.2 million people; each worker receives and handles 225 new cases per year, while continuing their work on cases from previous years. In comparison, New York City, with a population of 8 million people, has 2,058 child protection workers who each handle 12 new cases on average per year. New Zealand has a population of 3.9 million people but has 989 child social workers who each receive approximately 30 new cases year, including delinquency and alternative care cases. The lack of workforce, among other reasons, is resulting in only 14.8 per cent of the children who need alternative care in Japan being placed with foster carers. Human Rights Watch 2014 p.50, 64.

22. Interview with Cathleen Jones, Director, Children in Families (CIF) Cambodia.

## 5.6 Financing foster care

It is essential that adequate budgets and resources are allocated specifically to the implementation of foster care (Tapsfield and Collier 2005; Davis and Padley 2013). Social welfare ministries need to be aware of the expenses and the long-term commitment needed to ensure high-quality services in order to protect the best interests of children in care. Start-up costs of foster care may be particularly high if there is no or limited existing child welfare workforce in place.

*"Foster care can be [a] very good service but needs to [be] treated seriously and at the beginning needs lots of resources, [it's] very resource intensive – money, staff, training, monitoring and supervision… Need to allocate resources. In Moldova it was good that [it was] delinked to social service development so the money for closing down institutions was relocated to development of foster care."*
(Stela Grigoras, Director for Partnerships for Every Child Moldova)

*"Foster care is [a] long-term slow growth strategy. You cannot approach foster care with the mindset that you will place 200 children in foster care in x number of years, it needs to be planned and prepared based on the available resources and mechanisms in place."*
(Mick Pease, Director of SFAC)

## 5.7 Reassessing and improving foster care: research, evaluation and public debate

Experience from countries around the world has shown that the development of the quality of foster care is enhanced by both research and evaluation as well as by public debate and the involvement of NGOs, foster families, families of origin and children in decision making and the development of practice. For example, analysis of the Hungarian and Romanian foster care systems showed that the lack of public discussion and analysis of foster care has led to poor quality of care (Anghel et al. 2013). As demonstrated in the box below, where research is carried out it can have a positive impact on informing both policy and practice.

### Example of research informing practice

Since 2009, the Government of Chile has expanded foster care to support de-institutionalisation and prevent residential placement for children under three years of age. Foster families have increased from 3,598 to 4,800 (2009-2011). This has been accomplished through collaboration between the government (through SENAME) and the non-governmental sector (Latorre 2012).

A recent study of the Chilean foster care system commissioned by UNICEF found positive effects of 'family based' care on children including positive development outcomes and educational success. The study also found some challenges including: the recruitment of unrelated caregivers; insufficient economic support; limitations in just how 'specialised' the foster families were; rigid, controlling and limiting rules of the courts; and a political administrative application of foster care rather than a community-based one. Based on the findings, the study made recommendations related to increased focus on the community and local institutions especially education and health (Latorre 2012).

# 6 Conclusion and recommendations

The evidence presented above suggests that foster care can be an important part of the continuum of care choices for children. When foster care is administered appropriately, with the proper mechanisms, structures and resources, it allows children to remain in a loving and caring family while authorities work towards family reintegration or permanent alternatives. Foster care can be used for a range of children, including those leaving institutional care, in emergency contexts and from the streets. Foster care may provide some children with a longer-term home in cases where neither return to family or adoption is in children's best interests. For foster care to be safe and of good quality it must have proper systems in place for decision making about entry into care; recruitment, assessment and support of foster carers; matching foster carers and children; support services for children in foster care and their families of origin; and careful monitoring of care placements. The mechanisms and strategies needed to ensure that foster care is safe and effective include: strong legal and policy frameworks rooted in the best interests of the child; coordinated and collaborative efforts by a range of stakeholders; a well-resourced and trained child welfare workforce; and research and public debate around the issue. Ultimately the foster care system needs to be rooted in a holistic child protection system that prioritises prevention and family support services. These findings suggest the following key recommendations for policymakers.

1. Invest in foster care as part of a holistic national child care system which prioritises efforts to prevent family separation, and also provides a range of other alternative care choices for children.

2. Invest in a range of different types of long and short-term foster care, including foster care aimed at preventing long term family separation, to ensure that children can be placed in the form of foster care most suitable to their individual needs.

3. Invest in adequate resources to ensure that foster care is safe and of good quality and allows for eventual national scale up. This includes investing in a child welfare workforce that is properly trained and supported to deliver high-quality foster care.

4. Develop and implement locally appropriate forms of foster care and legal and policy frameworks to support foster care and the wider child care and protection systems. Involve children and other local stakeholders in the design of laws and policies.

5. Monitor and evaluate foster care programmes, including understanding children's perspectives, to identify examples of good practice and areas of improvement.

6. Recognise and support the vital role played by communities and NGOs in the delivery of quality, safe foster care services, but ensure that all foster care provision is properly regulated and monitored. Ensure that there are appropriate coordination mechanisms among the different levels of government, between NGOs and the state and with various alternative care providers to effectively enforce the law and deliver services across the country.

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# Annex 1: List of stakeholders interviewed

## Family for Every Child members

- Claudia Cabral, Associação Brasileira Terra dos Homens, Brazil

- Meena Enawalla, Children and Families Across Borders, UK (CFAB)

- Omattie Madray, ChildLink, Guyana

- Rita Panicker, Butterflies, India

- Herni Ramdlaningrum, Muhammadiyah, Indonesia

- Jo Rogers, Partnership for Every Child, Russia

## Foster care stakeholders

- Andy Bilson, Professor at the 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, Centre for Excellence for Looked After Children (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

# Annex 2: The status of foster care around the world

It is hard to generate an accurate global picture of foster care around the world as definitions vary greatly by context and in many settings there is very little accurate data available. As provided in the table below, some trends can be identified across regions. In general, foster care has a long history across some high income countries, including the United Kingdom, the United States and Australia (Fernandez and Atwool 2013; Maluccio et al. 2006). With the welcoming of the Guidelines (UN 2010) and increased promotion of family-based care in regional and global forums, such as the 2009 Family-Based Care Conference in Nairobi, the last decade has seen foster care further promoted and supported in low and middle income countries. As Table B highlights, despite this increase, the numbers of children placed in foster care continues to be small in low and middle income countries, in particular in comparison to residential care.

## Table B: Foster care around the world

| South and South East Asia | Foster care has historically been provided informally across communities in Asia. This practice continues across the continent in times of crisis. The development of formal foster care services continues to be slow and piecemeal and there are very few systems to link children to suitable alternative placements or to monitor children while they are in care (UNICEF 2006; UNICEF 2007). While the development of foster care has been slow, there are some examples of the expansion of foster care services. For example, in Thailand, in accordance with the Child Protection Act (2003), the government is providing formal (state-run) small-scale foster care services). Nationally, the percentage of children in out-of-home care who are placed in foster care is small: 25 per cent of children under five and those aged six-18 are placed with foster families, compared to 75 per cent who are in institutional care (UNICEF 2006; Tolfree 2007; Department of Social Development and Welfare 2013). In Cambodia, NGOs such as Children in Families are implementing small-scale foster care programming in rural areas (interview with CIF). In India, the government and NGOs are coming together to reform the alternative care system and placing greater focus on foster care (BOSCO 2013; Forber-Pratt et al. 2013). The Government of Indonesia, in partnership with the non-governmental sector, is developing criteria for foster carers and children's eligibility to be fostered, and procedures to assess and oversee foster care placements and for providing support to foster families (email communication with Florence Martin, Better Care Network). |
|---|---|
| CEE/ CIS | Over the last few decades there have been significant efforts to introduce foster care in the CEE/CIS region as part of the wider de-institutionalisation efforts. There are increases in foster care in some countries, such as Georgia, Romania, Bulgaria, Serbia etc., highlighted throughout this study (see also UNICEF Georgia 2011). In Croatia, for example, efforts to support foster care combined public campaigns aimed at changing attitudes towards the best forms of care for children with advocacy and policy recommendations to improve the quality of foster care. This increased the ratio of children placed in foster care compared to those in institutions; reduced the number of children under the age of three entering institutions; and promoted the adoption of new protocols to assess families at risk (Palayret et al. 2012). |

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|---|---|
| **CEE/ CIS (Cont.)** | Despite significant efforts to reduce the number of children in institutional care and increase the use of family-based care (UNICEF and OCHR 2011), in many countries in CEE/CIS, the number of children in foster care remains low, as compared to residential care and guardianship placements (Legrand 2012; Palayret et al. 2012). In Russia, for example, out of nearly 670,000 children without parental care, approximately 55,000 are in foster care, with the majority in guardianship and the remainder in residential care (Palayret et al. 2012). In some countries, apparent rises in the number of children in foster care indicate increases in the proportion of the child population who are without parental care, rather than a reduction in the use of institutional care (Legrand 2012; Palayret et al. 2012). The region also highlights the challenges of fostering children with disabilities and young children: see Family for Every Child 2015. |
| **Latin and Central America** | The region, in general, has strong child-rights based legal and policy frameworks that are supportive of alternative family-based care (see for example UNICEF 2013). Most countries have integrated child protection laws that are reflective of the CRC and include reference to and preference for family-based care. A handful of countries in the region (i.e. Chile, Brazil, Argentina, Guatemala, Peru, Colombia and Costa Rica) are using these legal frameworks, NGO and government partnerships and political will to develop foster care programmes. Despite this, foster care across the region is still underutilised and not implemented for both preventive and responsive measures to avoid placement in residential care. A number of countries are using it but only in small numbers (i.e. in Honduras, there are approximately 37 foster families) (Morlachetti 2013; ISS/IRC 2011; UNICEF et al. 2013; RELAF and SOS Children's Villages International 2010). |
| **Middle East, North Africa and Gulf States** | There is very little documentation of foster care service provision in Middle Eastern countries and it is an area where greater research is needed. The evidence that is available shows interesting case studies of foster care development, even in countries where the population is predominately Muslim and *kafala*[23] is the preferred care option for most children. In Jordan, for example, young children who cannot be cared for by their families of origin are placed with foster families, not institutions, through the Community-Family Integration Teams programmes developed by Columbia University, in partnership with the Ministry of Social Development and supported by UNICEF. Social workers make regular home visits to the families and follow-up support and care are provided to the family. While the programme is still new there has been great progress and community acceptance (Bruere 2012; Mackenzie et al. 2012). In addition, as discussed above, foster care is being provided to the large number of refugees in Jordan. In the United Arab Emirates (UAE), the government passed the Fosterage Rules for Care of Abandoned Children in 2013. The law established standard procedures for care for abandoned children and provides criteria for families wishing to give a home to an abandoned child (Issa 2013). |

23. 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).

| | |
|---|---|
| **Sub-Saharan Africa** | While informal kinship care and fostering is common in the region, the development of widespread formal foster care services continues to be slow and small-scale. Across the sub-continent, the lack of holistic child protection systems with appropriate mechanisms and structures, such as a well-resourced workforce, family-based regulatory frameworks, financial resources and a referral system hinders the development of large-scale family-based alternative care programmes, such as foster care (Goldman forthcoming). In the last few years, there has been an increased promotion of family-based care with the roll-out of the Guidelines and regional forums such as the 2009 Family-Based Care Conference in Nairobi. Some countries are developing child rights-based legal frameworks and pilot foster care services. In Namibia, the government developed national foster care standards (refer to promising practice examples under 'Legal and policy framework' above). South Africa reformed its legal system with the new Children's Act and, accordingly, greater reform for foster care service provision. The Government of Rwanda, with support from NGOs and FBOs, is prioritising de-institutionalisation and a core component is increased family-based care services (BCN and UNICEF Country Profiles on Care Reform forthcoming). There are also a number of countries in which NGOs and FBOs are initiating foster care programmes such as Ethiopia, South Africa, Uganda, Kenya, Ghana, and Sudan, among others. |
| **North America, Western Europe, Australia and New Zealand** | For the majority of countries in North America, Western Europe and Australia/New Zealand, foster care is the principle choice for the care of children unable to live with kin carers and these countries have well-developed foster care systems. In 2008 in the UK and Northern Ireland, 57% of children in care were in foster care, compared to 25% in kinship care, 13% in residential care, and 5% in other types of accommodation (EuroChild 2010). In the USA, as of November 2013, there were approximately 397,122 children in foster care (US Department of Health and Human Services, Administration for Children and Families, Children's Bureau 2013). In Scotland, there is a continued shift away from residential care to provision of foster care: the number of children in foster care rose from 4,055 in 2006-07 to 5,279 in 2012-2013, an increase of 30% (compared with a total 'looked after' population increase of 16%) (LACSIG 2013b). In Australia, home-based (or family-based) care is the dominant form of care, accounting for 93% of children in 2012 – of these, 44% are in foster care and 47% in kinship care. In New Zealand, the most common form of care is in a family environment with 35% in non-kin and 43.5% with kin (Fernandez and Atwool 2013). In Japan, in contrast to many other high income countries, only 14% of children in alternative care are in foster care, with the remaining children in some form of residential care (Human Rights Watch 2014).<br><br>While these countries provide some promising practices for other countries, they also face a number of challenges such as fragmented service provision, retention of foster carers, over representation of ethnic minorities and marginalised population groups, poor outcomes for children aging out of foster care, placement instability, multiple placements and limited reunification and permanency planning (Maluccio et al. 2006). These problems and challenges can also serve as lessons for countries implementing foster care programming. |

There is insufficient evidence to assess the quality of foster care across the world. However, the literature review and interviews with stakeholders point to a number of common shortcomings in foster care and in the systems needed to properly support foster care. These include the following.

- **Not enough support is being provided to families, leading to children being placed in foster care unnecessarily.** Evidence suggests that families are not receiving sufficient support, and that in some settings, alternative care services, such as foster care, are being prioritised over effective preventative efforts (Palayret et al. 2012; Perry et al. 2012; EveryChild 2011a; EveryChild and HelpAge International 2012).

- **There is a lack of financing for foster care.** Stakeholders interviewed during the scoping exercise, as well as the literature review, noted the challenges associated with financing foster care in low and middle-income countries, as well as high income countries such as the UK. In Cambodia and Costa Rica, for example, there are challenges in funding foster care since donors, in particular individual donors and faith-based organisations from Western countries, are continuing to show a preference for funding orphanages rather than family-based care. In the UK, studies have identified an enormous shortfall in government funding for provision of foster care services.[24] The shortfall makes it difficult for local authorities to deliver, or commission, the provision of the range of and quality of foster care services required to give children in foster care the same opportunities as other children (Tapsfield and Collier 2005). A number of stakeholders also noted that the limitations in scaling up pilot foster care programmes are linked to the cost and inability of governments and partners to provide long-term investment.

- **A lack of coordination and state oversight.** In many settings there remains a need for national strategies and delivery of joint services and clear standards application for both state and non-state agencies (interviews with Family for Every Child members in Guyana, India, South Africa and EveryChild Moldova). While NGOs have played a critical role in the development and promotion of foster care services,[25] a number of country-level stakeholders noted that there is still a lack of clarity and, at times, accountability, regulation and transparency, on the decision-making role and functions of NGOs in foster care provision. For example, situations have been reported by the stakeholders interviewed for this study whereby NGOs recruit foster carers and place children without the knowledge of local authorities.

- **Policy frameworks do not provide sufficient support to foster care in many contexts.** In addition, a number of laws continue to prioritise institutional care over prevention or family-based care restricting the widespread development of prevention and family-based care services. Kenya's Children's Act, for example, stipulates that a child must be placed in a Children's Charitable Institution (CCI), or institutional care facility, prior to foster care. The Act has placed primary responsibility for foster care placement and administration on the CCI, which can hamper the development of fostering services (DCS 2008; DCS and UNICEF 2012). In Armenia, the current legal framework hinders expanding foster care: in particular, short-term foster placements that may benefit children with disabilities. In the existing legal framework, fostering is only available to children deprived of parental care, whereas institutional care is available to children who are not officially deprived of parental care (Save the Children and Center for Educational Research and Consulting 2013).

- **Policy frameworks often mirror Western approaches which may not be appropriate.** According to some of the stakeholders interviewed, there is also concern that in some settings the legal frameworks are not reflective of local practice and realities and are mirroring foster procedures and practices from Western countries that may not resonate with the local context. This was also noted in recent desk research by SOS Children's Villages which concluded that there are "worryingly

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24. A 2005 study called on the UK government to increase investment in the region of GB£ 750 million per year. Tapsfield and Collier 2005, p.v.

25. Key informant interviews noted that NGOs are often better equipped for providing training and recruiting foster carers for children with specialised needs.

large numbers of states developing laws similar to those of the UK which were designed nearly 50 years ago."[26]

- **Where strong policy frameworks exist there is a lack of implementation.** Globally there has been a great deal of progress in developing strong child-rights based legal and policy frameworks that are supportive of alternative family-based care, as illustrated by case studies from Peru and Namibia (noted in 'Legal and policy framework' above). In Latin America and CEE/CIS regions, for example, most countries have integrated child protection laws that are reflective of the CRC and the Guidelines, and include reference to and preference for family-based care (Palayret et al. 2012; Legrand 2012; UNICEF et al. 2013). However, evidence suggests that in many contexts laws and policy frameworks are not being effectively implemented.[27]

- **There is confusion over the definition of foster care in legal and policy frameworks.** In India, for example, both the literature review and interviews with Indian stakeholders identified "the narrow definition of foster care"[28] as one of the main barriers to provision of quality foster care services, and a need to broaden the definition and classify foster care based on time frames (i.e. temporary, emergency, long-term) (Centre for Law and Policy Research and Foster Care 2013; BOSCO 2013).

- **There are not enough trained social workers to implement foster care.** Country-level experience and research from Latin America, Africa, Asia, Europe and North America has shown an absence of sufficient numbers of professionally trained social workers to support foster care (Parry-Williams and Dunn 2009; UNICEF 2007; Palayret et al. 2012; Human Rights Watch 2014; Sherwin

2011 a/b/c; EveryChild 2011a; EveryChild Georgia 2011).

- **There is a lack of properly trained and supported foster carers.** In some settings, for example the UK, there is a lack of foster carers (Tapsfield and Collier 2005). In others, for example Japan, the recruitment process is not stringent enough (Human Rights Watch 2014). Once foster carers have been recruited they often lack proper backup support (for example: Save the Children and Center for Educational Research and Consulting 2013).

- **Insufficient attention is paid to properly matching children with foster carers.** Too often placement decisions are dictated by resources and by the wishes of the foster carers rather than the needs of the child (Petrova-Dimtrova 2009; NPR 2013; Human Rights Watch 2014; Dona 2001; UNICEF Croatia 2012).

- **Foster care placements are always not properly monitored.** 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.

- **There is a lack of research and evaluation of foster care, especially in low and middle income countries.** The literature review carried out for this study found relatively few examples of solid research and evaluation of foster care programmes. Stakeholders interviewed for this report, in particular Family for Every Child members, also raised concerns about the lack of effective evaluation of foster care programmes and critical review of the outcomes for children, foster families and care workers.

26. Sherwin 2011c, p.4

27. In Latin America for example, despite a robust legal framework, there are only a handful of countries that effectively enforce the law and utilise foster care for a significant number of children. The majority of the Latin American countries reviewed in the study are only using foster care on a small scale. In Honduras, for example, there are approximately 37 foster families. In Argentina, despite having a legal framework in place, there is very little coordination among municipalities and provinces in the enforcement of the law and there is no coordination of the delivery of services across the country (Palumno 2013; Sherwin 2011 a/b/c; ISS/IRC 2011. See also Morlachetti 2013; ISS/IRC 2011, UNICEF et al. 2013).

28. The Juvenile Justice (Care and Protection of Children) Act, 2000, Section 42 stipulates that: "(1) foster care may be used for temporary placement of those infants who are ultimately to be given for adoption; (2) in foster care, the child may be placed in another family for a short or extended period of time, depending upon the circumstances where the child's own parent usually visits regularly and eventually after the rehabilitation, where the children may return to their own homes.". Recent studies have recommended that a broader definition of foster care is required, that foster care must be provided for children in conflict with the law as well as children in need of care and protection, and that foster care classification needs to be revised to include emergency/short-term care as well as long-term care (Centre for Law and Policy Research and Foster Care 2013).

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