

## **Multi-Country Initiative on Foster Care**

### Synthesis Report from Situation Analyses in 11 countries

This synthesis report brings together the key findings of situation analyses on the development and context of foster care in eleven countries: **Brazil, Egypt, Ethiopia, Jordan, Kenya, Indonesia, Russia, Rwanda, South Africa, Turkey, and Zimbabwe**. Members<sup>1</sup> of Family for Every Child in these countries are participating in this Multi-Country Initiative on Foster Care, as part of which they compiled secondary research on the state of foster care in their context, covering history, child protection, challenges and opportunities, drawing on both qualitative and quantitative data from existing sources.

### **History of Foster Care**

Many of these countries have a long history of informal family-based alternative care for children who cannot be care for in their original families, largely involving forms of kinship care with relatives, but some involving appointing non-relatives as guardians to provide daily care and upbringing. Legislation to formalise foster care, in line with the now accepted definition of “Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care.” (UN 2010<sup>2</sup>) emerged in most countries in the 1980s or 1990s.

In some cases, forms of care similar to foster care had been recognised much earlier. **Turkey**, for example, saw foster care introduced to the legal system in 1926 (the “abrogated Turkish Civil Law, Articles 272 & 273), and even before that, there was a variety of similar foster care or quasi-adoption practices under different names and in line with Islamic law and tradition. In **Egypt**, a programme of foster care began in 1968, stemming from a ministerial decree, which was later amended in 1989 by a further decree. In 1996, Egypt’s Child Law No. 2 legally passed the foster care programme; this law was the first attempt to bring together the provisions of the UNCRC, national legal provisions, and the provisions of Islamic Sharia.

In **Russia**, foster care was first introduced into federal legislation in 1996 in the Family Codex of the Russian Federation. A new law in 2008 (“On guardianship and trusteeship”) proclaimed foster care as a fee-based form of guardianship. Since 2010, all alternative carers have had to undergo training before approval for placement of a child.

In **Kenya**, foster care was legally recognised in the 2001 Children’s Act. An amendment to the Children’s Act (the Children’s Bill 2016) is being drafted currently to ensure wider issues of

---

<sup>1</sup> ABTH: Brazil; Hope Village Society: Egypt; Jordan River Foundation: Jordan; Forum for Sustainable Child Empowerment: Ethiopia; Undugu Society of Kenya; Uyisenga ni Imanzi: Rwanda; CINDI: South Africa; FOST: Zimbabwe; Muhammadiyah: Indonesia; P4EC: Russia; Hayat Sende: Turkey.

<sup>2</sup> United Nations (UN) (2010) Guidelines for the Alternative Care of Children, A/Res/64/142. New York: UN

family-based alternative care are included in the legal framework, as the Children's Act is silent on informal forms of foster care.

In **Rwanda**, foster care was formally established in 2012, following many years of children living in informal foster care arrangements after the genocide in 1994. In the immediate aftermath of the genocide, vulnerable children were first cared for in orphanage structures, then in reunified families or extended families in 'kinship' arrangements.

In **Zimbabwe**, the Orphan Care Policy (1999) states that foster care can only be pursued in the event that extended family members have completely failed or refused to look after the child of their late relatives, or if their whereabouts cannot be known. Foster care has to be temporary, and usually precedes institutionalisation. Parameters for foster care are outlined in the Children's Act (1972, amended 2002).

In **South Africa**, foster care policy is well articulated. The current laws which govern foster care placements and the social assistance grants for foster carers are: the Children's Act (2005) and the Social Assistance Act (2004).

**Brazil's** foster care practice is fairly long-standing despite being relatively new in its current form. It was introduced with the Statute of the Child and the Adolescent (1990), which introduced a comprehensive rights-based child protection system. Many challenges emerged for state-run initiatives throughout the 1990s, due to lack of funding and training for foster families, and complaints from workers. Other plans and decrees since this point have further regulated foster care, such as the National Plan for the Promotion, Protection and Defence of the Rights of Children and Adolescents to Family and Community Life (2006), and the public policy "Foster Care Service" from the Ministry of Social Welfare (2009).

**Jordan, Indonesia** and **Ethiopia** do not have formal, specific laws on foster care. However, family-based alternative care is covered in broader pieces of legislation.

## The place of Foster Care within Child Protection Systems

*In order to deliver ... effective and safe foster care, certain mechanisms and structures need to be in place. These include:*

- *Strong legal and policy frameworks rooted in the Guidelines for the Alternative Care for Children (UN 2010) and the Convention on the Rights of the Child (UN 1989), and with the best interest of the child as the primary consideration;*
- *Sufficient financing of foster care, and of other child welfare services, including support to families of origin and a range of care choices for children;*
- *Coordinated and collaborative efforts by a range of stakeholders;*
- *Adequate numbers of trained child welfare workers who are appropriately supported in their efforts to manage foster care programmes and provide support to families of origin;*
- *Quality data and information management systems, and research and public debate around the issue.*

*Ultimately, the foster care system needs to be rooted in a holistic child protection system that delivers these mechanisms and structures and prioritises prevention and family-support services.*

*Family for Every Child, "A Spotlight on Foster Care" (2014)*

The relationship between foster care services and child protection mechanisms vary widely from country to country.

In **Russia**, the foster care system operates under the child protection system: local child protection organs contract foster carers and appoint guardians, and child protection bodies contact foster carers every three months during the first year of placement and every six months during subsequent years (and contact is generally more frequent than this).

Child protection legislation in **Brazil** is fairly advanced, since the Statute of the Child and the Adolescent (ECA) in 1990. Further National Plans set the parameters for social assistance delivery. The National Plan for the Promotion, Protection and Defence of the Rights of Children and Adolescents to Family and Community Life (2006), and an amendment of the ECA in 2009 strengthened the idea of family and community life as a *right*, and *regulated foster care as a form of child protection*.

**South Africa's** child protection legislation is comprehensive, with a continuum of care for children and families outlined in the Children's Act (2005). Child protection forums exist at national, provincial and local levels. However, there exists a significant gap between policy and the reality, which includes high levels of violence against children, and insufficient resources owing to a low budget allocation for child protection. There is also too much isolation and fragmentation of services for children, despite interdepartmental and intersectoral collaboration having been emphasised in the Children's Act.

**Turkey, Zimbabwe and Rwanda** have all seen recent shifts away from reliance on institutional care in their children's care and protection frameworks. In **Turkey** this was prompted by public outcry over exposed abuse of children in Malatya Institutional Care in 2005; in the same year, the Child Protection Regulation was enacted to protect children and young people in need, or at risk of crime. However, there is a lack of mechanisms within this system to education children themselves on their rights, or to enable monitoring.

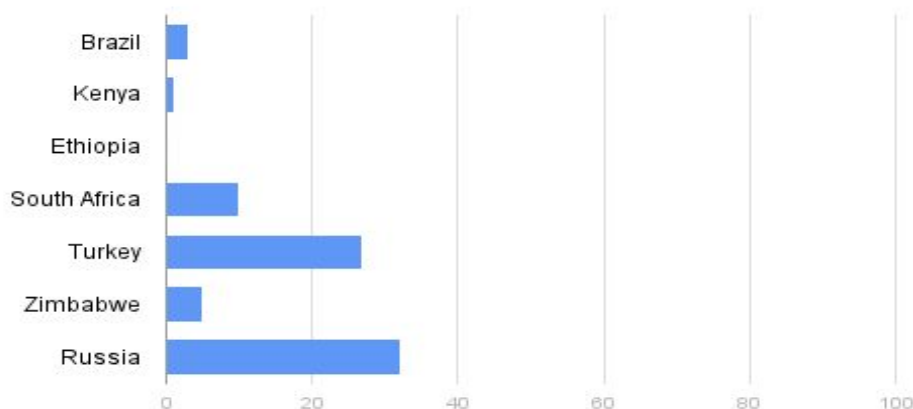
In **Zimbabwe**, foster care and adoption sit under the Department of Child Welfare and Probation services, within Labour and Social Services; however within all child-related legislation, reference to foster care is silent or implied, rather than explicit or detailed. In **Ethiopia**, it is noted that laws and regulations are inadequate in their attention to alternative care such as foster care, nor are they implemented properly considering the best interests of the child. In **Kenya**, the legal framework for children's care and protection outlined in the Children's Act (2001) put forward institutionalization as the preferred solution; the act does provide for foster care, adoption and guardianship but a child must first be institutionalised to qualify for alternative forms of care.

Child protection in **Indonesia** is currently regulated by Act 35 of 2014, which regulates parents' obligations in children's care and protection. According to this legislation, residential institutions are treated as a last resort option after investment in birth family or alternative family care. However, the situation analysis of Indonesia notes that recourse to institutional care is far more common than this principle would suggest.

## Foster Care in numbers

### *Numbers of children in foster care*

This table shows the **percentage of children in foster care** out of the total care population of that country:



(Note for Ethiopia: in the only region for where statistics are provided - Bahi Dar in the Amhara region - 0.04% of the care population are in foster care)

As seen above, in several countries, the number of children in foster care placements is remarkably low when compared with other forms of alternative care. It is notable that in **Turkey**, the number of *adoption* cases year on year has increased, due to the fact that the status of children in foster care changes to “available to be adopted” if they lose contact with their biological parents for two years. Formal statistics do not exist for reference in some countries, or the information was not provided (Jordan, Indonesia, Egypt).

### *Age of children in foster care*

Several countries did not provide information on the age range/average age of children in foster care, so it is not possible to compare the difference between countries in a single table. However, some interest contrasts were revealed:

- In **Brazil**, foster care covers 0-18 years of age, but the highest proportion of children were under-3's.
- In **South Africa**, foster care covers 0- 21 years of age; but the majority (58%) of children in foster care are aged between 12 and 17
- In **Russia**, older children are increasingly being placed in foster care, where it used to be most common for children between 3 and 6 years old.
- In **Zimbabwe**, foster care is available for children and young people up to 19 years of age.
- In **Turkey**, foster care is provided for children up to 17 years of age.
- In **Ethiopia**, the age range and average age varies across regions. In the city of Bahir Dar, foster care is available for infants from a week after birth to 12 months old, whilst in Dessie City and Adama it extends to 18 years of age. The average age in Adama is 9 years old.
- In **Indonesia**, infants placed in institutions orphanage are sometimes found a foster carer if the original family cannot be traced, otherwise they remain long-term in institutional care. For children aged 6-12 years old in need of alternative care, a foster placement is also sometimes an option.

### ***Average duration of foster care placements***

In **Russia**, **South Africa** and **Indonesia**, foster care is generally long-term. For example, children in **Russia's** foster care system are considered as 'placed for life' and removed from the adoption database. In **Brazil**, the majority of children in foster care (43%) are in 'medium-term' placements, between 6 months and 2 years in length. In **Kenya**, it depends on the type of foster care offered: emergency foster care covers a period of mere days, weeks or months, whilst broader foster family care is offered for a period of up to 12 months subject to renewal. **Rwanda's** national strategy refers to a 12 month duration of family reunification work before being moved into placements. In **Zimbabwe**, **Egypt** and **Ethiopia**, the duration of foster care depends greatly on various factors, such as the age and behaviour of the child, the resource capacity of the family, and the city in question.

### ***Number of foster care families***

In many locations, numbers of foster carers appear to be increasing. In **Turkey**, the number of foster families has recently risen from 1,225 in December 2012, to 4,600 in December 2015. **Russia** recorded more than 6,000 people registered as potential foster parents in 2014 (this includes being trained). **Brazil** also note an increase in families signing up to become foster carers in the past three years. In **Ethiopia**, by region: 541 families were recruited for foster care placements in the Amhara region; in Debreworkos, 38; in Dessie, 20; in Adama, 35. In Amhara, there are 181 families with a foster child in their care, but 400 new placements happen each year.

### ***Noticeable trends in the data over the past decade***

Almost all respondents stated that a lack of sufficient data precluded any confident commentary on trends in their country. Only **Russia** and **South Africa** comment on trends, with a tendency in Russia towards 'professionalisation' of the foster family, and in South Africa a rapid increase in foster care grant applications, when the law allowed relatives to apply for such grants.

In Russia, the idea of 'professional family care' began to be discussed by decision-makers and legislators in 2014 for 'difficult' groups of children (teenagers, or those with disabilities). The development of support systems for foster care families is also noted in most regions in Russia, as it has been increasingly recognised how difficult providing foster care to children can be.

In South Africa, the main increase in foster care grant applications was from 2002-2012: an increase from under 100,000 to 500,000, well beyond the capacity of the system. Many grants began to lapse in 2008 (court orders not renewed after two years), due to the heavy administrative backlog of dealing with new applications; in 2011, there were 30,000 expired court orders, and this continued to 2014.

## **Challenges and Weaknesses**

Respondents identified a number of challenges faced when trying to implement foster care, or weaknesses in existing systems - many of which were shared across diverse contexts.

### **Resources**

A **lack of adequately trained social workers**, a general shortage of personnel, often combined with an overburdened administrative system, was identified in **Ethiopia**, **Zimbabwe**, **Turkey**, **Jordan** and

**South Africa.** This contributes to poor quality of screening for potential foster care families, and lack of follow-up support and monitoring, putting children in foster care at risk of poor care, abuse or exploitation. In **Turkey**, social workers often burn out due to low pay, limited training and high caseload. The **South African** system is overstretched largely because orphans in kinship care arrangements are now included within the foster care system. This system, designed for a maximum of 100,000 cases now is faced with a potential of over 1.5m orphaned children who could qualify for entry into the foster care system. This has led to a considerable backlog, lapsed orders and poor quality services. **Brazil** highlights that despite the existence of a comprehensive and progressive child protection framework, the lack of the technical skill and human resource needed greatly limits its effectiveness.

A further challenge highlighted in several countries was a **lack of monitoring bodies**, partly attributed to shifts in who is responsible for foster care services. There is a need in **South Africa** to strengthen the Department of Social Development's mandate as the lead department responsible for child protection. Currently, there are too many different players working in isolation, and there is no independent child rights monitoring body. **Turkey** echoes this lack of independent monitoring, despite frequent reports of child abuse within the institutional system.

In many countries, the **limited resource allocation for foster care** in the national budget leads to the challenges mentioned above (inadequate workforce capacity, overburdened systems), as well as the inevitable reality that foster families cannot be sufficiently supported financially. In **Egypt**, there is a set financial support amount to be paid to foster families (stipulated in a 1996 law) but this is not allocated in government budgets, and the amounts being paid (if at all) are 10 times lower than this stipulated figure.

In **Indonesia**, although not specifically relating to foster care (which does not formally exist) the budget available for supporting vulnerable children is very low, and based on grossly inaccurate figures: IDR 3,000 (USD\$0.20) per day for meals for 150,000 children (when the estimate number of homeless children in Indonesia is as high as 4.1 million).

Although **South Africa's** Foster Care Grant is well-known, huge discrepancies exist between provinces due to provincial autonomy in the budget process: in Gauteng, R1269 is allocated to poor children compared with just R241 in KwaZulu Natal (the province with one of the highest levels of child poverty).

**South Africa** was the only country to mention the lack of support for young people transitioning out of foster care, though it is understood that this is a problem in several of the other countries. In South Africa, the Foster Care Grant terminates at 18, and there is no alternative social assistance for low income youth.

### **Attitudes and practices**

In **Kenya** and **Zimbabwe**, it is report that high poverty levels mean that most families would not consider accept the care of another child. In Zimbabwe, when food was more plentiful, the average family size was larger, and accepting an additional child was not seen as a significant burden. Under current constraints, the average family size is shrinking, as is the capacity or willingness to care for non-related children.

In **Zimbabwe**, attempts to mitigate the lack of state budget for foster care are made by relying on **NGO provision of services**. However, the reports from **Turkey** and **Kenya** suggest that **NGOs delivering long-term institutional care** are themselves a common obstacle to the move towards family-based or foster care models, due to 'parochial interests rooted in the resource-endowment of their organisations' (Turkey).

In **Indonesia** and **Russia**, the belief that residential institutions are the best place for a child (particularly preferable over a short-term foster care placement) is one of the greatest challenges to overcome.

In **Ethiopia**, many organisations involved in this process used to get their funding from intercountry adoption.

**Brazil's** 'culture of institutionalisation' is referred to as a deep problem, along with the 'judicialization' of poverty (viewing vulnerable families as incapable of caring for their own children).

Zimbabwe and **Indonesia** both state that informal foster care (caring for a child that is not your own) is a common and longstanding practice, as in other countries, but is very difficult to monitor, and there is no social worker involvement; this lack of regulation runs a high risk of illegal provision of child care and could contribute to trafficking (Indonesia).

Children with specific needs, such as **children with disabilities** or health issues, are more at risk of being (or remaining) institutionalised in most countries in this group. In **Russia**, though there has been an overall positive move towards deinstitutionalization, the proportion of children with disabilities in residential care is actually growing. This experience is echoed in **Turkey**, where children with disabilities are at risk of remaining in institutional care despite a general trend away from this model for the broader children-in-care population; there are not enough specialised agencies supporting children with disabilities. It is a challenge also shared in **South Africa**, where it is difficult to identify foster parents at all, let alone those willing to foster older children or those with special needs, including HIV. In **Ethiopia**, it has been seen that families tend to look for healthy and attractive children, and often put age limits on children they are willing to foster (preferring younger children); medical care is often not provided to their foster children.

As mentioned earlier, a **lack of data on alternative care** leads to challenges for those attempting to promote foster care. **Ethiopia** notes a lack of data on how many organisations exist that are working on foster care, as well as the numbers of children in need of care, or the number of willing foster families. **Zimbabwe** too highlights a lack of national level data on foster care.

A concern in almost all the countries was the **low levels of public awareness and understanding around foster care**. Firstly, it was reported that foster care is a form of alternative care which relatively few people know about in **Brazil, Kenya, Ethiopia, and Zimbabwe**. In **South Africa**, most public knowledge of foster care is related to the Foster Care Grant.

The very notion of foster care is in some countries culturally prohibitive. **Turkey** cites the challenge of Islamic prejudices against fostering and adoption models. Although attempts are being made to overcome this with contributions from the General Directorate of Religious affairs, coordination is weak.

In **Zimbabwe**, although caring for children other than your own is commonplace, this is controlled by cultural parameters which decide which children can be selected - children of unknown lineage cannot

be taken in, and children from other totems to your own (within Shona and Ndebele culture) cannot be taken in because the family would not be able to connect to that child's ancestry.

However as stated from experience in **South Africa**, foster care is perhaps more appropriate than adoption within African contexts, due to the problematic issue of terminating parental rights in the adoption process.

Other public misconceptions include the thought that most families are only doing it for the money (**Russia**); this is also echoed in **Ethiopia**, where although it is common practice to care for children other than your own, the idea of accepting money in exchange for doing so is surrounded by stigma.

At a more intimate family level, many challenges also exist. In **Jordan**, it is reported that families fear the moment of informing a child that their foster family is not their biological family. Children in alternative care also experience prejudice from peers at school as usually their national ID number differs from their peers, or the child only has their foster father's name in their birth certificate (not the biological father).

In the **Brazilian** context, potential foster parents have expressed fears of growing too attached to a child that is not one's own, leading to a reluctance to foster. In **Zimbabwe**, the possibility of foster children seeking their biological parents when they grow up is a potential deterrent for foster families, as it contradicts the principle of 'care for a child today and they will care for you tomorrow' (chirere chigokurerawo mangwana).

The latter two examples illustrate the need for demystification of foster care: that it differs from adoption in its level of permanence, but that attachment should not be avoided within foster care. Rather, foster families should be equipped to deal with the difficult emotions that surround loss and separation.

## **Achievements, Strengths and Good Practice**

Despite the challenges mentioned above, many countries note that there is a continued sense of commitment and communal responsibility for children's care, which enables optimism for the future (Kenya, Indonesia).

There is a sense of the importance of building upon what already exists. Existing community structures, such as churches (**Zimbabwe, South Africa**), women's' groups, or *iddirs* (community-based organisations in **Ethiopia**) are cited as good locations for awareness-raising and recruitment of potential foster carers. In **Zimbabwe**, a project run by a church runs workshops with potential foster parents: it aims to challenge preconceptions about the risks of dark spirits ('ngozis') which dissuade some families from considering foster care, in addition to equipping and strengthening foster carers before they are handed over to the department of Child Welfare and Probation Services.

The favourable legislative frameworks around alternative care in **Brazil, South Africa, Kenya, Zimbabwe** and **Jordan** are all cited as strong foundations for the development and improvement of foster care. South Africa's foster care policy is well articulated and has evolved to include multiple checks and balances; the formalisation of placements means children are less vulnerable to abuse or neglect. In Jordan, the official welcome of alternative care means that procedures and standards are followed, and more comprehensive training is offered to foster care families.



Regarding social worker involvement in the foster care process, capacity building is often provided by NGOs, such as Family for Every Child member in Turkey, Hayat Sende, which has focused on working with children who have experienced trauma, and technical workshops for inspectors of the child protection agency. In South Africa, it is noted that the assistance given by (mainly NGO) social workers to caregivers and children in the foster care system lead to strengthened relationships.

In Russia, Zimbabwe, and Kenya, campaigns for awareness-raising and demystification of foster care or other forms of alternative care are taking place, both at community level and using media channels. In Ethiopia, a documentary film about foster caregivers was created, as well as a series of trainings on child protection, parenting and alternative childcare. These activities have led to an increase in families volunteering to foster.

Improvements are being made in the experience of foster families. In Zimbabwe, it is stated that they now receive payment every month, they are now treated with respect when they visit local welfare department offices, and more comprehensive training is being offered to foster parents (including refresher training) through government-NGO collaborations.

A good practice example of the collaboration of different social services in an individual foster care case is given in Brazil in the case of Jeferson, an 8 year old from **Brazil** who reported to social services with a head wound; it was soon discovered that he and his young siblings were not registered and were not in school. They were registered with the Foster Care Service, through which they were placed in one family, and received immediate medical care. It was discovered through family meetings that their father was in fact capable of caring for his children provided he had sufficient psychosocial support. The foster family played a crucial role in supporting the father and giving the birth family some space; the children received ongoing support from the psychosocial team following reintegration.

Regarding larger organisations who are shifting their approach towards family-based care, SOS Children's Villages is highlighted in both **Indonesia** and **Russia** as an example of good practice. A move away from small group homes to foster families within SOS in Russia enables children of ages and disabilities to be taken in. In Indonesia, the cluster foster care model practiced by SOS includes training and internships provided to foster mothers before they are selected to care for a family.

Family for Every Child member P4EC in **Russia** has developed a respite foster care service for children with disabilities and their families, which is mentioned in the 2012-17 National Strategy for Children. This is not formally recognised as foster care, since the child is still in the legal care of their own parents. However there is growing recognition that this type of professional preventative care can play an important role in strengthening some families.

## Recommendations & Opportunities

In Indonesia, the strength of **family-based care as a part of culture** and supported by religious teachings is seen as an opportunity to build upon, as is the demand for improvement of the quality of childcare (including the availability of foster care) since the passing of the Child Protection law in 2003.

Other countries also identify **existing legislation or frameworks** as opportunities for improvement (Kenya, South Africa) - since in many places, guidelines for care exist but are not implemented effectively. In Kenya, a need is identified for social protection systems to become child-sensitive, noting that protection and welfare needs to be linked to access to health and education; moves such

as this would reduce levels of poverty and social exclusion which often cause children to be unnecessarily separated from their families. The need for commitment to family-based systems of protection and a continued process of deinstitutionalisation is also identified as a priority in the Kenyan context.

Ethiopia and Zimbabwe note **opportunities in the existing community structures** such as *iddirs* or churches, as a place where potential foster families can be reached, and communities can be more effectively engaged in the understanding of foster care.

Russia identifies a specific need to better **equip foster families for children with disabilities**.

Owing to current low levels of knowledge surrounding foster care, it is suggested in Ethiopia that **large scale awareness activities on alternative care** (foster care in particular) are launched, as well as fostering networks and better coordination among involved actors at town level, to build capacity and support foster care providers.

**Research and/or better documentation** and databases are highlighted as a need in Ethiopia, Egypt, and South Africa. Investment in the **training and capacity building of a competent social services workforce** is also highlighted in these three countries.

-----

**With thanks to all participating members of Family for Every Child who contributed Situation Analysis reports:**

ABTH: Brazil

Hope Village Society: Egypt

Jordan River Foundation: Jordan

Forum for Sustainable Child Empowerment: Ethiopia

Undugu Society: Kenya

Uyisenga ni M : Rwanda

CINDI: South Africa

FOST: Zimbabwe

Muhammadiyah: Indonesia

P4EC: Russia

Hayat Sende: Turkey