



Literature Review of “Foster Care”

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1. Introduction

Mkombozi Centre for Street Children works in Kilimanjaro and Arusha regions in Tanzania, providing care for vulnerable children and youth, with a particular focus on street children. One of Mkombozi's programmes is *Integrated Care and Support for Vulnerable Children and Youth (ICS)*. This programme has the goal of providing community/family based care that includes fostering, re-unification and linkage of children and families to specialist and/or local services.

Mkombozi runs a centre for street children and provides shelter, health care, education and food. Mkombozi also knows a family environment should be the best situation for a child to be brought up in. Unfortunately, often it isn't. The organisation tries to do all it can to ensure that children can grow up in a home environment, preferably with their family, either close or extended. If this is not possible, the children and youth live at the residential centre in Moshi, if they do not attend boarding school. This continues until they are old enough to begin further education, an apprenticeship or employment. The intention is that they eventually become self-reliant and independent.

All children have specific needs. For street children, this is particularly true. Children thrive the most when they live in a loving family home. Residential centre care cannot offer children all they need to become productive members of society. Mkombozi is looking for alternatives to residential care and is researching the possibility of foster care for these children. At present, there is no formal foster care programme in Tanzania, though there are countless cases of informal fostering. This literature review will be the first step towards acknowledging the role of informal foster care in Tanzania and investigating the possibilities for a formal foster care programme. Mkombozi acknowledges the influence of the paper by Shanti George and Nico van Oudenhoven (2001) *Stakeholders in Foster Care: An International Comparative Study* has had on this literature review.

2. Fostering as a global concept

Foster care is practiced in many different ways throughout the world, depending on the needs of the child, the culture and the systems in place. There is a very diverse range of foster care. It can be short-term, a matter of days, or a child's whole childhood. Care can be given for many reasons. Fostering works differently in each country and yet, in most cultures, there is a general understanding of the concept and some form of foster care is offered.

The Convention of the Rights of the Child (CRC) states, in article 20, that 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... 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.

Foster care is differentiated from adoption, as when fostering takes place, the child is not legally separated from their birth parents. Foster care can also be considered care when children are living in residential canter. This type of care is far from ideal. In most countries, there is considered to be high risk of abuse in these situations.

Save the Children's paper A Last Resort: The growing concern about children in residential care states that 'in the West, abuse of children in residential homes continues to be reported and has long-term consequences for the affected children. In sub-Saharan Africa the use of residential care appears to be increasing because of the deaths of parents due to HIV/AIDS.

'Save the Children argues that many features of residential care are an abuse of children's rights and is concerned that the issue of children living in institutional care is escaping international attention and needs placing on the international agenda. A parallel concern is that the search for good community-based childcare alternatives is not being given sufficient attention by governments and donors. Through working with children themselves, we need to find better solutions for helping children affected by poverty, conflict and HIV/AIDS'.

It is with firsthand experience of this and with it in mind, that Mkombozi is considering foster care as an option for the children in our care.

3. Formal and informal foster care

When we think of foster care, we often have the idea of children being placed with members of the community, outside their own family, for a stated period of time. In these situations, an outsider, be they a Social Worker, a police person, a private agency or government official, decides who, when and why. However, not all fostering is formal. We often hear people say that they 'fostered a child', more than likely a member of their family and probably without the influence of outsiders in the situation. Maybe an aunt looks after her sister's children or maybe a grandmother offers some respite care to strained parents.

This literature review will look at fostering in terms of both formal and informal care. This paper does not hope to prove one method better than the other, but rather to see the two approaches in terms of mutually effective methodologies. The first section of the paper looks at formal foster care and takes examples from around the world, comparing the key components. The second section focuses on informal foster care and looks at some experiences and practices of this more fluid approach. It is important to mention here that the countries that have been mentioned in the formal fostering section also have many examples of informal foster care.

3.1 Formal foster care

This section will compare and contrast formal foster care approaches in 5 countries. The countries researched are UK, Australia, South Africa and Uganda and to some extent, the USA. It will focus on the following 6 key components:

1. Recruiting "foster carers" (i.e. the child may still have parents, and they are not being replaced)
2. Training and equipping foster carers
3. Placing a child in a foster care environment
4. Support offered to foster families
5. National approaches to foster care
6. Lessons learnt from each of the approaches of foster care

Every country that operates a formal foster care system has a definition of foster care. Definitions are given below for each of the countries researched in this section. In the UK, foster care has been defined as being 'a way of providing a family life for children who cannot live with their own parents', according to BAAF [British Agencies for Adoption and Fostering]. They explain that children break from living with their parents for a number of reasons and that children will often return home once the problem in the family has been resolved. In the UK there are many different types of fostering.

Those that are most applicable to Mkombozi's ICS programme are:

Long-term fostering - not all children who cannot return to their own families 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.

“Family and friends” or “kinship” fostering - where children who are looked after by a local authority are cared for by people they already know. This can be very beneficial for children, and is called “family and friends” or “kinship” fostering. If they are not looked after by the local authority, children can live with their aunts, uncles, brothers, sisters or grandparents without outside involvement.

Foster care in South Africa ‘is the placement of child, who needs to be removed from the parental home, into the custody of a suitable family or person willing to be a foster parent. This is done by order of the Children’s Court.’

The Australian foster care programme defines fostering as ‘a form of out-of-home care for children and young people up to 18 years of age, who are unable to live with their families (generally because such children have been maltreated). It involves the placement of a young person with caregivers who then look after the young person in their own homes on a short or long term basis’.

In the Ugandan Children Act, foster care is stated to be ‘the placement of a child with a person who is not his or her parent or relative and who is willing to undertake the care and maintenance of the child’.

■ **Recruiting foster carers**

All of the western countries researched had strict criteria for who is allowed to become a foster carer. All of their programmes stressed that many of the people who apply consider themselves to be ‘very ordinary’ and not ‘super parents’.

In the foster care programme that is run in the UK, this is particularly true. The criteria for applicants are strict, but many factors are more fluid. Prospective foster carers do not need to be in a certain salary bracket, own their own home or have a certain standard of education. One agency stated, ‘All fostering agencies are looking for people from every type of background and life experiences to provide the diversity they need to meet the needs of children in foster care.’

In the UK, fostering is done through a number of regional agencies. They each have different systems for recruiting potential foster carers, but there are large generalisations that can be made about the process an applicant goes through. Each agency has basic criteria that need to be fulfilled, such as being physically and mentally fit and healthy, having room in their house for a child, having time to spend with a child, having integrity and being of good character. In the UK, it doesn’t matter about the age of the foster carer, their marital status, employment status or sexual orientation.

The recruitment process happens once a person applies to an agency. They are given a brief interview and then invited to attend a day workshop where fostering is explained in more detail. If the applicant is still interested, they are put into a group of potential foster carers, with one social worker, who meet to become more familiar with the fostering process, listen to speakers and meet other foster carers.

After this stage, if the applicant still wants to continue with the process, a home visit is carried out. Social workers will talk to other members of the household. They begin to assess the applicants capability for looking after a child and begin to assess the type of child that would be most suited to that environment. The social worker and applicants fill in assessment forms, which then go forward to the final panel who agree whether the applicant is chosen to be a foster carer. The whole process can take as long as six months to over a year.

In South Africa, the process works slightly differently. The same initial assessment takes place, where the welfare organisation screens applicants. Factors taken into account in the screening include the age of the prospective foster parents, their health, the family composition and income, the suitability of accommodation, the general environment and closeness of schools and public transport. Their attitudes towards certain topics are also discussed, such as child rearing and education, their ability to accept responsibility, their attitude towards the natural parents, and their motivation to foster a child who is not their own. From there, they are either accepted by an agency or not. These agencies are in contact the

courts who decide that children need to go into foster care. Foster carers must both be resident in South Africa at the time of making the application. However, they don't have to be South African citizens.

In Uganda, people come forward themselves to become foster carers. Legally, foster parents have to be husband and wife, a single woman above 22 years old or a single man above 21 years old. A single man is not allowed to foster a female child. Non-Ugandans living in the country can also apply to foster a child.

In Uganda, before a child is placed with a foster carer, several checks are made on who the parent is. The law includes certain stipulations. These include the prospective foster carer being interviewed to ensure that they are suitable, the home of the foster carer being visited, the foster carer providing two referees who have been contacted and the person having no medical reason they cannot become a foster carer. Also, no person in the potential home can have been convicted of a serious crime and the wishes of the child need to be taken into consideration. The Probation and Social Welfare Officer writes a report from this information and decides whether the person[s] will be accepted to be a foster carer.

Shanti George & Nico van Oudenhoven (2001) state, 'the 'professionalisation of the family' in foster care also seems more advanced in social democracies. Complex chains of foster care are often found, in which for example the state supports non-governmental agencies that in turn support professional networks that in their turn promote skills in certain families, that in their turn foster children from families at risk and in doing so foster these families themselves.

■ Training and equipping foster carers

In the UK, before any foster carer can accept a child into their home, they need to go through some form of training and preparation. Many social services departments invite prospective foster carers to introductory courses on fostering. This is before people have faced their final selection panel and gives more of an idea about what fostering entails.

The UK has a nationally recognised course called 'The Skills to Foster'. These introductory courses will usually take place over a number of weeks and social workers and foster carers, both potential and experienced, lead them together. Topics covered include: What is fostering about? Listening to young people, Working together, Fostering skills, Fostering and your family, Moving on, Valuing heritage, Sex and sexuality, Team work, Managing difficult behavior, HIV and AIDS. Further training is also offered on a wide range of subjects, including specialist training on fostering a child with a disability.

Training does not stop when a person becomes a foster carer. All carers have an annual review and any training that's needed to ensure they are suitable to continue fostering. Some carers also take a national qualification such as an NVQ level 3 Caring for Children and Young People (or an SVQ in Scotland).

In Uganda, the checks that are placed on the carer before they can foster a child are deemed to be sufficient without other training taking place.

■ Placing a child in a foster care environment

In the UK, by the time foster carers are preparing to receive a child into their home, they will already know a lot about that child and may have already met them.

When a child is placed with foster carers, a placement agreement is drawn up. This sets out specific agreements for that placement, such as visits from parents, rules of the house, as well as general agreements on child protection etc. In long-term fostering, the agreement usually talks about the roles that the parents will continue to play in the child's life. This contract depends on each child. It may be seeing the child every week, or may be indirect contact, such the exchange of letter and photographs.

In South Africa, the obligations of each party are agreed to, before each placement begins. Foster carers are obliged to maintain and care for the child and grant reasonable access to the child's parents. Amongst other things, they are not given the rights to deal with any property belonging to the child, consent to an operation or medical treatment of the child which involves serious danger to life, or to remove a child out of South Africa without the approval of the Minister for Social Development.

Ugandan law states that children may be placed from care homes to foster homes by the warden of the care home. An application to foster a child is made by the potential foster carer to the District Probation

Officer and the Social Welfare Officer, or the Warden of a care home, if applicable. The potential foster parent has to complete an application form that asks for informative details, the reasons to foster and calls for two references. A relative of the child may foster the child without first applying to these bodies. This is when fostering is more informal, as the child will live with a relative. Therefore, informal fostering does not use all the same checks as formal fostering.

A child's religion is also taken into consideration, where it is known. The foster parent must bring up the child in accordance with the child's religion. If the religion is not known, the child can be brought up in accordance with the faith of the foster carers. Medical arrangements are also decided upon. The law states each child has a medical check before entering into foster care. The foster parent is given a list of all medical issues the child has faced, including vaccinations. As long as the child is in care, they receive a medical check up every six months.

When a child is placed with the foster carers, they sign a witnessed contact explaining their obligations to that child. Copies are then kept by all parties.

■ Support for foster families

In the UK, both foster carers and children who are being fostered are offered support. The agency that the foster carer is signed up with supplies a Support Worker for that family. The Support Worker keeps in contact with the family and offers advice and support. Foster carers are encouraged to keep in contact with this person and let them know of any issues that arise. They have the responsibility of informing the child's social worker about these matters whenever they consider this to be appropriate.

During the initial weeks of the placement, intensive support is provided. This is then usually reduced to monthly or six weekly visits by a Support Worker. In most cases, there is 24-hour support of some kind, if needed. Foster families and carers also have support groups where carers meet and organise a number of events throughout the year.

In terms of financial support, in the UK all carers receive non-taxable allowances to cover the cost of caring for a child. The introduction of tax relief in 2003 means that foster carers in the UK do not pay tax on their income from fostering, up to a maximum of £10,000 plus allowances. They also receive a weekly fee for their skills as foster carers. They may also be eligible for additional help to meet extra expenditures such as beds or bedding, push chairs or any special equipment. The agency sets the level of allowance, which may be linked to the child's particular needs but is often a reflection of the skills, abilities, length of experience or professional expertise of the foster carer. An annual guide is produced, 'Foster Care Finance', recommending the basic levels of allowances it believes agencies should be paying. Other financial benefits include foster carers being entitled to Home Responsibility Protection. This is a way to make sure that they do not get less Basic Retirement Pension.

In South Africa, maintenance for the child is paid through a foster child grant paid by the state to the foster carers. They work it out on the amount of money the foster child would be receiving if they were still living with their parents. This money is then given as a grant. In 2004 the foster child grant is R530 (about US\$80) a month. The parents of the child also have a duty to contribute to the child's maintenance, through an order of court called a contribution order. If the child is disabled, a further grant is given.

In Australia, state Governments pay foster care subsidies to carers. The size of subsidy varies between the states and territories. With only a few exceptions, subsidies increase with the age of the young person in care. To provide an indication of the range of subsidy across states/territories, in 2000, subsidies for a 10-year-old child ranged from \$75 (about US\$56) per week in Tasmania to \$175 (about US\$131) per week in NSW [New South Wales] (McHugh, 2002).

In addition, caregivers may be entitled to benefits funded by the Commonwealth Government. For instance, since 2001, foster carers have been able to access Health Care Cards for foster children in their care, regardless of means-testing (Australian Government Department of Family and Community Services, 2004).

In Uganda, support is offered through placement visits. During the placement, several visits are carried out, the first being two weeks after the placement. After that, visits are carried out every three months.

Visits are also made when a family changes their place of residence. Reports are made on all of these visits which are kept by all parties concerned.

■ National approaches to foster care

The approaches used for foster care differ greatly between the countries researched. The Shanti George & Nico van Oudenhoven (2001) paper compares and contrasts the different approaches saying: 'Sweden and the other Scandinavian countries seem to have embarked on policies that offer extremely promising approaches to foster care. The starting point is implementation of a strong pro-family policy – with, for example, both parents entitled to long leave when a new child arrives –that has demonstrable preventive effects (Leventhal 1996). Foster care policy is governed primarily by the needs of the child. Foster parents' contributions are fully appreciated, and remuneration for their services is routine and not stigmatised as absence of idealism. An important place is given to 'contact families' that offer respite care for short periods of time and these families are paid as well.

Institutions also seek to emulate a family ambience in that nowhere are more than 20 children taken in (Van Pagée 1999): 'Social democracies' seem to be best at providing 'second order foster care', i.e. the fostering of foster carers through supports of various kinds. They appear to work towards socio-political changes that many feel are desirable and urgent. Developing countries do not generally feel that they have the resources to provide second order foster care, and in any case their social constituencies often consist of strong extended family systems that resist formal state-directed foster care. The former socialist states were ideologically opposed to the institution of the family, including the foster family, and are in the midst of overhauling their systems. Liberal democracies have the resources to provide second order foster care but not the political will, especially where those to be fostered come from an underclass that is often perceived as ethnically different.'

■ Challenges, successes and key learnings

One of the key learnings from the formal fostering programmes is the importance of maintaining contact with families. The majority of the children in foster care have a family outside the foster care family and need to have regular contact with them. Foster carers are encouraged to assist the child to keep in contact with their families, including telephone calls, correspondence, as well as visits. Even with adoption in the UK, maintaining contact with birth parents is beginning to be encouraged.

A challenge in the success of the programme has been financial. In Australia: 'The cost of fostering recurrent expenditure on child protection and out-of-home care services was at least \$796.6 (about US\$605) (about million across Australia in 2001-02. Nationally, out-of-home care services accounted for the majority (60.2 per cent, or \$479.4 million (about US\$364 million)) of this expenditure.'

'A study by the Social Policy Research Centre found that the costs to foster carers for children in their care are, on average, 52% higher than the costs of caring for other children not in care.'

In some countries, including the USA, this financial issue 'has deteriorated along with the essential social supports; there has been a corresponding increase in child abuse and neglect. In 1994, USA reported almost 3 million cases of abuse and neglect, a 68 per cent increase over the previous ten years, (Pasztor and Barbell 1997: 249-50).'

Human resources needed to run a foster care programme are also huge, with each case needing a Social Worker and maybe a Support Worker from the agency.

As well as the aspects of foster care that have already been reviewed, there are other important key elements. Every country has fundamental differences to how it implements foster care programmes. Some of these aspects are worth noting by Mkombozi.

In the UK, foster care is implemented through the district councils. Each region communicates with parents and children, arranges placements and does follow-up, quite independent of each other. In England, there are around 39,000 children who are placed with foster carers by social services departments.

In Australia, there has been a rapid increase in the proportion of children in kinship care, which is now often considered to be the preferred option of alternative care for the child. Also there has been an increase in specialised care for children who would have previously lived in care homes. Some

governments are considering the recruitment of professional foster carers in a bid to help the increasing number of children coming into the system with complex and challenging behavior problems.

3.2 Informal fostering and care in communities and with extended families

Informal fostering is an approach many families and communities, sometimes take without even knowing they are fostering. Many people are simply caring for children who need a home and love. Informal foster care happens mostly without legal intervention and any of the above procedures that formal care carries. Informal foster care happens across the world. In many western countries, it is referred to as 'family and friends' or 'kinship' fostering - where children who are looked after by a local authority are cared for by people they already know. Children can live with their aunts, uncles, brothers, sisters or grandparents without outside involvement.

In practice, it often works without any state involvement and many of these families fostering informally are not recognised by law. Also, the state is rarely able to provide financial support to people providing care within the extended family. This often makes it difficult for any state or government to place children under its care in these forms of care.

Most orphans and vulnerable children in developing countries live in the local community with their extended families as often this is the most appropriate place. The way in which this is done varies from place to place. For example, in some places this is the responsibility of the father's family and in other places the mother's. It may vary depending on precise circumstances. In some situations, this care involves remarriage within the extended family.

However, this approach can bring difficulties, with extended families already coping with HIV/AIDS, there can be strains on the ability to care for more children. In some cases, this can lead to increasing numbers of children and young people living and working on the streets and the emergence of child-headed households. This can be seen as the number of children requiring care and support from the extended family has increased. Another potential issue is the decrease of the strong community structures.

4. Formal and informal foster care in Tanzania

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 foster care. These include children who have been abandoned, live in an institution or children whose families are unable to care for them. This usually happens with younger children and with ones who have no-where else to turn; i.e. children whose extended family members cannot provide them with care.

In Tanzania, there is also a culture of caring for children in the family or community whose parents cannot bring them up. This happens on a local and informal basis. There are many more informal than formal foster care placements being carried out at any one time, as people see taking in children who have nowhere else to go as part of their community duty.

4.1 Formal foster care in Tanzania

The formal foster care programme in Tanzania stems from the number of children in care cantered around the country. These care canters 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 does not encourage established cantered to look after children. It 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 cantered. Therefore, the Tanzanian Government wants to try to increase care in families. In 1968, legislation about Children's Homes was passed. This legislation gave Social Welfare Office the mandate to provide foster care. Formal foster care is now practised in Tanzania.

■ Recruiting foster carers

The formal foster care system in Tanzania relies on people coming forward themselves and asking the Social Welfare Office whether they can be considered to foster a child. Social Workers from the Social Welfare Office conduct interviews and carry out a home visit with the potential foster carers. They then

write a report which goes to the Commission for Social Welfare who can give the foster parents permission to be assigned a child. Some foster carers already know the child they would like to foster, if maybe they met the child at an institution; and others have no knowledge of the child. Therefore, the process is already more informal than the typical examples from western countries.

■ **Training and equipping foster carers**

The recruiting process determines whether a person is eligible to become a foster parent and no formal training is offered.

■ **Placing a child in a foster care environment**

There are many different reasons why a child would be put into foster care in Tanzania. Children who have been living at an institution, whose parents are unable to care for him or who has been abandoned are all eligible to be considered. Children who live in intuitions have usually been abandoned, have one or more parents died, especially if he mother had died (in Tanzania a child is classed as an orphan if the mother has died) according to the Social Welfare Officer's experience.

The Social Welfare Office comes into contact with these children when an institution, a community or when the police find the child and ask the office to help. The child is only considered for foster care if there are no other extended family members, community members or 'good Samaritans' who are able to take care of that child. If this is the case, the Social Welfare Office can decide this child if the suitable to be fostered.

Foster carers are then contacted and the match is made. Matches can be made across the country and so a child from Mwanza could be fostered in Dar es Salaam. Nationals from other countries can also be considered, if they are residing in Tanzania.

Not all foster care takes place under the jurisdiction of the Social Welfare Office. People can also apply directly to the High Court themselves. They can ask the Social Welfare Officer to write a report to the Commissioner recommending them as a suitable foster carer for a particular child.

Some children stay with the foster carers for more than a year and then the child decides whether they would like to make this more permanent. Foster carers can then apply to foster the child permanently. The foster carers have to prove that they have been kind to the child and can provide care for the child. The Social Welfare Office also writes reports that go to the judge with recommendations for that particular case. This can then be foster care that becomes a prelude to adoption.

■ **Support offered to foster families**

Foster families receive visits from the Social Welfare Office checking the level of care being given and ensuring no mistreatment had occurred. Visits are supposed to be as often as possible, preferably at least once a month, although in practice are less regular, as distances are long and transport not readily available. If fostering is longer term, more than a year, there will be 1 visit per year.

■ **Lessons learnt from the formal foster care system**

The role that institutions have in foster care in Tanzania can cause conflict. Children who live at Government-run canter have certain characteristics in the foster care programme. Traditionally, in these institutions, after 2 years of stay, the child should return to their family, if possible. This means, either to the family, extended family or to the father, if the mother has died. If this is not possible, the child can be considered for fostering. However, this formal fostering can be perceived as being a permanent replacement of relatives and can lead to many problems, for example, there can be problems of tracing relatives and so they can return unexpectedly to find their child has been fostered. Parents can return after many years and want the child back. Also, if parents are unable to look after the child, other extended family members can refuse children to be fostered, saying that they would rather have children stay in the home. The system needs more flexibility so that parents do not feel they are losing their children, but also ensuring the child has a stable environment.

For children who have been abandoned, problems can occur as parents can be prosecuted for abandoning their children and so do not want to own up about their child.

According to the experience of the Social Welfare Office, street children are older children and so it can be harder to find foster carers willing to care for them.

4.2 Informal fostering in Tanzania

Many children in Tanzania are fostered without the word being applied to their situation. There are many situations when a child is cared for by someone other than their parents. This is very much part of Tanzanian life. When a mother dies, a child is considered to be an orphan. It is not unusual for the child to be accepted into the aunt's family, to be looked after by a grandmother or for some other 'good Samaritan' from the community to take the child in and provide for them.

This work goes unaided, without formal thanks and with no checks. Many families welcome other children into their homes and look after them for as long as they are dependant without any need of a formal foster care programme. The state is rarely able to provide financial support to people providing care within the extended family in the community.

In fact, informal foster care happens in the most developing countries, where children live in the local community, usually with extended families. The way in which this is done varies from place to place. Foster care may involve the father's family or the mother's and may involve remarriage within the extended family.

Informal foster care is becoming strained, especially in sub-Saharan Africa. This is due to HIV/AIDS placing an increasing strain on the extended family in many communities. The effects of this manifest themselves as an increased number of children requiring care and support from the extended family has increased, increased poverty and an increased number of available adults to take on caring responsibilities has been reduced through illness and death. Much of the burden of care falls on women.

According to [International HIV/AIDS Alliance](#) and [Family Health International](#) extended family structures are not as strong as they once were in many communities. This may be because of increased influence by 'Western' lifestyles, including the 'nuclear' family, increased number of people in developing countries living in cities and an increased reliance on cash to buy things that are needed by the family.

Evidence for this is provided by the increasing number of children and young people who are being cared for outside the extended family. This includes children and young people living and working on the street and those living in child-headed households.

In Kilimanjaro region, there are many social problems, such as lack of employment, access to education, alcoholism, family violence and gender inequality. This has made informal caring for children who are not their own more difficult. The role of the extended family is slowly breaking down. Parents are becoming unable to take in many other children, leaving children living in sub-standard care, with not enough support, with children caring for children and with children on the streets.

5. Recommendations: The future of foster care in Tanzania

Foster care exists in many different forms all over the world. Wherever foster care takes place, it should be appropriate to the situation and the people involved. Rarely, is there one approach that suits everyone. Formal foster care programmes usually run professional and efficient fostering schemes. Foster care in the west, and particularly in the UK, is being seen more and more as a job, with official contracts, appraisals and money to match. There is very little informal fostering because of the structure discourages less formal forms of fostering.

The example of how foster care can work well in a sub-Saharan country gives the potential scaling up and widening of the foster care programme in Tanzania more impetus. Formal fostering is a small and under resourced part of care for children in Tanzanian society, that relies on care homes for children who are unable to live with their families. However, the Tanzanian Government and the wider international community do not favor residential care. Foster care could be the very solution needed.

Formal foster care in Tanzania treads a path littered with many obstacles. The current laws concerning fostering are over 30 years old and need to be updated to better reflect the current situation. The body who currently manages fostering, the Social Welfare Office, is already stretched beyond its capacity and cannot cope with large numbers of children leaving residential homes and being moved into fostering.

Other pertinent issues that Tanzania would have to address before implementing large scale fostering are sensitisation and education. The Social Welfare Officer strongly believe that families who currently informally foster children could feel undermined and demoralised if another family next door was part of a formal fostering system. Other issues complicate this, such as many parents feeling more in control (and less guilty) if their child lives in a residential centre, rather than with another family.

Mkombozi's future role in foster care depends very much on the amount of involvement the organisation wants to have. Future steps could include lobbying the Government to get the laws about foster care updated. This could then reflect fostering as a suitable alternative to residential homes. Alternatively, Mkombozi could become involved in the foster care programme and take on some of the roles that the Social Welfare Office currently does, matching foster carers to children and providing follow-up.

Informal foster care functions well in Tanzania and there are examples of it taking place every day. This should not be undermined. Informal foster carers take on great work and without any Government or formal recognition. Scaling up and further implementation of this could well be encouraged with wonderful results. Children could stay with people they already know, be part of a community and have a stable family environment.

Perhaps the answer to alternatives of residential care would be a mixture of the two approaches? Cannot children be fostered in a more informal way, but have some of the checks and procedures that are used and in formal fostering?

Mkombozi's initial role in foster care should be carrying on its discussions with local Government, parents, communities and children, to asses possibilities. Issues such as undermining informal fostering and attitudes towards residential care need to be addressed. Feelings and reactions to each of these possibilities need to be noted. It is as important what community members say about the future of fostering, as what the Government state, as Tanzanians need to feel this is a real alternative to residential care.

Tanzania could well be on the brink of changing the way children who cannot stay with their parents are treated. Mkombozi could play an important role. It has to be what people want, and most importantly, what is best for every child concerned.

6. References

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