

Foster Care / Kinship Care

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Definition of Foster Care & Principles

Definition

"Foster family care is a planned service that provides substitute family care with relatives or non relatives, for a child or young person."

The service is provided when a child or young person's own family is unable to care for him/her for a temporary or extended period.

Foster care includes Kinship care and Non Kinship care.

Foster care involves both kinship care (care with relatives) and non kinship care. The principles underlying the provision of substitute family care are the same for both kinship care and non kinship care.

The Order of Priority of Family Care

Foster care should only become an option when it is apparent after careful assessment that it is in the child's best interest and welfare that care outside of his/her own family is needed.

When foster care becomes a considered option, preference must first be given to exploring the child's extended family to determine whether or not a kinship family is available to provide the care needed.

It is only when it is apparent that neither the immediate or extended family can provide the care required that efforts need to be made to find a suitable non related family to care for the child, or young person.

The preferred order of family care for a child then is:-

- a) immediate family
- b) related family
- c) non related family.

Foster Care Principles

1) Children and Young People are Precious

All children and young people are precious. They have a right to belong to a family where they are safe and loved.

2) The Welfare and Best Interests of Children are Paramount

All children and young people have the right to grow with nurture, protection and guidance within a family setting, where their welfare and best interests are paramount.

3) Preventative Measures Precede Foster Care

Children and young people should only come into foster care where this is considered to be in the child's best interests, and only after all preventative options have been explored.

4) Family Relationships are Essential for Children

Families and preferably a child or young person's own family or extended family, are the best place for a child or young person to grow. When this is not possible, and care outside the family is arranged, every effort must be made to ensure that important past relationships are continued, and that new family and cultural links are encouraged.

5) The Importance of the Immediate and Extended Family

Agencies involved in placing children in foster care need to deliver a service which emphasises the importance of the immediate and wider family in a child or young person's life, and always seeks to involve appropriate family members in decision making.

6) Spirit of Partnership is Essential

Foster care must be a partnership between the foster carers, social workers, birth family and significant other adults, all working together in a planned way, and in the best interests of children and young people.

7) Children's Interests are Served by Planning for their Future

Planning is an essential component of the provision of a quality foster care service. Each child's or young person's welfare interests will be best served when the important adults in their life meet together in a spirit of partnership and plan together, the future nurturance and education of the child or young person.

8) Cultural Identity Important for Children and Young People

All children and young people should have the opportunity to grow up within their family's culture. The ethnic and cultural identities of children and young people and their families must be respected in the provision of the foster care service, and in the making and support of individual placements.

9) Children and Young People are Entitled to High Standards of Care

Children and young people in foster care are entitled to the highest standard of care. Quality care is most likely to be provided when all the adults involved in a child's or young person's life, work together in a spirit of partnership and planning, primarily concerned with the welfare and the best interests of the child or young person.

10) Children and Young People need Legal Security and Commitment

Children and young people living apart from their birth families have the right to belong to a stable and nurturing family where there is legal security and commitment.

11) Foster Care Staff need to be Well Educated and Trained

Quality foster care provision is a skilled and demanding task. Agency staff providing a foster care service, need to be well educated and skilled in the theory and practice of foster care and have a commitment to constantly improve upon their knowledge and skill level.

12) The Importance of Prayer

Foster care placements are usually associated with a history of trauma and grief for the children and young people placed. Each placement needs the grace of God poured out to bring healing of body, soul and spirit, and to build relationships which will bring life long blessings to the child or young person concerned. Prayer for the children and their families is essential in helping them re-establish their lives within a network of love, of which God is the author.

Qualities Needed For Successful Foster Family Caring **(Including Kinship Care)**

Foster families for children and young people are needed for a wide range of caring.

- a) - emergency/short term care.
 - medium term care
 - long term/permanent care
 - in this time range, foster families are needed to care for
 - infants
 - preschoolers
 - primary age schoolers
 - pre adolescents, adolescents and late adolescents

- b) In addition, foster families are needed, who can nurture children and young people with –
 - physical disabilities
 - intellectual disabilities
 - emotional or physical health disorders
 - spiritual needs.

- c) Not only do children and young people come with a range of age and abilities, they bring with them a cultural diversity.
 - Foster families are needed who can reflect and respond to the cultural diversity.

- d) Wherever possible, it is important that siblings are cared for together.
 - Foster families are needed who can care for siblings together, or work in closely with another family, sharing the care of siblings.

Given the huge range of care required, the following points are made.

- 1) A foster family can comprise
 - parents with children
 - parents with no children or grown children
 - single parents of either sex, married, with children or no children
 - single parents of either sex, unmarried
 - community groups

- 2) The number of children and young people requiring care, and the range of their age and needs means that an agency has to look beyond the conventional family structure, and also utilise the love and desire to care, of otherwise suitable people, such as single parents.

- 3) An agency has to be innovative in providing care for needy children and young people, and to be ready to use caring people from unusual or different circumstances, provided they meet agency criteria of being able to offer safe and loving care.

Given the above, the following are qualities which both research and experience cite as being desirable in foster families.

- lots of warm open love.
- ability to see through a commitment.

- sound family relationships.
- open, honest communications.
- a sense of humour.
- flexible and relaxed in daily routines.
- consistent discipline based on clear values which enhance personal dignity.
- willingness to work as a team with agency staff
- ability to accept a child or young person for whom he or she is, and to hold realistic expectations for progress.
- ability to cope with difficult, stressful behaviour, and to seek appropriate help when needed.
- positive support from both the wider family and community.
- active prayer life.
- a range of interests and activities of which foster care is but one.
- to care deeply, but not to be dependent upon a child or young person to fulfil emotional needs.

It is unrealistic to think that any one family would score high on all the qualities listed above. Nevertheless, if too many of these qualities are absent, the chances are poor for the family to succeed in caring for someone else's child.

Recruitment Of Foster Carers

(including kinship carers)

It is a challenge to find a suitable, nurturing and committed family for every child or young person needing care. This is especially so in providing families to care for teenagers, children and young people with special needs, (physical, emotional, intellectual) for multiple placement of siblings, and children and young people from ethnic minorities.

The ideal is to have a large pool of prepared foster families, so that there can be some choice in providing the right family for a child or young person in need. Sadly this is rarely the case. The reality is that demand for care outstrips available resources so that all too often care happens on the basis of what is available and not on the suitability of the family selected.

Foster carer recruitment requires vision, dedication, prayer and a belief that for every child there is a family willing to love.

Why are There Insufficient Families Available ?

Negative extended family dynamics

Relatives of children needing care, often have social, or economic family problems of their own, or are deterred by wider, negative family dynamics, which through their caring could impact even more on them.

Stress of modern family life

In this modern age, many families are under stress on account of economic, employment and relationship issues. They often have two working parents, or only one parent at home, and there is little energy or time left for the extra task of fostering.

Difficult behaviour of children and young people in care

Children and young people who have been orphaned, abused, neglected, or made homeless, can, as a response, display difficult and challenging behaviours to which families are reluctant to expose themselves.

Foster care under valued

Generally, communities place little value on foster care, often seeing it as a second rate system for “bad” children. This lack of status of foster care is not an encouragement for families, even if otherwise they would seem to be suitable, to offer themselves for the complex task of foster care. Mostly, people will avoid placing themselves in situations where a negative image spreads to them. Fostering needs to be valued by the community if families are to offer themselves for this task.

Potential foster carers deterred by bad experiences

Foster families who have bad experiences of caring, not only do not offer themselves again, but they put other families off from offering themselves. Sadly this happens too often.

Families from cultural minorities

Families from cultural minorities can feel that they do not relate well to agencies who run foster care programmes, particularly if the agencies do not reflect cultural minorities in their make up. This can be a deterrent to these families offering their care.

Finding Families For Children And Young People In Need Of Care

Children and young people who need care outside of their own immediate family deserve to be offered alternative family care which is suited to their personalities and circumstances.

Only the best is good enough for these children and young people who are often traumatised by their experiences. What happens for them during this time of trauma and change will have a life long impact; for good, or for bad. The memories of what happened will stay with them right through adulthood.

Agency policy and practice must reflect that each child or young person is special and precious and the belief that there exists the right family to care for him or her. An important factor in finding a family for a child or young person is the social worker’s belief that such a family exists and can be found.

Important Factors In Finding Families For Children And Young People

Comprehensive Assessments

A comprehensive assessment based on the ‘Ecological Model’ is carried out on every child needing care. Thorough assessments involving significant adults in a child or young person’s life will reflect the nature of the family care required.

Extended Family Exploration

A thorough assessment using the ‘Ecological Model’ requires social worker contact with extended family members. These members should always be the first families explored as to whether or not they can offer care for the children or young people concerned. It is critical that quality social work time be given to this role of wider family assessment.

Consultation with Family “Elder”

In finding a suitable kinship family, at times it can be helpful to meet with the “elder” of the family group, the person or persons who not only know the family well, but also have considerable influence in family matters – e.g. grandparents, or a tribal elder.

Active Recruitment Policy

Every agency needs to have an active, ongoing policy of recruitment of foster families in addition to kinship families. Kinship family recruitment arises out of social work involvement with a particular child or young person, whereas non related foster family recruitment is with the view of building a pool of foster families able to serve the needs of a variety of children and young people.

This active recruitment policy needs to be led by staff who are appointed with the goal of recruiting and training a growing pool of foster carers.

Foster Carers Recruit Foster Carers

The most effective way of recruiting foster families is through the word of other foster families. There is no question that if active foster families experience satisfaction through having the skills, the support, and the status of a valued team member, they will encourage other families to undertake fostering. In essence, an effective way to recruit foster families is to put a lot of energy into looking after foster families already in the programme, and this includes kinship families.

Support of Existing Foster Carers

It is much more cost effective to put time, effort and money into supporting, empowering and retaining existing foster carers, than to have a high drop out rate and to be forever recruiting and training new foster carers from a community whose experience of foster care is generally negative.

Retention of Foster Carer

Foster care retention is related to:

- a) foster carers being valued for their skill, knowledge, faith, love and commitment.
- b) foster carers being treated as colleagues by social workers.
- c) foster carers being well trained and prepared for their role, and offered opportunities of ongoing training.

- d) foster carers working as equal members of a team, actively involved in the planning process for the children and young people in their care.
- e) foster carers being offered quality agency support which takes into account their particular family circumstances and the nature of the care being undertaken.
- f) foster carers receiving realistic sums of money to recompense them for the day to day expenses of the child or young person in care.
- g) foster carers being visited by agency staff after a placement is finished, so that they can share what the experience has been like, they can be thanked and that a decision can be made about when they will be available to care again.
- h) the agency having a clear policy that foster carers will not be over loaded with care demands, and will be given opportunities to have breaks between placements.
- i) foster carers being supported in prayer, by prayer partners.

Experienced Foster Carers are Helpful in Recruitment Campaigns

Agencies often use experienced and suitable foster carers in recruitment campaigns, because of their effectiveness in recruiting other families. They can be used in planning recruitment, in public speaking, in sharing with an interested group of potential foster carers, or in foster carer training. Apart from any other consideration, this use of foster carers gives them a message of how the agency values them and their role.

Recruitment Requires a Person Dedicated to the Role

Every agency needs a designated person responsible for the recruitment of foster carers. This person needs to have good public relations skills and be able to lead a recruitment campaign which involves the media and community groups to portray a positive message of the immense value of foster care in the lives of children and young people in need of family care. In this regard, attractive, informative pamphlets, posters, videos and the like, are essential. It has to be remembered though, that publicity campaigns are not likely to be successful if the known quality of the service delivery of the agency is poor. The best advertisement of all is a service of high standard which is well regarded in the community.

Advertising for Specific Children

There are children and young people referred for care, for whom there is no suitable and available foster carer. Typically, this is the case with children and young people who have a severe handicap, or who have demanding behaviours which can put others, or themselves at risk of harm.

In these situations, specific advertisements which feature the child or young person concerned, in either an identifying or non identifying way, need to be placed in suitable publications, so that the need for a foster care family is advertised widely.

In using this method, thought has to be given to the nature of the readership, for it is more likely that a foster carer will be found for a child or young person with difficulties, from families who are fairly relaxed in their life style and not committed to achievement and long hours of work and/or study. Many of these foster carers will be “different” in some respects from the average family in the community.

Whatever medium is used for publicity, it is important that the birth family know and agree to it, and the advertisement is written in understandable, honest and realistic terms. Labelling a child such as “handicapped” or “disturbed” is not good. Instead, behaviours should be

described specifically, as this is a meaningful way of informing people and attracting suitable carers.

Conclusion

In finding homes for children and young people, social worker attitude is a hugely important determinant. If social workers believe there is a home for every child and young person capable of making a response to family care; if they see first and foremost a child or young person and not their disability and behaviour; if they see a child or young person who will enrich a family and not burden it; and if they are committed to finding a home, then sooner or later such a home will be found. A belief that there is a home for every child becomes a self fulfilling prophecy.

Every child deserves to have someone who believes in them and wants the best for them. It is out of this belief, associated with thoughtful social work practice, that good things happen for children and young people in need.

Assessment Selection Of Foster Carers

(Including Kinship Carers)

Providing foster care for someone else's child or young person is a huge responsibility. It is paramount that children or young people who come out of a traumatic situation into alternative family care, come into a safe, nurturing environment which has their best interests and well being at heart.

Children and young people coming into care are vulnerable. They can be hurt, confused, depressed, angry, or uncertain. Foster care must be able to embrace these children and young people and bring them healing and hope.

As far as possible, the assessment, selection process must ensure that every foster placement made is into a home where the child or young person will be lovingly cared for. The assessment, selection process has to be thorough enough to enable this goal of safe, loving foster care to be a reality on every occasion. It is a skilled task which must be carried out by competent and prayerful staff.

The following is a recommended process of foster carer assessment and selection

Interested foster carers are sent an information packet from the agency. This information should outline in an easy to read manner:

- a) the principles of good foster care practice.
- b) the role of the foster carer.
- c) the challenges and rewards of foster caring.
- d) the vision, objectives and character of the agency
- e) the assessment, selection criteria and process of the agency.
- f) an application form to be completed and returned to the agency.

The application form should contain details of family names, dates of birth, ethnicity, address, phone numbers, health, police convictions, church membership, previous foster care experience, brief personal histories, names, addresses and phone numbers of referees, and a statement as to why the family is interested in foster care.

On receipt of the application form, agency staff arrange to meet with the family. These visits should be in the home of the interested foster carers.

Ideally, it is best if two staff members undertake the family assessment. Adult family members should be seen separately as well as together, with any children of the family. Adults who are not part of the family, but stay in the family home, need to be part of this process. To complete this process satisfactorily, several visits to the family may need to be made.

The following are issues which need to be covered in assessment visits with a family

- Why has the family offered itself to be a foster family? Are all members united in this desire? How do the children feel about sharing their Mum and Dad with others. Whose needs is the family most concerned with – its own or those of children and parents referred to the agency.
- Description of family, names, age, sex, of both nuclear and extended family. The degree of support which can be expected from extended family?
- What sort of caring is the family offering to do and for whom? Taking into account sex, age, race, disability.
- What is the Christian commitment of family members? How important is prayer? Does the family pray together? Do they attend church together?
- How warm and caring are family relationships? Can family members laugh? Can they care in an unconditional, non-judgemental way? Can they see a commitment through?
- The quality of the marriage relationship? Quality of parent/child relationships?
- The overall strength of the family? How do they handle crisis, stress? How flexible can they be in structure or routine, without compromising standards?
- What do family members do to relax – hobbies, interests? Are any of these interests shared by all the family? When and how does the family come together?
- The support network the family can draw upon, church, community, extended family. How effective is this support?
- Health of family members – physical, emotional, both current and past. Are there any current stress factors for the family?
- How do the parents discipline their children? How do they expect to discipline children coming into their care?
- How would the family handle a child displaying sexual problems? Are the husband and wife comfortable in their own sexual roles? Within the family, are there any sexual difficulties which trouble the marriage or the family?
- Ethnic and cultural issues. Are these a problem? How would a family cope in caring for a culturally different youngster?
- Can the family operate as part of the team? Communicate freely and honestly with the social worker? Make themselves available for regular visits, phone calls? Discuss concerns with the social worker, treat information as confidential.
- Can the family reach out to the natural family, make them feel part of the team? Can they encourage the parents in their parenting role?
- Foster parent training. Are both parents willing to attend a foster parent course and commit themselves to ongoing training?
- The economic set up of the family. Is finance a worry? How important will board and clothing payments be? What hours do the parents work? Will these hours affect the kind of caring they can offer?
- The physical set up of the home. Bed space. The degree of privacy which can be offered a youngster in care. Closeness to transport, school and the like.
- Does the family already have an emergency evacuation plan? Are there adequate emergency exits at all floor levels? Does the home have a smoke alarm? Where is the first aid kit?
- Does the family vehicle (if applicable) meet safety standards for transporting children? Is it registered? Does it have a current warrant of fitness? Are there approved seat belts and child restraints (if there are children within the age groups for such restraints)? Does the driver have a current 'clean' driver's licence?
- What special gifts can the family offer, arising out of their experiences, training, interests?

- References. Do people who know the family well, agree that they should become a care giving family? Is any one of significance critical of this desire? Do any family members have a police record, especially related to offences against persons, but also involving other offences?

The primary consideration to be borne in mind when undertaking the assessment, is the ability of the foster carers to provide safe care for any child or young person with them.

References

References are an essential part in determining the suitability of a family. A minimum of three references must be obtained from responsible people who know the family well and who will be able to comment in an objective manner on the suitability of the family to care for someone else's child.

Ideally, referees should come from both the wider family and the community, including a reference from a church minister. References should be in writing for file purposes, but it is also essential that staff speak with referees. It is through talking directly with referees that issues that are not always referred to in a written statement, can be discussed.

The overriding factor in these discussions will be to determine that safe and loving care can be offered to any child placed. Referees need to comment on what they see to be the strengths and weaknesses of the family and their suitability as care givers. The ultimate test is whether or not the referees would place their own children in the care of this family.

Prospective foster carers need to give permission for these discussions with referees to take place.

Police Checks

To be approved, foster carers must agree to a written check being made with the police as to whether or not any adults in the home have a criminal history. Police checks are essential in the agency being sure that the foster family does not include a person with a history of violence or abuse.

No family must be approved as foster carers if a person living in the household has a conviction for violence, for indecency, or for harm of a child or young person. The only exception to this provision could be for offences committed as a youth, which were of a relatively minor nature, and which have not been repeated in adulthood for at least 10 years.

Convictions for offences not outlined above, do not preclude approval as a foster carer. However, there must be clear evidence the person concerned is now living a responsible life and has not offended within the last seven years.

In making decisions in this area of previous offending, the ultimate consideration must centre on the safety of any child or young person placed in the home. This consideration must take precedence over adults being given the opportunity to provide a service which reflects that they have outgrown and left behind an irresponsible past. There can be a tension for an agency wanting to provide this opportunity, (often pressurised by lack of foster carers) and being at peace about any placement made because of a past history of offending. To err on the side of safety is the wisest way.

Health Checks

As far as is possible, it is important for the agency to be aware of all the factors which could affect the success or otherwise of a placement. Health considerations fall into this category. The agency has a responsibility not only for the well being of any child being placed, but also for the well being of all the members of the foster family. As a consequence it is important that family health issues (physical, emotional or mental) are known and are fully discussed with the family through the assessment process. It is for this reason that permission should be obtained from family members to get relevant medical reports to help in the assessment process.

Files

Information gathered should be factually and accurately recorded as soon as is possible after visits and phone calls are made. The material should be retained in a file dedicated to the family and be kept up to date. At all times the file in its presentation and records should reflect the respect and value the agency has for the family.

Approval

Assessment is only part of the approval process. Final approval as foster carers for a particular family cannot be given until the parents have completed required preparatory training. Assessment plus training are critical components of a family being approved as suitable foster carers.

The approval and accreditation of a family must be undertaken by the Director of the agency on the basis of the written file presented by the assessing staff, and discussion with them. The Director must be satisfied that any child or young person placed with the foster carers will be well cared for and safe from harm.

Accreditation of foster carers should be for a limited time frame (3 years is a typical span) with re-accreditation based on quality of performance and willingness of the family to accept opportunities of ongoing training.

A signed and dated certificate of accreditation should always be given to the foster carers as evidence that they are approved and trained foster carers.

Kinship Care & Recommendations for Practice

Kinship Care

The definition of foster care includes Kinship care.

"Foster family care is a planned service that provides substitute family care with relatives or non relatives for a child or young person."

Kinship care is part of the foster care definition because children or young people who require care and protection outside of their birth parents' family, have similar safety and nurturing needs regardless of whether they live with relatives or non relatives.

While kinship care is nearly always the preferred option for children and young people in need of alternative family care, it is not an easier option. All the principles which apply to the provision of quality foster care through non relatives apply to relatives. For children and young people to feel safe and loved with relatives, as well as non relatives, there has to be a commitment to well train, well prepare, well inform and well support the families concerned.

There is a mistaken notion that if a child or young person goes to live with a relative the placement can be left with little support because the household are all family living together. This notion does not take the following circumstances into account.

Trauma of Children and Young People

Research and every day experience shows that children and young people considered to be in need of care and protection show the same symptoms of trauma regardless of whether they live with relatives or non relatives. The fact that the child is related to them does not make for fewer problems for kinship carers compared to foster carers.

Stranger Kinship Care

It is possible that children or young people can be placed with relatives who they do not know well or not at all. In effect, their placement is with strangers, who happen to be related.

Overlay of Family Emotions

Behind every child and young person needing care and protection lies a family story of pain, grief and struggle. It is typical that some of this pain and grief has impacted upon the wider family including the relatives who are offering to provide the care. This overlay of extended family relationships and emotions, of which the kinship carers are a part, often make the care of a child or young person more difficult than non relative care would be.

Grandparent Exhaustion

In kinship care, grandparents can end up caring for grandchildren. This can mean that grandparents, at an age when their energy level begins to lessen, take on the care of children who may have been through quite traumatic circumstances which in turn impacts on their behaviour. In addition it is more likely that the grandparents will be caring for all of the siblings. All this can mean that grandparents at an older age can be left to care for a number of grandchildren who are coming to terms with major loss in their lives. Tiredness and exhaustion can be real factors for grandparents in this situation.

Grandparent - family emotional overlay

Grandparents caring for their children's children can also have a significant emotional overlay with which to deal. Depending on the circumstances, major issues, some of which could go back to their upbringing, may lie between their children and themselves, issues which could impact upon the nature of the care they now offer their grand children. There can also be questions raised by outsiders to the family of the wisdom of placing grandchildren in the same family that for example reared a parent who has now failed to adequately provide care and protection to their own children.

Generational extended family dysfunction

Child abuse can be a symptom of dysfunction, not only of the immediate family, but of the wider family as well. It is typical for abusive behaviours to have been passed on through the generations, and so affecting more than one branch of a family within any one generation.

Extended family rejection

It is generally more traumatic for a child in a kinship placement if the placement fails than if the child's placement fails in a non relative placement. While placement breakdown of any nature is unfortunate there can be extra hurt for a child or young person if they feel family members are either not willing, or not able to care for them. To be "rejected" by family, on top of all the other hurts can be very painful to deal with. In addition the family itself can be left with an acute sense of grief, failure and guilt.

Financial Burdens

Kinship placements are often made in circumstances where relatives had not planned to be caring for extra children. This can mean that children can be placed in crowded accommodation, and with limited facilities and income to care for them. Kinship placements can bring financial pressure upon the relatives who are providing the care needed especially in terms of education and health needs. It is not uncommon within kinship care to be placing the children of the poor with the poor.

Return of Children to Birth Parents

Although kinship placements are the preferred option within foster care, research shows that kin placements are less successful than non kinship placements in the success rate of returning children to the care of their parents (where this is appropriate). The evidence reflects that once a placement with wider family is made there is then little ongoing social work to rebuild relationships with parents. The children are seen to be with 'family' and that is considered to be all that matters.

Comprehensive Family Assessments

Research shows that if children or young people in either kinship care or non kinship care are to be kept safe and nurtured, comprehensive family assessments must be undertaken, the family must be well trained and prepared for the challenging task of caring for children and young people who have been abused, rejected, neglected, abandoned, or orphaned, together with receiving adequate and ongoing financial, prayerful and social work support.

SUMMARY

Given the above, it is apparent that kinship placements not only deserve the same quality preparation and support that non kinship placements receive, they deserve extra. Caring for an abused child or young person is not made easier by virtue of being related. The network of extended family relationships and emotions, associated with financial and accommodation

pressures, while coping with stressful behaviour from the children concerned, often make it more difficult. This must always be kept in mind when kinship placements are made

Recommendations For Practice

Thorough Assessment of Family

Kinship placement must be thoroughly assessed as being a safe and nurturing place for the children or young people concerned. Consultation with, and the involvement of extended family members in this process is essential. Assessments should be made on the basis of a comprehensive analysis that examines the quality, strengths, weaknesses and relationship histories across the wider family, and especially with the household being considered for the placement.

It is essential the assessment involves any children of the family being considered for the placement. Their attitude towards the children who will live with them will be a crucial factor in the success or otherwise of the placement. This is as much so for kinship placements, as for non kinship placements.

Thorough Assessment of Child/Young Person

Children and young people who are to be placed with relatives must be thoroughly assessed. It is not fair on the family concerned, to ask them to care for children on the basis of little information. Caring for traumatised children can put stress on the whole family unit, and this is especially likely to happen when the family is given incomplete information about the children or young persons and their needs and behaviours.

Physical, intellectual, emotional and social needs assessment should be undertaken so that the family can be fully informed about the children who are coming into their home.

The assessment should also take into account sibling relationships, so that whenever possible, children can be placed together, or if this is not possible, to keep them in regular contact with each other.

Kinship Carers Well Trained

Kinship carers need to be well trained. Caring for children who have suffered abuse and/or neglect is difficult, and in some cases is made more difficult in kinship care due to stressful and complex family relationships. There is a need for education about child development, positive discipline, managing difficult behaviour, impact of abuse and neglect, death, separation, loss and grieving, working with the child's parents and other relatives, changes in their own family dynamics, keeping children safe, and themselves safe from allegations of abuse and neglect.

Quality Planning Process

Good foster care practice is dependent upon quality planning, which involves all who are important in the lives of children and young people being placed. Planning for kinship placements must be as thorough as non kinship placements.

The plan of care must reflect clear goals and tasks and be regularly reviewed.

Good planning will ensure the aim of the placement is kept to the forefront and that all that is needed to ensure the success of the placement is undertaken. In particular, planning can address issues such as the sometime neglected issue of the relationship and contact with parents and the involvement and support of other family members, the social worker and other professionals. It

also ensures that financial issues are discussed, as well as issues directly related to the education, health and well being of the placed children.

Well Trained Social Workers

Social workers involved in kinship care practice must be well trained in the provision of quality foster care, and in particular in the extra dimensions that are characteristics of kinship care. Social work practice must reflect that for kinship care placements to succeed, families must be well trained, prepared and supported, and that the placement is founded on a quality assessment and planning process.

Kinship Placements must be well Supported

Kinship placements require a level of support which meets the unique make up and circumstances of the family, as well as the nature of the care being offered. The nature and degree of this support will be only arrived at once there has been a good planning process, and open discussion between the social worker and the family. While the nature of the support will vary from family to family, it is critical that the carers and the children in care receive regular and pre arranged visits and that the family is able to readily access support out of hours, especially if an emergency is involved.

Apart from social worker visits, other support can be arranged through the involvement of other professionals, and through various community groups, and wider family.

Financial support is also of great importance with the social worker having the responsibility to ensure that the family is receiving the best possible financial support available. Financial support should be such that the placement does not bring financial stress on the family.

Prayer

Prayer is an essential part of the network of love built around a family. Prayer brings healing and wholeness into the lives of the children and young people and their relationships, while at the same time adding a further and vital level of encouragement and love to the kinship carers. Prayer should sustain and cover all placements.

Regular Reviews

Each placement must be regularly reviewed by all the significant people involved. Regular reviews ensure that the ongoing planning goals and tasks are relevant to the child or young person's situation, as well as ensuring that support for the kinship carers is in place, support which is acknowledged by the kinship carers, to be right for their circumstances.

Kinship Support Groups

While kinship care and foster care have some common issues, there are particular issues which apply to kinship care. Given this, it can be helpful for kinship carers to gather together on a regular basis in a support group. These groups, if well led, can bring into the open, the difficult situations which are typical of kinship care, and give advice and encouragement on how to deal with them. These support groups can be a primary source of strength for kinship carers.

SUMMARY

The best place for children and young people who are not able to live with their own parent(s) is with extended family who love them. Given this, agencies have a responsibility to ensure that kinship placements are always explored as a first option, and that thorough care is taken over the way the kinship placement is set up and supported.

Placement Breakdown

Successful placements are dependent upon:-

- a thorough training and preparation of foster carers.
- a total sharing of all relevant information prior to placement.
- a quality planning process which involves both foster carers and birth family.
- the development of a trusting, supportive relationship amongst those involved, especially amongst social workers, foster carers and birth family members.

It is further known that success in foster care is more sure when foster carers are older, have experience in foster care, and where competition is not present in the relationship between the child in care and the children of the foster carers. Moreover, it is known there is a greater risk of breakdown with the placement of older children, or with children with marked behavioural difficulties, when siblings are separated (with some exceptions) and when there is minimal or no contact with birth family members.

No agency exists that on every occasion has always made a successful placement. While the principles which are essential for the making of good placements are known, because of the human factor, there is no known way of always achieving stable, and successful placements. Although there are well recognised and researched principles of placing children in foster care, there is no outstanding common theme which underlies placement breakdown provided the principles of good placement are followed.

However, it is evident that unrecognised, pre-existing problems in a child or young person (e.g. sexual abuse, stealing) that no one has been prepared for, can work against a placement's success, as can unpredictable problems which occur after placement and bring unexpected stress on a family (e.g. major illness, unemployment). If nothing else, these factors emphasise the importance of quality assessment and information sharing procedures as well as quality support of foster carers during the provision of foster care.

Although agencies must always strive for successful placements on every occasion, as children and young people deserve no less, it is being realistic to acknowledge that all children coming into care will sooner or later encounter periods of crisis and stress as they grow, and these periods will be compounded by past abuse and neglect, and by disability. It is realistic to recognise and accept this, and be prepared to totally support a placement as each crisis arises, rather than think a crisis reflects a wrong placement.

If breakdown occurs, even after careful placement and quality support, it need not be disastrous for those involved. Much depends on how the breakdown is handled. The following principles are important.

- The child or young person is kept safe in an appropriate transitional situation.

- The child or young person is carefully listened to, by the social worker, and given quality support by the social worker and others deemed to be appropriate.
- The foster carers are carefully listened to by the social worker and given quality support. Sometimes this support may come from people other than agency staff. However, the social worker always has the responsibility that this support is in place regardless of who provides the support.
- The social worker helps both the child or young person and foster carers, work through their disappointments, and hurts, and come to some resolution of the situation.
- The circumstances, both positive and negative, surrounding the breakdown are carefully analysed, so as to better inform and prepare for the next placement of the child or young person.
- The social worker receives quality supervision to deal with his/her own feelings of failure, guilt, or inadequacy, as well as to determine the right steps to take in the best interests of the child or young person.
- A review, planning process is put into effect so that all the significant people in a child's or young person's life, can have input into decisions regarding their future placement and support.
- The social worker is open and frank in all the discussions held with the child and young person, the foster carers, the birth family and other interested people. No matter how painful, the reality has to be addressed, for it is only from an honest and truthful appraisal that issues can be worked through, good information can be shared and good decisions made for the future.

Children and young people deal better with a situation which is truthfully described and discussed than one in which the reality is glossed over. It is easier to come to terms with the known than the unknown. It is difficult for a child or young person to move on to the next placement if there are undealt with issues from the last placement.

- The carers in the proposed new placement are fully informed as to the circumstances which contributed to the placement breakdown, as well as all other relevant details about the child or young person

The situation is covered in prayer.

Experience of agencies involved has shown that most children or young people from a disrupted placement can be replaced successfully. There is only a small minority of children or young people who cannot settle with a family. It is best if a subsequent foster family for a child or young person from a disrupted placement, is experienced and has the skill and sensitivity needed to care for someone who is possibly suffering from betrayal of trust, worthlessness or rejection. There is no question that a family who is experienced in caring for grieving, angry children or young people, is ideal in this situation even though it is acknowledged that the ideal is not always attainable.

Sometimes, children and young people may be so upset following upon a placement breakdown that it may be necessary to provide them with an interim home, allowing the child or young person more time to come to terms with what has happened, before being expected to form new relationships. However the situation is handled, it must be handled with sensitivity and skill,

based on good consultation and team work, and always covered with prayer. When this is done, good can often flow out of what seemed to be a disastrous situation.

Placement Of Children And Young People In Foster Care/Kinship Care

Children and young people will always remember the circumstances which led up to their placement in foster care and how they were treated at the time. The implications of placement are life long. It is for this reason that every foster care placement made, is done sensitively and well. The children and young people concerned are entitled to be dealt with in a way which shows every consideration for their best interests and well being, at the time of placement and for the years ahead.

Principles of Placement

Prayer

Every placement should be founded on prayer; prayer of the staff and of the agency. Prayer for wisdom and guidance in seeking and making placements for children and young people is essential for the foster care journey can be incredibly complex and traumatic.

The Welfare and Interests of Children and Young People are Paramount

With all placements, the welfare and interests of the child or young person must be the first and paramount consideration. Adult interests must always be secondary to those of the child or the young person requiring placement.

Committed, Caring Homes

In making placements, staff at all times will seek foster carers who will provide a child or young person with a home of security, of commitment, of nurture, while encouraging the continuity of family and other significant relationships.

Family Options

If an assessment determines that care is needed outside of the immediate family, the agency is committed to exploring the possibility of placement within the wider family, before seeking a placement with non relatives.

If a placement within wider family is considered, staff must bear in mind the welfare and best interests of the child or young person and be certain the child will be safe and loved. Staff must apply the same principles of safety and nurture to a kinship placement as they would to a non kinship placement.

Placement Outside of the Family

When placement outside of the family is considered, staff will seek a placement which will bring as little change to a child's or young person's circumstances as possible.

In this regard, staff will have, as a preference, a foster carer of the same ethnicity as the child or young person, and in the same locality. This is to keep circumstances as familiar as is possible for the child or young person, e.g. cultural behaviours, friends, schools, clubs etc.

Despite this principle of keeping circumstances as familiar as is possible for the child in placement, there are occasions when it is in the welfare and best interests of a child or young person, to make a placement outside of his/her locality and/or culture, e.g. safety reasons, or to break bad associations or when a suitable local placement of the same ethnicity is not available.

Family Preparation

Staff will only seek to place a child or young person with a family in the knowledge that the family has been thoroughly assessed and trained as suitable foster carers, and have been well informed and prepared for the care of the particular child or young person.

Placement in Terms of Families

Placements must be in terms of families, and not in terms of a parent or parents. A child becomes part of the household in which he or she is placed, and the household involves all who live there, not certain individuals within it.

In this regard then, the whole family must be involved in the placement, and staff consideration given to the impact the placement will make on the family as a whole. Accordingly, it is important that the mother, the father, the children and others living with the family, are consulted and are part of the decisions made.

It is well known that placements can fail because of the adverse reaction of one or more of the children of the family, or because of the growing resentment of the father, who never felt fully informed, or consulted, or involved in the placement.

Team Work

Good placements are made on the basis of quality team work involving both the staff and the foster carers. It is essential to have an open, trusting relationship and clear understanding of roles and how the staff and foster carers will work together as a team.

The relationship between foster carers and staff must be a collegial one with both parties acknowledging the expertise both bring into the team.

Placement Factors

In considering placements, staff must take into account a wide range of factors.

- The nature, sex and age of the child or young person, and their particular family circumstances.
- The ages and maturity of the children of the foster carers.
- The experience, training and parenting skills of the foster carers.
- Current stresses impinging on the family, including outside commitments.

It is worth noting that the bigger the age gap between the child placed and the children of the family, the better the chance of a successful placement. When a placement is made it should be with the expectation that the foster carers have the physical, emotional and spiritual resources to care well for the child or young person being placed.

Placements should not go ahead if:-

- one partner is reluctant.
- an older child is resentful.
- one or both of the foster carers avoid training or only partially complete training.
- the foster carers are tired from previous placements.
- the foster carers are already stretched with their own and other foster children.
- the foster carers are reluctant to work as part of a team with social workers.
- doubt is held over the appropriateness of the foster carers practice of discipline and punishment, and/or over the appropriateness of their sexual orientation and behaviour.
- the family is undergoing stress through illness, bereavement, unemployment, shifting house or the like.

Special care must be taken in situations where the child or young person:-

- wets and/or soils often.
- lies and steals.
- displays aggressive, demanding, defiant behaviour.
- is passively aggressive.
- is emotionally, physically or intellectually handicapped.

A combination of tired, stressed foster carers, child with special difficulties, or challenging behaviour, and poor social worker support, is a recipe for placement breakdown and possible abuse from the foster carers.

Information for Foster Carers

In making placements, staff must ensure that all relevant information is given to the foster carers. As colleagues, in the team, and with the responsibility of 24 hour a day care, foster carers are entitled to be fully informed by the social worker. This information should be given in written form as well as orally. It must be given in clear terms and not be full of jargon and labelling, e.g. it is better to describe the actual behaviours of a child than to label the child as hyperactive, and give no further details.

The information must include essential details about family, wider family, health, diet, behaviour, school friends, interests, sleeping patterns, toileting and the like.

This information is additional to information gained through the planning process in which foster carers must be involved. This involvement will fully inform them as to the reason for the care, the nature and length of the care, the legal basis for the care and the role and tasks of all the people involved in drawing up and outworking the plan of care.

Information given to foster carers needs to be discussed more than once, for experience shows that sometimes foster carers do not absorb fully the information given them, and then later on can feel they were not properly informed.

Foster carers should only undertake care if they have been well trained, well prepared, well informed and involved in the planning process. These factors are essential for good placements.

Introduction To A Foster Family

How this happens will depend on the nature of the care, e.g. emergency care, weekend relief care, short term care, long term care or permanent care.

With the exception of emergency care, all introductions of a child, or young person to a foster family, must be planned so as to give the child or young person the best chance of making a successful transition to the foster family.

Wherever possible, and regardless of the length of care proposed, it is important that the social worker, the foster carers, the birth family and the child or young person concerned (if old enough) consult to determine how best to introduce the child or young person, and his/her family to the foster family. In effect a Plan of Introduction will take into account prior knowledge of each other of the parties concerned (this is especially likely in kinship care). Taking the variables into account the plan will determine:-

- when the first visit to the foster family will take place.
- who will be present with the child or young person at the beginning of the visit.
- how long the visit will be for (an hour, a day, a weekend etc).
- the nature of the information to be shared among the participants during the introduction.
- the likelihood of further visits before the placement is finalised.
- who will monitor the introduction and determine the introduction has been positive enough for the placement to proceed, or further visits to be arranged.

The time of introduction is important for an open flow of information between the foster carers and the child or young person and their family. While this is critical for any placement, it is especially so for medium to long term placements. The decision for a child or young person to live with a family should be made if the parties to the placement, i.e. the child or young person and the foster family have a good knowledge and understanding of each other and a realistic awareness of how the placement will work out in practice.

The introduction is not only a time for the foster family to get to know the child or young person, but for the child or young person to get to know the foster family and their values, rules and patterns of interactions and daily activities. At the time of placement there should be no unexpected surprises, allowing for the fact that it is only after a person has lived with a family for some time that they begin to get to know each other in any depth.

The principle behind this time of introduction is that, emergencies excepted, children and young people should not be suddenly placed with a family. Sensitive thought needs to be done as to how to introduce the child or young person to the family so they can eventually move in with the family without fear and trepidation as to what living with them is going to be like.

The time of introduction can also highlight factors which could work against the success of the placement, e.g. jealousy, resentment of the foster child or young person by a child of the foster family. In these circumstances a decision can be made not to proceed with the placement.

Although this can be disappointing, it could well avoid the trauma associated with a placement breakdown.

Time spent on quality introductions is time well spent.

Planning Of A Placement

Every child or young person who comes into care must have an associated plan of care.

The plan of care must be drawn up through the involvement in a planning meeting of all who are significant in the child or young person's life at the time of placement. Of necessity, this will include the child or young person (taking age into account) the birth and wider family, the foster family, the social worker and other involved people such as a family friend, teacher, counsellor and the like.

Each plan drawn up to cover the care of children and young people must :-

- have a clear, realistic, attainable goal.
- outline the tasks of all the participants to the meeting that will contribute to the goal being attained.
- outline the access arrangements that the child or young person will have with his/her own family while in care.
- state the length of care proposed (including the legal basis for the care).
- set a date when participants will meet again to review how well the plan is working.

Planning is a vital factor in making placements which have the welfare and best interests of children and young people at heart. It ensures important people in the child's life meet together, discuss together, and agree as to how best to make this a positive experience for the child or young person in placement.

Planning emphasises the team concept so crucial in good foster care practice. Everyone has a role to play in the child or young person's life and each person's contribution assists the child or young person to gain from the foster care experience.

The involvement of birth parents and other family members in the planning process is of special importance. It is essential that family members are seen as part of the team, that they are empowered to contribute to the decision making process, and that they accept responsibility for tasks which will benefit their child or young person. The involvement of family members in this way has significant advantages.

Self Esteem - it builds the self esteem of people who can have a negative image of themselves and their value to their children.

Reassurance – it is a reassurance for the child or young person in care when he/she experiences all the important adults in their life, but especially their own family, working together for their interests and well being. This involvement can build a sense of security for the child or young person and significantly reduce a feeling of rejection or abandonment.

The above can hold true even when parents have been abusive of their children. It is rare for a child or young person not to want the involvement of their mother and/or father, no matter how bad they have been treated by them. In reality no one can take the place of a Mum or a Dad.

Successful Outcome – it increases the likelihood of a successful outcome to the placement which will ensure ongoing stability and nurture for the child or young person. This may or may not be a return to family. The important factor is the involvement of the parents and other family members who have played an active part in determining the best outcome for their child. Without this involvement the decision making is less sure and more prone to failure for it has ignored the most important people in the child or young person's life.

Time spent in planning a placement is time well spent.

Continuation of Family Links

With all placements, but especially out of family placements, staff must ensure whenever possible, that important family links are continued and enhanced, and where appropriate new links developed. The principle of continuity and empowerment of past significant relationships for the child or young person is crucial to their knowing who they are within the context of their family and cultural heritage. This awareness is so important to the healthy emotional and social development of the child or young person.

Legal Requirements

A factor in the security of all placements is that legal requirements have been met.

The arrangement of care for a child outside of their family of birth is a serious matter, and therefore it is essential that every placement is agreed to in accordance with the law.

On every file of a child in care there must be copies of properly signed and witnessed agreements of care. It is the usual requirement that these agreements are signed by parent(s) or family members, or are agreements authorised by the judicial system.

Children should not be placed on whim and certainly they should not be placed by an agency outside of the legal requirements of the country. Placements which have been made in accordance with the law, as well as in accordance with good social work practice, bring a sense of security to the children concerned as well as to the adults involved.

REVIEW

Placements must be regularly reviewed. Every plan of care should have a review date stated in it by which time those involved in the planning of the care agree that they will meet again to check out how the placement is going.

Reviews are important to check:-

- the safety and well being of the child or young person.
- if any new circumstances are having an impact.
- the goal of the placement is still relevant.
- how well people, named in the plan, are carrying out their agreed tasks.
- whether or not new goals or tasks need to be agreed upon.
- a further review date is agreed upon.

Circumstances surrounding every placement are fluid. Nothing in the human condition is set in concrete. There are factors which affect placements over which planning can have little control, e.g. unexpected death, illness, unemployment, natural disaster, relationship breakdown and the like. The review process takes into account these new or changing factors and revises the plan of care accordingly.

The review process means that children or young people and their foster carers are not left to cope on their own once a placement is made. They have the reassurance that the team supporting them will continue their involvement to help ensure that the placement is working as well as is possible.

Sometimes there are occasions when it becomes apparent during the review process, or even before this has begun, that the placement is not working. This can happen despite the best intentions of all involved, or it can happen because of unexpected circumstances. On these occasions the focus of the review has to become one of how to keep the child or young person safe while steps are taken to end the placement. It is during this time of upheaval for the child or young person concerned that it is particularly important he or she continues to experience the involvement of committed and caring adults in their life.

Every placement must be surrounded by a network of love. This network of love must remain in place during the placement or through the establishment of a further placement if circumstances require this. The review process ensures this happens.

Training And Accreditation Of Foster Carers

Foster family care requires specialised skills. Children who come into foster care – kinship care, usually come out of traumatic situations of neglect, abuse, loss or violence. As a consequence, the children themselves can be traumatised, displaying behaviour which can be difficult and challenging to live with.

Foster care though, is more than caring for children and young people. It requires foster carers to be part of a wider team of social workers, teachers, and other professionals who work together in the best interests of children and young people. It also requires foster carers to be open to, and sensitive of, relationships with birth and wider family members so that these relationships can be strengthened to the benefit of children and young people being cared for.

Over all foster caring is a demanding and challenging task. It is for this reason it is essential that foster carers are well trained.

When foster carers are well trained and feel they have the skills and knowledge for the caring they are being asked to provide it gives them both confidence and a feeling of fulfilment that their care is making a difference in the life of a child. It is this kind of confidence and satisfaction which will encourage people to remain foster carers over a long period of time. Good training is an essential factor in the retention of foster carers.

Rights and Responsibilities

Foster care and kinship care families have a right to be prepared for their task. It is an agency responsibility to provide this training.

On the other hand, foster care and kinship care families have a responsibility to seek and take advantage of, training opportunities. This is to their own benefit as well as the benefit of children and young people in their care.

Provision of Appropriate Training

Training can be provided in a wide variety of settings and formats. The setting can be in a home, a meeting place, a church, a school or similar. The training may be with one family, a big number of families, with variations in between.

What is important is that the training is provided in a setting within which people are comfortable and relaxed. In addition, trainers need to ensure the training is provided within a relevant cultural context and in a language which is familiar to participants.

The training must be appropriate to the experience and skill level of the foster carers, but it must also be appropriate to the needs of the children and young people cared for within the programme.

Planning of Training Seminars

Good training does not just happen on its own.

Good training requires careful thought and preparation. This thought and preparation takes into account:-

- adequate notice to participants of the time, venue and nature of the training with key learning objectives outlined.
- the readiness of the venue to meet the cultural and personal needs of participants.
- the content of the training to be delivered in a way which is clear and meaningful, which actively involves the participants and which reinforces the key learning objectives.
- the ready availability of teaching aids (blackboard, whiteboard, overhead projector, tapes, paper, pencils and the like.
- the welcome, the introductions, the care and the farewell of participants.
- feed back from participants as to the value of the training for themselves.

Content of Preparatory Training

All foster carers should attend a preparatory course of training. Ongoing training builds on this preparation course.

Preparatory Training Content should Include:-

- the principles of quality foster care provision.
- the role of the foster family as part of the team involved in the care of a child or young person.
- relationships between the child or young person, the birth and extended family, the foster family, and all agencies and other people involved.
- an understanding and appreciation of cultural differences.
- awareness of loss, grief and separation issues.
- an understanding of child development and the consequences of disruption in development.
- the need to respect, encourage and strengthen the child or young person's relationships with his/her family with their unique cultural heritage.
- understanding the legal rights and responsibilities of all involved.
- how to ensure the child or young person is safe and nurtured.
- social work, financial, prayer and other agency support of the foster carers.
- an understanding of agency policies and accepted practices as regards discipline and punishment.
- coping with demanding/difficult behaviour.
- the role of the social worker, and the foster care liaison and support worker.
- the importance of prayer in bringing about good outcomes for children in care.

Ongoing Training

Training is an ongoing process. In terms of caring for children and young people who come from traumatic circumstances there is always more to learn.

Agencies must ensure foster carers have access to ongoing training which is relevant to their role and experience and appropriate to the needs of children and young people requiring care.

There is no end to the training of a foster carer. Agencies need to create opportunities for foster carers to receive further training and to widely advertise these opportunities.

Training is Essential

No foster carers should be asked to provide care for a young person unless the carers have been prepared and trained for the task.

To place a child with difficult behaviour with untrained foster carers can be a recipe for disaster.

On the other hand, well prepared, trained and supported foster carers can help to bring about positive and lasting changes for good in the lives of children placed with them, no matter how difficult their behaviour.

Accreditation of Foster Carers

Agencies have a huge responsibility to ensure that children and young people are placed with families who are known and are trained, to provide safe and nurturing care.

In placing children and young people in care with families, there is always a risk that something will go wrong with the placement. It is impossible to have a perfect foster care system as the system is made up of people with their different strengths and weaknesses. Given this human factor which is always present, agencies must ensure that as far as is possible, their assessment, training and accreditation practices will have eliminated recognisable risks to the well being of placements so that placements with families can be made with some confidence of a successful outcome.

Certification of Accreditation

Families who open their homes and hearts to other parents' children, and who have been specially selected and trained for the task, deserve to have their role officially recognised by their agency through the issuing of a Certificate of Accreditation.

The issue of a Certificate of Accreditation must be based on the following criteria:-

- the Certificate is issued to a foster carer household on the basis that all adult members of the household have passed a recognised assessment training programme and are able to provide care to the standards required by the agency.
- it is not acceptable to accredit one family member while another has not undergone or completed training. Children and young people come into the care of those who comprise a household, not individuals within a household. The issue of a Certificate of Accreditation reflects that the household in its entirety is a safe and loving place for children and families.
- the accreditation of foster carers is the responsibility of the Director/Manager of the agency who in consultation with staff is satisfied that the foster carers will be able to provide care that is safe and nurturing.

The ultimate test in this regard is whether or not the Director would willingly leave his/her own children in the care of the foster carers under consideration.

- the certificate is dated and issued for a time limited period, say of three years. After three years the Certificate can be re-issued for a further three years on the basis of, (a) a reassessment of current foster carer circumstances, (b) an assessment of the quality of care

offered over the previous three years, and (c) the evidence of the foster carers having taken opportunities of further training to enhance their skills and knowledge.

- the Certificate can be revoked at any time if the Director is satisfied on the basis of evidence produced, that the foster carers' home is no longer a safe and suitable place for the care of children and young people. In these circumstances it is important that the foster carers have a recognised right and process of appeal which will give them fair and impartial hearing, preferably with the involvement of a skilled person from outside of the agency.

SUMMARY

Quality foster care does not happen by chance. Among the factors, it requires foster carers to be well trained in their task, and to have this training officially recognised through a Certificate of Accreditation. This training – accreditation process is honouring of people who are generous enough to share of themselves and their homes with children and young people in need. The issue of further certificates to recognise advance learning in foster care provision continues this honouring and empowering process.

HIV And AIDs

HIV

“The Human Immunodeficiency Virus” attacks and gradually weakens the body’s immune system. This makes it more and more difficult for the body to fight certain infections and cancers. When a person has HIV and one or more infections or cancers they are said to have “Acquired Immunodeficiency Syndrome” (AIDS).

Virus

A virus is a micro organism which cannot reproduce itself and infects a cell and uses that cell’s function for its own reproduction. When the process of virus reproduction is complete, new virus particles are sent out from the cell into the bloodstream where they travel through the body, infecting other cells.

In reaction, the body:

1. forms antibodies to neutralise the virus.
2. activates killer cells to destroy virus infected cells (and therefore stop the virus reproducing.
3. produces a chemical to slow the spread of the virus.

The Immune System

The immune system has an influence on every part of the body as it seeks to protect it from infections and malignancies. When it is working well, the immune system deactivates or kills any organism which could cause disease or harm, from entering the body.

The immune system is made up of cells, glands and organs.

CD4 Cells

Once HIV enters a cell in the immune system it reproduces like other viruses, killing that cell and infecting others. The cells mainly targeted by HIV are the very cells (CD4) which are essential for protecting the body against infections by viruses, fungi and parasites.

Once the CD4 cells, which are needed to turn the immune system on, are destroyed by the HIV virus, the immune system starts to fail. The CD4 cells not infected, continue to function, so that the immune system still works to a certain extent: some antibodies are formed and some virus killed, but not enough to get rid of the virus. This happens because antibodies must be able to recognise the outer coating of each virus particle, but HIV continually changes its coating. This is called mutation. As a result the immune system fails to recognise the virus, and the virus is not destroyed.

As more and more of the immune system is infected by HIV, more cells are destroyed, more virus is created and serious infections and cancers take hold.

HIV Positive

A positive HIV antibody test, means that at some time a person has had contact with the virus and the body has tried to defend itself by producing antibodies. It is the discovery of these antibodies in the blood stream which allow for the diagnosis of an HIV virus infection.

A positive HIV test does not mean a person has AIDS. It is possible to have an HIV infection for years without developing AIDS. There is no way of knowing from an HIV positive test, when, or if, AIDS will develop.

Over time the invading HIV virus weakens the immune system to the extent that it breaks down. This slow break down allows infections and cancers to flourish, leading to one or more of the life threatening illnesses coming under the definition of AIDS.

Phases Of HIV Infection

Initial – Marked by a temporary, sometimes severe illness, a few weeks or months after infection. It may be like glandular fever, enlarged lymph glands, tiredness, diarrhoea, night sweats.

The test for HIV virus is usually negative before this illness, positive afterwards.

Interim – A period of generally good health with no sign of infection or problems with the immune system. This can be a period of years.

Gland Swelling – A feeling of well being usually remains, but there can be persistent swelling of glands in the neck, armpits and groin.

Deteriorating Health – A feeling of being unwell, associated with continuous tiredness, lack of energy, weight loss, night sweats, and the development of infections such as shingles, thrush (candida) diarrhoea, which show that the immune system is not working properly.

Serious Illness – The development of life threatening illnesses such as severe lung infection, intestinal infection, blood disorder and skin cancers. Illnesses such as these are almost always associated with a low CD4 cell count.

Medical Tests after Diagnosis – There are two main tests to determine:

a) the health of the immune system (T cell count).

b) how much virus is present in the bloodstream (viral load test).

The viral load test gives direction as to how to treat HIV. Rather than waiting for HIV to damage the immune system irreversibly, treatments are available which aim at reducing the HIV viral load and increasing the CD4 cell count in the immune system.

The combined use of CD4 cell counts and viral load testing provides a good picture of the strengths of the immune system, and the HIV virus.

Treatment

Combination anti HIV treatment is a treatment with drugs that aim to stop HIV from reproducing and infecting cells in the body. The goal is to slow the progression of the HIV disease.

The best combination of anti HIV treatment to effectively maintain a low viral load is not yet known, and is determined in part by individual considerations.

Currently there is no cure for HIV disease. Apart from chemical treatment, other things can be done to improve the health of the immune system. These include:

- balanced, healthy diet with plenty of vegetables, fruit, bread, cereal, grains, water.
- adequate sleep and rest.
- relaxing exercise and interests.
- avoidance of possible infections (coughs, flu, STDs, cuts etc).
- prayer.
- avoidance of unduly stressful situations.

How The Virus Is Transmitted.

- Transfer of infected semen or infected vaginal fluids during heterosexual or homosexual intercourse. The risk is heightened by the presence of other sexually transmitted diseases, accompanied by sores, cuts, rashes or blisters. Reasonable protection to this transmission can be gained by the proper use of condoms and covering of all cuts and sores.
- Transfer of infected blood, e.g. on shared needles used for intravenous drug abuse, or through unscreened blood transfusions.

Protection to this transmission can only be gained through the use of personal sterilised needles, and properly screened blood donations.

- By an HIV positive mother passing on HIV to her baby during pregnancy, birth, or while breast feeding.
- Overwhelmingly, the virus is passed on through the ways outlined above. There is a small risk of catching the virus from blood or blood contact.

There is no evidence that AIDS is transmitted by:

- normal social contact
- hand shaking
- sneezing
- breathing the same air as an infected person
- sharing cups, spoons etc.
- food preparation
- cuddling, kissing
- insect bites
- toilet seats
- tears
- saliva.

Good Hygiene

Although it is unusual to be infected by the HIV virus through normal day to day activities, it is advisable to guard against the risk by adopting high standards of hygiene.

Concern should be taken with other people's body fluids, such as blood, semen, phlegm, vomit, urine and faeces. The HIV virus itself is not strong. It does not survive for long in the open and cannot withstand heat, disinfectant or household bleach.

Good hygiene, not only protects against the spread of the HIV virus, but also many other infectious diseases, such as hepatitis.

The following are sensible precautions:

- Wash hands thoroughly, using soap, after handling body secretions.
- Immediately, wash blood or other body fluids off the skin with soapy water.
- Dress sores, cuts, broken skin, with an antiseptic ointment and cover with a waterproof sticking plaster.
- Wear household or rubber gloves when handling heavily soiled materials such as children's nappies.
- Wash surfaces which have been contaminated with blood, vomit, urine, faeces, with disinfectant.
- Seal disposable nappies, soiled paper towels, tissues, and dispose of by burning or by placing securely in the rubbish collection.
- Wash thoroughly, clothes, nappies, handkerchiefs etc. which have been contaminated by body fluids.
- Ensure that each family member has their own toothbrush and that toothbrushes are not shared. Similarly, razors should not be shared.
- See that everyone has and uses their own towel and face cloth.
- Wash dishes in hot water with detergent.

HIV-Aids And Foster Care

There is very low risk of a child with HIV virus infecting other members of a family with whom he/she is living, provided good standards of hygiene are kept.

Avoid stigmatisation.

Given this, children who come into kinship care or foster care should be treated no differently to other children coming into care. Certainly they should not be stigmatised with the label of being an AIDS child. Nor should they be segregated in any way from other members of the family.

Within the hygiene precautions, which should be part of any placement, a child in care should be treated the same way as every other child, including hugging, cuddling and displaying normal affectionate behaviour.

Children with HIV, particularly older children who are aware of the implications of the disease, need to be in a warm, caring environment where they are accepted and loved for who they are and encouraged to live a normal way of life. To be separated out, or to be treated differently, as if they were some kind of a monster, only adds to the already considerable burden they already carry in being an HIV victim.

Common Sense Precautions

Ordinary social contact presents no possibility of a HIV child infecting another. However, babies and young children with HIV or AIDS are more at risk from childhood infections and illnesses. Given this reality, sometimes it is necessary to take unusual precautions to limit social contact when there is a possibility that other children could spread such infections to the child with HIV or AIDS. Common sense, not fear, has to prevail in these circumstances.

Confidentiality

Children with HIV or AIDS need to be protected from unpredictable and potentially damaging responses from people who, through prejudice, fear or lack of understanding, react to them in an emotive and unkind way. Given this, a particularly important question to ask in relation to children who have HIV or AIDS is “*Who needs to know and why?*”

The answer to this question needs to be answered by the family and professional team who are involved in the planning and care of a particular child.

All involved in the discussions must be aware of the implications of sharing information too widely, especially if this is with people who may not have a good understanding of HIV-AIDS and who may have prejudices. These prejudices may result in a child being denied friends, excluded from play groups, or the child made to feel a scapegoat.

It is crucial that a plan should be drawn up by the social worker about who should be told. Those given information should know why they have it, and with whom it can or cannot be shared, and be committed to this.

It is likely that health professionals, temporary caregivers (neighbour, baby sitter) and school principals, are the most likely to be informed. However, if these people are committed to good hygiene practice, the need to pass on information about any child’s specific infection is reduced considerably. Again, common sense has to underlie decision making in this area.

Emotional Help

Older children and young people with HIV or AIDS will need a lot of emotional help from social workers, family caring for them, health workers and other support people. It is essential these children and young people feel that they are accepted, listened to and understood by those caring for them.

Normally they will want information, understanding and guidance about their condition. Given this, foster parents and social workers need to be sensitive and well informed so they can go over the issues at the child or young person’s pace, whenever they want to talk.

Possibility of Death

Children and young people with HIV or AIDS have an uncertain future. This is especially so if HIV has developed into AIDS. Taking into account age, their condition forces them to confront the possibility of death in a way that is unusual for those so young. In this situation, children and young people need others around them whom they trust and respect, and with whom they can share openly about their illness, their hopes, their fears, their bad times and their good times, and the death that seems to lie ahead for them.

In return, these children and young people need, not false reassurance that all will come right, but understanding of what they are thinking and feeling and a reassurance that they will be supported and loved in all the uncertainties that lie ahead, including the process of dying.

Birth Family Involvement

The importance of contact between birth family and their children is a major influence in the provision of quality care for children. This is no less so for children and young people with HIV or AIDS. Regardless of how the child became infected, it is essential that relationships with birth and wider family are continued, and if possible enhanced, unless it is apparent that this is not in the best interests of a particular child. Even if it is not right for a child to maintain contact, say with parents, it is likely there will be other members of the wider family with whom the child can have a positive contact.

This birth family involvement can do much to build a therapeutic network of love around a child at a traumatic time. It can mean so much that they are accepted and loved by those from whom they trace inheritance.

As far as is possible, blame and condemnation need to be removed from the consideration of all involved in the care. Rather, the focus needs to be on acceptance, forgiveness and working together in the best interests of the child or young person.

Foster Care Preparation

All the above indicates that the family caring for a child or young person with HIV or AIDS needs to be well prepared, informed and supported for the task. Part of the preparation has to be an in depth knowledge of HIV-AIDS generally, and specifically, the nature of the disease in the child or young person coming into care, its impact on the child or young person, and how best to provide the care needed. It is also important that ongoing training is provided throughout the placement, particularly as new information on HIV AIDS comes to light, or as the treatment programme is altered for the child or young person in care. The foster carers should be fully informed and prepared for medical changes as they occur.

Children of the Foster Family

Children of the foster family must be an integral part of the preparation programme. They need to be informed in a manner appropriate to their age, know about confidentiality, practise good hygiene and generally be part of a family who will provide a warm, accepting and loving environment. This kind of preparation makes children feel they are important members of a team helping a child or young person through a really difficult situation.

Team Work

All good kinship care – foster care requires a commitment to team work and this is especially so in the case of a child or young person with HIV-AIDS. The foster carers will be part of a team comprising social worker, health professionals, birth family members, and possibly a counsellor, teachers and other professionals. There needs to be a commitment from all team members to work and plan together in the best interests of the child or young person in care. It is only in this way that the specialist help that each person brings, can be co-ordinated and used well to provide for the extra elements of care needed for children with HIV-AIDS. There can be no room for short cutting this team work.

Foster Care Support

Part of the team work must be to ensure the support and well being of the foster carers. They need a network of love built around them that is right for their circumstances and which provides them with the social work input, babysitters, respite care, financial payments, professional input and any other support needed. The care cannot be provided without the foster carers. They are an essential part of the team and their support must be given a high priority by the team.

Bereavement Support

It is vitally important to consider the effect on the foster family (not forgetting the birth family) of either the possible death of the child or death itself. In this regard, support and preparation for death, and bereavement counselling is necessary. No matter how well prepared people are for an impending death, a profound sense of loss occurs after the event. Grief is a normal reaction to this loss and everyone involved in the care of the child or young person must be supported to express and eventually come to terms with their grief. This is so for the professionals involved, as well as members of the foster care family. Again, team work and support is an essential element in this regard.

HIV And Pregnancy

There is a significant risk that an HIV positive pregnant woman will pass the virus on to her baby in three ways –

During pregnancy.

At birth.

Through breast feeding.

The risk can be lowered if the mother takes HIV medication during pregnancy, has a caesarean delivery and avoids breast feeding.

HIV positive mothers need good antenatal care with specialist doctors. This is so that the health of the mother and baby can be monitored throughout pregnancy and the risk of passing HIV to the baby is kept as low as possible.

The mother should also be screened for sexually transmitted infections other than HIV. Some infections can be present without any symptoms, and if they are not treated with medicine, they can increase the risk of HIV transmission to the baby during delivery.

Medication

Medication for HIV positive mothers is recommended in pregnancy. This lowers the risk of the baby becoming infected with HIV by reducing the amount of HIV in the mother's blood (the HIV Viral Load). The amount of medication and how long it is used during pregnancy depends on the mother's health.

When a mother goes into labour, medication can be given through her vein, which helps to reduce the risk of the baby becoming infected during birth delivery.

Immediately after birth the baby also receives medication to reduce the risk of becoming infected with HIV. This medication needs to be given for the first six weeks of life.

Caesarean Delivery

A vaginal birth increases the risk of HIV being passed from mother to baby. Given this a caesarean delivery is often the better option. However, if the mother's HIV viral load is very low at the time of delivery this may not be necessary.

Breast Feeding

To lower the risk of a baby becoming infected, it is advisable that HIV mothers avoid breastfeeding, and instead bottle feed their babies.

Caring For Hurt Children

“Every child has the right to belong to a family where they are safe and loved.”

Children are entitled to grow up within a family and community which is committed to their well-being.

- Children need commitment
- Children need to bond to parent figures and know they belong.
- Children need to be loved unconditionally.
- Children need good food, water, air, shelter, clothing and health care.
- Children need positive guidance and to be kept safe.
- Children need to be affirmed and encouraged as they grow.
- Children need to receive an education which allows their potential to develop and flower.

When children grow up with people who deeply care for them, their well being and their safety, they have every chance of developing into happy and responsible adults.

Sadly, when children do not experience unconditional love, nurture, bonding, protection, guidance, affirmation and encouragement, their opportunities to grow into happy and responsible adults are considerably reduced. When the basic physical, emotional and social needs of children are not met, they tend to develop demanding, neurotic, psychotic and delinquent behaviours which not only cause stress and difficulty for them and others, but which inhibit their ability to form satisfying relationships and to learn. Such children can be emotionally, socially and sometimes physically stunted.

Children come into care for a variety of reasons. Some of these reasons are:

Death of parents.

separation of parents – family break up.

abuse (physical, emotional or sexual) rejection or neglect

parental illness or exhaustion.

behaviour of the child.

disability of the child.

The length of care can vary depending on circumstances, from a few days relief care to long term permanent care. The goal of the care can be either return home or securing a permanent placement with an alternative family.

Regardless of circumstances, and the length of the placement, coming into care is not easy for a child. Leaving a familiar home and people is a scary process.

The process is even more difficult though for a child who has experienced abuse, neglect, rejection, or loss of parents through death and separation. Often these children come into care with their basic physical, social, emotional or spiritual needs unmet, and in grief for the losses they have experienced. They have much pain and hurt in their lives. On top of this is the anxiety and uncertainty of living with a new family and wondering how well they will be accepted, loved and kept safe. Children in this situation are very insecure, vulnerable and scared. They need special care to help them through this traumatic time.

What Is Needed To Care Well For Hurt Children?

a) **Social Workers**

Well Trained and Prepared

Ensure foster carers are well trained and prepared for the particular child coming into their care.

Thorough Assessment and Planning

Ensure there is thorough planning for the care, based on full assessment of the child, the child's world, including family and community, and the circumstances surrounding the need for care.

Team Work

Bring together all who are important in the child's life from birth family, wider family, foster family and the community, to plan the care needed. Build a team of these people.

Placement Introduction

When appropriate, focus the initial planning on how the child will be introduced to the foster family, so that the child and the foster carers have a chance to get to know each other before the start of the placement.

Full Information

Ensure during the introductory phase, that the foster carers are fully informed about the child, the child's behaviour and circumstances. Important information should be given in writing. Information should be given factually in terms of what it will mean to have this child in the home. Using labels (e.g. hyperactive) or jargon (challenging) are not specific enough to give details as to what the care will be like in reality.

Plan of Care

When the placement is confirmed, plan the care involving the child, the birth and wider family, the foster family, professionals and any other significant people. Ensure the plan has a clear goal in terms of desired outcome for the care, and that all participants to the plan know what each will do to achieve the goal. Wherever possible, ensure the plan actively involves the birth family.

Network of Love

Through the planning process, build a team who are committed primarily to support the child in placement, and foster carers, but also each other. This network of love is an essential requirement for the care of the hurt child. Ensure the foster carers have all the support they need to undertake this care

Placement Support

Support the placement through regular phone calls and visits. Be available to the child and the foster carers separately. Ensure that both parties can have access to social work support during non working hours. Ensure other necessary support for the child, and the foster carers is happening well.

Monitoring of Plan

Keep the plan of care under review, monitoring how each of the participants is carrying out their part of the plan. In particular, monitor the contact arrangements between the child and birth and wider family so as to encourage improved relationships.

Difficult Behaviour

Brainstorm with the foster carers the best response to persistent, difficult behaviour. Be prepared to bring in other expertise.

Visits to Birth Family

Schedule visits to the birth family, helping them to overcome their difficulties and to encourage them in their relationship with their child. Also monitor any commitment they have made in regards to counselling or seeking other help.

Placement Records

Keep clear, factual records of the placement, including the assessments, the plan of care and the out working of the plan in terms of visits, phone calls and summary of incidents which arise. Records should be written as soon as is possible after each visit or phone call and be a precise, objective account of what took place.

Review of Plan

Ensure the plan of care is regularly reviewed by the participants to the initial plan. The review should be at least six monthly but earlier if it is apparent that the initial plan is not working well.

Prayer

Ensure a prayer covering over the placement.

Social Worker Purpose

The purpose of all the above activity is to bring a hurt child into a well prepared, safe and loving family environment, supported by a network of birth family and community people committed to the well being of the child in placement.

This structure is essential for the care of a traumatised child who is so much in need of security, stability, commitment and love. Good placements don't just happen, they have to be thoughtfully set up and supported. This is the essence of the social worker's role in provision of quality kinship care – foster care.

b) Foster Carers

Well Trained

Be well trained in the provision of quality foster care, and seek opportunities of ongoing training.

Understanding of Trauma and Separation

Have a good understanding of the effects of trauma and separation on a child, and know the appropriate ways to respond.

Knowledge of Child Development

Have a good knowledge of child development stages and associated normal and abnormal behaviour.

Be well informed and prepared for the particular child and their circumstances. Have up to date factual information relating to health, education, behavioural and family considerations.

Household Well Informed and Prepared

Ensure all members of the household (taking age into account) are well informed and prepared.

Involvement in Planning Meetings

Take a full part in the planning meetings for the child. Be open to forming relationships with other members of the planning team so as to build a network of love and support around the child.

Introduction to the Family

If appropriate given the circumstances, arrange for a time or times of introduction of the child to your home and family. Use this time of introduction to get to know the child a little (and maybe meet the child's family) and to familiarise the child with your home, their bedroom, your family and the way you operate as a family. Be welcoming, but clear as to the values and rules by which the household operates.

Well Informed

Through the planning process, be clear as to the goal of the placement, the length of the placement and the various tasks the participants will undertake towards achieving the goal. Be well informed on all aspects of care.

Birth Family Relationship

Through the planning process, be clear of the tasks you have agreed to, which are in addition to the day by day care of the child. If possible be open to, and involved with, the support and encouragement of the birth family. This relationship can be of vital importance to the child.

Own Support

Through the planning process, ensure your own support is in place, from the social worker, from other professionals, from members of your own family and/or from the community. Be prepared to say if this support proves insufficient or not suitable.

Warm Welcome

When the placement begins, welcome the child warmly into your home. Involve your own family in this process. Have things ready so the child knows they are an expected and welcomed additional member of the family.

Settled Routine – Clear Roles

Troubled children coming into care, need to feel safe. In response, provide a settled routine as quickly as possible. Be clear and consistent about values and rules. Be firm but fair in ensuring compliance with these values and rules.

Build Self Esteem

Give the child individual time and attention. Smile and give warm eye contact. Give appropriate touch and hugs. Look for opportunities to praise and to thank. Reinforce good behaviour, sometimes with rewards. Seek in these and other ways to build up the child's self esteem.

Good Listener

Be available and a good listener. Listen not only to words but to tone of words and to body language. Listen with empathy so you get an insight into the child's world.

Be Available – Don't Smother

Be there for the child, but don't smother. Give them their own space and time. Encourage them to follow a normal life style with your family.

Encourage Own Children

Be aware of your own children. Give them the time and attention they need. Involve them in the care you are offering the child on placement. Listen to them, encourage them and thank them for the way they are sharing their mother and father and their home.

Discipline

Be clear about discipline. Discipline is taken from the word 'disciple' to train. It does not mean to punish, but to guide, to train. It is a way of responding to a child so that they feel safe and loved, and can learn acceptable values and standards of conduct.

Punishment

Punishment is a part of discipline but it is not the whole. Discipline guides and trains while punishment is the consequence that follows upon deliberate disobedience.

Unconditional Love

Offer unconditional love; that is, loving the child no matter what. Discipline can only be effective within a context of unconditional love. Outside of this, it loses its meaning.

Consistent, Clear, Firm Boundaries

Draw boundaries of behaviour around the child. Set clear rules and explanations. Be aware that your home and the way it operates is unique and there will be much for the child to learn and adjust to. Be prepared to explain your values and rules on more than one occasion, as some times the differences for a child can be over whelming.

Firm, Fair Consequences

Be positive in your approach to discipline. Look for opportunities to praise, to encourage and to reward, with the belief that when a child feels good about themselves it is likely their behaviour will be good too. Remember, children in care often have a poor self image. Usually they respond to a discipline of warmth and encouragement, but not to an environment of harsh punishment.

Don't Smack and Hit

Don't punish with smacking and hitting. Many children coming into care have been physically, sexually or emotionally abused. They are used to violence. Further hitting can reinforce their feeling of worthlessness, resentment and anger. It does not teach them to learn to behave without violence. Rather, it confirms in their mind that adults hit.

Consequences of Misbehaviour

When it is apparent that a child is being deliberately disobedient, or that the behaviour is illegal, destructive or dangerous, consequences must follow. Consequences of misbehaviour are essential and they need to be enforced consistently, firmly and fairly.

Use consequences (taking into account age) such as:

- depriving the child of a privilege or pocket money.
- setting the child an extra chore.
- making the child have time out on their own for a specified time.
- not allowing the child out from home for a specified time.
- insisting that a child make restitution of some kind, associated with an apology.
- calmly but firmly telling the child how and why their behaviour is wrong.
- allowing the natural consequences of the behaviour to take effect.
- if necessary inform the appropriate authorities, e.g. Police.

Fair, Firm and Prompt Consequences

Use consequences which are age appropriate, and whenever possible, short and immediate. Deal with the issue fairly, firmly and promptly and move on to other things.

Don't Use Violence, Shame or Humiliation

Don't use consequences which involve violence, shame or humiliation. Don't name call or belittle the child or the child's birth family. Don't threaten to send the child away as this makes your love conditional, and the child will test this to see if you mean what you say.

Use Discernment

Use discernment in understanding behaviour. Not all behaviour that appears deliberately disobedient is so. Rather it can arise out of grief or disturbance deep within the child. Only misbehaviour that is deliberate in intent deserves punishment, although all behaviour needs guidance as to what is appropriate.

Prayer

Use prayer as a means of bringing about desirable change, your prayers and the prayers of others. Have at least one prayer partner praying for you, your family and the child.

Seek Help

Seek help if the child's behaviour does not respond to your family's love, discipline and prayers. You are not a failure if you ask for help. You are a wise person seeking the benefit of others' wisdom and knowledge.

Record Difficult Behaviour

Notice and keep a record of what starts the difficult behaviour, the nature of the behaviour and what followed on afterwards. Use this information in discussion with your social worker and/or other support people.

Helpful Questions

In talking about the child's difficult behaviour, use the following questions.

Why this behaviour? Seek to gain understanding of some possible reasons why the child is behaving in this way.

What are the consequences of this behaviour? Will this behaviour, if unchecked, have long term effects upon the child? Is it essential it be dealt with now, or can it be ignored for a time? How serious is it?

What can we do about it now? What are some responses we can make to the behaviour, given the answers to the two preceding questions? Should we seek professional help? What kind of help is needed?

The questions and brainstorming can give some directions as to cause, the long term effects and possible responses. They are not magic and rely a lot on observation, commonsense and intuition.

Implement Decisions

On the basis of the brainstorming with your social worker and others, implement the decisions made while still focusing on providing a consistently welcoming, affirming and secure family environment. Don't be dismayed if the recommendations don't work. Some times trial and error is the only way forward. Pray and brainstorm again until the right approach is found. Profound behavioural changes can take a long time to become evident.

Look after Yourself and Family

Look after your own and your family's well being. If you and your family are stressed out, you cannot respond appropriately to the child. Ensure you have support which is right for you and your family. Use the network of love which the planning process has put around you.

Summary

Caring for a traumatised child is not easy. That is why it is essential foster carers are part of a strong, caring, supportive network of people who are all committed to the child in placement. In addition, the foster carers in their own right must be well trained and prepared for the task of offering a welcoming, safe and nurturing home for the child.

A strong supportive kinship care – foster care structure, and committed well trained and prepared foster carers together provide an environment in which hurt children can best find the love and security they desperately need.

A Permanent Home For Every Child

Every child has the right to grow up in a permanent, safe and nurturing family. This is a birth right, a God given right. It cannot be taken away from a child.

Social workers who work in the area of Care and Protection of children must always keep this birthright in mind. A critical goal of their activities must be to secure for children, family placements which are safe, nurturing and intended to last until the child becomes independent

For most children their permanent family is with their parents, their brothers and sisters, their grandparents, and other close relatives. But for children who come from families devastated by abuse, addiction, poverty, illness, war, and exploitation, this is often not the situation. These children become victims of their circumstances, and as a consequence, lose the family commitment of security, of love, and of belonging, which is so critical to their development into caring and responsible adults.

In the care and protection of these vulnerable children and young people, the most important social work task for the social worker is to find and sustain family placements which offer them a permanent family environment, a sense of belonging, an opportunity to form close psychological attachments, personal and cultural identity, and continuation and enhancement of past important relationships.

Ideally, this family will be with their own immediate birth family with the social worker encouraging members to make the changes necessary for this to happen. When this is not possible, the focus of the social work search is to find a suitable family within the wider family. Failing this, the priority then becomes one of finding a non relative family in a locality which enables links with the birth family to be maintained.

Regardless of where the placement is made, the ultimate social work task is to establish and build support around the placement so that it does become a long lasting, safe and happy place in which the child can grow up.

Securing permanent homes for children is a special and rewarding task. What is done at this time of need and turmoil to bring stability and love into a child's life will remain in their memory for ever. The decisions made, and the outworking of these decisions have life long implications. This is why the securing of a permanent home for each child in need has to be done thoughtfully, sensitively, and with a sense of conviction and purpose. It will be one of the most important decisions, if not the most important, to affect the nature and direction of the child's life. It is a hugely responsible task which requires deep commitment and skill from the social worker.

Principles

Entitlement of Every child

Every child is entitled to belong to a family where they are safe and loved and can live until they have become independent.

Assessment of Children and Young People

Before decisions are made to place children (emergencies excepted) a thorough assessment is undertaken of the children, their circumstances, their needs, as well as their immediate and wider family personnel and circumstances. The quality of this assessment is critical to the decision making process and must be carried out to a high standard.

Placement Priorities

In all placement options, consideration is given first to the parental family, then to the wider family, and lastly to non relative families.

Placement Direction

A decision on the nature and whereabouts of a family who will commit themselves to provide a lasting, safe and nurturing environment for a child or young person, is arrived at through a quality assessment-planning process. It is this process which will give direction as to whether or not care can be provided within the parental or wider family, or whether non kinship care is necessary.

Necessary Requirements

The necessary requirements for a family considering the permanent placement of a child, apart from offering a place of safety and nurture, are commitment, good training, good information and preparation, relevant social work and other support, and adequate financial resourcing.

Continuity of Relationships

Continued and enhanced family and other significant relationships form the best context within which placements are made. These relationships form a network of love around the placement.

Support of Children in care

Children in care do better when supported by ongoing and respected family relationships. These relationships may include parents, siblings, extended family networks, and non relatives who are viewed as part of the family.

Involvement of Kinship Network

The kinship network is involved in the planning and decision making process and in supporting the family providing the care.

When out of family care is arranged, the foster family is trained, and open to creating strong links with the kinship network.

Team Work

The kinship network, agency staff and the family caring, are committed and trained to work together in partnership so as to make the child's transitions easier, provide for continuity of relationships, and develop strong support systems.

Reduction in Trauma or Grief

The continuity of family relationships reduces the trauma for a child placed in non relative care, and minimises separation grief.

Placement Stability

A child or young person is more likely to stay long term with a family who have been well prepared, where the relationship between the child and family is based on commitment and bonding, where other important relationships for the child are continued and developed and where there is appropriate financial, social work and other support.

Legal Status of Placement

On all occasions placements have standing in law, whether this relates to family placements, non family placements; to foster care, or Court ordered Guardianship or adoptive placements. The legal status should confirm the situation established through the assessment – planning process.

Guardianship and Adoption

With both kinship care and non kinship care, Court sanctioned Guardianship or adoption is a means of legally securing permanent care for a child.

Usefulness of Guardianship Order

Guardianship is particularly useful as an alternative to adoption when there is a reluctance to sever parental rights.

Open Adoption

When adoption is the preferred way of achieving a permanent family for a child, the placement can be enhanced by an openness on behalf of the adoptive parents to maintain contact with the extended family network.

Benefit to child of Ongoing Relationships

Legal status such as adoption or guardianship when attained and developed in an open manner within the context of the kinship network, and a commitment to maintain the relationships, are a considerable benefit to the child or young person knowing who they are, and where they come from.

Power of Kinship Ties

Kinship ties are powerful and compelling and the child's sense of identity and continuity is formed not only by the attachments in her/his current environment, but is also deeply rooted in the biological family, in the genetic link which reaches back into the past and ahead into the future.

Social Work with Parental Family

If the permanent placement of a child is seen to be back with the parental family at the end of short term alternative care, well thought through decisions are made as to what needs to happen, by whom and when to make the child's return home safe, happy and long lasting. The social work planning, outworking and review process, is critical to good outcomes in this regard. In these circumstances, good foster care must be complemented by quality social work involvement with the family. To return a child to unchanged circumstances is to invite a repetition of the situation which led to the need for care and protection in the first place. This is disastrous for the child and the family.

Network of Love

Regardless of the nature of the family chosen for the child, relative or non relative, the family

receives support which is relevant to their circumstances and the care they are offering. A network of support, which takes into account the uniqueness of the family and is right for their situation, will empower them to maintain their long term commitment to the child. The assessment – planning – review process is essential in this matter of surrounding the child in care, and the family, with a network of love.

Birth Families And Foster Care – Kinship Care

Good foster care needs the full involvement of the family of the child or young person in care.

In the past, foster care has been viewed as removal, or rescue of a child or young person, from an inadequate or bad environment. The role of the foster carers was to provide a safe and nurturing home where the child could grow and develop. In the placement, much of the social worker's time and energy were focused on the child's adjustment to the foster home. Often this focus left the birth family of the foster child outside of the care process, with the result that children went adrift in care, moving from placement to placement, and losing meaningful contact with their birth family. This unsatisfactory state of affairs resulted in many foster children growing up belonging to no one, with an unclear sense of identity and with unresolved loss and grief.

Today it is known, both through experience and research, that a critical factor in good outcomes for children in foster care, is the positive involvement of parents, and other birth family members, in the foster placement. The participation of the birth family in this way increases significantly the quality of the foster care offered their children.

The birth family of a child or young person in care, is very important to the child or young person and their development. The birth family and the child or young person have a shared history, and biological makeup. They also have a shared ethnic heritage and cultural background. Through this family, the child or young person has access, not only to parents but to a whole network of relatives, grand parents, uncles, aunts, cousins etc. This unique heritage of history, of culture, of genetic makeup and relationships, cannot be replaced by an outside family, for it is an integral part of the child or young person in care. It is who they are.

To ignore or deny this part can have catastrophic impact on a foster care placement. Every child needs to know who they are, where they have come from, to whom they belong. This knowledge is critical for a child or young person's sense of identity, of belongingness and development. This is so, even if a child or young person is not able to live with their own birth family.

It is essential then, that parents and other family members, whenever possible, are involved in the provision of foster care. Agencies must view family members as people who are capable of, and interested in, making important decisions about their children and their future. The involvement of birth family in this way will do much to ensure that the welfare and best interests of children and young people in foster care will be met.

Principles Of Working With Birth Family In The Provision Of Foster Care, Kinship Care

Social Worker Awareness

The social worker is aware of the importance of involving birth family members in the planning of quality foster care for children and young people.

Commitment to Birth Family

The social worker is committed to making contact with and communicating with, all significant members of the child or young person's immediate and wider family. The ecological model provides the structure and direction in this regard.

Social Worker Respect

The social worker treats each family member with respect, acknowledging their own individual worth as well as the common heritage they share with the child or young person.

Cultural Sensitivity

The social worker is sensitive of the culture of the family and is careful to take cultural factors into consideration when communicating with, and involving family members in planning for the best care of the child or young person in need. This is especially important when a social worker is involved with a family from a culture different from his/her own culture. It can be good practice to use a person familiar with the culture in question as a liaison person.

Sensitively Arranged Meetings

The social worker arranges meetings with family members, which are arranged in a setting and format with which they will be comfortable, and in which they feel welcome and respected.

Clear Introductions

The social worker takes time to introduce him/her self to the family, and explain the social work role and the purpose of the meeting. Positive social work with families is dependent upon the social worker establishing relationships which are based on respect, sensitivity, openness, honesty and trust.

Teamwork

The social worker and the family are committed to working together in the best interests and the welfare of the child or young person. The team concept is so important in this matter, along with the belief that everyone has something of value to contribute towards achieving stable and loving care for the child or young person.

Family Empowerment

The social worker actively empowers the involvement of family in the outworking of the foster care, knowing that a planned, positive involvement will significantly enhance the possibility of a successful foster care placement.

Family Involvement in Planning

The social worker involves family members in the planning meetings associated with the provision of foster care for the child or young person. The social worker ensures the meetings are held at a time and place which enables family participation as well as ensures family are well informed beforehand about the purpose of the meeting and the issues to be discussed.

Social Worker Expectations

The social worker is clear with the family of his/her expectations that parents especially, but also other family members will take an active and responsible role in the planning of the care, in both the goal setting and the associated tasks, so as to ensure the best possible care is offered their child or young person.

Family Contact

The social worker empowers family members during the planning meetings, to take on an active role in maintaining contact with the child and young person in care, and building positive relationships with him/her and the foster carers concerned.

Family Counselling

The social worker empowers family members during the planning meetings, to undertake appropriate counselling and/or related activities to improve their own person circumstances and their relationship with the child or young person in care.

Meeting Facilitation

The social worker ensures the meeting is facilitated in such a manner that each family member is given the opportunity to both speak and be heard.

Appropriate Decision Making

The social worker ensures that decisions, at the planning meeting have been properly arrived at, with the full participation of all involved, including family, and that the decisions are in the best interests and welfare of the child or young person.

Planning Decisions

The social worker ensures all participants to the meeting, including family, are clear about, and in agreement with, the decisions arrived at, and how, and by whom these decisions will be put into action. It is good if all at the meeting get a copy in writing of the decisions made.

Commitment to Family

The social worker is committed to the role of supporting and encouraging family members to carry out their agreed tasks in the weeks and months which follow the planning meeting, despite any difficulties which may arise.

Review of Plan

The social worker is committed to the involvement of family members in the Review of the placement, either at the time agreed upon at the Planning meeting, or at an earlier date if changing circumstances dictate this.

Ideal of Continuity

Through the foster care process, the social worker is committed to the ideal of “continuity ”; of ensuring that not only are important relationships with family members maintained, but that these relationships are enhanced, and new relationships established.

Social Worker Wisdom and Discretion

The social worker uses discretion and wisdom, primarily through their own supervision process, to determine those family members who it would not be appropriate to involve in the

manner outlined above. In some situations it has to be acknowledged that there are family members who are so disturbed, angry and destructive that they are not able to contribute in a constructive way to the provision of safe and loving care for their children or young people.

Permanency

The social worker is committed to the ideal of achieving, as soon as is possible for each child or young person in need, a permanent placement in which they are secure and loved. Wherever this placement turns out to be (back with parents, with relatives or with non relatives), that family members have played, and are continuing to play, an active and constructive role in the provision of this permanent care arrangement.

Involvement Of Birth Family – General Points

Family Involvement

Parental and family member involvement does enhance foster care provision across the care continuum of emergency/respite, short term care to permanent care. When the goal of the care is “return home” it is essential the parents and other family members have an active involvement if the child or young person is to return home to improved circumstances and family relationships.

Even when the goal is for permanent care outside of the immediate family, parental involvement is still important, for this involvement is not only supportive of the permanent placement, but it enables important family relationships to continue, and possibly improve. A child or young person is more likely to settle into a new family relationship if they have positive and supportive relationships with their family of origin and know, and understand why they cannot live with them. This connectedness with their own family gives them a base from which to build relationships with a new family. They are not rootless children or young people. They know who they are and where they come from and this enables them to build new relationships.

Umbrella of Love

Foster care, no matter how well set up, is scary for children and young people. It is a journey into the unknown. It is a reality that it is only when a foster child lives with a family that they start to get to know each other. While it is possible to pretend during an introduction time, all pretence goes when a placement begins and the two parties live with each other week in and week out.

This is what makes foster care scary (it is even worse for unplanned placements) and it can mean so much to a child or young person if they know that all the adults in their life (social worker, foster carers, birth family members, other significant people) are working together in their best interests. In fact, these relationships form an umbrella of love over the child or young person as they work to re-establish themselves in a new family. They are now on their own but have the support of important family and non family members.

It is known that the stronger the links amongst the foster family and the birth family and the agency, in terms of both numbers and quality of relationships, the more secure the child or young person will be in care, and the more likely the placement will be successful. Having a good number of strong positive links between the foster care family and the birth family is

supportive and encouraging for the child in care, as well as enriching and encouraging for the members of both families.

No one Replaces Mum and Dad

Children and young people who require care often come from traumatic situations of abuse and neglect. It can be argued that because of these traumatic situations, family members responsible should be excluded from any involvement in the ongoing care. The reality is though, that no matter how bad things have been, these people are still their children's Mum or Dad, or Aunt, or Uncle, or Grandparent, or whoever. No one can replace them, and in most children and young people, there is a deep down desire to have an ongoing, but safe relationship with them.

Obviously, there are times when the circumstances are such that it is in the best interests of a child or young person that there is no involvement with particular family members, but these occasions are the exception rather than the rule. In most cases it is possible for family members to be involved in a positive way, given the fact that there will be variations and limitations to this involvement, taking into account the circumstances of each family member.

Some involvement is better than no involvement. Children and young people know if someone really cares, even if they are not able to offer much in a practical way. What devastates children and young people is rejection or indifference, or that their needs are secondary to the needs of their parents or other family members. To be accepted, and cherished, and encouraged by birth family, even if it is not possible to live with them, is of critical importance to the emotional well being of children and young people in care.

The Family Elder

A definition of family includes all who are descended from a common ancestor. It embraces grandparents, uncles, aunts and cousins, as well as parents and children. While parts of the wider family can be dysfunctional it is rare to find a wider family which is dysfunctional in all its branches. With every family the chances are high that there will be people from some part of it who are able to be involved in a positive way with the children of the family who are in care. An important social work task is to find these family members and to encourage them to develop their relationship with the children in care. Often in this search, the social worker can be helped immensely by making contact with a family 'elder' who knows well the wider family, with its strengths and weaknesses. Arranging family meetings through this 'elder' can be a significant step in finding and drawing upon helpful family resources.

Family Healing

The social work task is all about helping people make positive choices for the future. One of the advantages of working with the wider family of children in care is that often the social worker has the opportunity to empower family members who are not communicating with each other because of past hurts, or distance, or other factors, to overcome these barriers and re establish relationships. In the long term not only is this good for the children in care, as the network of love around them is strengthened, but it is also good for the family members as the divisions of the past are healed and they are freed to be available to each other. This can be a very satisfactory outcome of the social work role with family.

Family Affirmation

It is not easy for a family to know their children are in care. This is particularly so for parents who can have overwhelming feelings of failure, of guilt, of inadequacy, of being judged. It

can be a shattering experience to have their children being cared for by someone else. For some of them it is easier to give up and walk away and not risk further involvement and hurt.

The intensity of some of these feelings can be overcome through the social worker acknowledging and listening to these feelings and encouraging the parents in their ongoing role. The expectation of a social worker that parents and other family members will have an involvement in the care of their children gives them the message that they remain Mum, they remain Dad (or whatever their role) and that their children need their involvement in their lives. It gives a message that they are people of value with much to contribute to the well being of their children. This message of affirmation can do much to empower family members, not only to be involved with their children in care, but to make positive changes in their own lives, which will not only improve their personal circumstances but improve their relationship with their children.

Most parents are well motivated towards their children; what they lack often are the personal resources, the skills or the support to give positive expression to this motivation. Acceptance, affirmation and encouragement are important factors in helping them to make the changes necessary to improve things for themselves and their children.

Abandonment

Children can come into care because they are orphans. This can be a time of profound loss for them, not only of their mother and father but also of their home, their neighbourhood and their friends. The feeling that they have been abandoned can be high. The involvement of the wider family in their care can help to resolve some of these feelings of intense loss. Although no one can replace what has been lost, the fact that other family members are committed to the children and are working in their best interests helps to alleviate some of the hurt and pain. Through their parents, the children are part of the wider family. They belong, just as their mother and father belonged. That the family is now there for them when their parents cannot be, helps to keep alive their parents' memories and their sense of rootedness and belonging.

In a time of profound loss, it is so critical for the children to know that the wider family has not abandoned them, but instead have come together to determine how best to assist them.

Loss and Grief

Apart from death of parents, children can come into care with other profound losses arising out of abuse, neglect, family break up or illness. Invariably, children come into care because of traumatic situations. They come into care feeling vulnerable and grieving for the loss of family, of friends and all that has been familiar to them. Just like orphaned children, they too can feel abandoned, but an abandonment which was largely their fault. Children in care can experience deep grief over the losses and changes in their lives. This grief can be made worse if there is no ongoing contact with family. It is as though they have been cast out because they have been bad.

Again, the active, positive involvement of family members in the care arrangement helps to lessen the grief experienced. When parents and other family members are committed to the planning and the outworking of the care; when they are committed to maintaining contact with the children; when they are committed to working in with the social worker, the foster carers, other family members and other significant people in the best interests of the children, they are giving a strong message to the children that they are not being abandoned. Instead it is a message of commitment, of love, of being present to ensure the best happens for the

children. It is in this environment of security of commitment and of nurture that children can begin to resolve their grief and move on in their new circumstances.

Family Fantasies

When children in care lose contact with their birth family they wonder where they are and what has happened to them. They fear something is wrong with them and consequently with themselves.

Children can develop fantasies about their parents, and other family members, making them out to be more than they are, e.g. horrible or wonderful. In this, children can lose their sense of reality so that the parents of their mind bear little resemblance to the parents of reality. In addition they can become angry that the world is conspiring to keep them apart from their family.

This separation, with no contact, also raises in the minds of children that their family does not like and want them, which in turn leads to a low opinion of self and self worth. This feeling of worthlessness and abandonment is devastating for children. This is why ongoing family involvement in their lives is so critical.

Research

Current literature and research in foster care, stresses the importance of the role of the birth family in the foster care process, to the extent it is clearly shown that the positive involvement of appropriate family members has a significant influence on the satisfactory outcome of a placement. When parents and other family members are given responsibility in the foster care of their children, research shows it is likely the outcome of the care will result in a satisfactory return home to family, or arrangements being put in place to ensure permanent, alternative care, supported by family. It is extremely difficult to arrive at these outcomes without meaningful involvement of family.

Confidence in Families

Generally, families know what is in the best interests of their children. While there will always be exceptions to this generality, to which social workers must be discerning, it holds true for most families. Families who come together to discuss and plan for the care of their children are only too aware of the strengths and weaknesses within their own family system. Given this knowledge, they know in their hearts what will favour the children and what will not, and this will come out in their discussion and influence their part in the decision making. While social workers need to be wise and discerning in this process, they need not be afraid of it, because of the huge potential for good for the children concerned, as well as for the family as a whole.

Kinship Care

When children are placed in kinship care, all the above principles and general points apply. Children continue to need the active, positive, planned involvement of wider family members for all the reasons outlined above. It is possible to feel abandoned in kinship care with all the attendant loneliness and grief. Children in kinship care need to be encircled with the same network of family love as do children in non kinship care.

Summary

Good foster care provision, which includes kinship care, is dependent upon an integrated model of working. It requires the agency staff, the foster carers, and the birth family to work

in together to ensure the best possible outcome for the child or young person in care. Often the birth family's role in this triad has been either ignored or undervalued. This has been to the cost of the well being of both the child in care and the child's family. Birth family involvement in the provision of quality foster care is essential, and must always be a focus of the social work role.

Foster Dads

A Footnote to Foster Care?

Think of a foster family and who immediately comes to mind? The foster mum – full of love, common sense, patience, understanding, with a remarkable ability to be present when needed, with an attentive listening ear. She cares for the children, reaches out to the birth parent, and deals with the social worker. She is honoured, and rightly so, for the many, many young people who have found love and security through her.

But what of the foster Dad? Where is he? What is his role? Is he important? Is he appreciated?

Sadly, the importance of foster Dads is often overlooked or ignored, or considered to be of small account. This is partly evident in the lower expectation that Dads will come to foster parent training, or that foster parent support groups are mostly orientated towards women, but mostly it is evident in the ongoing social work contact, which invariably is with the foster mother.

The indications are that foster fathers mostly are seen to be an appendage, necessary, but never the less an appendage to the foster care process. The important role that foster fathers play is often not understood and certainly not appreciated.

Why are foster dad's important?

To answer this question, firstly let us look at the crucial role fathers play in the lives of their own children. It is well recognised that when a family is led by an involved, caring and thoughtful husband and father the chances are high that the family will know love and security, and the children will grow up feeling good about themselves and their potential, about their sexual identity, their ability to form relationships and to relate to the opposite sex.

When husbands love and honour their wives, and give frequent expression of this love and honour, it not only brings an immense sense of security to the children, but from this expression, gives them role models of appropriate behaviour for man – woman, husband – wife, father - mother relationships.

Children need Dads. There is a hole in every youngster's life that only a father figure can fill. To a young growing boy, his Dad is a hero, his example, his closest male companion. From his Dad he learns a sense of worth. He learns how to behave, how to be a man, how to relate to women. So he needs a Dad who will give him time, who wants to share his life with him, who will teach him guide him and encourage him.

Daughters too need Dads. A warm caring father helps a girl to develop her femininity, her womanliness. From her relationship with her Dad, and watching her mother relate to her father, she learns about men and what qualities make manhood and fatherhood. The quality of the relationship she has with her father will be crucial in the relationships she subsequently will form with the opposite sex.

Children also need Mums and none of which is written above takes away from the warmth, caring and role modelling that only a mother can provide. A mother and father complement

each other and together they provide the rich environment which enables their children to grow up confident and caring adults.

Nor does what is written denigrate the parenting done by a mother who does not have a husband to support her. While her situation may not be ideal, her commitment to her children can, and often does compensate for the lack of a father.

There is no denying though, the crucial role that fathers play in their children's development. This role is not widely recognised, or encouraged. Sadly for men, the pressure is on them to achieve outside of the home, and these activities of work, community service, and leisure, often leave them with little time or energy for their children. Many men do not see that they have a positive role to play in nurturing children and certainly they would not see that the highest experience of maleness is to be a good husband and father.

In a way there is a widely held expectation that fathers will be only marginally involved with their children, and it is this attitude which tends to make of foster Dads a footnote to what is going on in foster care.

What are typical experiences of fathers, or father figures, of young people who come into foster care? Such youngsters typically experience 'fathers' who are absent, changing, indifferent, violent, drunk or stoned, rarely able to show affection in a non sexual manner, and who do not see it as their 'role' to nurture their children.

These typical experiences highlight how important are foster Dads. Foster fathers usually are warm, nurturing and protective, fulfilling the roles outlined earlier, which are so essential in the healthy developments of boys and girls.

A foster father may be the first man a girl in care has experienced who has treated her with respect, dignity and warmth. This altered perception of men and the role they should play as husbands and fathers, could have far reaching implications in her life.

The foster Dad's strength and commitment will have enabled her to come into a warm and secure environment, and his part as husband and father will have given her a role model to which she can compare other males who come into her life. These factors will make an immense difference for good in her life as she matures.

For these reasons alone, the role of foster Dads needs to be acknowledged and encouraged, but there are more reasons for their acknowledgement and encouragement. The foster father has a key role in the success or failure of a foster placement. Unfortunately many social workers spend more time with the foster mother than with the foster father, and they do so to the detriment of the placement.

It is known that the feelings, views and motivation of the foster father are more predictive of placement success or failure than are those of the foster mother. Information gained from a foster father about his family situation during initial assessment interviews tends to be more objective and indicative of placement success than information obtained from the mother.

Similarly, a successful placement is much more likely if the foster father is able to say that he not only actively supports his wife in her day by day caring of the children, but that he too enjoys being involved with the children whenever possible.

Finally, the foster father tends to provide clearer clues than the foster mother when the placement is in trouble. Again because of his protective role he tends to be more alert to, and more objective about things not being right in his family.

It is apparent then, from the point of view of being a male role model and from the point of view of gaining family information crucial to the successful outworking of a placement, it is foolhardy not to actively involve the foster father in the foster care journey. To put it plainly, to ignore the foster father is to put in jeopardy the placement with the consequent hurt and disruption to the youngster concerned, the youngster's family and the foster family.

What then are the implications for agencies involved in foster care placements? The obvious statement to be made is that agencies and their staff must not ignore the foster Dad. If foster fathers are to be a major resource for child placement, a certain re-orientation will be necessary for social workers whose tendency has been to work with foster mothers, and to only pay attention to foster fathers when they start to complain.

What then can agencies do in practice?

* Firstly – Insist that the foster father is involved in the initial assessment interviews, in foster parent preparation and ongoing training courses, and in the planning of any child placed with his family.

Secondly – Ensure that the social worker visits the foster father early in the placement to gain his perception of developments. This may well mean that contact will have to be made in the evening, or at weekends, or by arrangement at his work.

Thirdly – The social worker should lay a foundation of consultation with both foster parents. This may be done by telephone or by a planned visit at which both parents are able to be present. Certainly both parents should be present when planning meetings, and their reviews, are held.

In summary, the foster Dad is not a footnote to the foster care process. He is an essential element of it, and foster care practice must reflect this. Leave the Dad out and you have trouble. Involve him meaningfully and a youngster can have a role model and a champion whose influence can bring so much that is good and positive into the youngster's life.