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MINISTRY OF GENDER,
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PROTECTION

Department of Social Welfare

FOSTER CARE

Operational Manual





Care Reform Initiative (CRI) Ghana
#FamilyBestPlaceForChildren

Department of Social Welfare

FOSTER CARE

Operational Manual

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CONTENTS

ACKNOWLEDGEMENTS	7
ACRONYMS.....	8
DEFINITIONS AND TERMINOLOGY	9
01. INTRODUCTION.....	11
02. LEGAL BASIS FOR FOSTER CARE IN GHANA.....	12
03. DESCRIPTION OF FOSTER CARE.....	15
3.1 Foster care	15
3.2 Types of foster care arrangements	16
3.3 Importance of foster care	16
04. GOAL, OBJECTIVES AND GUIDING POLICIES AND PRINCIPLES OF FOSTER CARE	17
4.1 Goal.....	17
4.2 Objectives of Foster Care	17
4.3 Functions of the foster care services	17
4.4 Guiding principles of foster care	18
05. DELINEATION OF RESPONSIBILITIES FOR FOSTER CARE	20
5.1 Department of Social Welfare	20
5.2 The Foster Care Agency	24
5.3 Foster Parents.....	25
5.4 Biological Parents	26
06. FOSTER PARENT PROCESSES AND PROCEDURES	27
6.1 Eligibility and suitability requirements for recruitment of foster parents	27
6.2 Foster parent recruitment	29
6.3 Steps in the recruitment to licensing process.....	31
6.4 National foster parent register/database.....	35
6.5 Retention of licensed foster parents	35
07. CHILD IN FOSTER CARE PROCESSES AND PROCEDURES	38
7.1 Children eligible for foster placement	38
7.2 Steps in the placement and discharge of a child in foster care	38
08. THE FOSTER CARE AGENCY - PROCESSES AND PROCEDURES	46
8.1 Requirements for Foster Care Agencies	46
8.2 Application and accreditation procedure	46
09. THE FOSTER CARE FUND	47
10. FOSTER CARE RECORDS AND REPORTING.....	48
10.1 Importance of foster care records.....	48
10.2 Types of foster care records	49
10.3 Confidentiality of foster care records.....	50
10.4 Individuals who have access to foster care records	50
ANNEX A: HOME STUDY GUIDE FOR SCREENING OF ELIGIBLE FOSTER PARENTS	51

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ACRONYMS

CRI	Care Reform Initiative
DSW	Department of Social Welfare
IFCO	International Foster Care Organisation
MoGCSP	Ministry of Gender, Children and Social Protection
NPO	Non-profit Organisation
RHC	Residential Home for Children
SER	Social Enquiry Report
SWO	Social Welfare Officer
UNCRC	United Nations Convention on the Rights of the Child

DEFINITIONS AND TERMINOLOGY

Alternative Care: Care for children who are not under the custody of their biological parents. Alternative care can be formal or informal, family-based care, or residential care.

1. **Family-based care** includes care by extended family members (kinship care), adoption and foster care.
 - **Adoption:** Adoption provides a permanent alternative care solution for a child who cannot be with his/ her biological parents.
 - **Foster Care:** family type of care organized by the State for a child in need of care and protection
2. **Residential Care** is care provided in any non-family based group setting including orphanages, children's homes, children's villages and shelters.

Biological Parents: The family into which the child is born. In this context it refers to both parents if they are together, or the mother, or the father.

Care Plan: A written plan that identifies the developmental needs of the child; outlines the steps or measures to be taken in order to address those needs; sets out directions about the care and decisions about placement; and decisions about contact between the child and a parent, sibling or other relative of the child or any person who is significant in the child's life.


Case Plan: A written plan that outlines the set of actions that the social worker (or other service provider) will undertake to assist an individual child and/or family in response to concerns raised about their physical, emotional, social or economic well-being (vulnerabilities) based on a comprehensive assessment.

Child: A person below the age of eighteen years.

Foster Care: The full-time substitute and temporary care of children outside their own home by people other than their biological or adoptive parents or legal guardians.

Foster Parents: Adults licensed by the State who provide temporary physical care, nurture and emotional support in their home to children placed with them for planned, goal-directed services which will support the ultimate permanent life plan of a child.

Foster Care Agency: A private agency which trains foster parents, supervises and monitors foster care placements.



Formal Care: All alternative care in which placement has been ordered by a competent administrative body or judicial authority.

Informal Care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends (informal kinship care) 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.

Permanency Plan: Permanence plan is a safe and nurturing relationship that can be expected to last for a lifetime. For children in foster care, permanence also means developing and sustaining connections to important people in their lives. The process of achieving permanence begins with long-term planning for the child through the development of a permanency plan, which states the goal to achieve, with timelines. The permanency plan also includes services and supports to put into place what the child's team will be using to achieve the permanence goals. This plan is reviewed every six months while the child is in foster care.

01

INTRODUCTION

Foster care provides a family-based setting for children whose biological family is unable or unwilling to care for them. Foster care is the least restrictive formal alternative care option for children in need of care, providing a family life for children who cannot live with their own parents. As with all alternative care arrangements, the goal of foster care is reunification; returning the child to their home as soon as the problems that caused them to come into foster care have been resolved and it is clear that their parents are able to look after them safely. However, in some cases children may need to stay in long-term foster care, be adopted, or move on to live independently.

The Children's (Amendment) Act, 2016 strengthens legislative provisions pertaining to formal foster care arrangements in Ghana.

The purpose of this Foster Care Operational Manual is to provide guidance to Department of Social Welfare (DSW) officers and Foster Care Agencies on the delivery of foster care services in line with the Children's Amendment Act, 2016 and Foster Care Regulations 2018.-

The Foster Care Manual is structured as follows:

- Section 2 describes the legal basis for foster care in Ghana.
- Section 3 provides a description of foster care, including the definition, types of foster care and advantages of foster care over residential/institutional care.
- Section 4 outlines the goal, objectives and guiding principles of foster care in Ghana.
- Section 5 explains the roles and responsibilities of the National, Regional and District Departments of DSW and Foster Care Agencies in the provision of foster care services
- Section 6 deals with the processes and procedures for the recruitment, licencing and retention of foster parents.
- Section 7 addresses the steps in the placement of children in foster care.
- Section 8 looks at the processes and procedures in licencing Foster Care Agencies.
- Section 9 deals with the Foster Care Fund.
- Section 10 covers the requirements for record keeping and reporting on children in foster care and foster care services.
- Annex include a template for the Home Study Investigation/Report and Tools for monitoring foster parents and children in foster care.

02.

LEGAL BASIS FOR FOSTER CARE IN GHANA

Foster care processes and procedures in Ghana are guided by the following legal instruments:

Convention on the Rights of the Child, 1989

Article 20

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in the environment, shall be entitled to special protection and assistance provided by the State.
2. States Parties shall in accordance with their national laws ensure alternative care for such a child.
3. Such care should include, inter alia, foster placement, kafalah of Islamic law, adoption, or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard should be given to desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Children's (Amendment) Act, 2016¹

The Children's Act, 1998 (Act 560) was amended in 2016 to make provisions in respect of foster-care and adoptions to meet international standards and provide for other matters.

The amendments were necessitated following observations of weaknesses in the alternative care management system in Ghana, particularly, with regards to accounting for children who entered the care system and the negative effect of institutionalization to the psychosocial development of the child.

Placement of vulnerable children in foster-care and adoption was uncoordinated, making it impossible to track the whereabouts and welfare of children who come into the alternative system. Individual officers of the Department and Residential Homes for Children (RHCs) both private and public, placed children in foster-care and adoption without feeling obligated to account for their decision to supervisors or the Department.

¹ Children's (Amendment) Act, 2016. Explanatory Memorandum. Department of Social Welfare.

Key amendments to the Children's Act include provisions for:

- The Department to determine a temporary place of safety for a child in need of care, which may be with an approved fit person or at the home of a parent, guardian or relative. The District Office is then to notify the Regional Office of the decision within seven days.
- A **Foster Care Placement Committee** in each region is to determine the appropriate placement for a child in need of care by confirming or varying the decision of the District Office and make a report on each placement to the Head Office every three months.
- The setting up of a **Foster Care Service Unit** in the National Department of Social Welfare (DSW) to manage foster-care and related matters;
- The accreditation and authorization of agencies to enable them assist DSW with the management of foster-care (**Foster Care Agency**).
- The establishment of a **Foster Care Fund** object to provide support for the care of foster children especially children with special needs and for the administration of foster-care processes. The sources of moneys from the Fund are moneys provided by the Ministry of Finance, moneys received from internally generated funds, moneys received from fund raising activities, moneys received from non-governmental organisations as well as donations, grants and gifts, among others. The Fund is to be managed by the Foster Care Services Unit of the Department.
- Promulgation of Regulations on foster-care and adoption processes as well as the agencies engaged in foster-care and adoption.

Foster Care Regulations (2018)

The Foster Care Regulations stipulate:

- Guiding principles for foster care, including the responsibilities of the Department of Social Welfare.
- Processes and procedures for the application and accreditation of Foster Care Agencies.
- Processes and procedures for the consideration of eligibility, suitability, training and licensing of foster parents.
- Processes and procedures for the identification and placement of a child in foster care, including temporary placements, development of care plans and permanency plans, placement monitoring and supervision of foster parents, and independent living arrangements.
- The rights and responsibilities of children in foster care, foster parents and biological parents, and the responsibilities of the Department in respect of the foster care arrangement.
- Termination of foster care arrangements.
- Complaints procedure for the child's biological parents, guardians, relatives and foster parents.
- Roles and functioning of the Interdisciplinary Committee in supporting the work of the Foster Care Services Unit and the Multi-Disciplinary Review Committees in determining grievances submitted through the complaints procedure.
- Record keeping.

Child and Family Welfare Policy, 2015

The Child and Family Welfare Policy, 2015 provides the guiding principles and policy imperative for foster care as the family-based alternative care option if placement with extended family is not possible.

The Policy seeks to ensure that a child in need of care and protection is maintained within their family as much as possible and only suggests removal from their home as a **measure of last resort**.

Where removal of a child is in their best interest, family-based alternatives including kinship care and foster care should be the first consideration, with consideration only given to residential care as a temporary placement if no immediate family-based care placement is found while a longer-term family-based alternative is sought.



03.

DESCRIPTION OF FOSTER CARE

3.1 Foster care

Foster care is a way of providing a family life for children who cannot live with their biological parents. Foster care is intended to provide temporary care while parents get help sorting out problems, or to help children or young people through a difficult period in their lives. Often children will return home once the problems that caused them to come into foster care have been resolved and it is clear that their parents are able to look after them safely. Others may stay in long-term foster care, some may be adopted, and others will move on to live independently.

In this operational manual, foster care refers to formal foster care which is a statutory placement requiring the involvement of the Department of Social Welfare and refers to the provision of planned, time-limited, temporary, substitute family care for a child when his/her birth family cannot provide care either temporarily or permanently.

A number of concepts are embodied in this definition:

- **Foster care is formal.** It involves Social Welfare and the placement of the child is authorized by the foster care placement committee.
- **Foster care is planned.** What happens while a child is in foster care is not left to chance.
- **Foster care is time-limited.** A child should not remain in foster care indefinitely. It is a temporary service provided for a limited, agreed on period. At the end of this period, the child should be living in a stable, permanent home i.e. birth family or adoptive family, in which the potential for support, love and on-going commitment is present.
- **The essential resource is the licensed foster parent (and his/her family)** who extend temporary substitute care to a non-related child, providing opportunities for the child to grow physically, socially, emotionally, mentally and spiritually.

3.2 Types of foster care arrangements

There are two types of foster care arrangements that a licensed foster family can provide:

- **Short-term foster care.** This refers to the provision of foster family care to a child for six months or less.
- **Long-term foster care.** This refers to the provision of foster family care to a child, normally for a period of over six months up to one year or more for specific reasons relative to the best interest of the child.

3.3 Importance of foster care

Foster care is used as an alternative care that ensures that children grow up in a stable, safe and caring family environment. Foster care offers a closer approximation to normal family living and is particularly adapted to meet the normal developmental needs of a child in a family-centered society. In foster care, one to one care is provided in the intimacy of a family setting.

Parenting a foster child

Parenting **a foster child** involves committing oneself to helping a child grow, providing care and love, and be able to let the child return to his/her birth family or be placed in an adoptive family.

Foster parents must be willing to maintain an on-going relationship with the competent authority and are responsible for the child for only a limited segment of his lifespan. They must be able to accept the child into the family and adjust to the loss of the child when s/he leaves.



04.

GOAL, OBJECTIVES AND PRINCIPLES OF FOSTER CARE

4.1 Goal

The **goal** of foster care is to provide the child with a temporary, stable foster family until he or she can move on to a permanent family.

4.2 Objectives of Foster Care

The Objectives of Foster Care include:

1. To provide children with a stable nurturing and stimulating environment with an approved foster family;
2. To ensure the availability of a pool of foster families that will provide alternative care for children in need of care and protection;
3. To coordinate the provision of care and support services by foster parents and other competent authorities;
4. To develop capacity building programmes and educational materials in consultation with stakeholders.

4.3 Functions of the foster care services

The Foster care services are responsible:

- To recruit, develop and licence a pool of foster parents countrywide;
- To identify, assess and place children in need of care in suitable foster care arrangements, with the goal of securing permanency for the child within the shortest possible period;
- To provide on-going supervision and support services to foster parents to licensed foster families to ensure quality care;
- To facilitate reunification of children in foster care with their biological families or another permanency arrangement e.g. adoption;
- To monitor effective implementation of the foster care services.

4.4 Guiding principles of foster care

Here are the guiding principles of foster care:

Best interests of the child

The starting point in a process that may lead to the fostering of a child and the guiding principle to the fostering of a child is **the best interest of the child**.

The best interests of the child is a child rights principle, which derives from Article 3 of the UNCRC, which states that *"in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration"*. Assessing the best interests of a child means to evaluate and balance *"all the elements necessary to make a decision in a specific situation for a specific individual child or group of children"*. In order to determine the best interests of the child, it is critical that adults consult, understand and consider children's perspectives in decisions affecting them.

Preference for child to be kept with parent, guardian or relative

A child in need of care and protection should be maintained within his/her family as much as possible and removal from his/her home should only be considered as a **measure of last resort**. The financial and material poverty of a family shall not be a justification for placing, or receiving a child in alternative care, but shall be seen as a signal to provide appropriate support to the family. Where adoption is not an immediate option, foster care should be the preferred choice of alternative care for the child.

Planned approaches to foster care

Foster care placements are guided by a care plan and a case plan.²

Placement of a child in foster care

- Placement of a child with a foster parent should only be considered when all efforts to strengthen the biological family have failed.
- No child shall be placed with a foster parent without the approved Foster Care Placement Certificate from the Department except in cases of emergency.
- Placement of a child with a particular licensed foster parent shall be based on the matching of the needs of the child and resources of the foster family.
- The child of a licensed foster parent shall not be placed at a disadvantage as a result of the placement of the foster child.

Preservation of family ties

Children should be placed in foster care arrangements in close geographic proximity to parent, guardian or relative, and siblings. Visitation between the child and the parent, guardian or relative and siblings should be encouraged. The foster parent shall encourage the foster child to relate with his/her biological family.

Non-discrimination

The existence of a medical condition shall not prevent any child from being fostered. This includes a child with a disability.

² Foster Care Regulations, 2018: Care plan 34 (1) - (6) and Case plan 38 (1)-(6)

Duration of foster care placement

- Foster care covers a period of six months or less to three years except when situations require a more extended period or when the child attains the age of majority during the period stipulated above
- The duration of the foster care placement should be planned as soon as, if not before, the child is admitted into care and reviewed periodically, but at least annually.

Number of children per foster family

- A licensed foster parent should not care for more than seven children in their family including biological, adopted and foster children at any given time, except where siblings have to be together with one foster family.
- Foster parents should not provide care to more than four foster children at a time.³
- Foster parents should only be placed with a maximum number of two children under two years of age, except where siblings have to be together with one foster family.

Rights and responsibilities of the child in foster care

Children in foster care have all the rights guaranteed by the Children's Act, 1998 (Act 560) Sub part 1 and the UN Convention on the Rights of the Child.⁴ The Foster Care Regulations highlights the following specific rights of a child in foster care: ⁵

- The child shall be treated with personal dignity and respect.
- Not be discriminated against.
- Be considered as a family member of the foster family.
- Maintain contact with the parent, guardian or relative unless otherwise ordered by the court.
- Be provided with necessities of life including health care, education, shelter, support to develop potentials and skills. (check regulations) be in line with what in the children's act.

The Foster Care Regulations also provide for the responsibilities of children in foster care namely:

- Respect the rights of others.
- Participate in the development of the Case Plan and decisions made about his/her placement.
- Participate in household activities and chores, which are within their abilities, are reasonable for their age and are similar to those expected of their household members of comparable age and ability.
- Comply with support and educational requirements.

³ Foster Care Regulations, 2018: Limitation on foster care placement 33 (1) and (2).

⁴ Guidelines for Foster Care, International Foster Care Organisation (IFCO), accessed from: <http://bettercarenetwork.org/sites/default/files/attachments/Guidelines%20for%20Foster%20Care.pdf>. Accessed November 2017.

⁵ The fulfillment of children's rights in foster care is never dependent on them meeting their responsibilities. For example a child's right to health can't be denied because s/he was disrespectful; the right to education can't be denied because the child didn't do his/her homework. Rather it is the role of the social worker and foster parent to understand why the child is not fulfilling his responsibilities and assist the child to do so.

05.

DELINEATION OF RESPONSIBILITIES FOR FOSTER CARE

The provision of foster care services is a team effort involving the foster parent, the Department, the Foster Care Agency and the biological parents. When a child is in foster care, there are many people involved each with unique role and responsibilities, and all of whom must be focused on the child's safety, permanence, and well-being. Each person must be willing to be part of the child's team and to work with other members of the team in order to reach the goals set for the child.

5.1 Department of Social Welfare

The three spheres of the Department of Social Welfare – National, Regional and District – all have roles to play in the provision of foster care services.

5.1.1 National Department of Social Welfare and Foster Care Services Unit

The National Department, through the Foster Care Services Unit is responsible for:

- Promoting the adoption, implementation, monitoring and evaluation of policies and procedures on foster care.
 - Developing training manuals for staff, foster parents and agencies engaged in foster care related activities.
 - Providing information on foster care to the public.
 - Ensuring adequate protection and care for a child in foster care.
 - Undertaking advocacy to promote foster care for a child in need of alternative care.
 - Facilitating capacity building of staff and accredited Foster Care Agencies to enhance delivery of foster care services.
 - Undertaking and promote research into foster care.
-

- Issuing licences for approved foster parents based on recommendation from the Regional Foster Care Placement Committees.
- Providing secretariat support for the Interdisciplinary Committee.
- Providing support to coordinate activities of the Regional Foster Care Placement Committees.

Interdisciplinary Committee (see Foster Care Regulations. 58 - 59)

- The National Department is responsible for establishing an Interdisciplinary Committee which will provide foster-care related services to the Foster Care Services Unit.
- The Minister shall appoint the members of the Interdisciplinary Committee.
- The Interdisciplinary Committee will deal with technical situations that Regional Foster Care Placement Committees, District Offices and Foster Care Agencies are unable to deal with.
- The Interdisciplinary Committee will not deal with the case directly but will decide on what needs to be done and refer where needed. The Committee will also provide guidance on general issues related to their technical competence.
- The Minister for Gender, Children and Social Welfare will constitute this Committee which will include a lawyer, a clinical psychologist, medical practitioner, an educationalist and a social worker.
- The Committee is required to meet quarterly and as and when there is an urgent issue/case.

5.1.2 Regional Office and Regional Foster Care Placement Committee

The Act makes provision for the establishment of Regional Foster Care Placement Committee.

The functions:

- Regional Offices are responsible for establishing a Foster Care Placement Committee.
- Committee members should include the Regional Director, one Regional social worker, a Queen Mother nominated by the Regional House of Chiefs, counselor/psychologist and one person nominated by Civil Society Organisations.
- The Committee has responsibilities in relation to the approval of foster parents and placement of children in foster care, including:
 - Deciding if the child found to be in need of care is to be returned home/ to relatives, or placed in foster care, or if no foster parent is available then remain in a Residential Home for Children (RHC) until a suitable foster care placement is found. This decision is based on the Social Enquiry Report and recommendations submitted by the District Office. The Regional Foster Care Placement Committee will notify the District Office in writing of the decision to place the child in foster care with the recommended foster parent.
 - Reviewing the foster care placement. Bi-annual reports (every six months) on the foster care placement are to be submitted to the Committee for review.
 - Making recommendations on the licencing of approved foster parents by the Foster Care Services Unit.

- The Foster Care Placement Committee is expected to meet quarterly. However, because children come in and out of care on a daily/weekly basis, the Committee is expected to work on any temporary placement that has been done over and above these quarterly meetings. If there is an emergency they are expected to work on it outside of the quarterly meetings.
- The quorum for this Committee is the Regional Director and the Regional social worker, thereby ensuring that the Committee can meet at short notice where needed, and in instances where funding is not available for the participation of other Committee members.

Foster parent recruitment drives

- The Regional Office jointly plan and implement foster parent recruitment drives in the Region with the District Offices.

Foster parent training

- The Regional Office can support the District Offices in planning and delivering the standardised training for approved foster parent applicants.
- The Regional Office can also support the District Offices in providing training.

5.1.3 District Office

The District Office is responsible for managing cases of children in foster care and some activities in relation to foster parent recruitment, training and development.

Foster parent recruitment and support

District offices should :

- Jointly plan and implement foster parent recruitment drives in the Region with the Regional Office.
- Provide information on foster care to the public on an on-going basis.
- Receive and review applications from prospective foster parents against criteria to determine eligibility.
- Provide orientation sessions for eligible foster parents.
- Conduct Home Study Investigations and compile the Home Study Report on eligible foster parents.
- Submit this Home Study Report to the Foster Care Placement Committee for review and recommendation as suitable foster parent.
- Plan and deliver the standardised training for suitable foster parents, with support from the Regional Office.
- On completion of this training, submit recommendations to the Foster Care Placement Committee on the licencing of suitable foster parents.
- Enter into a Foster Care Agreement with the licensed foster parent (*see Draft Regulations 17, Form 6*).
- Plan and provide on-going training, at least every six months, for licensed foster parents.
- Implement strategies to ensure on-going support to and retention of licensed foster parents.

Foster care case management

The case manager is responsible for all aspects of the case from the investigation to closure. See *Section 7* in this Manual for details.

Support services for the child in foster care and foster parents

The case manager should be available to provide advice and support and intervene where needed. If there is anything foster parents are unsure about or have concerns about they should not hesitate to contact the case Manager.

- Health care support:
 - Ensure that the child has access to health care including coverage under the National Health Insurance Scheme.
- Psychosocial support:
 - Provide support for the psychosocial needs of child in foster care and the parent, guardian or relative of the child in line with the child's care plan and case plan.
- Educational support, in collaboration with relevant organisations:
 - Ensure the provision of state sponsored education for a child in foster care.
 - Placement and sponsorship support for entry and retention at all levels in educational institutions.

Supervisory/monitoring visits to the child in foster care

- The District Office conduct supervisory/monitoring visits to the foster family according to the following schedule:
 - Once a month for the first 3 months after placement.
 - Every three months thereafter.
 - For cases that go beyond six months, the placement should be reviewed once a year. This review should involve the foster parent, child and biological family where applicable.
- Monitoring visits are meant to be supportive of the foster family, providing an opportunity for the foster family and the child in foster care to discuss openly the placement, what is working, what is not working, and find ways to strengthen and/or improve the placement.

Record keeping and reporting

- The District Office must ensure relevant information on the case is recorded and preserved. This includes collating and reporting on foster care monitoring indicators and foster-care related activities to the Regional and National Offices as required. (see *Section 10* of this Operational Manual).

5.2 The Foster Care Agency

Recruitment, selection and licencing of foster parents

- Jointly plan and implement foster parent recruitment drives in the Region with the District and Regional Office.
- Provide information on foster care to the public on an on-going basis.
- Receive and review applications from prospective foster parents against criteria to determine eligibility. Forward applications of eligible applicants to the District Office.
- Provide orientation sessions for eligible foster parents together with the District Office.
- Conduct Home Study Investigations and compile the Home Study Report on eligible foster parents together with the District Office.
- Plans and deliver the standardised training for suitable foster parents together with the District Office.
- Plan and provide on-going training, at least every six months, for licensed foster parents, together with the District Office.
- Implement strategies to ensure on-going support to and retention of licensed foster parents.

Placement of children in foster care

- The Foster Care Agency does not make a decision on the placement of children in foster care. This is the sole responsibility of the Foster Care Placement Committee.
- When the Foster Care Placement Committee has made a decision to place a child in foster care, the District Office is informed of this decision and the responsible Case Manager will physically place the child with the foster parents together with the social worker from the Foster Care Agency.

Case management

- Support the foster parent, child in foster care and biological parent, guardian or relative in the development, implementation and review of the care plan of the child (see *Regulations 7 (b)*). This activity should be undertaken jointly with the responsible case manager.
- Conduct annual mutual reviews (see *Regulations 7 (g)*). These reviews should be conducted jointly with the responsible case manager.

Supervision and monitoring of a child in foster care

- Supervise and monitor the performance of a foster family against care plan.
- Monitor and review the performance of a parent, guardian or relative against the care plan.

Record keeping and reporting

- Ensure relevant information on the case of the child is recorded and preserved (see Section 10).
 - Collate and report on foster care monitoring indicators to the District, Regional and National Offices as required (see Section 10).
 - Report on all foster-care related activities to the District, Regional and National Offices as required (see Section 10).
-

5.3 Foster Parents

Foster parent responsibilities

- The main responsibility of foster parents is to provide a family environment for the child and ensure that his/her physical, emotional, educational, social and spiritual needs are being met.
- Foster parents are required to work as part of the care team with the Department/ Foster Care Agency and the biological parents to help achieve the goals for the child and the family, the main goal being to reunify the child with his or her biological parents or family.
- Foster parents are acting as a temporary parent, not replacing the child's parents. They must be prepared to share this responsibility with the child's parents (unless this is not in the child's best interest).
- Specific responsibilities for the child's care are highlighted in the Foster Care Regulations (see below). The Department must ensure that the training and supervisory visits provide foster parents with knowledge and skills to meet these responsibilities:

Diet	<ul style="list-style-type: none">▪ Ensure the child is provided with meals that are nutritionally balanced.▪ Ensure that special dietary provisions in the Care Plan are met.
Clothing and personal belongings	<ul style="list-style-type: none">▪ Allow a child to possess and bring into the home personal belongings subject to reasonable household rules and the Care Plan of the child.▪ Ensure that personal belongings and gifts received by the child are sent with the child when s/he leaves the foster family.
Health care	<ul style="list-style-type: none">▪ Ensure any outstanding immunizations are provided for the child.▪ Provide reproductive health education to the child.▪ Inform the parent, guardian or relative of a routine or emergency medical or dental care of the child.▪ In the case of a major medical or dental care need, the foster parent shall seek the written consent of the parent, guardian or relative of the child before undertaking the require procedure.
Spiritual development	<ul style="list-style-type: none">▪ Support the spiritual development of the child in accordance with the wishes of the child.
Travel outside the country	<ul style="list-style-type: none">▪ A foster parent who wishes to travel with the child out of the country needs to submit a written request to the National Director for approval.⁶

⁶ Foster Care Regulations 73 (2): Travel with the child outside the country requires written authorisation from the Director of the Department

Communication with biological family

- Inform the parent, guardian or relative about significant events or developments in the life of the child.

Reporting to the Department

- Immediately notify the Department if the foster family relocates to a new home.
- Inform the Department of any change in the circumstances under which the placement was made.
- Immediately inform the Department of significant changes in the emotional, personality, health, behaviour or physical development of the child or the abscondence, injury or death of a child in foster care.

Foster parent rights (Regulations Sec. 40)

Foster parents also have rights, including:

- The right to be treated with personal dignity and respect by the Department, the Foster Care Agency, the child's biological family and the child.
- The right to be considered first as a family with all attendant parental rights towards the child and second as a service provider.
- The right to become affiliated with or form a foster parent association.

5.4 Biological Parents

Biological parent rights (Regulations Sec. 49)

Biological parents also have rights, including:

- The right to maintain contact with the child based on agreed schedules (unless otherwise ordered by the court).
- Maintain a particular identity, ethno-cultural heritage, language, tradition and a religious or spiritual belief.

Biological parent responsibilities (Regulations Sec. 50)

Biological parents have the following responsibilities:

- Provide financial and material support for the maintenance of the child in foster care as per the court agreement.
- Maintain contact and scheduled visits with the child (unless otherwise ordered by the court).
- Work to actively resolve a family conflict.
- Work towards the reunification of the family.
- Comply with any agreements in the Care Plan.

06.

FOSTER PARENT PROCESSES AND PROCEDURES

6.1 Eligibility and suitability requirements for recruitment of foster parents

A foster parent is a person who is willing and able to provide a stable, secure and loving temporary family home for a child. The following criteria are to be used as a guide in determining the eligibility and suitability of prospective foster parents:

Eligibility Requirement	Evidence
Age (<i>Children's Amendment Act</i>) <ul style="list-style-type: none">At least 21 years oldRelative who is at least 18 years old may be a foster parent to the child	<ul style="list-style-type: none">Copy of national identification card.
<ul style="list-style-type: none">High moral character and proven integrity (<i>Children's Amendment Act</i>)	<ul style="list-style-type: none">Testimonials from two character references. (Regulations)
Marital status <ul style="list-style-type: none">Unmarried male applicants cannot foster a female child except where the Foster Care Placement Committee is of the view that it is in the best interest of the child to do so (Draft Regulations 11 (4)).Applicants who are married can apply jointly with his/her spouse or with the consent of the spouse.	<ul style="list-style-type: none">Marriage certificateLetter from spouse giving consent (if joint application not submitted)

- No criminal record – especially a crime involving child abuse and neglect. For other types of crimes, consideration can be given to an applicant on a case-by-case basis.

- Police Clearance certificate clearing the applicant of any conviction and in particular offences relating to child abuse and neglect.

Regular income source

- At least one of the family members has a steady and permanent source of income to adequately meet the needs of the family.
- Income sources can include for example: formal employment, small business, and agriculture.

- Bank statements/ employment letter/ letter describing sources of income

Suitable home environment

- The family should provide a safe space and living conditions necessary to promote the health and well-being of the child. Strict space requirements should not be a deterrent to placement if relationship in the family is satisfactory.

- Application to include photograph or video recording of the applicant, the applicant's family and home.

Suitability requirements (Regulations)

Health

- All household members should be in good health, physically and emotionally, and be free from infections/ communicable diseases. 7
- Applicants are required to take a medical examination to establish that they are physically capable of caring for a child, and are emotionally and psychologically stable.

- Medical certificate from public health doctor

Children in the family:

- A foster parent is allowed to care for **not more than seven** children in his/her home – this includes biological children, foster children and other children.

- The household has six or less biological or other children already living in the household.

6.2 Foster parent recruitment ⁷

Recruitment to licencing process

Recruitment drives should be conducted at least once a year. The recruitment to licencing process should, as far as possible, not take longer than three months. Recruitment to licencing activities can be structured as follows:

- Week 1 & 2** – Recruitment drives at churches, schools, radio etc.
- Week 3** – Review of applications to select eligible foster parents.
- Week 4** – Orientation session/s for eligible foster parents.
- Weeks 5 & 8** – Home Study visit/s to eligible foster parents
- Week 9** – Recommendations to Foster Care Placement Committee of suitable prospective foster parents.
- Week 10** – Foster care pre-service training/s for approved foster parents.
- Week 11** – Recommendations to Foster Care Service Unit for licencing
- Week 12** – Licencing/signing Foster Care Agreements

Purpose of recruitment

Foster parent recruitment is the act of reaching out to families for the purpose of developing a pool of suitable homes for children in need of care and protection.

Recruitment aims to identify and motivate prospective foster parent. Its primary goal is to ensure that a sufficient number of licensed foster parents are available and ready at any time for temporary placement of children.

Regions and Districts need to jointly determine the number of foster parents needed.

Approach to recruitment

The way in which prospective foster parents are engaged in the early stages of the recruitment process has a strong impact on whether or not they decide to continue. Without careful attention to the process of receiving and developing interested foster parents, it is futile to spend the time and resources necessary to recruit them. Studies have found that 50% of interested parties drop out of the process before a child is even placed in their homes. This is often a result of bottlenecks that slow down the process or logistical challenges that become insurmountable obstacles.

The emphasis should be on creating an environment that attracts quality foster parents who feel supported and adequately prepared to care for children in need for care and protection placed in their homes. In turn, these foster parents can play an important role in recruiting other foster parents.

⁷ Have the Draft Regulations been revised to include all the other household members? Important in the case of communicable diseases like TB.

Foster parent recruitment drives

A foster parent recruitment drive should include a combination of the following efforts:

- **Messaging and Branding:** Messaging to potential foster parents is the first step to recruitment, and it is crucial that the message is a positive one. The general public often has a negative perception of foster parenting, which is a significant barrier to recruiting foster parents. Overcoming any preconceived notions that might be held about foster parenting is necessary in order for individuals to take the first step towards licensing. Foster parents play an important role in the child protection system and should be treated as critical partners of the Department. This is a very important message to communicate in the recruitment process. It is also important that the message clearly communicates the expectation the Department has of foster parents as permanency partners. From the outset, the message should be that every child has a family and that the foster parent's role is to serve as a bridge to permanency, including working in partnership with birth families towards reunification. This will allow a natural screening out of prospective foster parents whose values are not aligned with those of the Department.⁸
- **Individualised approach** to families whereby District SWOs/Foster Care Agency social workers or licensed foster parents reach out to specific parents has been found to be the most effective form of recruitment. The presence of a foster family in an area makes it more likely that neighbours through contact with the family would learn about foster care and be influenced to become foster parents themselves.
- Direct appeal is another approach to foster parent recruitment to existing community interest groups e.g. child protection forums; church groups; Parent Teacher Association (PTA) meetings, women's clubs etc. where a planned presentation is made describing the foster care programme and inviting prospective foster parents to participate. Faith-based institutions are an ideal place to recruit foster families, since faith communities often emphasize helping others as part of their ministry. As much as possible, experienced licensed foster parents should be involved in these community meetings to share their testimonies/experiences. Current foster parents have more credibility with potential foster parents because they are able to address their concerns and speak about their own experience, so they are perceived as more likely to be transparent about the realities of foster parenting.
- **General media campaigns** may be conducted through various media such as newspaper and radio adverts, distribution of leaflets, brochures and posters in strategic places e.g. church halls, commercial centres. However, important to keep in mind that targeted recruitment (targeting individual families or community groups) has gained momentum as a more effective strategy than large-scale media campaigns for recruiting the "right" foster parents.

Frequency of recruitment drives

- Recruitment is an ongoing undertaking, as there are rarely "enough" foster parents. Additional foster parents should also be available to provide support such as respite care, which can be critical to retaining foster parents.

Involvement of District Office and Foster Care Agency in recruitment

- The District Office and Foster Care Agency should plan to recruit foster parents together. This will then allow the Foster Care Agency to assist pre-selected applicants to get police clearance and health certificates (specifically in relation to covering the costs).
- Home study visits should also be done jointly with the District Office SWO and Foster Care Agency social worker.

6.3 Steps in the recruitment to licensing process

The following steps are involved in the recruitment to licensing process:

Step 1: Inquiry/Application

Step 2: Reviews of application from prospective foster parent to establish eligibility

Step 3: Orientation session for eligible foster parents

Step 4: Establishment of foster parent suitability (Home Study)

Step 5: Training for suitable foster parents

Step 6: Licensing of suitable foster parents

Step 7: Placement of child with licensed foster parent

Step 1: Inquiry/Application

The inquiry/application stage starts from the time the applicant approaches a social worker for information on how to apply as foster parents and ends with the decision whether to pursue application or not.

- The District Office/Foster Care Agency gives the prospective applicant a general description of the foster care programme, including minimum family requirements, procedures from application to termination of placement, role of the family and the Department/Foster Care Agency, types of children needing foster care.
- At this stage, the District Office/Foster Care Agency can advise the prospective applicant whether or not they meet the basic eligibility requirements and whether or not it is worth their while to pursue the application.
- If the applicant decides to pursue application they complete the Application Form (*see Regulations Form 3: Application to Foster a Child*) and submit to the District Office with the necessary supporting documentation.

Step 2: District Office reviews application from prospective foster parent to establish eligibility

- The District Office reviews the application and supporting documents and shortlists eligible applicants (*See Section 6.1 of this Manual for eligibility requirements and supporting documentation*).
- Eligible applicants are requested to attend an orientation session as the next step in the process.

Step 3: Orientation session for eligible foster parents

- All eligible foster parents must participate in a *standardised orientation programme* to ensure they understand exactly what they are committing to and the kind of support that can be provided.
- District Offices/Foster Care Agencies must use the standardised orientation training programme developed by the National Department.
- The orientation session provides an opportunity to explore prospective eligible foster parents motivations for fostering and expectations of fostering (see Box for details).
- This step ends with eligible foster parents deciding whether they are still interested in becoming foster parents and to undergo the process of establishing their suitability and licensing.
- The District Office then arranges follow-up interviews and home visits with the applicants for the completion of the Home Study process. The Foster Care Agency should be involved in this process together with the District Office.

Foster Parent Motivation and Expectations

Motivations

All prospective foster families have a motivation for caregiving. There are as many reasons for caregiving as there are families who want to become foster families. Two common motivations are: need and a calling from God:

- A common motivation for caregiving is need. To what extent is the prospective caregiving family looking for a child to meet their physical, emotional or other needs? What would be concerning about these motivations?

Expectations

- All families also enter the foster care process with expectations. Having expectations is a very natural and normal thing, but some of these expectations may be unrealistic and this can lead to a breakdown in the foster care placement, which can create even more hardship for the child. The following common expectations that can cause placement difficulty:
 - Some foster parents believe they do not need to change their parenting style. Why is it important for parents to be flexible in their parenting?
 - The belief that the child will be grateful. Why might a child not be grateful?
 - The belief that the child will be happy with his/her new life and family and that the family will always be happy with the child. What would a child grieve? What losses do they have? What about the grief of the foster parent? What are their losses?
 - The belief that the child will fit in immediately or that there will be a short adjustment period. What happens if there is a long or intermittent adjustment period? What if the way that a child is able to fit in to a family is different than how the family wants them to fit in?
 - The belief that the foster child is not the same as biological children and therefore should be treated differently. Which attributes or needs may be different between a birth-child and a foster child? Which may be the same? How should a foster child be treated in a family? What is the family's role in identifying this?

Step 4: Establishment of foster parent suitability

- The Department has the responsibility of finding the best possible foster home for a child in need of care. In discharging this responsibility, the District Office makes a detailed home study of the applicant to determine his/her suitability. The home study is necessary not only because the Department has legal, ethical and professional responsibility for children in need of care and protection.
- The foster home study is one of the most crucial parts of the foster care process as it provides the basis for determining the readiness and suitability of the applicant and his/her family for foster parenthood. The home study is intended to provide a picture of the family members as individuals and as an interacting family group.
- A foster home study is carried out in a series of planned interviews between the case manager and the applicant. Individual as well as joint interviews with husband and wife are arranged both in the office and in the home. Children and other household members are also interviewed.
- The home study should be completed within one month from the date of application.
- In the home study process, the case manager and the applicant/s share ideas on the following:
 - Motivation for fostering including child preference.
 - Attitudes of family towards fostering.
 - Separation experiences, including ability to cope with separation and probable reaction to child's eventual discharge.
 - Experiences, satisfactions and problems in rearing own children.
 - Lifestyle, values, attitudes and how their lifestyle and family constellation will be affected by the child's arrival.
 - Expectations and other views that the couple and family may have regarding fostering.
 - Marital history and current marital interaction.
 - Family dynamics and relationships.
 - Financial capacity, including employment.
 - Health condition.
 - Housing facilities and neighbourhood.
- Within this broad frame of reference, the case manager tries to learn about other areas such as the personalities of the applicant/s and their children, the attitudes and expectations in relation to each other and to prospective foster children, the nature of their relationship with their own parents and siblings, the kinds of problems they can or cannot be comfortable with, and the organisation of their daily life.
- The result of this home study is a written Home Study Report prepared by the case manager and, where applicable, the Foster Care Agency. The standardised template in Annex A should be used to conduct the Home Study investigation and prepare the Home Study report.. The Home Study report indicates the applicants' capacity for foster parenting, the characteristics of children that the family can accept, and includes the SWO recommendation to approve the foster family for licensing. Specific suitability requirements to be met include:
 - The ability to use methods of positive discipline, stressing praise and encouragement for good behaviour and refraining from physical punishment and verbal abuse of the child.

- Live a responsible lifestyle free from substance abuse.
- Ability to provide nurturing care and supervision to a child, including a child with special needs (where the applicant is willing to care for such a child).
- Have a regular source of income.
- Demonstrate a genuine interest, capacity and commitment in parenting the child and be able to provide the child with a family environment.
- Healthy and harmonious relationships between family members in the household.
- Be mentally and physically capable of caring for a child, and be emotionally mature.
- Be willing to be trained, receive counselling and advice to increase and improve knowledge, attitude, skills and abilities in caring for a child.

Step 5: Regional Foster Care Placement Committee approves suitable foster parents

- The District Office submits the Home Study Report with supporting documentation to the Regional Foster Care Placement Committee for review and determination of the suitability of the applicant. In reviewing the application, the Committee should give consideration to the following aspects:
 - The effect of children and adults in the foster family on a child and the effect of the child on the foster family.
 - Whether the adult members of the family have been cleared of any criminal convictions in particular offences related to child abuse and neglect.
 - The number and ages of natural, adopted and foster children in the foster home.
 - Any other condition that it considers necessary to determine the motivation, capacities and potentials for development of the prospective foster parent to provide foster care.
- The Foster Care Placement Committee makes a recommendation on the approval or disapproval of the suitable foster parent and communicates this in writing to the District Office.

Step 6: Training for approved foster parents

- Approved applicants are required to participate in the standardised foster parent training before a final decision is made to licence them or not.
 - A standardised training curriculum has been developed and should be used by the Department (District Office/Regional Office) and Foster Care Agencies to train approved foster parents.
 - After the training, the District Office makes a final decision on whether or not to recommend the foster parent for licensing. The prospective foster parent also has an opportunity to make a final decision on whether or not to become a foster parent.
-

Step 7: Regional Foster Care Placement Committee submits names of approved foster parents to Foster Care Services Unit for licensing

- The District Office submits the necessary documents to the Regional Foster Care Placement Committee informing them of the decision.
- The Committee makes a final decision on the matter and if licensing is recommended, submits documentation to the Foster Care Services Unit for licensing.

Step 8: Foster Care Services Unit issues licence

- The Foster Care Service Unit reviews the documentation and, if there are no concerns, issues the licence (*see Regulations Form 6: Licence to Foster a Child*).
- The licence to foster a child is valid for a period of three years.
- Once the licence has been issued, the District enters into a Foster Care Agreement with the licensed foster parent (*see Regulations Form 7: Foster-Care agreement*).

Licence Renewal

- The licence to foster a child needs to be renewed after three years.
- The process for renewing the licence should follow the same steps as the original licensing process.

Revocation of Licence

The licence of a foster parent may be revoked for the following reasons:

- Where the circumstances of the foster parent have changed to the extent that the placement of a child with the foster parent will not be in the best interest of the child.
- Negligence that causes illness or harm to the foster children.
- Poor health of a foster family member.
- Presence of an environmental hazard to the foster child.

6.4 National foster parent register/database

The names of licensed prospective foster parents will be placed on the **National Foster-care Register** maintained by the Foster Care Services Unit.

6.5 Retention of licensed foster parents

Foster parents face stress and pressure from a variety of sources and it is often difficult to be a foster parent. It is important to have a pool of good foster parents and prevent unnecessary dropouts. The prevention of placement breakdowns is important because placement disruptions and frequent changes of foster parents can undermine children's capacity for developing meaningful attachments, disrupt friendships, and contribute to discontinuities in education and health care.

Researches have found that children with one to six problem behaviours a day were at low risk of disruption. Placements with seven or more daily problem behaviours had an increased chance of disruption by 25% for each additional behaviours over six. There seems to be a threshold parents have in tolerating children's problem behaviours. The number of previous

placements also has an effect on placement stability. Unstable placement histories contribute negatively to the internal and external behaviour of foster children. How integrated a foster child is in the foster home can be a predictor of if the placement breaks down. Establishing an honest and real relationship in the early weeks of placement is vital for a placement to last.

The goal of foster parent retention is to keep licensed foster parents in service and prevent placement breakdowns. The following activities should be considered by the Department and Foster Care Agencies in developing a strategy to retain foster parents.

Foster parent training

- Foster parent training is key to the retention of foster parents. Foster parents are required to undergo the standardised training before they can be licensed. Training should also be offered on an on-going basis, at least every six months.
- If foster parents are **adequately prepared for what the work of fostering entails** they are less likely to have placement disruptions and more likely to continue to provide foster care.

Ensuring that foster parents feel equipped to **manage the behaviours of the children** in their care can also play an important role in retention. Foster parents' failure to control the child has been identified as one of the factors leading to placement breakdown. Training in positive behaviour management techniques is important to minimize this risk. Foster parents who feel overwhelmed or who feel that their parenting is ineffective are more likely to burn out, and will be less motivated to continue foster parenting.

Support from the social worker

- Foster parents who **feel supported by their social worker** and who are happy and satisfied with their role as foster parents are more likely to speak to others about their experience, whether formally or informally. By the same token, foster parents who are unhappy, or those who have left their agency due to negative experiences, are also likely to share their stories with others. It is crucial to ensure that current foster parents feel supported and appreciated. If they do, they are more likely to play a positive role in the recruitment process rather than deterring others from foster parenting.
- Often, foster parents only hear from social workers when there is a specific question or need, and conversely, social workers only hear from foster parents when there is a crisis. Social workers should check in more regularly with foster parents to ensure that foster parents feel more supported and appreciated. This also enables social workers to be more aware of the child's situation and provide needed resources before a crisis erupts.

Social support

- Support groups and social support can assist foster parents with lifestyle changes and other adjustments.
- Foster parents stress the importance of maintaining connections with other foster parents, and many foster parents seek assistance from informal sources (such as other foster families, friends, and family members) before seeking formal support.
- Social support could include monthly education and support meetings facilitated by the Department or Foster Care Agency and/or experienced foster parents who can serve as foster parent peer mentors.

Respite care

- Respite care is widely known to be crucial for avoiding foster parent burn-out, but too often the responsibility for finding respite care is on the foster parent. By building respite care into the standard practice of foster parenting support, foster parents are less likely to reach the point of burn-out. Respite care can also contribute to placement stability, as foster parents that are less stressed are less likely to request that children be removed from their care.
- The Foster Care Placement should allow foster parents to use their natural supports and identify neighbors, family members, and family friends who can be drawn on as baby-sitters and respite providers.

Tokens of Appreciation

- Acknowledging the work that foster parents do can often be a very meaningful gesture that helps to retain their services as a foster parent.
- When possible, small tokens of appreciation such as gift cards can have a significant impact; soliciting such tokens from community businesses can be one way of building community relationships as well as local support for foster parents e.g. handwritten notes, calls from leadership (especially after particularly difficult situations), and small presents such as coupons or gift cards which are donated by local businesses.

Foster Care Support Groups/Associations

- One way to keep foster parents in service is to provide support through foster parent associations/support groups. A foster parent association is one where members can find the support they need from their fellow foster parent. Not only do foster parents understand one another better than the general public, they can appreciate what each has gone through, and can provide suggestions, help, and advice that applies directly to the situation, advice and help that others do not simply appreciate nor understand. Fellow members have probably “been there, done that,” before, and can offer advice based on their own experiences in the foster care system. An association can also be a place where foster parents can relax, unwind, and even share frustrations and grievances without having to be worried about judged or criticized by outside forces.⁹
- The Department and Foster Care Agencies should encourage foster parents to form foster parent associations/support groups and keep in contact via social media or informal meetings for those who live close to each other.
- Foster care associations/support group meetings are organised and facilitated by the foster parents themselves, not the Department or Foster Care Agency. Foster parents could invite Department officials or Foster Care Agency workers to speak at their meetings but these are not forums for the Department/Foster Care Agency to provide in-service training. A foster care association/support group operates independently of the Department/Foster Care Agency.

⁹ The importance of a foster parent association. <http://drjohndegarmofostercare.weebly.com/blog/the-importance-of-a-foster-parent-association>. Accessed 31 August 2017.

07.

CHILD IN FOSTER CARE PROCESSES AND PROCEDURES

7.1 Children eligible for foster placement

Foster care should be considered for children who need care and protection as provided for in the Children's Amendment Act, 2016. Children with disabilities or other special needs are also eligible for foster care and should not be excluded because of their condition.

Children are placed in foster care for various reasons. Some examples include: children who have been neglected or abused, children who have been abandoned, children whose parents are incarcerated or hospitalized and has no one to care for during their parents' absence, children with significant medical or mental health needs, or children who are orphaned and have no biological family to care for them.

7.2 Steps in the placement and discharge of a child in foster care

Steps in the placement of a child in foster care are as follows:

Step One: Investigation of a child in need of care and protection

Step Two: Assessment and recommendations for placement in foster care

Step Three: Decision to place child in foster care

Step Four: Pre-placement preparations

Step Five: Placement of the child in foster care

Step Six: Placement monitoring and supervision

Step Seven: Reunification or adoption of child

Step One: Investigation of a child in need of care and protection

- The District Social Welfare Office (SWO) is required to conduct the initial investigation in response to reported cases of a child in need of care and protection. (See Child Protection Case Management Standard Operating Procedures with the standardized form)
- Where needed, the child is immediately placed in temporary care with an approved “fit person” which includes a licensed foster parent or residential home. The child can also be placed in a hospital as a temporary care arrangement. A care order needs to be obtained for the child in temporary care within seven days of placement.
- The case manager then conducts a Social Enquiry/Investigation and, where a care order is needed (i.e. statutory care), prepare the Social Enquiry Report (SER) for submission to the Family Tribunal.¹⁰ Where reunification with the child’s family is not possible, the SER should include a permanency plan for the child aiming at a long-term kinship care placement, or short-term foster care placement, or placement in adoption as a last resort (in cases where the child is abandoned and no family can be traced or the parent has permanently relinquished the child).

Step Two: Assessment and recommendations for placement in foster care

- Where foster care is recommended, the SER should include:
 - A medical report on the child from a registered medical officer at the expense of the Department or Foster Care Agency (*see Regulations 51 (1)*), this report should include ascertaining the immunization status of the child in foster care to determine which immunizations are outstanding (outstanding immunizations are also to be covered by the Department/Foster Care Agency).
 - Recommended length of stay in foster care.
 - Recommendation on placement with a suitable foster parent (*as per the Matching requirements specified in Section 25 of the Regulations*). In some cases it may be necessary for the District Office to find a suitable foster parent in another District or Region. Ideally, the District should consult with the Regional Office to identify someone suitable as part of the Social Enquiry Investigation and include this information in the SER.

Step Three: Decision to place the child in foster care

- The District Office submits the SER and Care Order to the **Regional Foster Care Placement Committee** for decision-making on the placement recommendation and foster parent matching recommendation. District Offices are not represented on the Regional Foster Care Placement Committee. When the Committee meets and they need additional information/presentation they can always invite the responsible SWO who is handling the case to provide the inputs.
- The Regional Foster Care Placement Committee must notify the District Office in writing of the decision to place the child in foster care with the recommended foster parent.

¹⁰ The initial investigation and subsequent Social Inquiry Investigation and Social Inquiry Report all form part of the child’s case file or Child Study documentation.

Matching the child with the foster parent

- Matching involves the selection of a particular licensed foster parent to provide care for a child in need of alternative care in a family setting.
 - The District selects two potentially suitable foster parents from the foster parent database and does a **pre-matching review** of the Home Study Report and the Social Enquiry Report. The Home Study Report provides a reference point during the matching of the needs of the child to the strengths and potential of the foster parent/family to meet the needs of the child.
 - The District Office then submits recommendations to the Regional Foster Care Placement Committee for consideration and decision-making. The SWO can be asked to make a presentation of the profile of the child and foster families including pictures, demonstrating the potential of the foster parent and family to meet the needs of the child. The Committee shall deliberate on the proposals and pre-approve the matching with one of the families.
 - The following guidelines should be considered in the selection of a foster home for a particular child:
 - Selection is done on the basis of complementarity of needs i.e. the capacity and interest of the foster family to meet the needs of a particular child and the capacity of the child to benefit from the resources of the foster family. For example a child with delayed development is best placed in a foster home with other children to provide stimulating experiences.
 - The age and sex of the foster parents own children are significant factors in the selection process. Several studies have shown that if the foster parents have a biological child of the same sex and age as the foster child, such situation sets up an undesirable competition between the two children. It is preferable for the foster child to be younger than the foster parents biological children.
 - The location of the home of the foster parent in relation to the home of the child's biological family. If reunification is the objective then it is important that the child be in close proximity to his/her biological family to facilitate frequent contact/visitation.
 - The religious and cultural orientation of the foster family. If different to that of the child then the willingness of the foster family to accommodate different religious and cultural practices and not expecting the child to change so as to fit in with the family.
 - A foster parent who is a relative of the child should be given priority in placement of the child with their family.
 - Willingness of the foster family to take in sibling groups.
 - The Regional Foster Care Placement Committee makes the final decision on the placement and informs the District Office to go ahead with the pre-placement meeting and prepare the placement report.
-

Step Four: Pre-placement preparation

- Preparation for foster placement is a crucial phase in the foster care process so that the foster family, the foster child and the biological family (if applicable) can be prepared and ready for the fostering experience.
- The District Office, with the Foster Care Agency (where applicable) must arrange pre-placement meetings between the child and foster parent. These meetings can take place at the foster parent's home or the residential care facility.
- Following this, the District Office prepares a Pre-placement report for submission to the Regional Foster Care Placement Committee.
- Note: ideally the preparation for placement activities should take place concurrently with the preparation of the SER so that all the relevant documentation can be submitted to the Regional Foster Care Placement Committee for review at the same time.

Preparation of the foster family

- As soon as the matching is completed the foster family is notified by the SWO about the decision. Sharing and discussion of information on the child is made by the SWO with the foster family to familiarize themselves with what to expect on the kind of child they are going to receive into care, including
 - The reason/circumstances for the child's placement.
 - Current plan for length of stay.
 - Developmental history, including medical history.
 - Current functioning.
 - Feeding, sleeping schedule and habits.
 - Likes and dislikes in foods, activities.
 - Medical and or special needs if any.
 - Family background and involvement of biological family if applicable.
- Based on the discussion the foster parent decides whether or not to accept or not accept the child. If the family confirms acceptance, a date is set for the family to visit the child and/or take the child home in coordination with the SWO.
- The family prepares the home for the coming of the child including all household members, provisions, room, clothing and general care.
- The foster parent visits the child at the residential home/temporary foster home/hospital/family, if needed.
- The District Office enters into a Placement Agreement with the foster parent (See *Reg. 27, Form 9*). One copy of the form goes to the foster parent and the other on the child's file.
- Facilitate the physical placement of the child with the foster parent.

Preparation of the child

- Preparation of the child for foster placement is done in coordination with the SWO and possibly with the social worker at the RHC. Preparation activities will vary depending on the age of the child. An older child needs more psychological and emotional preparation than an infant.
- For an infant, the SWO should share information with the foster family on the child's daily routine e.g. feeding, sleeping, bathing, medication etc. to ensure a smooth transition. If the infant has a particular object s/he is attached to e.g. blanket, teddy bear, this object should accompany the child as it serves a therapeutic function as a transitional object.
- For an older child, the SWO should do the following:
 - Share information with the child on the foster parent/family e.g. composition, characteristics, location and description of the home, length of stay with the family, and reason for placement.
 - Assure the child of continuing the relationship with his/her family through scheduled visits either at the foster parents home or Department of Foster Care Agency office.
 - Allow the child to express feelings, likes and dislikes, hobbies etc.

Preparation of the biological parents (if applicable)

- In preparing the child's biological parents, the SWO must do the following:
 - Discusses with the biological parent/s the nature of foster care, reason and length of child's placement, foster care policies, rights and responsibilities of biological parents in foster care (including material/financial support the biological parents must provide as stipulated in the court order), role of Department and Foster Care Agency (where applicable) in supporting the child, foster parent and biological parent while the child is in foster care.
 - If the child is to return home, the SWO prepares a written agreement as agreed to with the biological parents indicating responsibilities of the biological family, the foster parent and the SWO to facilitate reunification as soon as possible.

Finalization of placement decision

- The Regional Foster Care Placement Committee informs the National Foster Care Services Unit of the decision to keep the child in foster care and the child's name is entered on the National Foster Care Register.
- The Foster Care Services Unit issues a Foster Care Placement Authorisation in respect of a child placed in foster care (*see Regulations Form 11: Foster care placement authorisation*).

Step Five: Placement of the child in foster care

This refers to the actual transfer of the child into the home of the foster family. The SWO is responsible for ensuring that the Placement Agreement is available, except in cases of emergency.

Development of a care plan for the child in foster care

- At the time of the child's admission into foster care, a case plan should have been prepared which specifies the duration of care and services to be provided toward the goal of returning the child to biological parents or placing the child up for adoption.
- After the child is placed in foster care, the SWO is required to develop a care plan together with the child, foster parent, biological parent/guardian/relative and social worker from the Foster Care Agency (where applicable) and include strategies to:
 - Address the immediate needs of the child in foster care.
 - Reunify the child with their biological family or guardian where possible, or plans for adoption where applicable.
 - Facilitate visitation arrangements.
 - Discharge the child from foster care for independent living, where necessary.
- A case conference should be held every three months to review this care plan involving the child, the foster parent, the biological parent/guardian/relative and any other person involved in the child's care including the social worker from the Foster Care Agency.
- The District SWO is responsible for preparing the case conference report and filing this report and the updated care plan in the child's file.

Step Six: Placement monitoring and supervision

Supervision of the foster care placement begins as soon as the foster family receives the child into care. It aims to provide on-going case management to ensure quality care and faster caseload movement of children in foster care.

Supervisory visits

- Supervisory visits are to be conducted by the SWO and/or Foster Care Agency social worker. These visits should take place at least once a month for the first three months of the placement, and once every three months thereafter. These visits should be supplemented by phone calls and office interviews as needed.
- During these visits and contacts the SWO/social worker does the following:
 - Monitors the child's growth and development, family-child relationships and adjustment.
 - Prepares the family and the child for eventual separation i.e. reunification or adoption.
- Provides supportive services as needed by the family and child e.g. counselling or medical referrals.
- All supervisory visits and/or contacts must be recorded. The SWO and/or Foster Care Agency social worker is responsible for preparing case notes/reports on these contacts.

Annual mutual review

- The District Officer, together with the Foster Care Agency (where applicable), must conduct an annual mutual review of the foster care placement. The purpose of this review is to evaluate the strengths and needs of the foster parent and the relationship between the foster parent, foster child and biological family and the Department and/or Foster Care Agency.
- The review should focus on the following:
 - The length of time the child has been in foster care and number of foster care placements, where applicable.
 - The issues that have been addressed in the care plan including the responsibilities of all parties.
 - Action to be taken towards achieving permanency and the person/s responsible.
 - Any special requirements of the child relating to culture, language, religion or disability and actions to be taken to address these requirements.
 - The appropriateness of the placement.
- The District Office is required to prepare a report on this Annual Mutual Review and submit to the Regional Foster Care Placement Committee for consideration and make recommendations to the Foster Care Services Unit on whether:
 - Reunification of the child to family care is possible and if not, how the parenting needs of the child can be met.
 - The child should be placed with a new foster family.
 - To prepare the child for independent living.
- The District Office is required to implement the decision of the Regional Foster Care Placement Committee.

Termination of foster care arrangement

- A foster care arrangement will be terminated by the Foster Care Placement Committee in the following instances:
 - There is a change in the circumstances of the foster family to the extent that it is not in the best interest of the child to continue to be cared for by the foster family.
 - There is disruption in the foster care arrangement.
 - The conditions, which necessitated the removal of the child from the biological family, have changed.
 - The child turns 18.
 - Foster parent or child dies.
-

Step Seven: Reunification or adoption of child

- Foster care is not meant to be a permanent care solution for the child, but a temporary measure while a more permanent care arrangement can be found – ideally reunification with parents or extended family, and adoption as a last resort. A foster care placement can be as brief as an overnight stay to a few months, and in some cases a few years. Where reunification is not possible, adoption should be considered as a permanency plan.
- The Case Plan and Care Plan should provide the details for the reunification of the child, or adoption, or discharge for independent living.

08.

THE FOSTER CARE AGENCY – PROCESSES AND PROCEDURES

The Regulations on Foster Care provide for the accreditation of non-profit organisation (NPO) agencies to enable them assist DSW with the management of foster-care services (see Section 5 for responsibilities of the Foster Care Agency).

8.1 Requirements for Foster Care Agencies

- Registered non-profit organisation with valid NPO certificate.
- Provide evidence of work on children and demonstrate ability to provide foster-care services.

8.2 Application and accreditation procedure

- Applications for accreditation are to be submitted on the prescribed form (see Regulations Form 1) to the District Office.
 - The District Head reviews the application and supporting documentation and forwards to the Regional Director for review.
 - Regional Director forwards the application to the Foster Care Services Unit.
 - The Foster Care Services Unit reviews the application and where the application meets the set requirements and grants a licence to the agency after payment of the prescribed fee.
 - A Foster Care Agency licence is issued for one year.
 - The agency is required to renew its licence annually, three months before expiration.
-

09.

THE FOSTER CARE FUND

The intention of the Foster Care Fund is to cover some of the additional expenses that foster parents might incur for children, especially children with special needs.

The Department will not provide direct financial support to foster parents but may however provide in-kind support.

10.

FOSTER CARE RECORDS AND REPORTING

Good foster care record keeping is an essential part of good foster care practice.

10.1 Importance of foster care records

Foster care records are necessary to document DSW/Foster Care Agency activities, ensure continuity of services and provide records needed for statistical monitoring and reporting. Foster care records can also serve as useful tools for supervision/teaching of social workers and for research and evaluation purposes.

Documentation of DSW/Foster Care Agency activities

Case records provide an on-going picture of the social worker's involvement with foster parents/families and foster children, progress in the foster care process and the eventual outcome of the case. Complete documentation of foster care cases may also be used for adoption procedures and other legal processes such as custody proceedings.

Continuity of Foster Care Services

The Department/Foster Care Agency is responsible for and provides services to foster parents and children in foster care, not just an individual social worker. If the social worker assigned responsibility for a case is out of the office, sick, absent, on vacation or study leave, or resigns, the Department/Foster Care Agency must be able to pick up where the social worker left off.

Effective case management will also require the responsible SWO/social worker and supervisor to refer to their own case notes and records e.g. to prepare for the annual foster placement review or quarterly monitoring visits.

Records for statistical monitoring and reporting

Case records provide the information needed to complete monthly statistical reports at District, Regional and National levels.

Supervision/teaching

Case records should be reviewed by the supervisor and/or District Head to identify strengths and weaknesses in the foster care service delivery system and to ensure effective case management.

Research/evaluation

Properly maintained records contain a wealth of information for research studies and programme evaluations.

10.2 Types of foster care records

Foster care case records for children and foster parents

Case file for each child in foster care

The Department (District Office) and Foster Care Agency are required to open and maintain a case file on each child in foster care with the following information/records:

- Details of the child and his/her parent, guardian or relative including medical records.
- Medical report on the child.
- Birth certificate.
- National Health Insurance Scheme card (copy).
- Child Study Report with details on circumstances necessitating the removal of the child from the parent, guardian or relative and details of actions taken to prevent the removal of the child, and permanency plan.
- Social Enquiry Report.
- Care Order.
- Case Plan including the involvement of the child's biological parents, guardian or relative in the foster care arrangement.
- Particulars of the foster parent.
- The Home Study Report of the foster parent where the child is placed.
- Reports on supervision and monitoring visits.
- Case conference reports.
- Annual placement review report.

File for each foster parent/family

A file must be opened and maintained for each foster parent/family and contain the following information:

- Application form.
- National identification card.
- Police certificate clearing the applicant of any conviction, in particular offences related to child abuse and neglect.
- Testimonials from two character references.
- Home Study Report.
- Photograph of applicant, applicants' family and home and/or video).
- Medical report (as per Regulations).
- Evidence of regular income e.g. letter from employer, recent bank statements.
- Certificate/record of completion of orientation and pre-service training.
- Foster Care Licence and subsequent renewals.
- Foster Care Agreement for each child in foster care.

Other Foster Care records

In addition to the case records, the District Office and Foster Care Agency should maintain a separate file with the following information:

- Master list of foster care cases and responsible SWO (open and closed).
- Master list of foster parents (prospective, approved and licensed).
- Programme reports – narrative and statistical.
- Minutes of staff/supervisory meetings.
- Minutes of foster parent meetings and seminars, with attendance registers.
- Reference material on foster care.

10.3 Confidentiality of foster care records

All foster care records are strictly confidential and must be placed in a safe, permanent filing cupboard/cabinet to protect information against unauthorised disclosure and from natural elements (e.g. rain, fire).

10.4 Individuals who have access to foster care records

Aside from the responsible SWO/social worker and the secretary or clerk responsible for typing/filing, the following have access to all kinds of foster care records, including those kept by Foster Care Agencies:

- District Office Supervisor and Head.
- Regional Head and Programme Head.
- National Foster Care Services Unit and CRI Unit.
- Outside researchers (with DSW approval).

Where it is in the best interest of the child, the Department shall provide the child's parent, guardian or relative with a copy of recorded information kept by the Department.

ANNEX A:

HOME STUDY GUIDE FOR SCREENING OF ELIGIBLE FOSTER PARENTS

Section 1: HOME STUDY FORM

Home study	
Date Assessment Started	
Date Assessment Completed	
Details of Case Manager/ Officer who conducted the assessment:	
Name/Surname of Applicants (s)	
Date of Birth	
Number of children in the household	
ID Number	
Occupation:	
District:	
Region:	
Contact Number:	

Name & Position of person who complete the Home Study Report

Signature

District Office: -----

Region: -----

Section 1: MOTIVATIONS AND EXPECTATIONS

1. Tell me about your understanding of foster care.

2. Why do you want to foster a child?

3. Why would a child benefit from being in your family?

6. From which religion would your family accept a child?

7. Is there any medical condition or diseases that would be too difficult for your family to handle?

(Tease out more information with follow up questions)

- a. What about a child with HIV/AIDS? ____Yes ____No
- b. What about a child with Tuberculosis? ____Yes ____No
- c. What about a child with physical disabilities ____Yes ____No
- d. What about a child with development delays? ____Yes ____No

Comments:

Section 2: CHECK LIST OF COMMON DIFFICULTIES OF FOSTER CHILDREN

The following includes a checklist of common problems of foster children. Children coming into care may present different types a behaviour problems. Few families can handle all types of children. Please check the box closet to your feelings about dealing with these behaviours. Are you willing, possibly could, or not willing to deal with the following:

Behaviour	Willing	Possibly Willing (with support)	Not Willing
Lying			
Stealing			
Disrespectful of Authority			
Fearful, Anxious			
Becomes upset easily			
Unresponsive or will not express feelings			
Withdrawn behaviour, will no participate			
Fussy eating			
Immature for age or babyish			
Fight with peers			
Runs away from home			
Truant from school			
Problems with wetting or soiling			
Sad or depressed			
Laziness			
Does poorly in school			
Incapable of returning affection			
Cruel to other children			
Temper tantrums			
Consistently disobedient			
Seductive behaviour with opposite sex			
Short attention span, easily distracted			
Destroys property			
Lacks motivation			
Craves physical affection			
Experiments with smoking or drugs			
Experiments with alcohol			

Comments:

Section 3: PARENTING STYLE & DISCIPLINE

1. How do you discipline your children? (Tick all that apply)

Tick	Discipline Method	Tick	Discipline Method
<input type="checkbox"/>	Spanking	<input type="checkbox"/>	Raise my voice
<input type="checkbox"/>	Lecturing	<input type="checkbox"/>	Have my spouse/partner handle the discipline
<input type="checkbox"/>	Rational discussion	<input type="checkbox"/>	Tell child he/she should be ashamed
<input type="checkbox"/>	Consistently use logical consequences	<input type="checkbox"/>	Threaten punishment in the future
<input type="checkbox"/>	Ignore the child's misbehaviour	<input type="checkbox"/>	Limiting playtime (keep child indoors)
<input type="checkbox"/>	Discipline according to how I feel at the time	<input type="checkbox"/>	Canning
<input type="checkbox"/>	Physical punishment other than spanking	<input type="checkbox"/>	Denial of food
<input type="checkbox"/>	Make rules clear in advance	<input type="checkbox"/>	Denial of shelter
<input type="checkbox"/>	Take away privileges	<input type="checkbox"/>	Douching
<input type="checkbox"/>	Physical punishment other than spanking	<input type="checkbox"/>	Other (Specify):

2. Of these which do you use most often to discipline your children?

3. Who is the primary disciplinarian in the household?

4. Are your children knowledgeable about sexual issues? ____Yes ____No

a. If so, how did they gain this knowledge?

b. If no, when and how do you intend to educate them about these issues?

Comments:

Section 4: HOUSEHOLD RESPONSIBILITIES AND PLAY

1. What do your children like doing during playtime?

2. Who do they play with?

3. When do they spend time playing?

4. Do you spend leisure time with your children? ____Yes ____No

a. If yes, what do you do during leisure time with your children? If no, why?

5. What are the children's responsibilities (in the home)?

Observations to make:

What were the children doing when you arrived?

What is the supervision like?

Look at the arrangement of the home

How neat is the home?

Is it conducive to play? ____Yes ____No

Are there toys around? ____Yes ____No

Is there a safe area nearby for playing outside? ____Yes ____No

Section 5: EDUCATION & WORK

Children's Education

1. Are the children in your family attending school? ____Yes ____No

a. If not, why?

2. Where are they going to school? (*Note: name of the school and type-private/public*)

3. How do they get to school?

If they walk, does an adult accompany them? (Consider age of child)

4. How often do your children miss school?

5. Why do they miss school? (*Sickness, chores at home, laziness, sacked for fees*)

6. How are they doing in school? (*Performance, grades, socializing, behaviour*)

7. How much are the school fees?

Does that include food for lunch? ____Yes ____No. If no, how do they feed at school?

8. Who pays the school fees? (*Parent, uncle, another family member, sponsor?*)

9. Do the children often bring homework from school? ____Yes ____No

10. Who supports them to do their homework?

11. Where do you intend to enroll the foster child in school?

Adult's Education & Work

1. What is your educational background?

Please include the highest class you completed or the degrees you have earned.

2. On a typical day when do you usually leave for work and arrive home from work?

3. Do you for see any changes to your employment or income generating activities in the near future? (*i.e. retirement, new business venture, etc.*)

Section 6: HEALTH & WELLNESS

Children's Health

1. When was the last time you took your child to the doctor or went to the hospital?

2. How often do your children become sick?

3. What happens when your children become ill?

(Note: pay attention to any superstitions or financial constraints revealed in their answer.

Do they go to a doctor? Do they go and buy medicine? Do they wait for the child to get better?)

4. Is every child in the family registered under NHIS? (*National Health Insurance Scheme*)

____ Yes ____ No. Why not?

5. Have your children had all required vaccinations?

Polio

Yellow Fever

Tuberculosis

Measles

Tetanus/Diphtheria/Hepatitis/

Influenza/Peruses (*Whooping Cough*)

- a. Where did the vaccinations take place?

- b. Do you have evidence to show the vaccinations have been done? ____ Yes ____ No

Adult's Health

6. What is the overall condition of your health?

- Excellent
- Good

- Fair
- Poor

7. What current health problems do you have?

8. Are you currently being treated for any of these? If so, how are you being treated?

9. Are you taking medication? ____Yes ____No

10. What is the overall health condition of the other adults in the home?

- Excellent
- Good

- Fair
- Poor

11. What current health problems do the adults have?

12. Are they being treated, and how?

Observation/Comments

Section 7: FOOD

1. How many times a day does your family eat?

2. What does your family eat for breakfast and at what time?

3. What does you family eat for lunch and supper and at what times?

4. Who prepares the meals

5. Where does your family get food stuff? _____

6. How much do you spend on food each day/week/month? _____

7. Are there times when there is no food? ____Yes ____No

a. How often does this happen?

b. What do you do during these times?

Observations to make:

Observe food storage areas or granaries

Observe the cooking area and check pots for signs of any recent food preparation activities (particularly around meal time).

Observe types of food available in the house/kitchen or in garden, fruit trees, chickens, etc.

Observe physical appearance of the children – do any children have an extended belly?

Do any children have faded hair color?

Are any of the children very thin?

Do any of the children have skin rashes? (May indicate malnourishment).

Comments:

Section 8: MARRIAGE

1. What is your marital status?

Single

Married

Divorced

Separated

Widow/widower

or living with a partner?

2. If you are currently married, is this your first marriage? ____Yes ____No

3. Is your marriage traditional or court registered? ____Yes ____No

4. How long have you been married? _____

5. How do you show support to your spouse in times of difficulty?

6. What are the strength of your relationship?

7. What are the areas where you most often disagree?

8. Tell me about a time when you and your spouse overcome a difficult period or a challenge?

Comments:

Section 9: EXTENDED FAMILY RELATIONSHIPS AND SUPPORT NETWORK

1. Have you spoken to your family members about your decision to foster?

2. Which family member(s) would be most helpful and supportive to you as you foster a child?

3. All families look to others for support at one time or another. Different people provide different types of support in our lives (advice, encouragement, financial help, etc.). who makes up your support network?

- | | |
|---|--|
| <input type="checkbox"/> Church members | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Pastor or Religious Leader | <input type="checkbox"/> Peoples I work with |
| <input type="checkbox"/> Family members | <input type="checkbox"/> Other: |

Comments:

Section 10: PERSONAL AND FAMILY BACKGROUND

1. What is your tribe/ethnicity?

2. Where did you grow up? (region and location)

3. Provide the names of immediate family members and/or other members that lived in your household while you were growing up

	Name	Alive/ Deceased	Where do they live now?	History of mental illness
Mother				
Father				
Brothers				
Sisters				
Other members				

4. What religion did you and your family practice when you were growing up?

5. What religion and denomination do you follow now (if any)?

6. Who primarily raised you? (include names if not provided above)

7. If your biological parents did not raise you, why did someone else raise you?

8. Who primarily disciplined you as a child?

9. How were you disciplined as a child?

10. Have you ever experienced any physical abuse or violence (in your childhood or adulthood)?

____ Yes ____ No _____

Note: eg have you refused to have sex with someone and you were forced to comply?

11. As a child, did you experience any neglect or abandonment?

12. Have you experienced any traumatic events in your life (other than anything mentioned above)?

13. Are any of the experiences mentioned above currently causing you distress?

Comments: (any other relevant background information)

Section 11: SAFETY

1. Have there been any incidents of robbery in the house?

2. Have you or anyone in your family ever been arrested/ convicted for a criminal offences?

____ Yes ____ No -----

3. Do you or anyone in the household get physical with others when upset or angry about something?

4. Has any of the following ever been a problem for you or your spouse/partner?

(Tick all that apply)

<input type="checkbox"/>	Lottery	<input type="checkbox"/>	Sex outside of marriage
<input type="checkbox"/>	Spending (money)	<input type="checkbox"/>	Pornography
<input type="checkbox"/>	Controlling temper	<input type="checkbox"/>	Illegal Drugs
<input type="checkbox"/>	Smoking	<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	Work	<input type="checkbox"/>	None of the above

5. History of alcohol consumption

Tick the frequency of consumption

<input type="checkbox"/>	Never drink alcohol	<input type="checkbox"/>	Occasionally, one or two drinks a week
<input type="checkbox"/>	Almost never, one or two drinks a year	<input type="checkbox"/>	Regularly, one or two drinks a day
<input type="checkbox"/>	Rarely, one or two drinks a month	<input type="checkbox"/>	Frequently three or more drinks a day

Section 12: TOUR OF THE HOME

Instructions:

- Ask for a tour of the home and outside areas. During the tour as you go by each room of the house ask who lives in each room and record the answer.
- If they rent or are renting out rooms ask for the relationship of the other adults in the house or compound.
- Ask where the fostered child will sleep.

After the tour note, record the living arrangements of the home: ie where the children sleep, on what and how many children sleep in a room. Note the no. of rooms allocated to the children

Further Observations to make

Is there a place to bath and is the restroom in the house or on the property? ____Yes ____No

Running water in the house? How does the family get water? _____

What sort of roof and structure does the house have? Noticeable leaks? _____

Are there windows or other means of ventilation in the house? ____Yes ____No

Does the household have electricity? ____Yes ____No

QUESTIONS TO ASK CHILDREN IN THE HOME

1. Who lives in your house? *(Establish what the relationship is to each other person)*

2. Who cooks food for your family?

3. How many times does your family eat in a day?

a. What do you eat for those meals and at what times?

4. What are your chores at home?

5. What happens when you do something wrong at home?

a. Who disciplines you?

6. What do you like doing during playtime?

7. Who do you play with?

8. Where do you go to school?

a. Do you go to school every day? ____Yes ____No

9. Do you bring homework from school? ____Yes ____No

a. Who helps in doing it?

10. Whenever you fall sick what does your family do so that you get better?

11. If I were little girl or boy living in your home what would I like about being in your family?

12. How would you feel about new brother or sister living in your home?

Comments:

General Comments:

Recommendation:



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