Fostering better care

Improving foster care provision around the world

Positive care choices:
Working paper 2

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The positive care choices series

Making positive choices about the care of children who are without parental care involves consulting widely with children, families, communities and others, and striving for stable solutions that will enable children to thrive, develop and achieve their rights. It means enabling children and others to make fully informed decisions between a range of high quality care options to choose the form of care best for each individual child. This paper is the second in a series of papers aiming to promote these positive care choices by providing an evidence base on a range of care options and decision-making processes. It is hoped that these papers will form a platform for global debate around children's care which recognises the complexity and challenges of promoting positive care choices on the ground. To download the papers in the series, visit our website www.everychild.org.uk

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Front cover image

Three-year-old Eva from Moldova with Veronica, her foster carer.

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Summary

There is widespread acknowledgement that for many children outside of parental care, family-based care offers a preferable alternative to residential care. However, in many regions of the world, foster care, a potential key mechanism for providing such family-based care, remains under-resourced and rarely used. This paper examines this apparent contradiction. It is based on a literature review, interviews with experts working on foster care, and consultations with children in three countries.

The paper suggests that further efforts are needed to ensure that foster care is an option open to a wider range of children. Foster care leads to better outcomes for children than harmful forms of residential care, and may be a more suitable choice than kinship care or adoption for some girls and boys. Foster care is a highly flexible form of alternative care that can provide a family home for children for long or short periods, prevent a permanent loss of parental care or provide therapeutic support. In the long run at least, foster care is more cost-effective than residential care.

Despite this evidence, it is important not to see foster care as the only solution for children in need of alternative care. Decisions about whether to place children in foster care must be made on a case-by-case basis, considering the best interests of the child, and the evidence on the value of enabling children to remain in their extended families. Foster care is not the same as adoption, and while it can offer children long-term, stable placements, it is questionable whether it can provide children with permanent homes, whereby carers take on all the functions of parents. Children in foster care, as in all forms of alternative care, are vulnerable to abuse and exploitation.

In order for foster care to work effectively on a large-scale, it is important for other elements to also be in place including: an effective legislative framework, a trained child welfare workforce, sufficient numbers of foster carers, and proper gatekeeping and prevention mechanisms for ensuring that only those children who need to be apart from parents and families are placed in foster care. This means that start-up and associated costs for foster care are high, and foster care programmes must be properly financed to be effective.

The wide variety of different forms of foster care means that there is potential for many different types of foster care meeting the needs of a diverse range of vulnerable children. Careful planning is required to ensure that the most appropriate types of foster care are developed, and that children are placed in the form of foster care most beneficial to their needs. All forms of foster care should be of the highest quality, and consider principles of recognising diversity, community and child participation, and the importance of links with families and communities. However, how quality foster care is delivered is likely to vary from setting to setting, and it is important to develop locally appropriate forms of foster care which do not blindly follow western models. Here, it is especially important to consider attitudes towards foster care, the capacities of the child welfare workforce and local communities to support foster care, and the differing support needs of foster carers and children in foster care.

These conclusions suggest that the following policy changes are needed in many settings:

1. Invest in prevention through support to vulnerable families so that less children need foster care and more children can remain with their parents, families and communities.

2. Invest more resources in a range of high quality, locally appropriate foster care programmes, which consider: attitudes towards foster care, the specific support needs of children and foster carers, and the capacities of social services and communities to support foster care.

3. Build a child welfare workforce, and community capacity to support children's care and protection, with a particular emphasis on developing the ability to support families, and supporting children and their carers in family-based care, including foster care.

4. Promote children's participation in individual decision-making and policy change, including through support to networks of children in foster care.

5. Develop an effective and comprehensive policy framework for children's alternative care, which focuses on prevention and promotes foster care alongside alternatives, particularly support to kinship care, but also national adoption and small group homes.

6. Invest in research in foster care, including understanding impacts of foster care programmes, and challenges in developing foster care, particularly in resource-constrained settings.

It is hoped that achieving these changes will enable better choices regarding the foster care placements of individual children. For individuals or agencies involved in decision-making about the possible care of individual children, the following is recommended:

1. Determine if the child really needs to be apart from their family, and ensure that separation from parents only happens when in the child's best interests. Where possible, support children and families to prevent the need for separation.

2. Consider if foster care is the best alternative care option for the child, bearing in mind the benefits of kinship care, the lack of permanency associated with foster care, and the harm caused by many forms of residential care.

3. Identify specifically which forms of foster care are most likely to meet a child's needs, considering the purpose of the child being placed in foster care, and ensure that children are only placed in high quality foster care likely to meet their needs.

4. Regularly review foster care placements, considering if it is in the best interest of the child to remain within a foster care placement or be moved to another placement, back to parents or into other forms of care, planning always for permanency and stability, and consulting children, and foster carers, parents and others in all decisions regarding children's care.

It is hoped that by achieving the recommendations listed above, foster care can become a care option for a wider range of children around the world, and that this option is used carefully, when shown to be a positive choice for children.

Introduction

There is widespread acknowledgement that for many children outside of parental care, family-based care offers a preferable alternative to residential care (see EveryChild 2011). However, in many regions of the world, foster care, a potential key mechanism for providing such family-based care, remains under-resourced and rarely used. This paper examines this apparent contradiction. It argues that foster care offers a valuable contribution to the continuum of child welfare response for orphaned, abandoned or at-risk children. Foster care is a highly flexible form of alternative care, which can be used in the short or longer-term, providing emergency care, preventing family-breakdown by offering respite care, or offering more long-term solutions for children for whom adoption or return to families is not a viable option. While challenging the current under-investment in foster care in some settings, this paper also injects a note of caution, arguing that there are limits to what can be achieved through foster care programmes, and that investments in foster care should not be made at the expense of efforts to keep families together and reduce the overall numbers of children outside of parental care. The paper is based on a literature review, and interviews with EveryChild staff and partners and others working on foster care in a range of settings, along with consultations with children in three countries.[1] Where possible, efforts have been made to draw on experiences from more resource-constrained countries.

Following on from this introductory section, the paper examines definitions of foster care and components of formal foster care programmes.

It presents the case for increasing investments in foster care, exploring the current under-investment in foster care and the contribution that foster care can make to the continuum of child welfare services. The paper highlights some of the limits to foster care, particularly in relation to providing permanent homes for children that are linked to their communities and families. The paper then explores key elements in delivering high quality foster care, making a particular effort to explore components of quality foster care in a range of contexts, including resource-constrained settings. The paper concludes with recommendations for individuals and agencies responsible for making choices about the possible placement of boys and girls into foster care, and the policy changes needed to ensure that informed, positive choices can be made about the use of foster care.

The paper is the second in a series of EveryChild papers on positive care choices. This series aims to promote better decision-making about children's care by providing an evidence base on a range of care options and decision-making processes. This paper, and the rest of the positive care choices series, use the Guidelines for the Alternative Care of Children, formally welcomed by the UN in November 2009, as its starting point (UN 2009). It is based on the premise that the family is the 'natural environment for the growth, wellbeing and protection of children,' and that all efforts should be made to prevent family separation (UN 2009, Art.3). All children, including those not living with their families, should live 'in a supportive, protective and caring environment that promotes his/ her full potential' (UN 2009, Art 4).

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1 See Annex 1 for a list of individuals consulted. Foster care consultations were conducted by EveryChild staff in Guyana in December 2010, in Georgia in February 2011 and in Moldova in March 2011. The Georgia consultations involved three foster carers, six kinship carers and nine children in foster care. The Moldova consultations involved one group of three children in foster care, and one group of nine foster carers. The Guyana consultations involved one group of 17 children in foster care, and one group of 17 foster carers. The consultations were not intended as a representative or extensive sample of children in foster care, but more as a check against assumptions made, and a means of promoting the voices of children in care.

Defining foster care

The Guidelines for the Alternative Care of Children (UN 2009) define foster care as:

❞❞ **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 2009 Art. 28)

This paper focuses on formal foster care as opposed to informal or spontaneous foster care. The Guidelines define informal care as:

❞❞ **Any private arrangement provided in a family environment whereby the child is looked after by relatives or friends ...or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.** ❞❞ (UN 2009 Art 28)

For the purpose of this paper, formal foster care is distinct from this 'private arrangement' in that it involves placement by a 'competent authority' in a family that has been 'selected, qualified, approved and supervised for providing such care' as per the above definition.[2] In contrast, informal foster care involves spontaneous decisions by families or individuals to care for children outside of immediate kinship networks without the involvement of other agencies. This phenomenon has been noted in conflict and post-conflict settings in Africa (see for example: Abdullai et al 2002; Save the Children 2001).

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 difficult. A common element in all the definitions of foster care is that children are cared for in a family environment and the full range of parental rights are not transferred to foster carers. The challenge comes when distinguishing foster care from other forms of family-type care. For example a similar placement may be referred to in different countries as foster care, guardianship, a family-type home, or kinship care.[3] It is therefore worth briefly exploring the difference between foster care and some other forms of alternative care. The Guidelines define residential care as:

❞❞ **Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.** ❞❞ (UN 2009 Art 28)

Foster care is distinct from residential care in that it involves placement in the 'domestic environment of a family,' which is considered here to be the family's natural home and not a home provided for the purposes of fostering. This is important as it distinguishes foster care from all forms of residential care, including small group homes and children's villages, where care is provided not in a natural family home, but in a specially designed or designated facility.[4]

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2   It should be noted that this is in slight contradiction with the definition of formal care offered by the Guidelines which emphasises that in formal forms of alternative care the arrangement should be *ordered* by an administrative or judicial authority or a duly accredited body and not merely *placed* as articulated in the definition of foster care. However, it is recognised that the existence of an accredited body and the legislative process to *order* a foster care placement will be extremely restricted in many settings.

3   In an effort to overcome these challenges, EveryChild is currently working with several other child protection agencies to develop inter-agency agreement on key definitions of formal care, including formal foster care.

4   See the first working paper in this series for a full discussion of definitions of residential care (EveryChild 2011). This paper also discusses hybrid care, where foster parents are provided with housing, and care for larger numbers of children.

The Guidelines define kinship care as:

❝❝ Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. ❞❞ (UN 2009, Art 28)

In the Guidelines, and for the purpose of this paper, foster care is distinct from kinship care as, unlike kinship care, the 'domestic environment' into which children are placed is outside of children's own families or known 'kinship' networks. In some settings, including South Africa (UNICEF 2008) and Russia, the term 'kinship' or 'relative foster care' is used to describe formal care arrangements, sanctioned, monitored and supported by the state, where children are cared for by relatives or kin. However, this paper focuses largely on formal foster care arrangements with non-kin.

Foster care is also different from adoption which is generally considered to be the permanent placement of a child in a family, whereby the rights and responsibilities of parents are transferred to the adoptive parent(s).[5] In some definitions of adoption, these rights are transferred legally. Other definitions recognise that in some cases, rights may be transferred without involving legal processes, but with an intention that 'adoptive' parents will take on all the roles that parents usually fulfil on a permanent basis (Tolfree 1995). In foster care, however, it is not necessary to remove parental rights. In cases where parental rights have been removed, the state usually retains these while the child is in foster care until they can be transferred to adoptive parents or to a nominated legal guardian.

Unlike adoption, foster care is not usually viewed as a permanent relationship, although it may be long-term. As a result, foster carers may limit their roles in a way that permanent, adoptive parents do not. For example, they may focus on the short-term nurturing and training of a child, and less on ensuring children's inheritance or a smooth journey into adulthood than adoptive parents (Tolfree 1995). Foster carers and

adoptive parents also often have very different motivations behind decisions to take children into their households:

❝❝ Adopters usually want to extend their family by offering full membership to an unrelated child; foster parents on the other hand are more likely to be motivated by a sense of responsibility, a desire to help a child, and the rewards that this is thought to bring. ❞❞ (Tolfree 1995 p.166)

In many settings, the distinction between long-term foster care and adoption is extremely blurred. For example, changes in adoption practices in some settings mean that children who have been adopted may maintain contact with families of origin, and adoptive parents may receive state support similar to foster carers (George et al 2001). In the UK and in some African settings, the term 'permanent' foster care is used to describe cases where it is felt that children cannot return to families of origin and will remain in foster families until they reach adulthood. Such arrangements may involve some transfer of legal rights to foster carers, but may also involve levels of state support and monitoring of care arrangements similar to other forms of foster care and different from adoption (see Gupta 2009; Ministry of Gender Equality and Child Welfare, Namibia 2009). As noted by some of those interviewed for this paper, 'permanent' foster care may be viewed as a contradiction in terms as, unlike parenthood, responsibilities commonly cease at a set age, often when children enter into adulthood. Unlike adoption, the child does not commonly take on the family name of foster carers, and is not eligible for inheritance.

Kafalah, a form of care sanctioned by the Sharia law of Islam, falls somewhere between foster care and adoption. Sharia law forbids adoption as being in contradiction with the natural order of society in which blood ties form the strongest bonds. Instead, it promotes the protection of orphans through *Kafalah*, which may be defined as:

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5   The Guidelines for the Alternative Care of Children do not define adoption as it is not considered a form of alternative care but as equivalent to parental care.

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❝ The commitment to voluntarily take care of the maintenance of the education and the protection of a minor in the same way a father would do for his son. ❞ (From Art 116 of the Algerian Family Code, cited in ISS 2007).

Kafalah allows for the exercise of parental authority and for the transfer of the obligations of parenthood while maintaining bonds with families of origin. It encourages equal treatment of children brought into the family with biological children, but acknowledges that such children are not entitled to inheritance rights or the family name (see ISS 2007).

The definition and use of the term 'guardianship' varies significantly around the world. Generally, foster care is viewed as different from guardianship in that guardianship may confer parental rights and responsibilities to adults who are not parents, but does not necessarily imply that the guardian is also the child's caregiver (Save the Children 2007). In some countries, such as Russia, 'Guardians' may also be defined as foster carers, or may alternatively be considered kinship carers. Classifications such as these are important as they can have an impact on entitlement to state benefits. The Guidelines for the Alternative Care of Children emphasise that the role of a legal guardian should be to look after the best interests of the child, and that all children in foster care and other forms of formal alternative care must have the support and protection of a legal guardian, or other recognised responsible adult or competent public body (see UN 2009 Art 19).

Components of formal foster care across cultures

Components of formal foster care programmes include:

- Recruitment and assessment of foster carers

- Training foster carers

- Matching foster carers with children

- Monitoring of foster care placements

- Ongoing care planning and support for children and foster carers

- Support to children's families and reintegration

- Preparation for leaving care and after care support

While all of these components are important regardless of the setting, how they are delivered is likely to vary by context. In particular, attitudes towards children's care often have ramifications for the recruitment and support needs of foster carers, and the cultural acceptability of adoption has implications for the extent to which foster care is used as a long-term option for children who cannot return to families of origin. The reasons for children losing parental care, and the availability of basic services, affect support services for children in foster care and foster carers. Finally, the limited capacities of social services departments, and a sense of collective responsibility for child rearing in some cultures is likely to lead to a reliance on communities to support the delivery of foster care in some settings. All of these issues are discussed in more detail below, with particular analysis of the importance of adapting foster care to specific cultural and economic context in the section on quality in foster care services. Box 1 provides a specific example of traditional child rearing practices being adapted to develop a foster care programme in Sudan.

Box 1: Building on traditional child rearing practices to develop a foster care programme in Sudan

In Sudan, Save the Children developed a foster care programme in the refugee camps which built on traditional child rearing practices. Here, separated children who could not be reunited with parents or wider extended families, were encouraged to identify families in the camps with whom they would like to live. Once agreement had been obtained with the family, a small hut was built next to the family home for the child to live in. The family supervised, monitored and guided the child, providing discipline where needed, and commonly sharing meals and attending cultural gatherings together. Degrees of independence varied, depending on children's capacities and wishes. This practice reflected the common practice of older children in Sudan building homes alongside their parents (Derib cited in World Vision 2009).

The limited use of foster care in many regions

The use of foster care varies greatly around the world. In North America, Australia and Western Europe, foster care is often a widely used placement choice for children requiring alternative care, with small group residential care used only when kinship or foster care is not immediately available or compatible with the child's needs or wishes. Elsewhere in the world, formal foster care is used for a relatively small proportion of children outside of parental care. In much of Sub-Saharan Africa and Asia formal foster care is used in piecemeal manner only. In Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and some parts of Latin America, more systematic foster care programmes are being developed but still only reach a relatively small proportion of children in alternative care. In Japan only 10% of children in alternative care are in foster care.[6] In Russia, this figure is even lower at around 8% (Rosstat and UNICEF 2010). Box 2 provides more details on the use of foster care around the world.

Reasons for the limited use of formal foster care are likely to vary between settings, and may include:

■ **Political ideologies**: Socialist states were commonly hostile to family-based care, and developed institutions as part of a strategy to extend the control of the state (George et al 2001). A history of extensive state control is also said to have lead to a passivism in post-communist countries such as Romania, which prevent a sense of community responsibility for children's care (World Vision 2009). In liberal democracies in contrast, adoption may be favoured over foster care as there is a desire to cut back state provision and adoption allows parents to take on full responsibility for children's upbringing (George et al 2001).

■ **Economic costs**: As is noted below, while foster care may be cheaper than residential care, its start-up costs are high. It also requires a well-functioning social welfare workforce, or well-supported and monitored community systems, to operate successfully. 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 (see for example: Lee and Henry 2009; Ministry of Gender, Equality and Child Welfare 2009; Save the Children 2001). High costs associated with foster care may prevent its development in some settings.

■ **Resistance to fostering due to cultural beliefs about child rearing**: In some settings there is strong resistance to the idea of bringing a child from outside of immediate kinship networks into the family. In some African settings, for example, some ethnic groups believe that a child entering the family brings with them unknown ancestors and the spirits of ancestors, and this can impact on willingness to foster (World Vision 2009). Similar norms leading to a resistance to foster care are also reported in the Middle East and some parts of Asia (Tolfree 1995).

■ **Policy discourse favouring extended family care**: Beliefs about child rearing needing to remain within families are also supported by much policy discourse on alternative care which favours extended family care as the first option to explore for children who cannot be with parents (JLICA 2009; UN 2009). This is discussed in more detail below.

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6 From a presentation given by Takeshi Kokubu, journalist, at the SOS Children's Villages Conference on Quality in Alternative Care ` Save the Affected Children after the Catastrophe in Japan'

- **Preference for adoption from potential foster carers**: In some settings, the idea of taking on a child on a temporary basis is hard for potential foster carers to accept, with adoption seen as a preferable option which more closely matches ideas about 'normal' parenthood (see Box 3 in relation to Guyana and George et al 2001 in relation to Venezuela and India).

- **Associations between informal foster care and children's exploitation**: In Sierra Leone (Abdullai et al 2002) and Cambodia (World Vision 2009) informal foster care is common, but is usually based on ideas of exchange, with children in foster care expected to work, or care for foster carers in later life in exchange for a home or an education. These traditions can hinder the establishment of formal foster care programmes developed to ensure proper care and protection of children.

- **Stigma attached to children in need of fostering**: In Rwanda, parents fostering children after the genocide often hid fostering from neighbours and sometimes from the children themselves due to general stigma around orphanhood (Save the Children 2001). In Tanzania, EveryChild partner NGO Mkombozi, report no general resistance to foster care, but instead a reluctance to accept the main group of children in need of foster care; children who had lived on the streets.

As shown in Box 1, 2 and 3, there are some settings where many of these obstacles exist but have been overcome to develop foster care programmes. It is also the case that attitudes are not universally hostile to foster care, and in some places there are beliefs and practices that can be built upon to develop foster care programmes. For example, in Zimbabwe resistance to fostering has been overcome by building on beliefs about the importance of welcoming guests into the home (UNICEF 2006a; see also Box 1 for an example from Sudan).

Box 2: Foster care around the world

- **Sub-Saharan Africa:** Evidence suggests substantial and growing numbers of children outside of parental care, with most currently cared for by extended families. However, strains caused by the AIDS pandemic and the growing availability of residential care in many countries may lead to more children moving out of extended family care, especially if the current lack of support to extended families is not rectified (EveryChild 2010 and 2011; JLICA 2009). Foster care tends to be used in a piecemeal manner in the region. For example, in a recent review of alternative care in Southern Africa, most countries were described as having only very few children in foster care, certainly compared to numbers of children in residential care (Parry-Williams and Dunn 2009).[7] There are some exceptions to the generally limited use of formal foster care in Africa. In South Africa there are 50,000 children in formal non-relative foster care programmes, far more than the official capacity of around 16,500 in residential care. In both South Africa and Namibia, there are large numbers of children in formalised relative foster care programmes (Parry-Williams and Dunn 2009).

- **Asia:** Foster care is developing slowly as a result of increasing interest in coping with the large numbers of children in need of alternative care, and growing concerns regarding residential care (UNICEF 2008a). In India for example, the Ministry of Women and Child Development has been working on Guidelines for Foster Care, and elsewhere in the region there are examples of small-scale foster cares programmes.[8]

7   In Zambia, there are 155 children in formal foster care programmes, mainly as a precursor to adoption, as compared to 4,500 in residential care (Parry-Williams and Dunn 2009).

8   For example, Terre des Hommes has a foster care pilot in Nepal with UNICEF; Vietnam has a pilot with UNICEF, Holt International, and Health Right International; UNICEF and local NGO's are working to develop foster care in Bangladesh; in Mongolia, World Vision and Save the Children both have foster pilots; and in the Philippines, Save the Children is working on the development of a Foster Care Bill (from Save the Children, surveys completed by

Box 2: Foster care around the world *continued*

■ **Latin America and the Caribbean:** The current reliance on residential care for the substantial numbers of children without parental care in the region is being challenged through the development of foster care programmes in countries such as Chile, Brazil, Paraguay, Argentina, Guatemala, Peru and Costa Rica. Brazil is also making efforts to improve policy regarding alternative care and has made a national plan on family and community-based care, focusing on deinstitutionalisation, with a commitment to increase preventative work and alternative care options. In Paraguay, the national baby home has been closed and efforts have been made to develop a national common framework for foster care[9]. In the Caribbean, excluding Haiti, there are 6,000 children in residential care compared with around 1,600 in foster care (Lim Ah Ken 2007 – see also Box 3).

■ **CEE/CIS states:** Despite significant efforts to reduce the number of children in residential care and increase the use of family-based care, in many countries in CEE/CIS, the number of children in foster care remains low. In Moldova, the government has a strategy to decrease the number of children in residential care by 50% by 2012 (Ministry of Labour, Social Protection and Family 2009). However, there are only approximately 150 children currently in foster care, compared to 8000 in residential care. In Russia, out of nearly 670,000 children without parental care, approximately 55,000 are in foster care, with the majority in residential care or under guardianship (primarily kinship care) (Rosstat and UNICEF 2010). In some countries, apparent rises in the number of children in foster care do not represent progress as they instead indicate increases of the proportion of the child population who are without parental care (UNICEF et al 2006; UNICEF and the Institute for Urban Economics 2008; UNICEF 2009b). Real change is occurring in some countries. For example, due to the work of agencies such as EveryChild in promoting foster care, in Georgia there are 600 children in foster care, including 90 children with disabilities. This compares with around 2,800 in state and church-run residential care, largely in large-scale facilities. This is a dramatic improvement on the situation five years ago, when there were a similar number of children in foster care, but over 4,000 children in residential care (Partskhaladaze 2011).

■ **United States, Australia, Western Europe and Japan:** In 2008 in the UK and Northern Ireland, 57% of children in care were in foster care, compared to 26% in kinship care, 13% in residential care, and 5% in other types of accommodation (EuroChild 2010). In the USA in 2008, there were approximately 463,000 children in care with 47% in foster care, 24% in kinship care; and 16% in residential care.[10] In some other European settings there are higher numbers of children in residential care, indicating a smaller proportion in foster care. In Germany and Denmark, for example, approximately 50% of children in care are in residential care (EuroChild 2010). In Japan, in contrast to these other settings, only 10% of children in alternative care are in foster care, with the remaining 90% in some form of residential care.[11]

9   Interview with Matilde Luna, Project Leader, RELAF (Latin American Network for Foster Family Care), and with Claudia Cabral and Adriana Pacheco from Brazilian Association Terra dos Homens

10 http://www.childwelfare.gov/pubs/factsheets/foster.pdf accessed 23/03/11

11 From a presentation given by Takeshi Kokubu, journalist, at the SOS Children's Villages Conference on Quality in Alternative Care ` Save the Affected Children after the Catastrophe in Japan'

Box 3: Overcoming constraints to develop a foster care programme in Guyana

In Guyana there have been several barriers to the development of a foster care programme. Alternative care in Guyana has traditionally relied on extended family care or residential care. The idea of children coming into the family for temporary periods of care is hard for many potential foster carers to accept, with adoption often seen as a preferable option. The Ministry of Labour, Human Services and Social Security, responsible for alternative care services, is seriously under-resourced, with a shortage of staff with the capacity to work directly with children. Despite these obstacles, the Ministry has established a foster care pilot, with EveryChild partner NGO, ChildLink as its implementing partner. This pilot provides family-based placements for children currently in residential care. The Ministry and ChildLink have worked hard to sensitize community members about the value of foster care and as the programme grows, existing foster carers are able to share their experiences with friends and neighbours, drawing new recruits into the pilot. Importantly, the pilot is also taking place within the context of wider childcare reform and capacity building.[12]

12 Source: Interviews with ChildLink staff in Guyana; Dunn and Parry-Williams 2006

The case for including foster care as a care option

The evidence presented above clearly demonstrates that while foster care is used extensively in Western Europe and North America, in many other parts of the world, foster care is currently used in a very limited way. In this section, it is argued that where foster care is only used for a very small proportion of children in alternative care, consideration should be given to its wider use and that the necessary investment should be made in the systems required to support it. This is especially the case when the main existing alternative for children outside of parental care is residential care. It is argued that foster care can offer the best family-based care option for some children in some situations, and that it should therefore be an option open to a wider range of girls and boys around the world.

These arguments come with two caveats. Firstly, while having foster care available to more children offers a better alternative to harmful forms of residential care,[13] by far the best solution is having less children in need of alternative care at all. This can be achieved through supporting prevention and family reintegration efforts. Secondly, foster care should always be offered as part of a continuum of alternative care services, so that choices can be made between a range of childcare options, with decisions being made on a case-by-case basis, considering children's best interest. Here, it is especially important to state from the start that foster care must in no way supplant kinship care, which must continue to be encouraged and supported even as foster care programmes are developed. These caveats are explored in more detail later on in this report when the limits of foster care are examined.

Foster care as a preferable alternative to harmful forms of residential care

The above analysis highlights not only the limited use of foster care, but also its limited use in relation to residential care in many settings. In countries as diverse as Russia, Japan, Moldova, Georgia, Zambia, Guyana and Bangladesh there are far higher numbers of children in residential care than in foster care (see Box 2).[14] This is significant as there are numerous studies highlighting the harm caused by residential care (see EveryChild 2011), and benefits to children from foster care when compared to residential care, particularly when larger, dormitory-style residential care is used for young children and for extended periods. For example, an analysis of 75 studies, encompassing more than 3,800 children in 19 countries found that children reared in large-scale residential care had, on average, an IQ 20 points lower than their peers in foster care (Barth 2002). A longitudinal study by the Bucharest Early Intervention Project found that young children who were moved from large-scale residential care to supported foster care before the age of two made dramatic developmental gains across several cognitive and emotional development measures compared to those who continued to live in residential care and whose situation worsened considerably (Nelson et al 2007).

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13 See EveryChild 2011 for a further analysis of 'harmful forms' of residential care.

14 Though in many of these settings there are more children in kinship care than in residential care.

McDonald et al (cited in Barth 2002) synthesized research that assessed the long-term effects of foster care and concluded that generally, children who stayed in foster care tend to have better functioning when adults than those who spent at least some of their time in residential care. For example, individuals who had remained exclusively in foster care attained higher levels of education and family stability, and had a lesser likelihood of arrest, or conviction or substance use problems, than those who had spent time in residential care. Adults formerly in foster homes were also more likely to have close friends and stronger informal support. Children living with a foster family are more likely to gain experience in carrying out daily household tasks, such as cleaning or cooking which can help to better prepare them for living independently.

Although much of the research comparing outcomes from foster care with those from residential care focuses on large-scale facilities, there is also some research comparing small group homes with foster care. 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, although did not score worse in terms of behavioural problems (Harden 2002).

In consultations with children in foster care carried out by EveryChild for this paper, the children highlighted their strong preference for family-based care over residential care, with concerns that residential care did not offer them with the same level of individual care and attention:

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. (Child in foster care in Georgia)

Instead, foster care was widely recognised as a positive placement for children who could not live with their families in the short or longer-term, and which could provide children with care and attention.

It should be noted that some findings comparing outcomes from foster and residential care are open to interpretation and should not be accepted uncritically. Most findings come from a European or American setting, with little research in more resource-constrained contexts. Worse outcomes from residential care as compared to foster care are not to say that outcomes from foster care can necessarily be described as universally 'good' with children in foster care in some settings experiencing long-term effects of low education, poor relationships, and high offending rates (see Box 7). Similarly, older children in some residential care facilities, particularly well-resourced small group homes where care is offered by consistent carers able to form bonds with the children, do demonstrate good long-term results (Children, Schools and Family Committee 2009). It seems that in making these comparisons, it is important to remember that many forms of alternative care fail children, and much hinges on the quality and precise nature of care on offer with factors such as stability of placements making a difference. However, overall, the evidence on the harm caused by large-scale residential care facilities, and the opportunities for children to form attachments through foster care, suggest that attention should be given to closing down these facilities and developing family-based alternatives, including foster care. Of course, as noted above, attention must also be given to supporting families to reduce the need for any form of alternative care. The role of foster care in reducing reliance on residential care in Georgia is examined in Box 4.

Box 4: Foster care and reductions in the use of residential care in Georgia

An over-reliance on residential care led to the establishment of a foster care programme in Georgia in 2001 by the Georgian Ministry of Education and Science (MoES), in partnership with EveryChild and UNICEF. Before the start of the project, there were around 5,200 children in residential care. Recognising from the start the need to embed deinstitutionalisation and the development of foster care in wider improvements in child protection, the project's components included the employment and training of the first social workers in Georgia, the delivery of gatekeeping services aimed at reducing the number of children entering the care system, and cash assistance and counselling for vulnerable families and foster parents. The initial foster care pilot was a crisis intervention model to remove children with disabilities from residential care, whose lives were at risk. This first pilot demonstrated that foster care was possible and could provide better outcomes for children, particularly for children with disabilities, than residential care.

The MoES took over the project in 2004 and an additional project was also established in 2002 by EveryChild, World Vision and the government, to build up support for vulnerable families and encourage reunification or alternative family-based care, including foster care, with a particular emphasis on children under three. An external evaluation suggests that between 2002 and 2006 these two projects succeeded in preventing 580 children from institutionalisation; facilitated the reintegration of 173 children in residential care back to their families; and led to the placement of 183 children in foster care. The evaluation also shows that these two projects laid the groundwork for establishing a stronger child protection system in Georgia, building the capacity of social workers, developing gatekeeping systems, sound case management practices, and standards for childcare provision.

In relation to foster care specifically, the evaluators praised the projects for good assessment procedures of entire foster families (as opposed to just foster mothers) and active follow-up and monitoring of children in foster care placements. Children are also reported to be well prepared for both fostering and adoption through the use of life books, psychological tests and counselling (see UNICEF 2006b). Since the establishment of these two programmes, foster care has continued to expand in Georgia, with current estimates placing the number of children in foster care at around 600, a substantial figure when compared to the 2,800 children currently in residential care (Partskhaladaze 2011). Despite this progress, some challenges remain, including the recruitment, training and ongoing support of adequate numbers of foster carers. In recognition of the need to develop foster care programmes slowly and carefully, EveryChild in Georgia continue to support the use of small group homes while foster care programmes are established (see EveryChild 2011).

Foster care as a preferable option to kinship care for some children

Research suggests that foster care is not only needed as an alternative option to residential care, but may also be a preferable option to other family-based care for some children, though of course, as stated above, decisions must always be made on a case-by-case basis. As is discussed in more detail below, kinship care is the preferred choice for many children. However, there are times when kinship care is not available. This may be especially the case for some groups of children, such as those with disabilities or affected by HIV (see EveryChild 2010). Foster care may also be a more appropriate choice than kinship care for some girls and boys, and may in some instances lead to better outcomes for children. For example, some

research suggests that youth exiting from foster care are more likely to be reunified with their parents than children in kinship care (Barth 2002). Some children may require specialist support which, as is discussed below, can be offered by specialised, trained foster carers, which could not be provided in kinship care. There are also a number of risks associated with kinship care which suggest that it must not be seen as an easy, challenge-free solution to the rising numbers of children outside of parental care. These include conflict between parents and extended family members over child rearing roles; discrimination against new children coming into the household; unauthorised contact between children and parents, or abusive or neglectful behaviour as carers come from the same troubled family (see Cantwell 2005; EveryChild 2009 and Williamson and Greenberg 2010).

Formal foster care as preferable to informal or spontaneous foster care

As noted above, in some settings, children can be spontaneously and informally fostered by those from outside of immediate kinship networks, with this phenomenon particularly reported as a response to large-scale separation of parents from children during and after conflict. While such spontaneous fostering often represents an impressive desire to help vulnerable children, it is not without its risks. Research in Rwanda (Save the Children 2001) and Liberia (Abdullai et al 2002) demonstrates several risks associated with informal fostering. In particular, the limited external monitoring of children's wellbeing and enhanced risk of abuse and exploitation. The obligations of foster carers, and the status of children within the family are also ambiguous. Some children are viewed as inferior to other children in the household, and expected to work harder in order to earn their accommodation and food. Others are treated as one of the family, and may not even be told they have been fostered, with ramifications for child and carer wellbeing if children are eventually reunited with families or discover their origins. This research, and discussions with EveryChild country programme

staff and partners, suggests that it is important to add a degree of formality to such care arrangements to ensure that obligations are clear and children are well protected. EveryChild and partner agency staff argue that such formality is more important in cases of spontaneous fostering than in cases of kinship care, as children do not know foster carers and are often outside of wider kinship and community support networks.

The flexibility of foster care

Foster care takes on many different forms around the world, and can be used for a range of different purposes, fulfilling varying needs of children outside of parental care. For example, foster care can be used to prevent permanent family separation by offering respite care for children with disabilities or support to single parents (see Box 6 for an example from EveryChild's programme in Russia). It can be used to offer support during the adoption process or to provide specialised therapeutic support for children. It can be used for short-term, 'emergency' care, avoiding entry into residential care for children who suddenly find themselves in the care system. This is important as research suggests that once in residential care it is often hard for children to leave (see EveryChild 2011). It can be used in the short-term and, as is discussed below, as a longer-term form of care. It can, and has, been used in emergency situations when children are suddenly separated from parents due to conflict or natural disasters (see Save the Children 2010). The potential flexibility in how foster care can be used means that it can support the best interests of children in a broad range of situations and that, in many cases, foster care can be used to support more permanent family-based care. It also means that foster care can be used as both a generic form of alternative care, available to all children outside of parental care, and that specialised foster care services can be developed to meet the particular needs of certain groups. Box 5 explores the different uses of foster care in more detail. Box 6 provides examples of the use of foster care as a way of preventing longer-term family separation.

Box 5: Different types of foster care

■ **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 of separated children, pending tracing and care planning. Ideally a rota of foster carers can be identified and trained to provide such care in the event of an emergency (see Melville Fulford 2010).

■ **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 or long-term placement, in order to keep the emergency foster care placement available for children who require it (Barth 2002). For example, EveryChild has established such emergency placements in Georgia to care for children whose parents have been arrested, deported, or who have a medical problem.

■ **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 goal for children who are not expected to return to their family (Courtney 1999). As noted above, in some settings, long-term foster care is referred to as 'permanent' foster care (see below for further discussion on long-term foster care and adoption).

■ **Treatment/specialised foster care**

This is an alternative to residential care for young people who might otherwise have difficulty in maintaining 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 of the child and are used widely in the United States and Canada. In this model, families are recruited and given special training and ongoing consultation to provide treatment (Barth 2002). They typically receive higher rates of reimbursement that non-specialised foster parents. Most treatment foster care programmes offer multiple services, including behaviour management and problem-solving training; special education; counselling; acquisition of independent-living skills; intensive case management; and individual, family, and group services for children and parents (Dore and Mullin 2006).

Box 5: Different types of foster care *continued*

■ **Respite foster care/short breaks**

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 foster carers. Such foster care is complementary to and does not substitute relationships with parents. It is aimed at improving parents ability and capacity to care for their child (George et al 2001). Respite 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 fostering**

Fostering as a pre-adoption measure may be used to ensure that the prospected family is able to meet the needs of the child, or to enable parents to have an opportunity to reconsider their decision.

■ **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 care giving role taken away from them. EveryChild Moldova has developed models of parent and baby fostering for young mothers aged under 18.

■ **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. This model is used in countries such as Namibia and South Africa.[15]

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15 For more information, see resources:

http://www.crin.org/docs/NamibiaMGECW%20-%20Foster%20Care%20Report%20-%20for%20email%20+%20web.pdf ; http://www.unicef.org/southafrica/SAF_resources_childact2.pdf

Children's Institute: University of Cape Town; http://www.ci.org.za/depts/ci/plr/pdf/salrc_dis/20-dp103-ch17.pdf

Box 6: Innovative practices in foster care aimed at keeping families together in Russia

In Russia, long-term foster care is widely used, whereby the parental rights are removed, with children typically remaining in foster care for the duration of their childhood. EveryChild Russia's concern is that using foster care in this way reduces the opportunities for family preservation and increases the number of children entering alternative care unnecessarily. EveryChild Russia focuses on modelling innovative practices in foster care and other forms of family support which can better help to support family unity. This includes respite care (short breaks) for children with disabilities; emergency foster care; and mother and baby foster care. EveryChild Russia's work to develop respite foster care has been very successful with flexible short breaks from a few hours up to 15 days being offered to parents or other carers of children with disabilities. Foster carers are carefully selected and trained before they start fostering, and are carefully matched with the children to ensure they are able to meet children's needs. Of the 60 children with disabilities involved with the programme so far, all have remained in the care of their families, with evidence to show significant quality of life benefits for the child, their parents, and other children in the families involved in the programme. The next task is to advocate for its incorporation into regional and federal budgetary and regulatory norms as a form of care that can be made available to all children with a need for this particular support.[16]

Foster care as a preferable option to adoption for some children

In many of the examples of the use of foster care cited above, foster care is used as a short or medium-term option while more permanent solutions are found for children. However, in some settings, foster care offers children a long-term home, but without transferring all the rights and responsibilities of parents to foster carers. In the UK, Namibia, South Africa and Rwanda, children can be placed in foster homes with the understanding that they will remain there until they reach 18, and sometimes into early adulthood (Gupta 2009; Ministry of Gender Equality and Child Welfare 2009; Save the Children 2001). The literature review, and interviews carried out for this paper, suggests instances where such long-term fostering may be a more appropriate or viable choice than adoption:

- In settings when adoption is not a widely used option, such as in many countries in Africa and the Middle East where adoption is not the cultural norm (Tolfree 1995). This may be due to cultural resistance to adoption, based on norms regarding child rearing (see Ministry of Gender Equality and Child Welfare 2009 for an example from Namibia).

- Where systems are not in place to properly support adoption or to support adoptive parents, who may gain more benefits and support if they continue to be considered foster carers (from interviews for this paper).

- In cases where it is advisable for children to continue contact and bonds with families of origin while living in a stable home elsewhere, or for children who don't want to be adopted and who want to maintain contact with families (Gupta 2009). For example, when a parent has mental health problems, is in prison, or their whereabouts are unknown (Courtney 1999). Research suggests that strong dual attachments with foster and families of origin are possible and can be beneficial (Gupta 2009).

16 Source: Joanna Rogers, Country Director, EveryChild Russia and Donlan 2011

- For hard to place children, such as those with disabilities, older children or sibling groups, for whom adoption may not be available (Cousins 2009; Gupta 2009). Research in the UK has found such long-term foster care placements can be the starting point for adoption for children with disabilities (Cousins 2009). The NGO Give a Child a Family in South Africa has noted a similar trend, with families resistant to adoption often changing their minds once they have fostered a child for some time.

This use of foster care as a long-term solution to children's care can be seen as a means of achieving the goals of stability highlighted in the Guidelines for the Alternative Care of Children. These stipulate that a stable home should be sought for children in order to meet their basic need for a safe and continuous attachment to caregivers, with permanency being a key goal (UN 2009 Art 12). Interestingly, research from the UK suggests that children in long-term stable foster care placements often do as well in terms of many measures of their current wellbeing as children who have been adopted (Biehal et al 2011). Despite this evidence, as is discussed below, there are limits to the extent to which foster care can be viewed as fully permanent home for children and dangers associated with wholeheartedly equating foster care with a form of adoption.

The cost-effectiveness of foster care

The above analysis highlights the valuable contribution that foster care can make to child welfare services, potentially offering a range of generic and specialised services which provide a preferable alternative to harmful forms of residential care, and a more appropriate family-based care option to kinship care or adoption for some groups of children. Not only is foster care an important care option for children, there is also evidence to suggest that it is a cost-effective choice for policy-makers when compared to residential care. For example:

- Research in CEE/CIS suggests that large-scale residential care is three to five times more expensive than foster care (EveryChild 2005) and that small group homes are 1.5 times more expensive than foster care (cited in Browne 2009).

- US estimates put the difference in the monthly cost for residential care at six to ten times as high as foster care and two to three times as high as treatment foster care (Chamberlain 1998).[17]

- In the UK, it costs around £30,000 per year to keep a child in foster care, compared to £160,000 per year for residential care (Times, April 23rd 2010).

- In Jamaica, annual costs per year for a child in foster care are around $52,000, substantially cheaper than the average costs of keeping a child in residential care (Lee and Henry 2009).

It is also the case that if foster care is used to prevent longer-term family separation then its costs benefits are likely to be even greater, as foster care will lead to less children in the childcare system overall.

Despite this evidence on the apparent cost-effectiveness of foster care, drawing firm conclusions on the benefits of foster care on the basis of cost alone is complicated. While foster care is often cheaper than residential care, it is not cheaper than preventing separation in the first place through supporting family strengthening services (see EveryChild 2005; George et al 2001). As is shown below, the start-up costs for foster care are high, especially in settings with a limited child welfare workforce, making foster care only more likely to be cheaper than residential care in the long-term in many countries. Of course, it is also the case that 'costs' and 'benefits' of foster care cannot be measured in financial terms alone.

17 Chamberlain (1998) concluded that evaluations of treatment foster care found the model to be more cost-effective and producing better outcomes for children and families in comparison to alternative residential treatment models.

Recognising the limits of foster care

Despite the strong case presented above for greater support to foster care services in many settings, it is important to recognise that increased investments in foster care do not in any way represent a sole, straightforward solution for the growing number of children outside of parental care. In this section, key limits in terms of what foster care can achieve for children are explored.

Foster care should not supplant support for families

Although foster care is provided in *a* domestic family environment, it should not be seen as equivalent to children being in *their own* domestic family environment, with all the benefits of lasting bonds, continuity of care, and sense of identity that growing up in such an environment can provide. Efforts to build up foster care services should not be developed at the expense of support to prevention and reintegration. This is supported by the Guidelines for the Alternative Care of Children which emphasise that the removal of a child from the care of the family should be seen as a measure of last resort and for the shortest possible duration, and that child welfare services must give prime attention to supporting children to remain with or return to families (UN 2009 Art 3). The exact form family-strengthening efforts take will depend in part on the root causes of a loss of parental care, which will vary from setting to setting. The first working paper in this series provides further analysis of a range of root causes, exploring the inter-linked roles of poverty and limited service provision, norms and values, and violence, abuse, neglect and exploitation (EveryChild 2011). Unfortunately in many settings it would seem that there has been a failure to balance family-strengthening with alternative care provision. As noted in Box 2, in some CEE/CIS states a rise in the number of children in foster care does not wholly represent a fall in numbers of children in residential care, but instead indicates an overall rise in the number of children coming into the care system.

The Guidelines also point to the significant role played by kinship care, suggesting that as with prevention efforts aimed at keeping children with their parents, foster care should not supplant efforts to support kinship care. Kinship care is the most widely used form of alternative care globally, with significant benefits for the child, particularly in terms of maintaining links between the child and known adults and the wider community (Save the Children 2007). As noted by UNICEF research in Southern Africa, kinship care is also more sustainable than foster care, requiring less supervision and regulation, and consequently, not placing such a great burden on the child welfare workforce (UNICEF 2008b).

Kinship care is usually the preferred choice of children unable to live with their parents. For example, in children's consultations in South Africa, Botswana and Zimbabwe children's expressed preference for their care was with immediate family and extended family followed by community members, then foster care and then care in a child-headed household (Williamson and Greenberg 2010). EveryChild's partner NGO in Tanzania, Mkombozi, have found that children resistant to leaving a life on the streets or residential care benefitted from a short period in foster care to get used to the idea of being in a family once more, but after this time, they preferred being with their extended families to a foster family. In an EveryChild consultation with children in foster care in Georgia and Guyana, the benefits of remaining in the care of relatives, was also highlighted:

❝ **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.** ❞ (A child in foster care in Georgia)

❝ Sometimes the child doesn't want to or can't go back to the parents because they are dead, but they would like to go to an aunt or so. ❞ (Child in foster care in Guyana)

Interestingly, the benefits of kinship care and the need to provide better support to extended families, are increasingly being recognised in settings where foster care is currently more widely used, including the UK and the US. Here, care systems are struggling to cope with rising numbers of children in foster care, with evidence of low standards and poor outcomes for children who go through the care system (see Box 7 for more details).

Box 7: An over-reliance on foster care in the UK?

The UK care system is dominated by foster care with around 57% of children in care in foster care compared with only 13% in residential care (EuroChild 2010). While this system is generally viewed as an improvement from a reliance on often harmful forms of residential care in the past, many highlight the shortfalls of the current care system. Problems include:

- **Shortage of foster carers**: There is an estimated shortage of 10,000 foster carers in the UK (Hannon et al 2010).

- **Rise in the number of children needing foster homes**: 82% of local authorities in the UK saw a rise in the number of children needing foster homes between 2009 and 2010 and 58% of local authorities say they are finding it harder than ever to find suitable homes for children (Hannon et al 2010).

- **Frequent placement changes**: Placement changes are frequent due to a range of factors including an inability to properly match children with appropriate carers due to the shortage of available foster carers and turnover of social work staff (Hannon et al 2010; Ward and Skuse 2001). Teenagers may be especially vulnerable to frequent placement changes (Fratter et al 1991). One estimate suggests that about 10% of children in care in the UK move three or more times a year, and about 1,500 children have more than 20 placement changes (The Times, 23rd of April 2010).

- **Poor outcomes for children who have been through the foster care system:** Children in care in the UK often have lower educational attainment, high rates of criminal convictions as adults and are more likely to suffer from mental health problems than children in the general population (EuroChild 2010). Explanations for these trends vary, with some arguing that they reflect the problems that children have faced prior to entering care, with the care system failing to mitigate these challenges (Jackson and McParlin 2006). Frequency of placement change also appears to have an impact (Biehal et al 2011).

This combination of factors has resulted in out-of-home care systems that are approaching a crisis point. The response to this has been increasingly to utilise kinship care more as a preferred placement option (Bromfield et al 2005). Over the five years from 2003-2008, the percentage of children in foster care in the UK and Northern Ireland decreased by seven percentage points while the proportion of children placed in kinship care, increased by six percentage points from 20% in 2003 to 26% in 2008 (EuroChild 2010). There have also been calls for a more considered use of residential care, with some arguing that there is a greater place for small group homes in the continuum of child welfare services in settings where foster care is currently used for the bulk of children in the care of the state (Hannon et al 2010).

Foster care, and other family-based placements, are not suitable for all children

While family-based care will benefit most children, there are older girls and boys who are not able, ready or willing to be placed in an alternative family and who would benefit from small group home residential care, at least in the short-term. This is discussed in greater detail in the first working paper in this series (EveryChild 2011). These children may include children who have previously run away from foster care who may be happier in a more supervised setting; children with specialist therapeutic needs that can be more effectively met in small group care and adolescents who prefer to live more independently. The importance of keeping siblings together may mean that foster care is not a viable option for large groups of siblings, and youth who are in process of moving from more restrictive mental health or probation settings may also benefit from small group homes until parental and community supports are in place (Barth 2002; EveryChild 2011). In the UK, frequent breakdown of foster care placements, and regularity with which children move between placements is a key justification for placing some older children in small group homes which can offer children more stable placements (see Box 7).

Foster care is not fully equivalent to adoption

As outlined above, the importance of aiming for permanence in children's care arrangements is clearly articulated in the Guidelines for the Alternative Care of Children. In some settings, foster care is regularly used as a means of trying to achieve such permanence (Gupta 2009; Lee and Henry 2009; Bilson 2010; ISS 2006). While, as argued above, this might be appropriate for some children and in some settings, it is important to remember that foster care is qualitatively different from adoption, as parents do not take on legal responsibility for the child or generally commit to obligations to the child beyond 18.

Conflating foster care with adoption can lead to problems for both foster carers and children. In Rwanda and Liberia, research suggests that children in long-term foster care are often described as permanent members of the family, but continue to have an ambiguous status within the household and care systems. As noted above, some foster carers see placements as permanent, creating problems with ongoing efforts to trace parents, and foster carers and children in foster care may have differing views on entitlements to current household assets and inheritance (Abdullai et al 2002; Save the Children 2001). In the UK, it has been noted that long-term foster carers often lack the power to make the same decisions over children's lives as adoptive parents (Gupta 2009).

In some Western contexts where foster care is widely used, children may remain in temporary foster care for very long periods and without the security of knowing that he or she belongs to this new family. A similar situation has been observed by EveryChild staff in Georgia. Kemp and Bodonyi in their descriptive study of nearly 500 children who entered foster care as infants, found that long stays in care were the norm and that few were reunited with their families or readily placed in permanent homes. In particular, black children were less likely to achieve permanence than white children (cited in Maluccio et al 2006). Such a lack of stability can lead to the development of challenging behaviours and can reduce the child's ability to thrive in adulthood, affecting financial status, housing conditions and educational achievements (Kufeldt 2000).

Long-term foster placements also mean that children remain within care systems for longer, with consequent resource implications for recruiting and monitoring large numbers of foster carers and for care planning and monitoring with children in foster care. Overall, it would seem that long-term foster care must be used with caution, and only for children for whom adoption or return to families of origin is not a viable option. Instances where adoption may not be a viable option are outlined above. As with all decisions about alternative care, it is essential to consult widely, including with children, families and foster carers to make

any decisions between long-term foster care and adoption. It is also essential that foster carers and children in foster care are aware of obligations and likely longevity of placements, and of the differences between foster care and adoption.

Foster care is not without its risks

As with all form of alternative care, foster care is not without its risk of harm to children. In resource-constrained settings, the incidence of abuse in foster care is not well researched. As noted by Tolfree (1995), ideas about appropriate treatment for children in the household who are not part of the immediate family may have an impact on their vulnerability to abuse in foster care. As noted above, in some parts of the world it is normal for such relationships to be based on exchange, with children often expected to work. Discrimination is also common, with children entering the household working longer hours, less likely to attend school and more likely to be punished than other children in the household (Save the Children 2007). In Liberia for example, Sierra Leonean refugee children spontaneously fostered during the conflict felt strongly that they were treated differently than other children in the household, with discrimination, abuse and exploitation by other children in the family also reported (Abdullai et al 2002).

In the UK, unconfirmed allegations of abuse in foster care stand at 3.5-5%, and of sustained abuse at 1% (Biehal and Parry 2010). In consultations with children in Australia, young people reported abuse and inadequate care, being forgotten by the system, and the effects of misinformation and isolation. Infrequent contact with a worker or frequent changes of worker made early identification of problems less likely:

I could whinge, whinge, whinge but it might make it worse. We live so far away, who could help? (Child in foster care in Australia cited in Community Services Commission 2000)

High start-up and associated costs linked to foster care

Although once up and running foster care is often cheaper than many forms of residential care, as is discussed in more detail below, in order for foster care to work effectively it requires a functioning child welfare workforce to recruit and train foster carers, match children with appropriate placements, and monitor and review children's care. While the community can take on some of these roles, some professional social workers are required, for example, to respond to allegations of child abuse. In many parts of the world, there is a long way to go and many cost implications before such a workforce is developed (Davies 2009 and see below). It is also the case that in all settings, the start-up costs for developing foster care programmes are likely to be high. Such costs include the hiring and training of staff to screen and monitor families and children; supportive services for foster carers and children in foster care; support to families of origin, and material support and possibly some type of financial payment to foster carers. In some instances, it will be necessary to simultaneously run foster care programmes and manage large-scale residential care facilities while efforts are made to carefully close down such facilities (see EveryChild 2011). Therefore, while in the long-run and in the context of well-developed general child protection services, foster care is a cheaper option than residential care, developing good foster care programmes will require substantial investments.

Making sure foster care is of high quality and fit for purpose

A central premise of the Guidelines on the Alternative care of Children is that any alternative care provided must act in the best interest of the child, protecting their rights and fulfilling individual needs. As shown in Box 5, foster care can fulfil a range of purposes from short-term emergency or respite care, to longer-term provision closer to adoption. Those developing foster care services must consider the needs of children in surrounding communities, and the availability of other child welfare services to determine which type or types of foster care are developed. Ideally, a range of different forms of foster care will be made available to meet the likely varying needs of children in the community, and to reduce any over-reliance on residential care. Those considering where to place a child who has been determined to be in need of foster care should try and match the needs of the child with particular types of foster care on offer.

All forms of foster care, for whatever purpose or length of placement, should provide a standard of care that promotes children's rights and development. Ideally children should only be placed in foster care if such standards can be guaranteed. Below elements of quality in the different components of a foster care programme are discussed, followed by a brief summary of the importance of key principles of diversity, participation and family and community engagement. This is not intended to be an exhaustive list, but rather to draw attention to key issues that emerged from the consultations and research for this paper. Throughout, efforts are made to analyse how high quality foster care can be achieved in more resource-constrained as well as wealthier settings.

Quality in the components of foster care

Recruitment and training of foster carers

A common challenge associated with foster care identified in the literature, and in the case studies from EveryChild-supported programmes, is the recruitment of adequate numbers of suitable foster carers. Here, it is essential to understand barriers to recruitment, and more supportive factors which may help build foster care programmes. Evidence presented above suggests that barriers vary between settings and may include financial disincentives, cultural beliefs about child and foster care, the influence of political ideologies and stigma associated with some vulnerable groups in need of fostering. Supportive forces to be built on in recruitment drives include norms about collective responsibility for child rearing in many settings. In developing recruitment strategies, it is essential to engage local communities, and prospective and existing foster carers, who are likely to have a good understanding of incentives and disincentives, and be able to promote foster care in an effective manner. Recruitment may need to start with wider sensitisation programmes about the nature and value of foster care, as found by EveryChild in Moldova, ChildLink in Guyana, and Save the Children in Rwanda (Save the Children 2001). Involving religious or community leaders in recruitment programmes has proved to be highly valuable (World Vision 2009) and EveryChild partner NGO, ChildLink in Guyana, have found that foster carers themselves often make the best advocates, spreading the word amongst friends and neighbours. South African NGO, Give a Child a Family, use radio slots and church groups to help raise awareness about foster care.

Once recruited, it is important that foster carers are rigorously assessed to determine their suitability to act as foster carers, recognising that some may be attracted to foster care with a desire to exploit or abuse children rather than help and protect them. Here community involvement may also play a role. For example, in Tanzania, EveryChild partner Mkombozi found that recruiting foster carers from communities in which they had well developed programmes, enabled a deeper understanding of the suitability of prospective foster carers. Similar findings have also emerged from an analysis of foster care in Namibia (Ministry of Gender Equality and Child Welfare 2009).

The involvement of wider communities in foster carer recruitment and assessment helps respond to another problem; that of the limited capacity of social service departments in many resource-constrained settings.[18] In some settings, community members are relied on to assist with recruitment and assessment for foster carers, along with other functions. For example, in Sierra Leone the ministry responsible for formal foster care programmes monitors and coordinates community-run child welfare committees which determine the suitability of a person to foster a child (Gale 2008).

Once recruited and assessed, those interviewed for this paper argue that the proper training of foster carers is essential for establishing high quality foster care programmes. Training itself can also act as an incentive for foster carers, with many valuing the new skills they have learnt. As with recruitment strategies, the training of foster carers must be context specific, and vary by factors such as the different reasons for children entering foster care and the wider services which may or may not be available to foster carers and children in foster care. This issue is discussed in more detail below in relation to ongoing support needs for foster carers.

Matching foster carers to children

Once foster carers have been recruited and trained, they need to be matched to children in need of foster care. As noted by the Guidelines for the Alternative Care of Children:

❮❮ The competent authority or agency should devise a system, and should train concerned staff accordingly to assess and match the needs of the child with the abilities and resources of potential foster carers and to prepare all concerned for the placement... A pool of accredited foster carers should be identified in each locality. ❯❯
(UN 2009, Art 117-118)

As emphasised by the Guidelines and supported by those interviewed for this paper, it is essential that children are matched to foster carers who can meet their needs, rather than foster carers choosing the children they like. This may require having a bank of foster carers that can be called upon to meet the differing needs of different groups of children. An example of the problems associated with foster carers choosing children can be found in Rwanda, where foster carers visited residential care centres during open days to pick the children they wanted to have live in their homes. Children were commonly left feeling rejected and powerless, and placements were made based on the emotional reactions of foster carers, rather than children's best interest (Save the Children 2001). An interesting alternative approach, used in refugee camps in Liberia and Sudan, is allowing children to identify prospective foster families from their known networks, which were then approached and vetted (Abdullai et al 2002 and Box 1 above). Determining the criteria for matching foster carers to children are likely to vary between settings, but will include consideration of a range of child rights and needs, and the capacities of foster carers to meet these. As argued by EveryChild staff and partners, it is essential both here, and in the recruitment, assessment and training of foster carers that the whole of the foster family, including foster carers' own children, are considered.

Ongoing care planning and work towards reintegration

As outlined above, children should only be placed in foster care if it is not possible, or in their best interest, to remain in families. All foster care programmes must carefully monitor children's entry into care to ensure that they really need to be there. Once in care, it is important, as articulated in both the UN Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children, to regularly review care plans, and to determine whether children should remain in foster care, return to families or move onto other forms of alternative care. A key part of care planning is ensuring that placements are stable, as it is widely recognised that children need stable relationships in order to develop healthily. As outlined in the Guidelines:

⁇ Frequent changes in care settings are detrimental to the child's development and ability to form attachments, and should be avoided. ⁇ (UN 2009 Art. 59)

Regardless of how stable placements are, as articulated by the Guidelines, a permanent home for children should be the ultimate goal. The Guidelines state that this should be secured through reintegration to nuclear or extended families where possible, and foster care programmes should be orientated towards this reintegration. This may involve regular discussions to explore the possibility of reintegration; work with children, families and communities to prepare for reintegration, and follow-up to ensure that children are well cared for and happy in their families (Wedge and Kapur 2011). Importantly, as argued by EveryChild partner, Brazilian Association Terra dos Homens (ABTH), orientating foster care programmes towards reintegration means that support must not just be directed at foster carers and children in foster care, but also at families of origin.

In considering issues of stability and permanency in care planning, as argued above, it is important that all parties involved understand the anticipated length of foster care placements and their roles and responsibilities towards the child. If short-term placements drift into longer-term

placements it is essential that this is discussed and assessments made about best interest. Children themselves need to fully understand their position; this is essential for their own sense of security and stability (see Tolfree 1995).

Monitoring placements

As shown above, even in foster care programmes in wealthier nations, where systems are in place for carefully selecting and training foster carers, children in foster care are still at risk of abuse. Monitoring of foster care placements is therefore essential, though unfortunately lacking in a number of settings (Lee and Henry 2009; Ministry of Gender Equality and Child Welfare 2009; Save the Children 2001). This research suggests a number of strategies for the monitoring of children in foster care, with monitoring in more resource-constrained settings placing greater reliance on community structures than over-stretched social welfare departments. Here, it is felt to be important to recognise the limits, as well as advantages of community involvement in monitoring. In Sierra Leone, for example, such structures work in partnership with other agencies, including the police and social services, and refer more complex cases, such as those involving sexual abuse elsewhere (Gale 2008).

In general, it is felt to be important to involve a wide range of individuals in assessing child wellbeing, including foster carers, children themselves, teachers and the wider community. The importance of children having mechanisms to report abuse, and champions specifically focused on their needs, was also emphasised. Two contrasting examples of the monitoring of foster care placements are provided in Box 8.

Box 8: Monitoring foster care in Namibia and Moldova

In Namibia, limited numbers of social workers and high case loads make it hard for social workers to monitor foster care placements. Here, it is felt to be essential for social workers to develop trusting relationships with the wider community to encourage them to help with the monitoring of foster care placements and identify at risk groups. Enabling children to have effective mechanisms for complaining about their treatment in foster homes was also felt to be important, through for example, social workers having an open-door policy one afternoon a week for children. At the more systemic level, effective monitoring is seen to require a change in the way social workers prioritise their work, with reduced administration burdens, and more effective targeting of cases to enable social workers to devote more time to complex cases where children are felt to be at risk (from Ministry of Gender and Child Welfare 2009).

In Moldova, there are two staff appointed to work within the foster care service, one responsible for monitoring the child and ensuring that his or her needs are met, and the other responsible for monitoring the placement from the foster carers perspective. This enables the child's needs to be monitored objectively. Monitoring involves regular visits to the foster home, along with discussions with teachers, doctors, the police, relatives and neighbours (from interviews with EveryChild staff).

Support for children in foster care

The monitoring of placements is often combined with efforts to provide ongoing support to children in foster care. Children in foster care need such ongoing support, with support needs likely to vary by setting and by individual child. In some contexts, for example, as noted above, children in foster care may suffer from considerable stigma and discrimination, and need support gaining acceptance in the wider community. Many children in foster care have experienced trauma and abuse and need psycho-social support. Others may need more practical assistance. Regardless of children's support needs, effective assistance for children in foster care is likely to involve a wide range of support networks, including teachers, foster carers, social workers, and community groups. As noted above in the section on monitoring, having an individual to turn to who will champion children's needs can be invaluable. As highlighted by this comment from a foster carer in Georgia, children benefit greatly from feeling that they are part of a wider family and community:

> **It is very important for children when they see that not only one or two persons, but also a whole extended family care for them. They have relationships with our relatives, friends and learn a lot from them. They see that they matter to a lot of people and build their social network.** (A foster carer in Georgia)

Children in foster care can derive enormous support from other children in similar situations, through networks of young people in care. Such groups can help address common mixed emotions regarding being in foster care, such as feeling different from other children, identity issues, loss and grief, and potential community stigmatisation as a result of being in foster care.[19] Research on foster care amongst Sierra Leonean refugees in Liberia also demonstrates how children can help monitor and assist one another (Abdullai et al 2002).

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19 From an interview with Jean Anne Kennedy, International Foster Care Organisation (IFCO) Board Member, IFCO Youth Committee Chairperson, Co-ordinator Power4You

Ongoing support for foster carers

The Guidelines for the Alternative Care of Children state that

❝❝ Special preparation, support and counselling services for foster carers should be developed and made available to carers at regular intervals, before, during and after the placement. ❞❞ (UN 2009, Art. 119)

Properly supporting foster carers is essential for both achieving high quality care, and overcoming retention of foster carers, a problem noted in many settings by those interviewed for this paper. Problems retaining foster carers may be linked to a generally low acceptance or understanding of foster care (see Box 2; Tolfree 1995) or to low pay, poor training and limited support. Many foster carers leave the system because they are asked to accept challenging children while receiving limited rewards or supports from the agencies (Maluccio et al 2006). In EveryChild consultations with foster carers in Georgia, while the overall experience of fostering was very positive, it was recognised that children in foster care can present difficult behaviours:

❝❝ You have to put a lot more effort in raising those children. You have to be ready everyday for a new examination. They are never completely calm and secure. Every moment they need to be reassured that we love them. They constantly try to examine stability and our love towards them. ❞❞
(A foster carer in Georgia)

Research in Rwanda has also highlighted the challenging behaviour of some children in foster care (Save the Children 2001), and as noted by George et al (2001) in their cross-cultural analysis of foster care, foster carers often have to respond to very problematic situations of abuse and addiction, and therefore require greater levels of support than other carers.

Sources of support for foster carers may vary, depending on part in the availability of social services and the strength of surrounding communities. In settings such as Moldova (see Box 8), a social worker is allocated

specifically to meet the support needs of foster carers. Elsewhere, foster carers rely on friends, neighbours or support groups. The South African NGO, Give a Child a Family, encourage communities to work together to support foster care programmes, facilitating discussions on key issues, and helping groups to solve problems themselves. The importance of support groups is also highlighted by the Guidelines:

❝❝ Encouragement should be given to the establishment of associations of foster carers that can provide important mutual support and contribute to practices and policy development. ❞❞ (UN 2009, Art 121).

Support to foster carers may also include a monthly salary or reimbursement of the costs associated with fostering a child. While concerns are frequently raised that payment can result in adults taking in children for only financial reasons, the International Foster Carers Organisation (IFCO)[20] feel strongly that foster carers should be financially rewarded for the work they do and, at the very least, they should be compensated for any costs associated with the child's maintenance such as health care or schooling costs. Typically even where foster carers are paid or have key costs reimbursed, the financial support provided is not sufficient. This was highlighted in EveryChild consultations in Georgia and Moldova, and by research in Jamaica, Namibia, and Rwanda (Lee and Henry 2009; Ministry of Gender, Equality and Child Welfare 2009; Save the Children 2001).

Decisions about payment to foster carers may also have to be taken in the broader context of wider social protection mechanisms. If foster carers receive substantially higher benefits than kinship carers or parents, it could create incentives for families to give up their children into foster care (see Hanlon et al 2010; UNICEF 2007). In Namibia, concerns have been raised about the higher payments given to foster carers acting as a disincentive to adopt (Ministry of Gender Equality and Child Welfare 2009), and about targeting children in care leading to stigmatising labels and jealously from other

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20 From interview with Chris Gardiner, International Foster Care Organisation (IFCO) President.

groups. Here, it has been recommended that grants are targeted by poverty levels instead. In South Africa, the administration of foster care grants by social workers is seen to take time away from their other roles (UNICEF 2008b)

Support for care-leaving

A young person needs to be supported in shaping his or her future towards becoming a self-reliant, self-sufficient and participating member of society. In foster care, it is the child welfare system that must take on the parent's role and ensure children in their care develop these essential skills. All forms of alternative care should keep the focus on preparing a child for integrating into society, whether through reunification with his or her original family, integration into a new family, or through independent living and adulthood (Cantwell 2005). The allocation of a key worker; age appropriate education; life skills development; livelihood training; parenting education; mentoring schemes; independent living programmes; and advocating with employers to taken on care leavers, can all make a significant difference in helping to integrate children into society and to prepare them for a productive and healthy adulthood. The importance of preparing children for leaving care is recognised in the Guidelines for the Alternative Care of Children which stipulates that agencies should start preparing a child as early as possible in the placement for after care in order to help children assume self-reliance and to fully integrate in the community (UN 2009 Art 131 and 134).

Unfortunately, as indicated by this quote, support to help children leaving care is often lacking:

❝ It's like all of a sudden you're 18 and they expect you to be an adult, but the system doesn't teach you to be an adult. It's one thing to be sad about being in the system but still have a roof over your head. It's another to be sad and homeless and unemployed. That's what the stats say I will become. ❞
(Lawrence Adams who spent 18 years in foster care and is now an adult, cited in Adams 2006)

Key cross-cutting principles of good practice

The research identifies four key principles of good practice which cut across all of the components of foster care outlined above:

Maintain links with families and communities

The Guidelines for the Alternative Care of Children (UN 2009 Art 11) specify the desirability of maintaining children as close as possible to their place of residence, in order to facilitate contact and potential reintegration with family members, and to minimise disruption of educational, cultural and social life. The Guidelines also specifically stipulate that foster carers should be recruited locally to:

❝ … provide children with care and protection while maintaining ties to the family, community and cultural group. ❞
(UN 2009, Art 118)

Research suggests that links with families and communities should extend to children maintaining contact with their parents unless it has been shown not to be in their best interest to do so. Parental visiting has been correlated with both the child's and parent's sense of emotional wellbeing, with children who experience frequent parental contact exhibiting fewer behavioural problems (Kufeldt 2000). Frequently visited children are able to maintain their sense of identity, show greater gains in I.Q. and emotional attainment and obtain higher scores on measures of responsibility and agreeableness. They are also more likely to be reunited with their families of origin. Even if a child is involved in a very stressful conflict with parents, it has been shown that it may not be in the best interests of the child to cease family contact altogether as children may seek reunion with parents, often on a very unrealistic basis (Kufeldt 2000). In EveryChild consultations with children and foster parents, the importance of the children maintaining contact with parents was stressed, even if at times this was challenging:

> **The mother is everything for a child, even if she had abandoned him/her. It is essential for children to keep a positive image of her. We (the foster parents) should help with this.** (A foster care in Georgia)

While this evidence suggests that maximum efforts must be made to maintain contact with parents, it is of course important to recognise that, in some cases, parental contact maybe neither advisable or possible, and that decisions have to be made on a case-by-case basis, in full consultation with parents, children and childcare professionals.

Recognise the diverse needs of children in foster care programmes

It is essential to recognise that there are some groups of children who are currently commonly excluded from foster care, and that foster care programmes have to be designed specifically to ensure they are more inclusive. For example:

- **Children with disabilities**: In the UK there is widespread resistance to fostering children with disabilities. This is due to a range of factors including the attitudes of social workers, the continued extensive use of residential care for children with disabilities and efforts aimed at equality which lead to children with disabilities being treated the same as other groups of children and not receiving adequate specialist help (Cousins 2009). Challenges finding foster homes for children with disabilities have also been noted in Rwanda (Save the Children 2001), Namibia (Ministry of Gender Equality and Child Welfare 2009) and by many of those interviewed for this report. In Russia, for example, EveryChild has found an assumption amongst childcare workers that children with disabilities should not be placed for fostering as no one will take them.

- **Children living with HIV:** EveryChild research in Ukraine found high numbers of children living with HIV in large-scale residential care facilities, but only 12 children living with HIV in five foster families in the whole of Ukraine. Experts interviewed for

this research pointed towards stigma and discrimination preventing the foster care of such children, but also legislation which means that HIV positive children are labelled as disabled, and require their own rooms in foster homes, something many foster families cannot provide (EveryChild 2010). Challenges fostering children living with HIV have also been noted in Namibia where high costs associated with providing adequate medical treatment and nutrition act as a disincentive (Ministry of Gender Equality and Child Welfare 2009)

- **Older children:** In Rwanda, foster care programmes set up after the genocide found it harder to place older children, as foster families did not want to face risks of teenage pregnancy or expenses associated with secondary schooling. Staff also had greater concerns about possible risks of exploitation (Save the Children 2001).

- **Exploited children:** In Brazil and Tanzania, EveryChild partners ABTH, and Mkombozi report a reluctance to foster children who have lived on the streets. In Liberia, foster families have been reluctant to take in former child soldiers (Abdullai et al 2002).

It is also important that gender issues are considered in the design of foster care programmes. In Moldova EveryChild staff note more boys in residential care than girls, in part due to a reluctance by foster carers to take in older boys for a fear that they may have challenging behaviours. In Rwanda and Liberia, girls are also more likely to be informally fostered than boys, perhaps because they are able to help with domestic tasks and bring a dowry with them if they marry (Abdullai et al 2002; Save the Children 2001). This has implications for the selection of foster carers and for the monitoring of the placements.

Some successful efforts have been made to make foster care programmes more inclusive. Evidence suggests that greater inclusivity requires mainstreaming diversity issues into training programmes for foster carers and social workers; ensuring that additional costs associated with caring for children with special needs are

covered; and enabling foster parents to access a range of services and support (see EveryChild 2010; Partskhaladaze 2011; Tolfree 1995). Demonstrating the success of fostering hard to place children, as done by EveryChild in relation to children with disabilities in Russia (see Box 6), can also help persuade local authorities to develop more inclusive foster care programmes.

Focus on listening to children and their genuine participation

As articulated in the Guidelines for the Alternative Care of Children, and in the UN Convention on the Rights of the Child, children in care have a right to take part in decisions about their lives. Sadly, currently children in care from many settings have little or no idea about how or why decisions were made, or about their rights to participate in decision-making (Evans 2011). Involving children in care planning is important as it has been shown to lead to better placement choices, with children more cooperative regarding placement decisions (World Vision 2009). As noted above, children in care can offer one another valuable support, through children's networks and support groups, and children in care can also be powerful advocates for effective change in policy.

It is not only children in care who have a role to play in improving foster care; the children of foster carers and those in the wider community can also make a difference. This area is little understood and deserves further research. Some analysis on spontaneous fostering in Liberia suggests the discrimination by peers living in the same household as children in foster care has a major impact on child wellbeing (Abdullai et al 2002).

Encourage careful community engagement in foster care programmes

Evidence provided above highlights the central importance of communities in delivering foster care programmes. Community engagement in foster care may be especially important in resource-constrained settings where social services are weak. It can include: changing attitudes and increasing support for foster care; identifying and assessing potential foster families and monitoring children in foster care. It is important not to over-burden communities, or to romanticise their role, as inequalities and the abuse and exploitation of children can be perpetuated by communities (see Wessells 2009; Save the Children 2001; Abdullai et al 2002).

How to ensure the effective use and development of foster care

In the previous sections of this report, the value of adding high quality foster care to the menu of child welfare services on offer to vulnerable children has been emphasised, along with the importance of ensuring that such support complements rather than supplants efforts to prevent a loss of parental care and supports kinship care and adoption. In this section, the mechanisms for ensuring the effective development of foster care services are explored in more detail. Overall, as demonstrated in the examples provided in Boxes 9 and 10, foster care programmes cannot be developed in isolation and must be embedded in wider efforts at childcare reform. At the very least, these efforts must include:

1. **Wider promotion of the Guidelines for the Alternative Care of Children:** As demonstrated throughout this report, the Guidelines for the Alternative Care of Children offer much useful guidance on foster care provision. Working to incorporate these UN-endorsed Guidelines into national policy frameworks will assist in ensuring better foster care provision. The Guidelines also offer a comprehensive framework, covering not only foster care, but many other areas of childcare reform, which, as is demonstrated below, are essential for making foster care more effective and care systems work in the best interests of children.

2. **Effective national policy frameworks:** An effective national policy framework on children's care and protection can be highly beneficial for ensuring that foster care provision is successful (see Box 4 on Georgia and Box 9 on Brazil). Where there is a lack of national legislation, national planning and clear guidance regarding the care and protection of children, local authorities tend to interpret regulations differently. This is particularly problematic when numerous ministries share responsibility for children without parental care, resulting in incoherent policies.[21]

3. **Adequate and well-planned financing for foster care:** Although foster care is cheaper than residential care in the long-term, it still carries with it significant expense and involves high start-up costs, particularly if applied to a system which is heavily reliant on residential care. It is essential that sufficient resources are allocated to foster care programmes to meet these costs. Another challenge to financing quality foster care is the way in which alternative care and family support services are paid for. In the Ukraine for example, it is easier to arrange an institutional placement than to secure family-based alternative care for a child as residential placements have traditionally been paid for from central government funds whereas local budgets have had to finance family-based alternatives (UNICEF 2009a).

4. **An effective child welfare workforce**: A significant barrier to the effective use of foster care is the shortage of skilled social workers capable of recruiting, supporting and monitoring foster carers, and offering proper care planning and other support to children in foster care, and to their families. This was an issue repeatedly highlighted by EveryChild staff and partners as preventing the proper development of a foster care programme, and the absence of child welfare workforce is an issue also highlighted in the literature (Bilson 2011; Davies 2009; Davies 2006; Lim Ah Ken, 2007). To some extent, community-based mechanisms can help meet this shortfall. However, as noted above, it is also important to recognise the limits to these structures.

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21 In Russia, for example, there is no action plan for children and no single state policy on the care and protection of children. This results in large differences in how regions enact legislation and interpret ministerial and presidential statements. This also applies to foster care, with wide variations in the level of payment and supports available to foster carers (Rogers and Smyikalo 2007). To address this, EveryChild Russia has consistently worked to advocate for improvements in national child protection systems, and has contributed more specifically to foster care legislation, policy, and standards development.

5. **Reductions in the number of children in need of alternative care:** As noted above, it is essential to ensure that foster care exists as part of an integrated child protection system, which places emphasis on prevention and reintegration as well as alternative care. Reducing the number of children in need of foster care also requires proper gatekeeping mechanisms, to ensure that only those children who cannot be cared for by parents are placed in the care system. Here, and in the support of kinship care, it is important to develop well-thought through social service and social protection mechanisms.

6. **Supporting a range of care choices:** As outlined above, foster care isn't suitable for all children in need of alternative care. For many children, kinship care offers a more sustainable and appropriate option. For others, adoption or small group homes may be a better choice. Foster care must be a care option amongst many so that it is only used when appropriate, and these other services should also be supported, with particular emphasis placed on supporting kinship care.

7. **Building research and understanding on foster care:** There are significant gaps in terms of what is known about the use and effectiveness of foster care, particularly in CEE/CIS and resource-constrained settings. Further research is needed in several areas, including: the use and effectiveness of different forms of foster care; mechanisms for supporting foster care in situations where child welfare workforces are weak; strategies for ensuring greater diversity in foster care programmes and the role of children, including the children of foster carers, in supporting foster care. Longitudinal research examining outcomes in foster care would also be helpful.

Box 9: Components of national policy frameworks – an example from Brazil

In Brazil, foster care programmes have been in existence for the past 30 years, but were only recognised in legislation with changes to the Statute of Child and Adolescent Rights in 2009. Foster care, and other forms of alternative care, are guided by a national plan of action on promoting family and community-based care, the implementation of which is supported by a working group of NGO, government and UN agency representatives. The working group is a collaborative effort between government, judiciary and child welfare practitioners who bring with them a range of experiences and examples of good practice. The working group has developed technical guidance, which form the basis of national standards for foster care programmes, along with guidance on related programmes supporting vulnerable families and other forms of out-of-home care. This guidance has been used in federal government support to municipalities in the implementation of services, and covers issues such as definitions and types of foster care; composition and qualification of staff and caseloads; regularity of meetings between staff and foster carers/ families of origin and continuous resource flow from municipal budgets. In Brazil, all national legislation and guidance on alternative care recognises the inherent value of family-based care, and the importance of support to children's own families. While foster care is often viewed as a preferable alternative to the use of large-scale institutions, prevention, including psycho-social support to families, is seen to be of primary importance.

Source: Brazilian Association Terra dos Homens[22]

22 For more information on Brazil, available in Portuguese, please visit the websites of the working group and ABTH. These websites also provide details of technical guidance and basic national standards on foster care: www.terradoshomens.org.br/ www.gtnacionalpcfc.org.br

Box 10: Foster care in the context of wider childcare reform in Moldova

As part of efforts to support wider childcare reform, EveryChild has supported a foster care pilot with the Ministry of Labour, Social Protection and Family in Moldova. Since the programme started in 2000, around 200 children have been through the foster care system, and there are currently an additional 150 children in foster care, compared with 8000 in residential care. The introduction of foster care has been embedded in the national policy framework. In 2007, a regulatory framework for foster care was approved nationally, and this provided details on the recruitment, training, supervision, rights and duties, and approval of foster carers. The following year, Minimum Standards were adopted and foster care became recognised as a profession in the state budget, with approval for foster care allowances in 2009. In 2010 the Government and EveryChild organised a national conference on foster care to improve funding to foster care.

In addition to regulations on foster care, the government has also introduced wider childcare reforms, including improvements to gatekeeping mechanisms to ensure that there are less children in the care system overall, and support to vulnerable families through a means tested cash benefit (see UNICEF 2009a). Where it is not possible for the child to remain with his or her parents, even with support, placement with extended family is considered before foster care. Efforts are also made to reunite children in foster care with their parents, with more than half the children in the foster care programme having been reunited with biological or extended families so far.

Where foster care is widely used, evaluations suggest promising results. An evaluation of EveryChild's foster care work from 2000-2008 in Chişinău municipality showed that the project reduced the number of children placed in residential care; helped to develop the skills of children for independent living; assisted in the reintegration of children into their families and the community; raising community awareness; and significantly developed professional capacities (EveryChild 2009).

Conclusions

While foster care is widely used in settings such as Western Europe and North America, elsewhere in the world, its use is far more limited, especially when compared to residential care. The extremely limited use of foster care in some settings is to be questioned, with further efforts needed to ensure that foster care is an option open to a wider range of children. Foster care leads to better outcomes for children than harmful forms of residential care, and may be a more suitable choice than kinship care or adoption for some girls and boys. Foster care is a highly flexible form of alternative care that can provide a family home for children for long or short periods, and prevent a permanent loss of parental care or provide therapeutic support. In the long-run at least, foster care is more cost-effective than residential care.

Despite this evidence, it is important not to see foster care as the only solution for children in need of alternative care. Decisions about whether to place children in foster care must be made on a case-by-case basis, considering the best interests of the child, and the evidence on the value of enabling children to remain in their extended families. Foster care is not the same as adoption, and while it can offer children long-term, stable placements, it is questionable whether it can provide children with permanent homes, whereby carers take on all the functions of parents. Children in foster care, as in all forms of alternative care, are vulnerable to abuse and exploitation.

In order for foster care to work effectively on a large scale, it is important for other elements to also be in place, including: an effective legislative framework, a trained child welfare workforce, sufficient numbers of foster carers, and proper gatekeeping and prevention mechanisms for ensuring that only those children who need to be apart from parents and families are placed in foster care. This means that start-up and associated costs for foster care are high, and foster care programmes must be properly financed to be effective.

The wide variety of different forms of foster care mean that there is potential for many different types of foster care programmes meeting the needs of a diverse range of vulnerable children. Careful planning is required to ensure that the most appropriate types of foster care are developed, and that children are placed in the form of foster care most beneficial to their needs. All forms of foster care should be of the highest quality, and consider principles of recognising diversity, community and child participation, and the importance of links with families and communities. However, how quality foster care is delivered is likely to vary from setting to setting, and it is important to develop locally appropriate forms of foster care which do not blindly follow western models. Here, it is especially important to consider attitudes towards foster care, the capacities of the child welfare workforce and local communities to support foster care, and the differing support needs of foster carers and children in foster care.

These conclusions suggest that the following policy changes are needed in many settings:

1. Invest in prevention through support to vulnerable families so that less children need foster care and more children can remain with their parents, families and communities.

2. Invest more resources in a range of high quality, locally appropriate foster care programmes, which consider: attitudes towards foster care, the specific support needs of children and foster carers, and the capacities of social services and communities to support foster care.

3. Build a child welfare workforce, and community capacity to support children's care and protection, with a particular emphasis on developing the ability to support families, and supporting children and their carers in family-based care, including foster care.

4. Promote children's participation in individual decision-making and policy change, including through support to networks of children in foster care.

5. Develop an effective and comprehensive policy framework for children's alternative care, which focuses on prevention and promotes foster care alongside alternatives, particularly support to kinship care, but also national adoption and small group homes.

6. Invest in research in foster care, including understanding impacts of foster care programmes, and challenges in developing foster care, particularly in resource-constrained settings.

It is hoped that achieving these changes will enable better choices regarding the foster care placements of individual children. For individuals or agencies involved in decision-making about the possible care of individual children, the following is recommended:

1. Determine if the child really needs to be apart from their family, and ensure that separation from parents only happens when in the child's best interests. Where possible, support children and families to prevent the need for separation.

2. Consider if foster care is the best alternative care option for the child, bearing in mind the benefits of kinship care, the lack of permanency associated with foster care, and the harm caused by many forms of residential care.

3. Identify specifically which forms of foster care are most likely to meet a child's needs, considering the purpose of the child being placed in foster care, and try and ensure that children are only placed in high quality foster care likely to meet their needs.

4. Regularly review foster care placements, considering if it is in the best interest of the child to remain within a foster care placement or be moved to another placement, back to parents or onto other forms of care, planning always for permanency and stability, and consulting children, and foster carers, parents and others in all decisions regarding children's care.

It is hoped that by promoting the recommendations listed above, foster care can become a care option for a wider range of children around the world, and that this option is used carefully, when shown to be a positive choice for children.

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