

Providing a foundation for **family care**



Care for Children 

Introduction from **Dr Robert Glover OBE**

In 1998 I moved from the UK to China with my wife and our six children to pioneer a new direction in China's child welfare system. I could never have imagined the far-reaching impact that this work would have but despite our growth, our goal has remained constant: to see children living in institutions placed with loving local families.

We began with a small pilot project in Shanghai and now pioneer projects right across South-East Asia. In our 20 years empowering governments to transform institutional care and implement government-led family-placement care programmes, we've seen a generation of children placed into loving local families.

This foundational document is intended to provide an understanding of the work carried out by Care for Children to support some of the world's most vulnerable children. It provides an introduction to our family-focused, training-based solutions and the key concepts, models and theories that support our work.



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Glossary

Family care

There is a deliberate use of the term 'family care' throughout this document. This term is used as a replacement for 'foster care' due to the specific type of foster care we promote and facilitate. In general terms, foster care is a way of providing a family life for children who cannot live with their own parents. Foster families provide care for those children, who become part of their household. However, within this general definition there are many different forms of foster care (which are outlined in this document). Our work is about providing permanence to children through loving and secure family placements and therefore primarily promotes a 'family care' model which emphasises long-term placements and a robust support and monitoring process. In many ways 'family care' is similar to adoption in terms of the permanence it provides; however this long-term 'family care' model allows families to be financially supported and allows governments to monitor the quality of the family placement and the wellbeing of the children in the household.

Family carer

Family carers are adults who are not related to a child but who care for them in their own family home. Family carers look after a child in the same way they would a birth child, but they are not legally responsible for them. Responsibility for the child remains with the government.

Family care worker

Family care workers are often people who were previously working in institutions and have been re-trained to assess and support children and family carers. Part of their role is to place children in loving, local families and to regularly monitor their wellbeing once the placement has been established.

Institution

An 'institution' for children is a group living arrangement for more than ten children in which care is provided by a number of paid adult carers.

Systemic change

A systemic change is a fundamental one, experienced by a whole country or organisation.

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An urgent global crisis



8 million

children worldwide live in institutions¹



80%

have at least one living parent²



Why do children end up in institutions?

- ▶ Abuse and neglect
- ▶ Parental incarceration
- ▶ Illness or death of parents
- ▶ Abandonment
- ▶ Gender discrimination
- ▶ Physical or psychological difficulties
- ▶ Relinquishment due to poverty

From institutional care to family-based care

Countries around the world are looking to introduce **systemic changes** to their child welfare system towards family-based care alternatives.

¹ Csáky, C., Keeping children out of harmful institutions: why we should be investing in family-based care, Save the Children, 2009, p 3.

² Ibid. Csáky, 2009, p 7.

³ Ibid. Csáky, 2009, p 5.

- ▶ The millions of children who live in institutions are among the most vulnerable in the world.³
- ▶ 80 years of research has highlighted the negative impact of institutionalisation on children's health, development and life chances.⁴
- ▶ Studies show that these children face immense, often overwhelming, challenges in all areas of development.⁵
- ▶ Institutions are a significant financial and administrative burden for governments.⁶

⁴ Berens, A., Nelson, C., The science of early adversity: is there a role for large institutions in the care of vulnerable children? The Lancet, 2015.

⁵ Save The Children, 2012: International Guidelines on Alternative Care of Children Policy Brief.

⁶ Williamson and A. Greenberg, 2010: 'Families Not Orphanages'.

A positive alternative

Care for Children's **pioneering work** enables governments to place vulnerable children into local families as **a positive alternative to institutional care**.

It is internationally recognised that children need to be cared for in families rather than institutions. On 18th December 2019, The United Nations General Assembly drew up its first ever 'Resolution on the Rights of the Child' which was adopted by consensus. The resolution was wide-ranging but included the following ground-breaking statement and key recommendation:

The UNGA expresses deep concern on the potential harm of institutionalisation and institutional care to children's growth and development, urging States to take action to progressively replace it with quality alternative care.⁷

Care for Children's team of social work and international development experts works alongside national and local government departments to train staff from government-run institutions and other relevant stakeholders to become family care workers. They are empowered to recruit, assess and train suitable families, as well as place, support and monitor children as they move from institutions into local families.

Care for Children creates bespoke training materials and programmes to suit the unique political and cultural characteristics of each country that we work in. Instead of focusing only on individual institutions or cities, Care for Children's approach is designed to enable nationwide, systemic developments to the child welfare system, with the intention of enabling many thousands of vulnerable children to be placed into local, loving, and secure families.

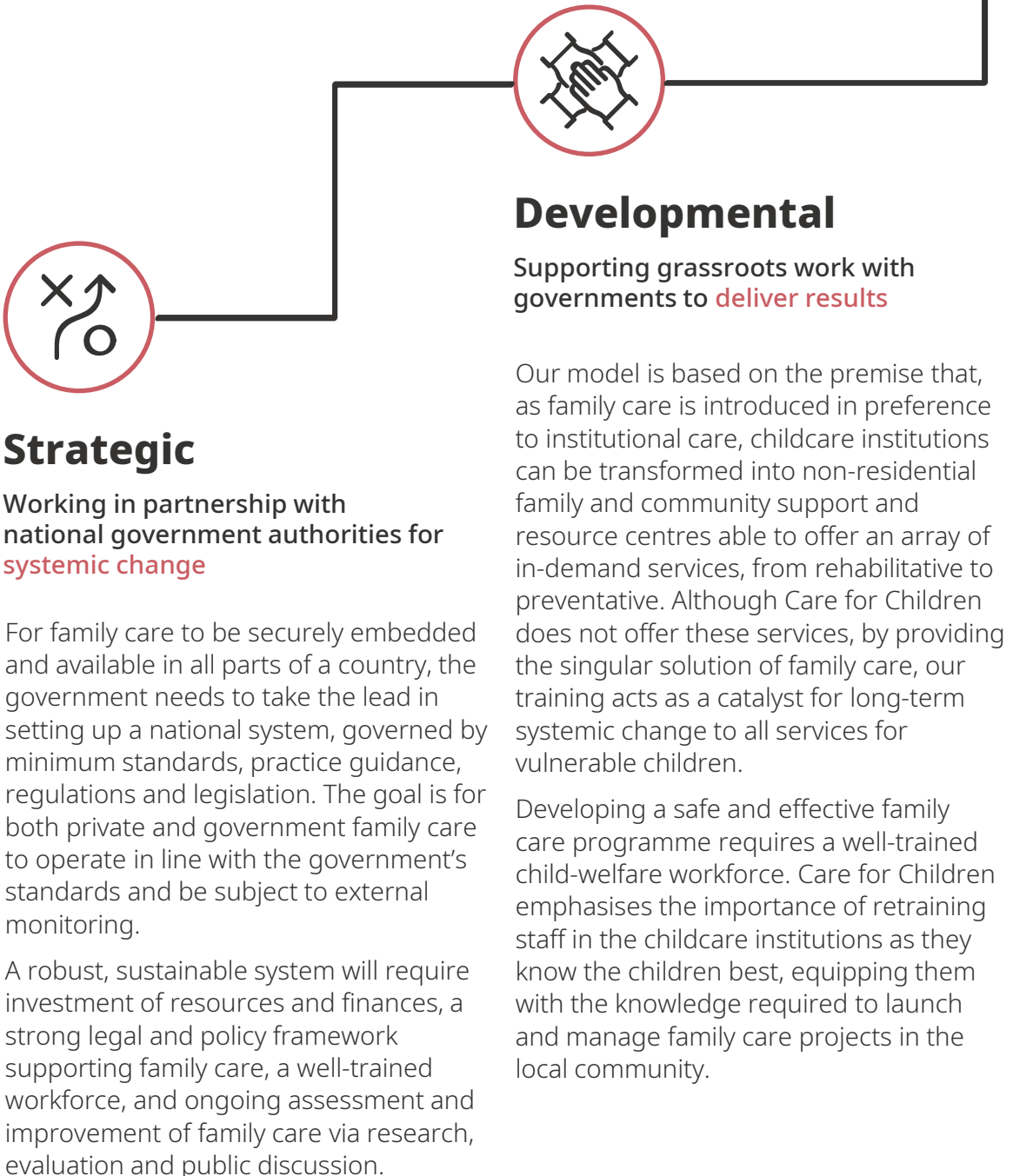


Whilst not the focus of Care for Children's work, we also advocate that a healthy child welfare system will need to focus on preventing separation and reuniting families, as well as providing good quality family-based alternative care when children cannot live with their birth family.

⁷ United Nations Resolution on the rights of the child 2019

Care for Children's model & strategy

Care for Children's approach is **strategic**, **developmental** and **sustainable**.





Sustainable

Developing country-specific training programmes to ensure long-term success

Staff from childcare institutions become trained family care workers, who can in turn provide training, guidance and support for prospective family carers. Over a 12-year project span, Care for Children's team works closely with government officials to deliver training workshops, organise domestic and international study visits, and hold national conferences and seminars. In this way we equip family care workers, managers, social workers, family carers and relevant stakeholders with the essential knowledge, skills and tools to deliver safe and high-quality family care.

Care for Children only works in countries following an official invitation from the government.

A baseline research visit is then organised to gain knowledge and understanding of current child welfare practices and country-specific needs. Coupled with international best practice, these research findings are the basis for designing a safe and effective family care programme. It is only then that Care for Children enters an official 'co-operation agreement' with the government.



Family and community support and resource centre



Trained family care workers

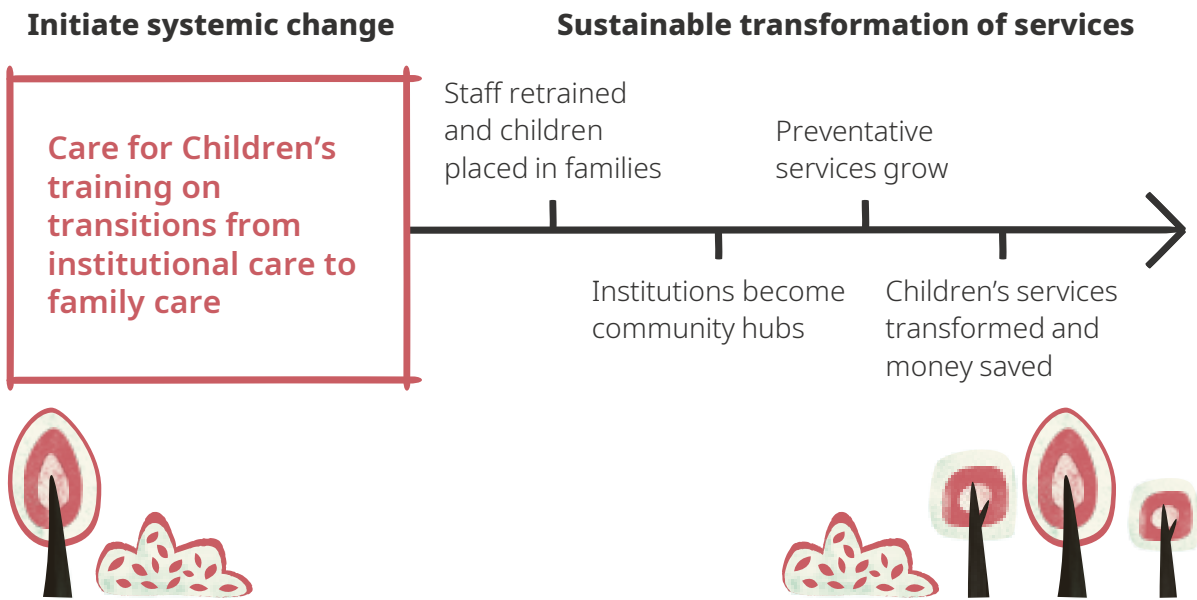


A four-stage process



Care for Children’s Theory of Change (ToC)

Our model is based on the theory that as family care is introduced as one of a variety of options for alternative care, the pressure is lifted off institutions, freeing up staff, money and space to allow the institution to offer a range of specialist services, from rehabilitative to preventative.



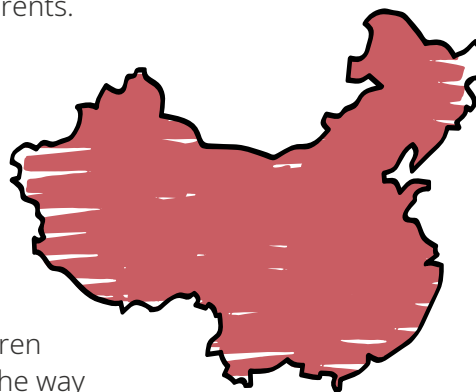
A record of **success**

Care for Children's **work in Asia**

In 1996 the Chinese government invited Dr Robert Glover to become an advisor on childcare. Drawing on his experience in children's social care in the UK, Dr Glover proposed the implementation of family care to ensure that children could still be cared for in a family even when they were unable to live with their birth parents.

Systemic Change

From 1998 Care for Children supported the Chinese government to transition from an institutional care system to a family care model. The government took on the responsibility for implementing family care, while Care for Children provided consultation and training, empowering government staff to ensure the quality and sustainability of the project. Care for Children also provided technical support and seed funding in the way of government-matched family allowances (50%) to build models of best practice and design and deliver a national family care training programme. This empowered the government to enact legislative support for family care. In 2014 the government issued "National Regulations for Family Care" which required institutions to offer family care to any child who was suitable for family placement, indicating a permanent change in child welfare practice in favour of family care initiatives.



Redistribution of funds

In China, funding for children in care was originally only provided directly to institutions. As family care flourished, institutions started to pay families an allowance and more children were placed in families. The government recognised that by running family care projects, institutions were saving public money while providing children with a better service. Over 50% of governmental funding for children in care is now used to pay family allowance and family support.

Training

Over 5,000 Chinese government officials, institution directors, family care workers, social workers and families have been trained by Care for Children. Furthermore, Care for Children's training-of-trainers approach (ToT) has enabled staff in institutions to train other institutions.

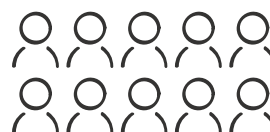
Expansion

Our work in China has meant that a generation of vulnerable children have been placed into stable and loving families. As a result of this success in China, Care for Children has accepted further government invitations to launch projects to introduce family care as a positive alternative to institutional care in a number of countries in Asia.

5,000

- ▶ Government officials
- ▶ Institution directors
- ▶ Family care workers
- ▶ Social workers
- ▶ Families

**Trained by
Care for Children**



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A better path for children in care



What is alternative care?

Alternative care is the term used to refer to a range of options for children who cannot remain in their own families. 'Guidelines for the Alternative Care of Children', expanding on Article 20 of the United Nations Convention on the Rights of the Child (UNCRC), were drawn up and welcomed by the UN General Assembly in 2009. The Guidelines have been developed with two main 'pillars': necessity and suitability.

Necessity

Before any consideration of alternative care provision, all possible measures to safely keep the child in their own family must be explored. The necessity of care placements should be reviewed regularly so that the possibility of the child returning home can be considered, if appropriate.

Suitability

The most suitable alternative care provision must be provided for that child. All settings should meet minimum quality standards and there should be good 'matching' to find the care setting that best meets the child's needs.

There are two types of alternative care for children: residential care and family-based care

Residential care

Any care setting where a child is looked after in a group setting that is not family-based. This can include a wide range of settings such as:

Small group homes

A child lives in a small, self-contained unit with several other children established as a home environment. There is usually a small staff team caring for them.

Specialist centres

A child lives in a small group setting with trained staff who can provide therapeutic care or treatment.

Institutional care

A child is placed with other children and cared for by a staff team. This environment tends to be larger and less like a family home.

Family-based care

A family is the care provider and the child is looked after in the family home of the carers. The main forms of family-based care are:

Kinship care

A child is looked after by members of their extended birth family. This is mostly informal and arranged privately but can be formally arranged by a child welfare authority.

Family care

A child lives with a family not biologically related to them. Family carers look after the child, but they are not legally responsible for them. Legal responsibility is held by the relevant child welfare authority.

Time for change

“

What institutional children [are] lacking is physical touch, comfort and attention. In normal families, tiny changes in the child can be found by the whole family, while in institutions, only when great changes happen with the child can people notice it.

— *A young girl who has grown up in a Chinese orphanage.*

The **negative impact** of institutional care has been widely recognised, and research has highlighted adverse effects on children’s social, psychological, emotional and physical wellbeing.⁸ These include developmental delays and low educational attainment, emotional difficulties, identity and self-esteem issues, behaviour difficulties, social and attachment problems, and difficulties adjusting to adult life.

It has been internationally recognised that institutions are not the most appropriate places for children to live, and that family-based care is better for children’s development and wellbeing. As there are still millions of children living in institutions across the world, there is a need to strengthen family-based alternatives.

Following on from Article 20 of the United Nations Convention on the Rights of the Child (UNCRC) in 2009, on 18th December 2019 the United Nations General Assembly called on its 193 Member States to take concrete action to implement the international commitments they have made to protect the human rights of children without parental care, particularly focusing on the need for there to be appropriate long-term alternative options in place.⁹

The UNGA expressed deep concern over the potential harm of institutionalisation on children’s growth and development and **urged all member states to take action to progressively replace it with quality alternative care.**¹⁰



⁸ Beckett et al., 2007, 2008; Johnson, Browne & Hamilton-Giachritsis, 2006; McKail, Hodge, Daiches & Misca, 2017; Stevens et al., 2007; Van IJzendoorn, Lujck, & Juffer, 2008.

⁹ United Nations Resolution on the rights of the child 2019

¹⁰ United Nations Resolution on the rights of the child 2019

Family care: how it works

Family care is a way of providing a family for children who cannot live with their own parents. Family carers are adults who are not related to the child but who care for them in their own family home. Ordinary families open their hearts to children in need and share their family life with them.

Family care takes many forms: emergency family care, short-term or long-term family care and respite care. In countries with a long history of family care there are specialist carers who can care for children with specific needs. Sometimes the child may be able to return to their birth family or they might go on to be adopted but there are also children who will remain with their family carers long term.

Family carers look after a child in the same way they would their birth child, but they are not legally responsible for them. **The legal responsibility remains with the government.** This is the key difference between family care and adoption.

Family carers are **usually paid or provided with an allowance.** Normally the money received is intended to meet the regular needs of the child. In low-income countries it may not be possible to pay an allowance to family carers, however in recognition of the work they undertake they may be given assistance 'in-kind'. For example, they may be given food, toiletries or bedding that would otherwise have been provided for the children in the institution.



Family carers are **supported by the government** who provide advice, guidance, training and financial help relating to the needs of the child they are caring for. The care the child receives is closely monitored to ensure that they are receiving the best possible care.



Benefits of family care

Children

Some young children placed in a caring family environment can recover and catch up on their physical and intellectual development.

— Browne, 2009; *The Risk of Harm to Young Children in Institutional Care*

Family care has been shown to **reduce emotional problems** for children who have experienced early adversity.

Children in family care can **receive support from family carers until their adulthood**. The experience of living in a family can help prepare them to be effective parents themselves.

Families

Family carers have the satisfaction of being loved and needed by the child and take pleasure and **pride in seeing a child progress**.

Institutions

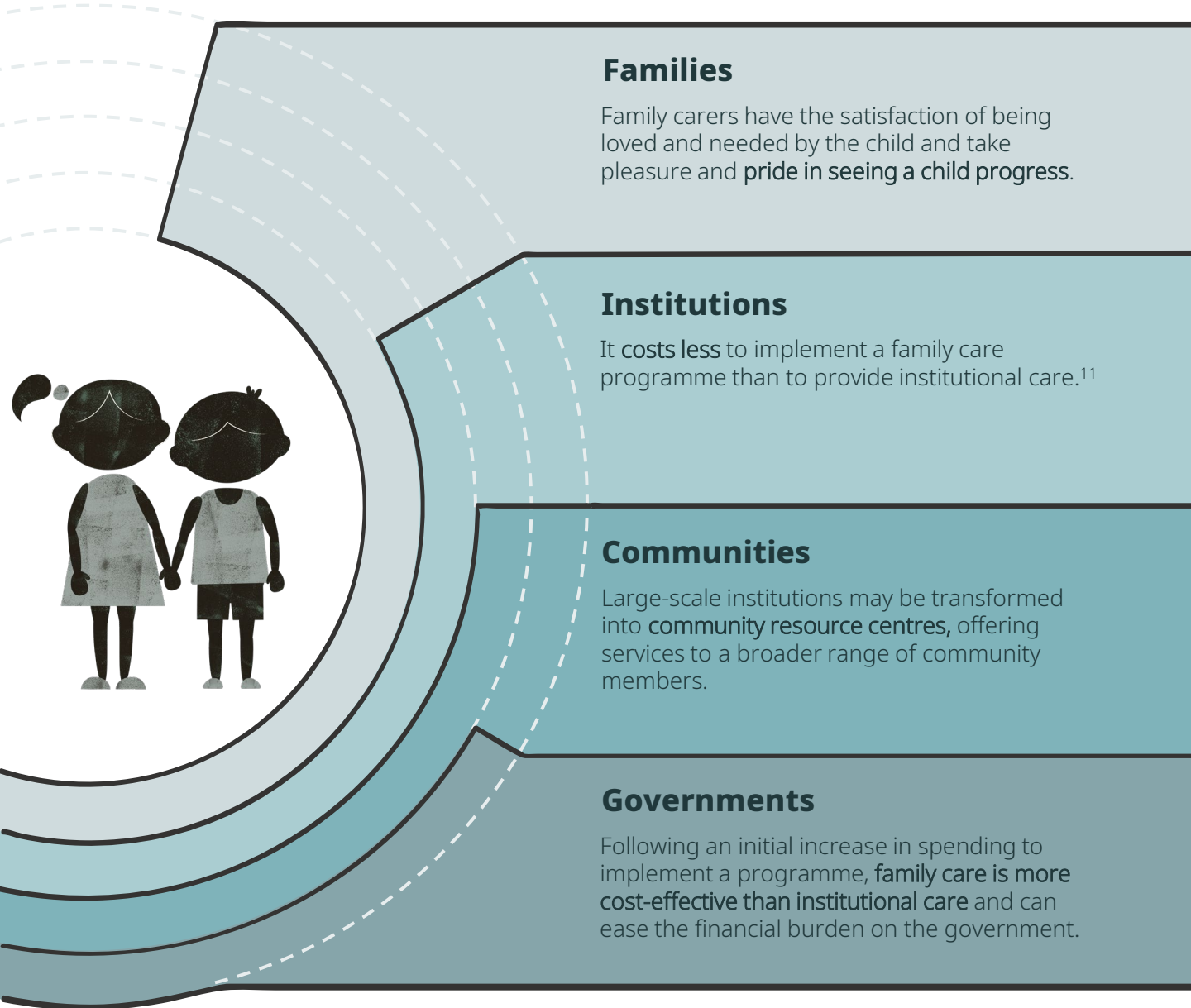
It **costs less** to implement a family care programme than to provide institutional care.¹¹

Communities

Large-scale institutions may be transformed into **community resource centres**, offering services to a broader range of community members.

Governments

Following an initial increase in spending to implement a programme, **family care is more cost-effective than institutional care** and can ease the financial burden on the government.





Family care can **improve attachments with others**, making it more likely that children can make friends, have informal support and form a stable relationship with a partner when they are older.

When I was growing up in the orphanage, I really wanted to have someone in my life who I could trust and who I knew wasn't going to leave me. When I moved to a foster family and the foster mother told me she loved me, I didn't believe it. But it was something that she said every day and her actions showed me that she loved me, so I started to believe her. Love wasn't this massive thing that I had always imagined it might be; but instead, it started out small and it made me so happy and I realised that it was enough, and it was just what I needed."

— A child in Thailand who moved from an institution to a local family.

Family carers receive training and **develop new skills**.

Family carers acquire a **new social network** as members of a family-care community.

Institution staff can **support the holistic needs of more children** in family care, allowing more children to be taken care of without any increase in funding.¹²

Establishing a family care programme can help to **alleviate the resource tensions** facing institutions and promotes the **sustainable development of child welfare**.

Children in family care and others in the community gain **access to specialist care**.

When children are welcomed into families, **relationships** with neighbours and the entire community can improve.

Family carers receive **respect and recognition** within the community for the valuable role they are taking on.

Care for Children's model of family care leads to **sustainable change** within the child welfare system.

Our strategy empowers the development of a **government-led family care programme** supported by necessary policy and law.

¹¹ Barth, 2002; Browne, 2009; Wu et al., 2005

¹² Yanbing Wang et al, 2006

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A successful family care programme



Care for Children's training programme

Our training programme equips family care staff with the knowledge and skills to run safe and effective family care programmes. We ensure that our training is adapted to suit each country we work in. **The key components of our training are:**



Necessity, suitability, matching and planning

Children should be placed in families in line with the necessity and suitability principles. Matching and case planning are crucial. We train family care staff to ensure that children are placed in family care only when necessary and suitable. Training emphasises the importance of careful matching and detailed case planning so that families can best meet a child's needs.



Recruitment and assessment

Loving, local families should be recruited and assessed as to their suitability to become family carers. We train family care staff to find family carers who have the commitment and emotional engagement necessary to care for a child in their family.



Preparation

Both the child and the family carers should be prepared for the placement before the child moves in with the family. We train family care staff to know what steps to take to prepare the child and the family carers, including the importance of life story work and sharing appropriate and relevant information about the child's background.



Capacity building

Initial and ongoing capacity building of both family care staff and family carers is an integral part of providing a quality family care program. We train family care staff so they can offer family carers both pre-placement training and additional bespoke training.



Support services

Family carers and children should be given adequate support and access to services. We train family care staff on the importance of the provision of emotional, financial and psychological support for family carers and the children in their care.



Monitoring and evaluation

Monitoring and evaluation of family care placements is crucial to ensure that children are safe and are receiving quality care. We train family care staff to embed robust monitoring systems into their programmes to ensure that children are safe and reduce the risk of placement breakdowns.

Preparing families

It is essential that a robust framework is in place so that families are prepared and supported throughout the process.

Recruitment

Poster campaigns, publicity on local/national radio, television and transport, linking in with existing community groups.

Application

Formal registration of interest in becoming a family carer.

Assessment

- Identity, medical history and background checks.
- Referees contacted.
- Home visits.
- Exploration of prospective family carers' capacity to provide safe loving care as well as exploring their attitudes, motivations and expectations.

Training


- Equip carers with knowledge and skills.
- Staff get to know prospective carers.

Approval

Application approved or denied by panel of local professionals from the child welfare home and the local community.



Preparing children



It is crucial that the following steps are followed to ensure that children are prepared, understand what is happening, and feel safe throughout the process.

Assessment

The family care worker assesses a child individually by asking questions, doing fun activities and exploring their views, wishes and feelings.

The developmental, cognitive, medical, psychological and learning needs are also taken into account when considering a child's suitability for family care.



Care planning

Each child should have clear short and long-term plans that detail their needs and outline how they will be met once in family care.

These are reviewed regularly and updated as part of ongoing monitoring and support.



Life story work

Life story work helps children to make sense of their past, understand their thoughts and feelings about their present, and explore their wishes for the future.

This work is very interactive and great focus is given to the information that is known rather than what is not.

Matching to placement

Once a child is matched with suitable family carers, there is an important process of transition. It is integral to the emotional wellbeing of the child for the stages to remain in this order. Every child is different, and the details of the transition should be determined by the child's individual needs.



Matching

- A proposed match will be carefully and thoughtfully considered by the family care worker and brought before a panel of professionals to make a decision on the match.
- The decision is made based on the family carers' skills, expertise and ability to meet the child's needs.
- They will also consider similarities between the child and family carers.



Introductions

- The child and family carers are introduced to each other gradually, supported by the family care worker.
- These introductions may involve fun activities to make the experience less intense for all concerned.



Transition

Children must have a transition stage between meeting the family carers and moving to live with them. This is an important time for children and carers as they get to know each other. There should be a gradual increase in the time spent in the family carers' home to help both the child and the family carers ensure that they are ready for the new family care arrangement.



Placement

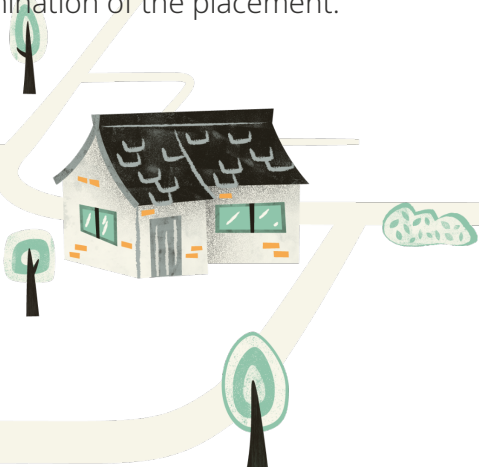
Once transitions have proceeded successfully, the child moves in with the family carer and is cared for fully within the family.

Support & monitoring

Ongoing support and monitoring for family carers and children is crucial for a placement to be successful and stable. Despite preparation, it will take a significant adjustment for the child and family carers and they will need to be able to discuss their views and feelings with someone who can offer help.

The legal responsibility for the child remains with the government authority so it is vitally important that they ensure the child is receiving safe, quality care through ongoing planning and monitoring.

It is good practice for the family care worker who already knows the child to support the transition into a family and to continue to support the placement in the long-term. The family care worker will monitor the safety and the quality of the care provision, noticing positive and negative differences between visits and offering support or challenge where necessary. They will also undertake a periodic review of the placement with a view to protect the best interests of the child and take appropriate action. This could include an extension or a termination of the placement.



The child moves in with a family after initial introductions and a transition period where relationships are built and supported by the family care worker.



The family care worker continues to monitor the child in placement and provides practical and emotional support to the family carers.



The family care worker reviews and updates the child's care plan during visits to ensure that all adults and professionals are working together to meet the child's needs.



The family care worker identifies relevant training for the family carers.



The family care worker encourages family carers to meet with other family carers to build community and signposts local family carer groups.

Ongoing training

Further training modules will be provided to family carers to enable them to develop their skills and ensure that they are equipped to support children at each stage of development. It is also an opportunity for family carers to build community together, give moral support, and discuss insights as well as current challenges. The training modules include:

The impact of trauma on children

Children who experience trauma may not be able to process or communicate it immediately. Instead, the impact of it may emerge in later years. Family carers are given an understanding of the impact that trauma can have on a child's life. The training gives family carers tools to help children regulate their emotions, teaches them how to care for children who have experienced trauma, and emphasises the importance of self-care.

Attachment

Attachment is characterised by specific behaviours in children, such as seeking proximity to an attachment figure when upset or threatened. These types of behaviour are universal across cultures. Attachment theory explains how the primary caregiver-child relationship emerges and influences subsequent development. Family carers are taught how important secure attachments are in the life of a child and how quality attachments impact the child's wellbeing, social functioning and competency. They are also taught how the absence of attachment or poor or dysfunctional attachment might have impacted the children before coming into family care.

Safeguarding

Family carers learn about different forms of abuse including physical, sexual, emotional, neglect, social and exploitation. They are taught how to protect children and how to protect themselves from allegations. They are also told who to talk to if they have concerns that a child is being mistreated or is not safe.

Life story work

While the family carers will be aware of the child's history as part of the matching process, they will need support and advice if they want to talk to the child about it directly. Family carers will learn that this should not be attempted in any depth until the child is settled and a relationship of trust has been built.

Secure Base model

Family carers play a crucial role in supporting children who have lived in institutions by offering consistent and responsive care. Five dimensions of caregiving have been suggested for developing a secure base: availability, sensitivity, acceptance, co-operation and family membership. Family carers are given tools to help them understand the importance of giving children consistent and responsive care and building security and resilience in the child's life.

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