



Enabling child rights to family: Mkombozi's position on foster care

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Since the early 1990's, Tanzania has witnessed a visible increase in the number of children living and working on the street. A census conducted in 2005 indicates that there are currently 470 street children in Moshi (i.e. 52 girls and 418 boys) and 876 street children in Arusha (i.e. 144 girls and 731 boys). Boys and girls who live and work on the streets are vulnerable to wide and extreme violations of their rights. They have difficulties accessing basic services and are verbally, physically and sexually abused. They are socially excluded, highly visible, mobile and increasing in number. They are unable to access education which generates additional problems and demands on already overstretched social services and the criminal justice system. As these children age, they run increasing risk of HIV/AIDS and conflict with the law.

Mkombozi's research on child vulnerability in Kilimanjaro Region has shown how income poverty increases familial pressures, which can in turn result in frustration, domestic violence and alcoholism. This, in turn, exacerbates income and non-income poverty within the family. It is this cycle of poverty in its widest sense that serves to exclude families and children from traditional social support networks, and ultimately pushes children and youth to migrate from their homes to urban centres.

Residential care is the main strategy in Tanzania for helping children in need of care and protection. There are currently a number of residential centres for vulnerable children including orphans that mostly target children under 15 years old. These centres are mostly run by Non-Governmental Organisations (NGOs), are often managed and staffed by people that do not have specialist skills or qualifications to work with this population and they are not held accountable to a minimum standard of services that they provide.

It is estimated that over 8 million children worldwide live in residential care. In Tanzania, it is not known how many children live in such care centres and how many more are in need of safe space. In Moshi and Arusha Municipalities, the number of full-time street children far exceeds the capacity of residential care centres. For example, in Moshi there are 3 residential centres with a combined capacity of 170 children, yet there are 169 children currently on the streets full-time, in addition to the (more than) 170 children already in care. It is clear from this situation that alternatives to centre-based care need to be developed and strengthened. Children and youth need appropriate services that value them as the key source of potential for Tanzania's development.

In this paper, Mkombozi uses Save the Children's definition of residential / institutional care: "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society". As such, this position paper argues that:

- children develop and thrive in familial care, not institutions;
- Tanzania's current institutional capacities cannot accommodate the number of children in need;
- community-based initiatives such as kinship care (i.e. fostering) are viable alternatives to institutional child care.

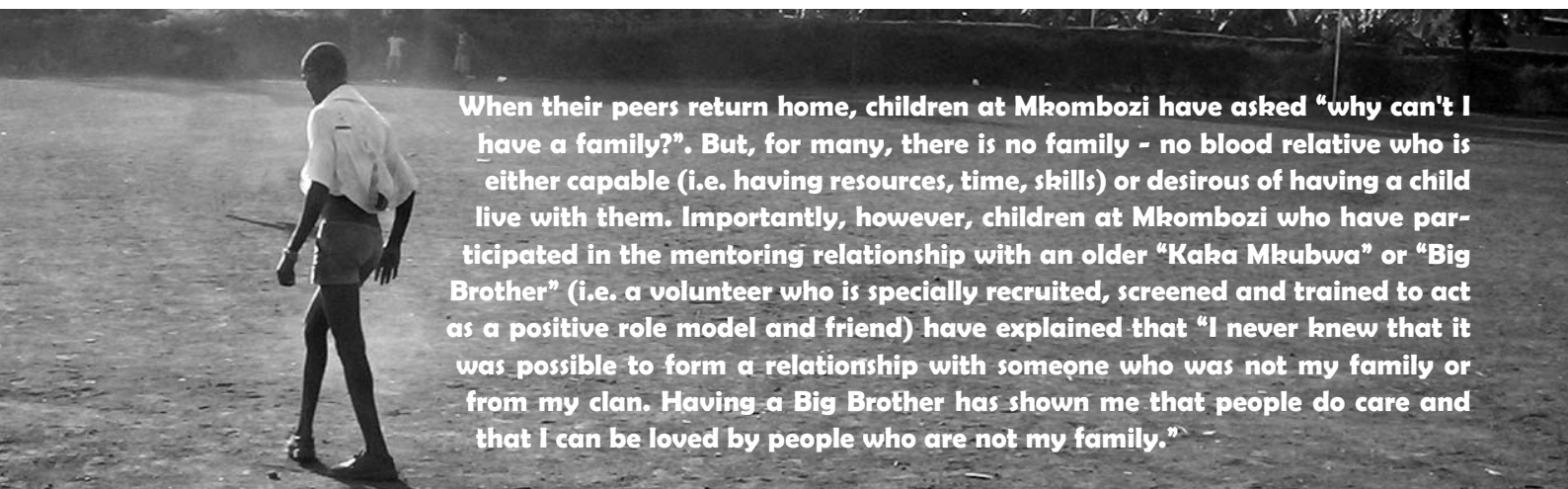
▶ The argument against institutional care of children

The United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) both emphasise the need for protection and special care for children as well a child's right to live and grow in a caring family (UNCRC, Articles 9 & 10). Extensive research has been carried out on the negative effects of children that grow up in institutions and Mkombozi's own experience has shown that residential care cannot provide children all that they need to become productive members of society. Many children that grow up in institutions fail to develop the necessary life skills that enable them to integrate and live in the community as adults. Theories of child development explain the need for children to develop a positive attachment to a primary care giver in order for them to trust. Without the ability to trust, important aspects of a child's development and adjustment are negatively effected. In short, quality and consistency of interactions with adult care takers and the love and guidance received from them are key elements in positive physical and emotional development.

According to Save the Children UK, child abuse in residential care continues to be reported worldwide and has long term consequences for the affected children. Experiences from the former socialist countries has also shown that large institutions for children consume an immense amount of resources and are not a solution to protecting children. In sub-Saharan Africa, the use of residential care appears to be increasing because of the deaths of parents from HIV/AIDS. In Tanzania, there has been no research on the efficacy and quality of current residential centres. Furthermore, there are no effective mechanisms in place to report or investigate child abuse that may be taking place behind closed doors. Even when child abuse had been reported, little has been done by the Government to hold people accountable. This is exacerbated by the fact that there are few enforced minimum standards in Tanzania imposed by the Government on institutions and many institutions do not even have a child protection policy that ensures zero tolerance for the abuse and exploitation of children.

The United Nations Declaration of Commitment on HIV/AIDS (June 2001) which has been ratified by Tanzania is particularly relevant to children growing up without families. Articles 65-67 of this Declaration clearly spell out the obligations of states in relation to the care and protection of orphans and other children made vulnerable by HIV/AIDS. Article 65 states that "By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counseling and psycho-social support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; and protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance" . The lack of minimum standards for institutions caring for children in Tanzania means that this commitment is not being upheld and that children's rights to protection from abuse are frequently violated. Even institutions that are able to meet many of these minimum requirements continue to face challenges in meeting children's psycho-social needs and to a child's right to a family.

Mkombozi's experience with children in residential care shows that many children would prefer a family setting even if it is not their own family.



When their peers return home, children at Mkombozi have asked "why can't I have a family?". But, for many, there is no family - no blood relative who is either capable (i.e. having resources, time, skills) or desirous of having a child live with them. Importantly, however, children at Mkombozi who have participated in the mentoring relationship with an older "Kaka Mkubwa" or "Big Brother" (i.e. a volunteer who is specially recruited, screened and trained to act as a positive role model and friend) have explained that "I never knew that it was possible to form a relationship with someone who was not my family or from my clan. Having a Big Brother has shown me that people do care and that I can be loved by people who are not my family."

► What is “fostering”?

Foster care is practiced in many diverse ways throughout the world, depending on the needs of the child, the culture, and the systems in place. Foster care may be a short-term intervention that lasts only for several days, or it can characterise an individual's entire childhood. Nonetheless, irrespective of the specific differences in foster care across countries, it is true that there is a general understanding of the “fostering” concept and some form of foster care is offered in most cultures. It is also true that foster care is differentiated from adoption – when fostering takes place, the child is not legally separated from their birth parents.

According to Article 20 of the UNCRC, foster care is:

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

Generally speaking, the term foster care implies the placement of a child with members of a community, outside of the child's own family, for a stated period of time. In these situations, an outsider – either a Social Worker, a police person, a private agency or government official – decides who, when and why. This most common form of fostering is “formal fostering”, but not all fostering is formal as such. In situations where extended family members care for children without the influence and involvement of external third parties (e.g. an aunt cares for her sister's children), the care is known as “informal fostering”.

Formal fostering is a legal undertaking that has formal procedures and systems for recruiting foster carers, training and enabling them to take care of the child, formal placement of a child in the family and an agreement on the support that will be provided to the family and child by state agencies and Social Workers. Within formal fostering, there are short-term and long term fostering arrangements: short-term formal fostering places a child with a family until s/e can be placed with their own family or in another setting; whereas, long-term formal fostering places children that cannot return to their own families and do not necessarily want to be adopted, especially older children or those who continue to have regular contact with relatives. These children live with long-term foster carers until they reach adulthood and are ready to live independently. Short-term or long-term, the systems and procedures in formal fostering must ensure that only those who are suitable for fostering are recruited and then adequately trained so that they have the skills to take care of children, and can respond to and manage the children's emotional and behavioural difficulties. Proper screening of potential carers, and intensive follow up and support prevents oversights or problems with child protection issues such as abuse.

Importantly, Mkombozi's extensive experience in family reunification has shown that there is a desire for increased formal fostering in Tanzania since it provides support, training and resources from an outside agency. Mkombozi's experience also shows that currently, in Tanzania, there is reliance on a type of informal fostering known as “family and friends” fostering or “kinship” fostering whereby children are cared for by aunts, uncles, brothers, sisters, grandparents or others they already know without outside involvement. Although such an arrangement can be very beneficial to children's development, the fact is that it does not address the child protection issues and lack of (financial, time, skill) resources within families.

► Fostering in the Tanzanian context

In Tanzania, foster care exists in many forms. There is a formal foster care programme, implemented by the Social Welfare Office which places children into care who have been abandoned, live in an institution or whose families are unable to care for them. There is also an informal fostering system which results from Tanzania's culture of caring for children within the family. Formal foster care usually occurs with younger children and those without alternatives (i.e. children whose extended family members cannot provide for them). Under Tanzania's Adoption Act, fostering is defined as a 3 month probationary period prior to adoption and not seen as an alternative in itself for the care of vulnerable children and youth. (This interpretation of fostering contradicts the international understanding of “fostering” as an intervention distinct from adoption.) In contrast, Tanzania's informal foster care takes place on a local and informal basis, and there are many more informal fostering arrangements being carried out at any one time than there are formal placements. Culturally, caring for children who have nowhere else to go is regarded as a “community duty”; however, with Tanzania's increasing poverty and familial burdens, the fact is that many people refuse to care for other people's children, even those of their relatives.

In fact, Tanzania's formal fostering program stems from the need to assess potential families that can adopt children and has little to do with the number of children in care centres around the country. These care centres come into play when a child has been abandoned, is living on the streets, or the parents and extended family are unable to care for the child.

The Tanzanian Government recognises the importance of family-based care and acknowledges that the social and psychological needs of the children are not being taken care of when they live in centres. In a 2004 meeting of UNICEF, Social Welfare Officers and representatives of Civil Society Organisations (CSOs), one of the key recommendations was that Tanzania should scale down residential care centres for vulnerable children and youth and explore community-based options that enable vulnerable children to be cared for in family settings. This is also a recommendation that was explicitly made by the Monitoring Body of the UNCRC in Tanzania in its 2006 report, suggesting that formal fostering or kinship care be scaled up and strengthened. The Commissioner for Social Welfare in Tanzania shared with Mkombozi the desire to scale up and strengthen formal kinship care but had questions around mitigating child protection issues and whether families would be willing to take in older children. It appears that although the need for foster care is recognised at the Ministerial level in Tanzania, especially given the growing numbers of children in need of care and the limited capacities of centres, there is uncertainty about how to proceed. As such, residential centres continue to be the main response to destitute children.

Mkombozi's discussions with the Kilimanjaro Regional Social Welfare Officer have confirmed that formal foster care is practiced in Tanzania on a limited level and that it does not have adequate resources allocated to it. The recruiting process is quite informal and does not extensively screen the potential foster carers for their suitability including child protection issues. The recruiting process relies on people coming forward and asking the Social Welfare Office whether they can be considered to foster a child. Social Workers from the Social Welfare Office then conduct interviews and a home visit with the potential foster carers, after which they submit a report to the Commissioner for Social Welfare who ultimately gives the permission for the potential fosterers to be assigned a child. In some cases, foster carers already know the child they would like to foster, and in other cases, the carers have no knowledge of the child. Moreover, not all formal foster care in Tanzania takes place under the jurisdiction of the Social Welfare Office - people can also apply directly to the High Court themselves. Overall, the formal foster care process in Tanzania is more "informal" than typical examples from Western countries.

Consider also that, unlike other models of fostering around the world, training and financial support are not provided to Tanzania's foster families to equip them to understand child development and respond to the emotional and behavioural needs of vulnerable children. Additionally, very little follow up is done by government social workers after placement of the child due to a lack of resources. According to the current procedures, foster families are supposed to receive regular visits from the Social Welfare Office to check the level of care being given and ensure that no mistreatment has occurred. Visits are supposed to be at least once a month, although in practice are less regular because physical distances can be hard to travel and transport is not readily available. As a result, formal fostering is not widely practiced in Tanzania, and there is no way to know how safe these children are in the foster homes or whether their survival and development needs are being met.

► **Mkombozi's experience with fostering**

As previously noted, Tanzania's informal foster care - whereby neighbours and / or relatives care for children in need - is widely practiced, but these carers are currently under huge pressures which make them reluctant providers. Additionally, these carers do not receive financial remuneration or training and there are no systems in place to ensure that children are protected from abuse, neglect or exploitation. As such, Mkombozi's desire to pilot a fostering program stemmed from the need to build upon the cultural norm of helping others while enabling families to care for children that are not related to them. Mkombozi's fostering program is also based on:

- Mkombozi's extensive experience working with children in medium to long-term residential care;
- Mkombozi's extensive experience mentoring vulnerable children, who are in care or living with "at risk" families in the community.
- The common and consistent wish of Mkombozi's children for a family - as evidenced by the results of a child satisfaction survey where they asked us to explore ways of increasing opportunities for them to live with families, either their own or others.
- The fact that there are limited residential services for street girls in Arusha and Kilimanjaro, and caring for them at Mkombozi's residential centre (for boys) would pose a risk to their safety.
- Mkombozi's extensive experience from family reunification is that many extended families / neighbours would take in children if assisted with resources, training and advice.

“I am an orphan. I enjoyed staying in family. I have been praying to God to give me a family. Finally my prayer has been answered. Now I have a family in Kibosho.”

Magdalena (child who was fostered during the Christmas holiday)

Over the Christmas period in 2005 Mkombozi piloted short term fostering for sixteen children who live at the residential centre. Following the mentoring model, potential foster carers were carefully recruited, matched according to their and the child's expectations and screened as part of the identifying process. Interviews were carried out with the candidates' ten cell leaders and neighbours, background checks conducted and finally they were trained in working with vulnerable children and child protection issues. All carers signed a contract prior to fostering which outlined what behaviour was demanded of them. Regular monitoring of the fostering match was integral to the success of the placement. Foster carers and children were visited every three days to ensure that things were going well and that the children were being treated well. During this pilot period, none of the children dropped out from care and feedback from all children and carers was positive.

Child development literature emphasises that children develop when they have a positive attachment. There is an evolutionary curve from mentoring to fostering since it can offer this attachment on a more stable and permanent footing than can a periodic mentoring relationship where child and adult see each other once a week. Furthermore, the mentoring program provides a stringent screening and training process that helps us ensure that the foster carers are appropriate and equipped to care for children coming from environments where they have endured abuse.

Mkombozi's experience supports the literature and research on child development that shows that children thrive in caring and positive family environments. After the short term fostering experience children shared what they enjoyed about being in a family:

“I watched video, played, riding bicycle and had all fun.”

“Learned some team work, especially when I was playing with my foster neighbours.”

“I got a chance to go for tuition, interacted with other members of the family and felt like one of them.”

“I enjoyed the freedom to play, walk and see friends.”

Recommendations

1. Mkombozi proposes to strengthen foster care by formalising and professionalising the care of children outside their families. A collaborative process between civil society and government can provide an opportunity for exchange of learning and best practices - thereby providing a way forward. A model for fostering in Tanzania can be jointly developed that builds on the Tanzanian experience with fostering and also learns from other models. The cultural norms of caring for other people's children in Tanzania provides a strong foundation upon which can be built a formal system that adequately screens and equips foster carers and ensures children's rights will be upheld in these care situations. Foster carers should be specifically trained in child development and child protection, and they should be provided with moral support in the form of follow-up visits by social workers. They should also be remunerated or supported with respect to the basic costs that they will incur. Mkombozi can build on the gains and the learning of its mentoring program with children in our residential setting and in communities and it can share this information and experience with government actors.

2. Mkombozi recommends that - in keeping with international definitions - fostering should be considered an intervention that is distinct from adoption. There is a need to amend the Adoption Act in Tanzania so that the definition of fostering includes the care of children until they are self reliant, without necessarily being adopted. Such redefinition of fostering will increase the perception that it is not a permanent replacement of relatives and thus minimise resistance from all parties, especially the child's family members. For example, there can be problems in tracing relatives, and they return unexpectedly to find their child has been fostered. Also, if parents are unable to care for their child, extended family members can refuse that s/he is fostered, suggesting that they would rather have children stay in the home. Overall, the system requires greater sensitivity and flexibility so that parents do not feel they are losing their children, while also ensuring the child has a stable environment.

3. Mkombozi recommends that formal fostering should be provided as part of government social services so that children are able to live in a nurturing, positive environment. Adequate resources are required to ensure training of social welfare staff, and resources must also be allocated to ensure consistent and appropriate recruiting, screening, placement, training and support of foster care providers.

▶ Conclusion

A number of conventions, laws and policies both at the International and National level emphasise a child's right to family, protection, survival and development. It is clear from research that has been undertaken and Mkombozi's practice that institutional care cannot and should not be scaled up to accommodate the growing number of vulnerable children including HIV/AIDS orphans needing such care. Also the varied quality of care provided by these centres has a negative effect on children's development. Residential care by its very nature utilises a huge amount of resources if high quality care and one on one attention is to be provided to children. This is not sustainable and the trends in development and in the donor world are forcing us to look at more sustainable and effective community based alternatives that more adequately cater for children's rights. It is for these reasons that Mkombozi is pushing for strengthening foster care and family based care for vulnerable children and youth. Foster care needs to be considered as an effective care alternative to residential care and not just a preliminary to adoption. With proper screening, training in child development and child protection issues, formal placement procedures, and support mechanisms for families, fostering can be a viable, community based alternative that enables children to more fully reach their potential.

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Appendix 1: Mkombozi's qualifications criteria for foster carers

Suitable candidates for Mkombozi fostering are:

- a husband and wife (if a man has more than one wife, the name of the wife who is fostering must be stated);
- a single woman over the age of 21 years; or
- a single man over the age of 21 years (note that a single MAN may not foster a FEMALE child).

Mkombozi's foster carers:

- MUST care primarily about building a relationship with a child.
- MUST be interested to learn more about street children and prepared to set aside preconceived notions.
- MUST allow the child to make decisions and encourage the child to use his voice to contribute to the relationship.
- MUST NOT be judgmental, hold rigid opinions and remain closed to new ideas and perspectives.
- MUST NOT want to preach to the child and/or to "transform" the child.
- MUST NOT blame the child and/or talk down to him.
- MUST NOT be interested primarily in the training / certificate they will obtain from completing the program, nor should they be preoccupied with "improving their CV" by participation in the program.
- MUST NOT be idle, have no other activity to occupy their time.
- MUST NOT be too busy and/or have other responsibilities that make it difficult for them to remain committed.
- MUST NOT have a history of not following through on commitments.
- MUST NOT seem to be working out problems from their own childhood or past.

Appendix 2: Agreement between Mkombozi and the foster carer(s)

I / we: _____ (names of carers),
will receive: _____ (name of child),
into my home on: _____ (dd / mm / yyyy)
for the period of: _____ (from date to date)

By taking this child into my / our home I / we understand and agree that:

I / we understand that the child we are taking into our home has come from difficult circumstances, that s/he may have experienced extreme abuse or neglect, and that s/he is in need of love and a positive role model so that s/he may learn alternate ways of living and gain trust in adults/ other members of society.

I / we understand that I / we should model positive behaviour for this child so as to help her/him grow to become a productive member of society. We understand that we have an opportunity to help mould this child, and we undertake this responsibility with the utmost seriousness and concern.

I / we have the right to seek support from an Mkombozi social worker to help resolve any conflicts that might arise in our home while this child is in our care, and I / we understand that I / we are entitled to 2 visits per week by an Mkombozi social worker during the above stated period.

Corporal punishment is in no instance allowed by Mkombozi and I / we as foster parent(s) may not use physical discipline on this child at any time. I / we understand that I / we may contact a social worker at Mkombozi if I / we are having discipline problems with our foster child and the social worker will help resolve the problem without resorting to violence.

I / we agree that prior to the child staying with me / us, I / we will have a discussion together with the Mkombozi social worker about what responsibilities are appropriate for this child to have in my / our home (e.g. carrying water, tending the garden, taking care of a goat, etcetera) so that s/he may gain responsibility and learn skills and may also contribute to the functioning of our household.

I / we also understand that s/he shall not be responsible for tasks other than the ones decided jointly with the child and Mkombozi. The agreed upon responsibilities will be put in writing and attached to this form of undertaking.

I / we also understand that, as with our own children (actual or hypothetical), I / we will ensure that the child is cared for, is properly dressed and clean, will receive 3 healthy and adequate meals per day.

In the unfortunate event of theft to or damage of property, I / we will report the incident officially to the police and will also make a report to the responsible social worker at Mkombozi. An investigation will be conducted, and if it is decided that the child was in fact responsible for the theft / damage, I / we will be reimbursed or the damage will be repaired. I / we also understand that any false reports will cause the child to be removed from my / our home and that a report will be filed with the police for attempted fraud.

I / we will allow the child to practice his / her religion and will not discriminate against the child in any way.

I / we will look after the child's health and ensure that s/he receives medical care in the event that s/he is sick.

I / we will immediately inform Mkombozi if the child is seriously ill or is missing, or is involved in an accident or is in any kind of trouble.

I / we will inform Mkombozi immediately if we plan to change residence and address while the child is staying with us; this includes informing Mkombozi if I / we will be traveling with the child for a short period of time and seeking prior approval from Mkombozi for such travel.

I / we understand that I / we are entitled to 20,000 Tanzanian shillings for the duration of the child's stay and that I / we are required to use this money to attend to the needs of the Mkombozi child in my / our care by ensuring that s/he has food, medical care, and opportunities to engage in extracurricular activities, and outings.

I / we understand that our foster child has the right to adequate clothing and that these clothing items and other items that belong to the child, are for use solely by our foster child and that any revelation that the child's clothing, property are being regularly taken and used for the benefit of other children in the household will cause the child to be removed from my / our home.

I / we understand that I / we are doing an important service to this child and our community by taking on this role as foster parent. I / we understand that it will not always be easy, but I / we feel that I / we are prepared for the task, and I / we look forward to making the difference in the life of this child.

I / we understand that Mkombozi has the right to remove the child from my / our home at any time.

Mkombozi undertakes and agrees:

The amount of 20,000 Tanzanian shillings will be provided to the family for the purposes mentioned above.

Mkombozi will provide the child with clothing.

Mkombozi will visit the child and family at least twice a week, each week for the duration of the child's stay.

To support and assist with any problems, conflicts that may arise while the child is in the foster's care.

To jointly decide with the child and family about the responsibilities of the child during the stay and attach these to this form.

To respond immediately to any problems and act in the best interests of the child at all times.

Signed: _____ (Foster Carer 1),

Signed: _____ (Foster Carer 2),

on this date: _____ (dd / mm / yyyy)

and authorised by: _____ (Mkombozi staff)

Street children are robbed of their dignity by our ignorance and fear.

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