A Study of the Foster Care PROGRAMME in Jamaica

Office of the Children's Advocate

Prepared by

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ACKNOWLEDGEMENTS

The report would not have been completed without the assistance of the following persons/institutions:

1) The Children's Advocate and staff at the Office of the Children's Advocate for initiating, funding and facilitating the study;
2) The CEO and staff of the Child Development Agency (Head and Regional Offices);
3) The Interviewers;
4) The Data Entry Clerks;
5) Richard Leach for formatting the document;
6) The Foster Parents;
7) The Foster Children;
8) The Graduates from the Foster Care System;
9) Ms. Sunshine (not her real name): Foster parent;
10) The members of the Project Advisory Committee viz:

    a. Mrs. Mary Clarke, Children's Advocate and Chairperson
    b. Mr. Dwayne Cargill, Research Officer, OCA and Manager of the Project
    c. Miss Georgia Garvey, Public Education & Special Project's Manager, OCA and Technical Secretary
    d. Miss Nicole Wright, Legal Policy Officer, OCA
    e. Miss Shari Tomlinson, Foster Parent
    f. Mr. Calvin Matthews, Placement Officer, CDA
    g. Dr. Aldrie Henry-Lee, Consultant, Sir Arthur Lewis Institute for Social And Economic Studies (SALISES)
    h. Miss Lucia Henry, Research Assistant, SALISES

11) UNICEF Jamaica for technical and financial support;
12) Professor Neville Duncan, SALISES, for his useful comments;
13) Mrs. Mary Clarke, Mr. Dwayne Cargill and Miss Georgia Garvey for editing.

ACRONYMS

CARICOM	Caribbean Community
CCPA	Child Care and Protection Act
CDA	Child Development Agency
COHSOD	Council for Human and Social Development (CARICOM)
CRC	Convention on the Rights of the Child
GOJ	Government of Jamaica
IFCO	International Foster Care Organization
OCA	Office of the Children's Advocate
PIOJ	Planning Institute of Jamaica
UNICEF	United Nations Children's Fund

TABLE OF CONTENTS

LIST OF BOXES

LIST OF TABLES

LIST OF APPENDICES

CHILDREN'S ADVOCATE'S MESSAGE

The Office of the Children's Advocate (OCA) was established by Parliament in 2006 to "protect and enforce." Its responsibilities include reviewing services and practices to ensure that they are adequate and effective, and give advice concerning the rights and best interests of the child.

One goal of the OCA is to conduct at least one research annually to provide empirical data to assit in making an inform decision. Last financial year the OCA conducted extensive research on children in the Justice System. Information gained was used to prepare a paper for the Justice System Reform Task Force. A related presentation was also made at the Annual Caribbean Child Research Conference in October 2007.

The decision to undertake the research on the Foster Care Programme was based on a desire to promote the programme as a viable alternative to institutionalization, both short term and long term, for children in need of care and protection. As such, it was necessary to review the programme and services offered, to identify strengths, weaknesses, facilitating and constraining factors, in order for appropriate recommendations to be made.

The study is a ground-breaking one for Jamaica and can provide the basis for other studies in this area. For example, it did not include an in-depth analysis of failed placements or a comparison of outcomes by age. These could be considered in future research.

The findings are very encouraging and the Child Development Agency (CDA) must be commended on this area of its work. However, some gaps were identified which must be tackled if the Foster Care Programme is to be successfully promoted. There is need for improvement in the administration of the Programme, especially relating to, communication between CDA and Foster Parents, as well as financial and psychological support to some families. It is also clear that not enough is being done to adequately prepare Foster Children for adulthood and independence.

I commend the persons involved in the **2009 Study of the Foster Care Programme in Jamaica**, including the staff of the OCA, partners, participants and Consultant for this very interesting study. Thanks also to the faithful partner UNICEF which funded the printing of the study.

It is hoped that this study will be read widely and used effectively to inform policies, in the best interests of children in need of care and protection.

Mrs. Mary Clarke
Children's Advocate

Child Development Agency Message

The Child Development Agency (CDA) commends the Office of the Children's Advocate for undertaking this pioneering study of the National Foster Care programme.

The findings of this research, will provide useful data for comparative analyses on how well Jamaica is performing against international standards and the Agency's international counterparts.

The National Foster Care Programme forms part of the CDA's Flagship Programme, **L**iving **I**n **F**amily **E**nvironments (L.I.F.E). The LIFE Programme fulfils one of the Agency's core strategic objectives of reducing the number of children in institutional care, by increasing the placement of children in family based settings.

There are currently 3481 children participating in the LIFE Programme, of this number 1189 are in the Foster Care Programme or 34% of the total number in LIFE. This represents the second largest segment of the LIFE Programme.

Against this background, one can easily understand the significance of this study. The benefits to the Agency are many. Two, in particular, are worth highlighting. The first is the provision of empirical evidence about the effectiveness of the Foster Care Programme in producing positive outcomes for children. Secondly, the data provided will boost the Agency's advocacy and promotional activities on behalf of the Foster Care programme.

It is our sincere hope that this study will be widely accessible in a variety of media and formats.

The Agency thanks the Office of the Children's Advocate for its support and advocacy of the national Foster Care Programme, and looks forward to further collaboration in this regard.

Mrs. Alison McLean
Chief Executive Officer

Executive Summary

The reviewing of laws and services for children is one of the functions of the Office of the Children's Advocate (OCA). The OCA has therefore undertaken to review at least one service area for children each financial year. During 2009, the OCA undertook research into the Foster Care Programme in Jamaica. The study was carried out by the UWI's Sir Arthur Lewis Institute of Social and Economic Studies.

The family is the preferred environment for the care and upbringing of children, as noted Section 3 (b) of the **Child Care and Protection Act of 2004**. However, at the end of December 2007, there were 2,442 children in institutional care in Jamaica. Foster Care is considered a viable alternative, and as such the study aimed to:

1. Determine the effectiveness and the efficiency of the Foster Care Programme
2. Assess the treatment of children in Foster Care
3. Assess the adherence to child rights in the provision of Foster Care
4. Provide policy direction for the enhancement of the Programme.

Foster Care is practised throughout the world, in various forms. It is a family–based solution for children in need of care. The International Foster Care Organization defines Foster Care as a way of providing a family life for those children who cannot live with their own parents. It is meant to be a temporary accommodation until their biological parents are able to take care of them.

The Foster Care Programme in Jamaica is currently administered by the Child Development Agency through its regional and parish offices. At the end of December 2007, there were 1,160 children in Foster Care. Foster Parents are selected on the basis of their ability and willingness to, provide care, nurture and love the children.

The Foster Care Programme is part of the CDA's Living In Family Environment (LIFE) Programme. The Agency's Corporate Strategic Plan 2009-2012 reflects its commitment to the transformation of the child protection system in Jamaica, by strategically moving away from a system that relies on the traditional child rescue approach, to one that embraces the family support model. This targeted transformation also includes: improving service delivery to children, and realizing the best outcomes for each child in care, thus ensuring he or she is fully prepared for reintegration into a nurturing family setting and/or into adult society.

The Agency expenditure for Foster Care for the financial period April 1, 2008 to March 31, 2009 was $58,143,863. This represents a per capita expenditure of approximately $51,914. The amount includes Foster Care subvention/grants, re-integration with family, clothing, education, medical expenses including drugs,

and recreational activities. By comparison, expenditure for children in institutions would also include costs for physical infrastructure, utilities, service providers and monitoring officers.

Foster Parents were receiving $8,000.00 every two months to assist in caring for their Foster Children. In addition, some parents received some financial support for educational and medical needs. The stipend received was inadequate, but far less than the amount spent on children in institutional care. The CDA intended to advocate for an increase for the next financial year, highlighting the difference between costs of Foster Care and those for institutional care.

The sample for the study comprised 217 Foster Children, 226 Foster Parents, 14 graduates of the Programme, 9 children's officers, as well as senior CDA managers.

The majority of the **Foster Children** (98.6 percent) liked their current Foster Parents, and 95.1 percent would have liked to live permanently with their current Foster Parents. Most of the children (70.2 percent) had never changed Foster homes. In spite of the limited resources provided by the state to assist with Foster Children, there was strong evidence that Foster Children were happy with their families. The children found their Foster families loving and were satisfied with the treatment they received.

Almost half of the children (47.5 percent) said they were doing well or very well in school. Another 44.7 percent said they were doing fairly well. More than a quarter (29.8 percent) said they were having problems at school. Problems included fighting and quarreling with peers and teachers, being targeted for extortion and being unable to manage school work. Most of the children (90.5 percent) had attended school every day, and where there was absence it was as a result of illness. Only one child had missed school for financial reasons.

A total of 52.3 percent of the children had lived with their biological parents before entering Foster Care. Of these, only 16.1 percent would have wanted to live with them again.

Children's officers try to visit once every two months, however many children and parents noted that they had not seen their officers on a regular basis. One children's officer admitted that she had not visited some children for up to one year. This indicated that there was a challenge with the monitoring of the children.

Children who were preparing to leave Foster Care stated that they wanted assistance with job placement, money and counseling. The preparation to leave Foster Care was inadequate and ineffective.

The 14 **Foster Care graduates** who were selected for interviews had all achieved academic success. Of these, 81.8 percent reported that they had been treated very well and 9.1 percent said they had been treated well. One hundred percent reported that their Foster Parents had encouraged them to excel in school, and all were still in contact with their Foster Parents. Most of the graduates (88.8 percent) had been satisfied with the service. Some had not seen their children's officers during their last year in the Programme.

The study found that most **Foster Parents** were willing to care for their Foster Children permanently, and to provide them with loving homes and families. Many of them (56.6 percent) said they Fostered because of their love for children and that they recognized the need (34.6 percent). Most (51.9 percent) had had only secondary level education. Only 38.5 percent were employed and 32.3 percent were self employed. Sixteen percent were unemployed and the rest were retired.

The study showed that many of the Foster Parents (40.8 percent) had more than one Foster Child in their home, indicating a willingness to Foster multiple children.

Problems reported by Foster Parents included: lack of visits/communication with children's officers, lack of psychological support for children; the process for becoming a Foster parent being too lengthy; difficulty in adopting; insufficient monetary support, and cheques not being received on a timely basis. Foster Parents were also fearful that biological parents would come and take the children back after they had cared for them over extended periods.

RECOMMENDATIONS

Foster Care is a viable alternative to institutional care. It offers permanency and a loving home for children who otherwise would not have a home. It is recommended that:

1. The Programme be expanded and the stipend be increased.

2. Deficiencies in the administration of the Programme be addressed. These include the need for adequate monitoring of children and psychosocial support to Foster Parents and families.

3. More support to be provided, especially in areas relating to financial assistance, education, clothing grants, recreational activities, health care including drugs especially for chronic illnesses. Foster Children should be provided with health cards to benefit from the National Health Fund.

4. Legislation to be reviewed with respect to the termination of parental rights of birth parents under certain conditions, especially if such conditions

persist over an extended period of time. Conditions could include abuse, mental illness, drug addiction or failure to maintain regular visitation, contact or communication with their children in Foster Care.

The transition period involved in moving from Foster Care to adoption should be made less tedious for those Foster Parents who wish to adopt their Foster Children.

5. A social marketing programme be instituted to focus on the whole concept of Fostering.

6. Expansion of the Foster Care Programme must be accompanied by the development of minimum standards, to include criteria for selection of Foster Parents, expectations of the CDA and of Foster Parents, protecting children from abuse and neglect, promoting adequate contact, consultation, development and health, preparation for adulthood and promotion of educational achievement.

7. Concessions be granted regarding cost sharing at educational institutions, and funds be provided for those Foster Children who want to go on to tertiary education.

8. A Plan of Action for the Foster Care system be developed and implemented as a matter of urgency.

9. Individual plans for Foster Children be more effectively implemented.

1. INTRODUCTION

"Let us all work together to give every baby the chance to grow up in a family as quickly as possible!"

- Chris Gardiner President, International Foster Care Organization. 30/6/2005

The Preamble to the United Nations Convention on the Rights of the Child (CRC) recognizes that a child should grow up in a family environment, in an atmosphere of happiness, love and understanding for the full and harmonious development of his or her personality. The family is therefore the fundamental unit of society and the natural environment of growth and well-being of all its members, particularly children. However in many societies the family is unable to take care of the children in its care, and other social groups, agencies and individuals must substitute for the family. In such cases the government takes responsibility for children in need of care and protection.

There is an international movement to reduce the number of children in institutionalized care. Much research has highlighted the harmful effects of institutionalized care.[1] Studies have revealed the adverse effects that long term-institutional care have had on young children's emotional, social and cognitive development (Goldfarb, 1945; Bowlby, 1951; Provence & Lipton, 1962; Sptitz, 1965; Althuler S. & Poertner, 2002; Chamberlain P & Reid J., 1998). Given the shortcomings of institutionalized care, it is not surprising that there is increased advocacy for family-based solutions for children in need of care.

The Jamaican Child Development Agency (CDA) has made a deliberate effort to decrease the number of children in institutionalized care and to increase the number of children in home-based care. This led to the creation of the Living In Family Environment (LIFE) Programme in 2004. At that time the ratio of children in home-based care to those in institutional care was 40:60. A major improvement has seen this ratio change to the current 57:43, in favour of the family based environment.

The CDA makes consistent appeals for persons to share their hearts and open their homes to children who need foster families. One example is the appeal by the CEO, on February 8, 2009 at the Church Service to launch Foster Care Recognition Week, in which she noted:

> "We have well over 2,000 children who should not have to be living in residential child care facilities. They say, Rome wasn't built in a day, but if we should all embark on a personal mission to see…even the younger

[1] http://www.nacac.org/policy/researchchart.pdf (Retrieved March 2, 2009)

ones - 357 of our children are under eight years old - being placed in families, what a marked difference it would make in their lives!"

The CEO of the CDA said that although foster care placements had been consistent over the last three years, settling at approximately 250 new placements per year; there had been no real growth in the Programme, as each year that number was equalled by the number of children who matured out of state care[2].

Foster care programmes have existed in Jamaica for many years. The current Foster Care Programme was initiated in 2004 as part of the Child Development Agency Permanency Plan. While we celebrate the successes of the Programme after five years of existence, this is an opportune moment to examine the Programme and make policy recommendations for its enhancement. This study begins that process.

[2] http://www.cda.gov.jm/view_news_details.php?id=33 (Retrieved March 19, 2009)

2. RESEARCH AIM AND METHODOLOGY

The study sought to examine the foster care system in Jamaica. The main research objectives included:

- Determination of the effectiveness and the efficiency of the Foster Care Programme in Jamaica;
- Assessment of the treatment of children in foster care;
- Assessment of the adherence to child rights in the provision of foster care in Jamaica;
- Provision of policy directions for the enhancement of the Foster Care Programme in Jamaica.

Methodology

A nationwide study on foster care in Jamaica was undertaken to inform this report. The collection of data lasted three months, from January to March 2009. The methodologies utilized were both quantitative and qualitative. The quantitative research methodology was based on a random national sample of 236 families. This number represents approximately 20 per cent of the national population of foster children. Foster parents and foster children were interviewed. Questions sought to determine the quality and scope of foster care in Jamaica. Fourteen successful graduates of the Programme were also interviewed.

The qualitative research methodology included five focus group discussions with foster parents. Focus group discussions were held with foster parents from St. Ann, Kingston & St. Andrew, Hanover, St. Elizabeth and St. Thomas. Table 1.1 provides dates when the focus group discussions were held. Appendix 1.1 lists the issues discussed during the focus group discussions.

Table 1.1: Dates of Focus Group Discussions

Focus Group	Date held
St. Ann	February 2, 2009
Kingston & St. Andrew	February 13, 1009
St. Thomas	February 16, 2009
St. Elizabeth	February 26, 2009
Hanover	February 27, 2009

Managers and administrators of the Programme were also interviewed. Key informants interviewed included Miss Alison Anderson, CEO, CDA; “Miss Sunshine” (not her real name), foster parent; Mr. Calvin Matthews, Placement Officer and Mr. Winston Bowen, Director, Programmes, both of the CDA.

Tests of reliability were carried out to ensure that the data were robust. Questionnaires were developed and administered to foster parents, foster children (aged 10 – 17 years), managers, administrators and graduates (aged 18+ years).

The data were entered and analyzed and the report prepared.

Table 1.2: Sample of Interviews

Parish	Parents	Children	Graduates	Numbers of Questionnaires
Hanover/Westmoreland	47	47	2	96
St. James/Trelawny	47	47	2	96
Clarendon	21	21	2	44
St. Elizabeth	13	13	2	28
Kingston & St. Andrew	34	34	2	70
St. Catherine	34	34	2	70
Portland	20	20	2	42
St. Ann	20	20	2	42
TOTAL	236	236	16	488

3. LITERATURE REVIEW

The literature review is based specifically on the research objectives. It includes:

1) The Global Commitment to Children
2) The Caribbean Commitment to Children
3) The Foster Child
4) Assessing A Foster Care Programme
5) The Jamaican Context

3.1. The Global Commitments to Children

"In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be of primary consideration".[3]

A child is defined as any individual under the age of 18 years old. It is only in recent decades that significant national and international attention has been paid to the rights of children. Historically, children were the most invisible social group, and their issues were regarded as secondary to those of macro social and economic development.

Global attention to children intensified with the adoption by the United Nations General Assembly of the UN Convention on the Rights of the Child in 1989. The year 1979 was dedicated as The Year of the Child by the United Nations. There was a wide scale move by countries to sign and ratify the Convention on the Rights of the Child (CRC). At present, there are only two countries that have not ratified the Convention, for different reasons.

The rights enshrined in the Convention on the Rights of the Child are expressed in 54 Articles. These are based on five core principles:

1. Universality
2. Non-discrimination
3. Best interests of the child
4. Participation by, and respect for the views of, the child
5. The right to life, survival, development

The rights can be summarized in five sets:

- **General Rights**: These encompass the right to life, the prohibition of torture, freedom of expression, thought and religion, the right to information and privacy.

[3] Convention on the Rights of the Child (CRC) Article 3

- **Rights requiring protective measures**: Such measures include those to protect children from economic and sexual exploitation, to prevent drug abuse and other forms of neglect, and privacy.

- **Rights concerning the civil status of children**: These include the right to nationality, the right to preserve one's identity, the right to remain with parents (unless the best interests of the child dictate otherwise) and the right to be reunited with family.

- **Rights concerned with development and welfare**: Among these are the child's right to a reasonable standard of living, to health and basic social services, the right to social security, to education and to leisure.

- **Rights concerning children in special circumstances or in especially difficult circumstances**: These extend to children with special needs, refugee children and orphans.[4]

All these rights are conveniently summarized in the "3P's" of the Convention, namely Provision, Protection and Participation. [5]

Article 44 of the CRC encourages the monitoring of the fulfillment of those rights. Governments are asked to submit to the UN Committee on the Rights of the Child, through the Secretary General, reports on the measures they have adopted to this end, and on the progress gained.

The United Nations Plan of Action for A World Fit for Children (2002) further consolidates what is contained in the Convention on the Rights of the Child and is based on the Millennium Development Goals (MDGs), the Convention of the Rights of the Child and The Special International Session held with children. There were 21 specific goals and targets set in 2002. Four priority areas were identified:

1. Promoting healthy lives
2. Providing quality education for all,
3. Protecting children against abuse, exploitation and violence
4. Combating HIV/AIDS

These global commitments guide governments in the formulation and implementation of policies concerning children. Individuals, private and public

[4] Barrow, Christine (2002) (ed.) Children's Rights Caribbean Realities. Ian Randle Publishers, Kingston page xiv

[5] (Hammarberg, 1990 quoted in Barrow (2002: xv)

officials are required to ensure that the best interests of the child are considered at all times.

3.2. The Caribbean Commitment to Children

The Caribbean has responded favourably to international advocacy for improved policy attention to children. All English-speaking Caribbean countries have ratified the Convention on the Rights of the Child, and governments have expressed commitment to improving the lives of children. The region was represented at the 1990 World Summit for Children at the UN Headquarters in New York, and there have also been several Latin American and Caribbean meetings which discussed child rights. In 1996, for example, there was the Belize Commitment to Action for the Rights of the Child. There, the government ministers responsible for children identified three priority areas for Caribbean action:

1) Budgeting for an Enabling Environment. Social investment in accordance with the UNICEF 20/20 Vision of Social Investment; fiscal/economic measures to aim at poverty reduction.
2) Legal Reform and Law Enforcement. Harmonizing national laws with human rights conventions, and strengthening capacity to enforce laws. Establishing office of ombudsman or equivalent for children. Appropriate sentencing and rehabilitation for child offenders.
3) Family Development and Empowerment.

There was also a Children's Resolution which reflected the position of 52 children who attended the Children's Forum of the Caribbean Conference on the Rights of the Child.

In 2000 the Caribbean ministers and other government representatives participated in the Fifth Ministerial meeting on Children and Social Policy in the Americas, held in Kingston, Jamaica from October 9 -13. The resulting **Kingston Consensus** noted the following:

In spite of progress, all countries in the Americas are concerned with the following issues:

a) The unmet goals of the World Summit for Children
(b) Sustaining advances that were made
(c) Reducing inequalities
(d) Addressing emerging challenges, inter alia:
    (i) Absence of indicators to assess the fulfillment of child rights
    (ii) Lack of access to quality health services and health information

(iii) Child exploitation in all forms
(iv) The need to integrate children into decision making processes.

The ministers stated then that they were determined to make every effort necessary to ensure that children and adolescents have opportunities to develop fully their physical, mental, spiritual, moral, and social capacities, and to guarantee and promote respect for human rights.

At a Special Session of the Council for Human and Social Development (COHSOD) on Children held on 17-19 March 2008 in Georgetown, Guyana, the CARICOM Governments agreed to several priorities for national action between 2008 and 2011. The goals set for the improved development and welfare of children included:

1) Comprehensive, sustainable and effective early childhood development programmes in all Member States
2) Protection of children against abuse, exploitation, violence, child labour including worst forms, discrimination and neglect, in all Member States
3) Reduction in infant and under 5 mortality rates
4) Reduction by three quarters of the maternal mortality ratio
5) Halting by 2015 and complete reversal of the spread of HIV/AIDS
6) Sustaining the advances made in the realization of health and education targets /goals and children's rights
7) Retention of children in school system until the secondary graduation
8) Promotion of a culture of respect for the rights of children and for ensuring a safe, stable and secure environment for children

The Jamaican Government, as a member of CARICOM, has committed itself to the fulfillment of all these goals.

3.3. The Foster Child & Child Rights

Foster children, like all children, have rights and deserve the best quality of care and attention. Foster care is practised throughout the world and can vary greatly in form, even within the same country. It can be arranged and standardized by the state or it can be a more flexible arrangement between individuals who know each other. "Informal fostering is an approach that many families and communities sometimes take without even knowing that they are fostering. Many people are simply caring for children who need a home and love" (Johnson, 2005, 16).

Foster care is a family-based solution for children in need of care. Its origins can be traced back to biblical times. Many children in society are abused or neglected. In some cases, due to poverty, their families cannot take care of them.

In other instances, they are simply neglected or abandoned. These children need substitute families to take care of them. Other options facing them include care by either public or private institutions.

The International Foster Care Organization defines foster care as a way of providing a family life for those children who cannot live with their own parents.[6] It is meant to be a temporary accommodation until their biological parents are able to look after them. Once the difficulty or problem that had affected them has been resolved, the children are expected to return to their biological parents. Often, the problem is not resolved and the children remain in foster care for the long term, become adopted and later move on to live independently.

Foster care can be both voluntary and involuntary. Children are placed in foster care either by order of a court (involuntary) or because their parents are willing to have them cared for temporarily outside the home (voluntary).

An **involuntary placement** occurs when a child has been abused or neglected (or may be at risk of abuse or neglect) by his or her parent or someone else in the household, or because a court has determined that the child is a "person in need of supervision" or a juvenile delinquent. The court orders the child to be removed from the home and determines the length of the placement.[7]

A voluntary placement occurs when parents decide that they are temporarily unable to care for their child for reasons other than abuse or neglect. For example, the family is experiencing a serious medical, emotional, and/or financial problem. The parents sign a voluntary placement agreement that lists the responsibilities of the parents and those of the agency during the child's placement.

Both types of placements can lead to adoption. However adoption requires due process and an agreement from the biological parents. In a situation where the biological parents cannot be found, an advertisement must be placed in the print media for three consecutive Sundays, notifying them of the intention of the foster parents to adopt the child. If after six weeks no parent comes forward to claim the child, or if the identified parent agrees, the child can be adopted after six weeks.

As already noted, the Convention on the Rights of the Child is clear in its promotion of the biological family as the "best option" for the full and harmonious development of the child. It is only when biological parenthood has failed that the option of foster care is recommended. The CRC has set out some parameters:

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[6] http://www.ifco.info/?q=what_is_foster_care (retrieved March 1, 2009)

[7] Definitions of both voluntary and involuntary taken from Foster Care Basics (http://www.ocfs.state.ny.us/main/fostercare/overview.asp (retrieved March 3, 2009)

Box 3.3.1: The CRC on Foster Care

1. 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.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, *inter alia*, foster placement, kafalah 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.

The Convention on the Rights of the Child: Article 20

The International Foster Care Organization (IFCO) has prepared Guidelines for Foster Care. This is based on the United Nations Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with special reference to foster placement and adoption (nationally and internationally), adopted by the UN General Assembly in December 1986. The Guidelines are extensive, but the general principles are reflected in the preamble which states:

Box 3.3.2: IFCO Guidelines for the Welfare of Foster Children

"The first priority for a child is to be cared for by his or her parents. All efforts shall be made to support the family or the extended family to keep the child. Only when such efforts prove insufficient and not appropriate, shall foster care be considered.

"In accordance with the child's age and level of development, he/she has the right to be consulted and to have his/her opinion taken into account in any matter or procedure affecting him/her.

"In all foster care procedures it is important that the highest possible standards of practice are followed, within accepted principles. Guidelines, which incorporate the best of practice and principles, can be helpful in achieving this.

"In all foster care procedures, the best interests of the child shall be the paramount consideration." (p.2)

Considering the rights of the child promoted in the CRC, it is generally accepted that the rights of the foster child includes the following:

- The right to live in a safe, healthy, and comfortable home where he or she is treated with respect.
- The right to be free from physical, sexual, emotional, or other abuse, or corporal punishment.
- The right to receive adequate and healthy food and adequate clothing.
- The right to receive medical, dental, vision, and mental health services.
- The right to be free of the administration of medication or chemical substances, unless authorized by a physician.
- The right to contact family members, unless prohibited by court order.
- The right to visit and contact brothers and sisters, unless prohibited by court order.
- The right to make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- The right to attend religious services and activities of his or her choice.
- The right to not be locked in any room, building, or facility premises, unless placed in a community treatment facility.
- The right to attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level.
- The right to have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends.
- The right to attend court hearings and speak to the judge.
- The right to have storage space for private use.
- The right to be free from unreasonable searches of personal belongings.
- The right to confidentiality of all juvenile court records consistent with existing law.
- The right to have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to

discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.

Some countries set up their own standards based on the CRC. For example, the Scottish Commission has also developed a set of standards (based on child rights) (See Box 3.3.3). The guidelines set by the Jamaican Child Care and Protection Act, 2004 will be discussed in Sections 3.5 and 3.6. An important aspect of the Scottish Guidelines is that it is addressed to the child, implying that he or she can demand that his or her rights are respected.

Box 3.3.3: Scottish Guidelines for Foster Children

The principles are dignity, privacy, choice, safety, realizing potential, equality and diversity.

Dignity

Your right to:

- Be treated with dignity and respect at all times.
- Enjoy a full range of social relationships.

Privacy

Your right to:

- Have your privacy and property respected.
- Be free from unnecessary intrusion.

Choice

Your right to:

- Make informed choices, while recognizing the rights of other people to do the same.
- Know about the range of choices.

Safety

Your right to:

- Feel safe and secure in all aspects of life, including health and well-being.
- Enjoy safety and not be over-protected.
- Be free from exploitation and abuse.

Realizing Potential

Your right to have the opportunity to:

- Achieve all you can.
- Make full use of the resources that are available to you.
- Make the most of your life.

Source: http://www.carecommission.com

3.4: Assessing a Foster Care Programme

Foster placement is the recommended treatment for children in need of care and protection, including abused children and adolescents. Much of the research literature concludes that foster care is more desirable than institutional care (Barth 2002). In fact, child protection advocates promote foster care as being superior to residential care. They maintain that institutional care is expensive and restrictive while noting that children in home-based solutions are presumably more loved and are more socially adjusted. As such, placement in residential institutions should be a last resort when other options are not available (UNICEF 2004).

There are many partners in any foster care programme: the administrators of the programme; the foster parents, the foster children, the other members of the foster family and the community in which the child lives. The success or failure of the programme depends on how well each partner is carrying out his or her role.

The **administrators** establish and operate the system of recruitment and monitoring of foster parents. They interview prospective candidates and continuously monitor placements. A case worker is assigned to each foster family. Case workers are encouraged by their administrators to keep in touch with the families in their care. In the UK, the case worker is expected to visit the family every four to six weeks. Limited financial support is provided as it is expected that the foster families can support the child. Some agencies have set standards by which the children and their foster parents make the case worker accountable. For example, **The Scottish Commission of Regulation of Care** has provided the following standards for which the children and parents can advocate:

1) The agency makes sure that you have all the information you need about the service and the role of the foster carer to help you and your family about using the service.
2) You can be confident that the agency contributes to provision of good quality care for you.
3) You can be confident that your identity and self esteem will be valued and promoted.
4) You and your family and foster carer are encouraged to express your views on any aspect of the work of the agency.
5) You know that you will be fully assessed by the agency before being accepted as a foster carer.
6) You can be confident that the agency treats applicants to become a foster carer fairly and without unnecessary delay.
7) You have a written agreement with the agency, setting out the terms of approval and your role and responsibilities as a foster carer and the role and responsibility of the agency.

8) You can be confident that the agency is committed to developing, monitoring and training foster carers and making sure that they work within its standards, policies and guidelines.
9) You can be confident that you receive payments to cover the cost of caring for any children or young people placed with you. Payments are based on their needs and in line with the cost of caring for them
10) You know that all arrangements for fees are clear.
11) You can be confident that the agency has the necessary review systems in place to make sure that you are able to continue to provide good quality care.
12) You know that the agency has a fostering panel that is responsible for the recommendations it makes and reflects the community it serves.
13) You can be confident that the management and staff of the agency have the professional training and expertise that they need to provide an effective service.

Research from a global context and conducted in Africa (e.g. Johnson 2005) has highlighted the challenges associated with the administration of a foster care programme. Some of the challenges are:

1. Financial: the administration of the programme is very expensive. If each family was to be visited every four weeks and the necessary financial support provided, then the per capita cost would be tremendous.
2. Human resources to maintain the programme are needed as ideally, each family would need a social worker and a support worker in order to ensure the “best interests of the child” are served.
3. For children coming from abusive situations, ideally their foster parents should be persons who can deal with their complex and challenging behavioural problems.
4. The system relies on persons coming forward and offering themselves. More foster parents are needed to move the children from institutionalized care to home-based care.
5. After a long period of fostering, birth parents can return and want their children back. This is traumatic for both foster parent and foster child.

Foster parents are expected to be surrogate parents and to provide a loving environment for their foster children. They are reminded that this may be a temporary situation and they must allow the child to maintain contact with his or her birth parents. Individuals become foster parents for the following reasons:[8]

1. Empty Nest Syndrome: when their natural children have left the home, the parents suffer from a feeling of loss.
2. The need to feel wanted
3. The desire to help others
4. They want playmates for their birth children
5. Adoption: the largest single pool of adoptive parents is generated from foster parents.
6. Infertility
7. Religious motivation
8. Abusive history: some foster parents use foster care as a mechanism for working through past pain, hurts and abuse of their own early history.
9. Children with handicaps: after having one child with handicaps, not wanting to risk giving birth to another challenge, some persons decide to foster children.
10. Additional income: though they are not in the majority, some unscrupulous persons do seek to take five to seven children at a time in order to make ends meet.
11. Sexual gratification: there have been infrequent cases of sexual abuse of children in foster care.

The screening process for foster parents is not fool proof and includes for the most part an interview and a visit to the home.[9] Only in a very few cases do agencies carry out a systematic examination of the applicants' parenting beliefs, attitudes and practices. However, these are the most important factors which determine whether or not the placements will be successful.

The jury is still out as to whether kinship foster care is better than non kinship care. Shore et al (2002) found from their research that youths in kinship care were doing better than youths in non kinship care. Kin-foster care is encouraged, as research shows that foster children fare better with families to whom they are related. Some research states that kin-foster parents are more committed to the kin-foster children. Kin-foster care provides familiar family settings with more responsive relationships than that which is available with non-kin-foster parents. Lawler (2008, 131) explains that the preference for kin placement is supported by the sociological theory of human development which suggests that foster parents

[8] http://www.nurturingparenting.com/research_validation/understanding_foster_families.pdf March 20, 2009)

[9] http://www.nurturingparenting.com/research_validation/understanding_foster_families.pdf (retrieved March 20, 2009)

will invest more in foster children who are relatives. However, Lawler (2008) himself concludes from his research that there was no difference in the relationship between maltreated children of kin-foster mothers and those of non-kin foster mother families. He suggests that non-kin foster mothers may use non-kinship related factors e.g. altruism and kindness to form firm attachments with their foster children.

Lawler (2008) also highlights the difficulty foster parents have with children who have been maltreated. Foster parents will have to deal with foster children with an array of emotional deficits and behavioural problems and it is only the patience and love of the foster parent which can make the placement successful.

Foster children represent a special group. They include those who have often been abused, neglected, isolated or abandoned; children and adolescents with special needs such as mental illness and/or retardation, or those in trouble with the law. They demand special skills from their foster parents: empathy, patience and an outpouring of love.[10] Foster children may suffer from a higher level of insecurity than children who live with their biological parents. Children in foster care sometimes lack the stable family setting of constant loving parents, knowledge that their homes will always be their homes and that they will remain with the same sisters and brothers and living in the same community.

There are always adjustment problems for those entering foster care (UNICEF 2001, 111). In most cases though, foster care is successful and becomes long-term. Studies have shown that family factors such as socio-economic status, parents' education and a climate of educational support in the home, as well as school-related factors, affect academic performance. Changing schools also impacts negatively on performance at school. Courtney, Mark et al (2004: 47) report that the delinquency levels of youth in foster care exceed the normal levels of delinquency in the general population of youth. Juvenile delinquency appears gender-based and males are more often involved in unacceptable behaviour.

Instability of placement impacts negatively on the school performance of foster children and transition into and out of care is also related to low attainment at school (Stone, S. (2007, 149).

The Pew Commission was established in the United States in an effort to improve outcomes for children in foster care. In its report, *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care*, the Commission recommended that:

> "…societies measure what they value. Reliable data that measure progress over time are essential to designing and operating a child

[10] http://www.nurturingparenting.com/research_validation/understanding_foster_families.pdf (retrieved March 23, 2009)

> welfare system that fulfills its obligations to the children in its care. Without this information, states are unable to identify and respond to those children who enter foster care most frequently, leave at the slowest rate, and get lost or forgotten in the system. The capacity to collect and utilize longitudinal data is also a prerequisite for calculating the federal foster care "savings" that states could reinvest. Most importantly, reliable data that are publicly available shine a spotlight on the needs of children who have been abused and neglected and on public officials' efforts to meet those needs." (p. 29)

3.5. **The Jamaican Context**

Jamaica is a middle income country located south of Cuba and east of Haiti. There were 2,682,100 persons living in Jamaica in 2007 (Table 3.5.1). Jamaica is a highly indebted country but with fairly reasonable socio-economic indicators. Life expectancy rate at birth is 72.4 years. The literacy rate is 86 percent[11]. The overall unemployment rate is 9.9 percent, but is higher for females at 14.5 per cent, versus 6.2 percent for males...

Children in Jamaica account for 35.8 per cent of the total population, with males numbering 491, 300 and females 469,500 (ESSJ, 2007:25.3). The child poverty rate has averaged 22 per cent for the last five years. Among the risks that children in Jamaica face are poverty, crime and violence, HIV/AIDS, physical and sexual abuse.

[11] Planning Institute of Jamaica (2007) Economic and Social Survey, PIOJ, Jamaica

Table 3.5.1: Selected Socio-economic indicators for Jamaica (2007)

	Indicator
Population	2,682,100
Debt Servicing	J$176.2b
Surplus Deficit	- J$42.3b
Population growth rate	0.5
Crude Birth Rate	17.0
Crude Death Rate	6.4
Total Fertility Rate	2.5
Literacy Rate	86.0
Labour Force participation rate	73.6
Total Unemployment Rate Male Female	9.9 6.2 14.5
Life expectancy at birth	72.4
Infant mortality Rate	16.7
Immunization Rates DPT, OPV, BCG MMR	 85.7 76.2
Maternal mortality rate	106.2 (2006 figure)
% of population living in the urban areas	52
Access to safe water (2006 figure)	77.3
Access to sanitary facilities	100

Source: PIOJ, Economic and Social Survey of Jamaica, 2007

The Jamaican Government commits approximately 10 percent of its budget to children (Social Investment in Children Working Group, 2007). Policy concerns with children have in the last decade received increased attention. The first child protection law was passed in 1951, The Juvenile Act. This Act defined the age of criminal responsibility as 12 years, and dealt with juveniles who came in conflict with the law or those who sought the protection of the law.

Jamaica has made great strides in recognizing the importance of the rights of children. In May 1991, the country ratified the United Nations Convention of the Rights of the Child, and national legislation reflecting its provisions was passed as the Child Care and Protection Act, 2004. The Office of the Children's Advocate was established in 2006 and the Office of the Children's Registry in 2007. According to the Child Care and Protection Act, 2004 the Office of the Children's Advocate has legal, consultative, regulatory, investigative, administrative, educational and advisory roles (See first schedule of the CCPA).

The Children's Advocate operates similar to an ombudsman for matters affecting children and therefore plays a vital watchdog role regarding all agencies and organizations with a mandate related to the care of children.[12]

Under Jamaica's Child Care and Protection Act, 2004 (First Schedule 11 – 1) the Office of the Children's Advocate (OCA) has been entrusted to:

(a) Keep under review the adequacy and effectiveness of –
  (i) Law and practice relating to the rights and best interests of children;
  (ii) Services provided for children by relevant authority.

(b) Give advice and recommendations to Parliament or any Minister or relevant authority, on matters concerning the rights and best interests of children -
  (ii) On such other occasions as the Children's Advocate

  considers appropriate.

(c) Take reasonable steps to ensure that -
  (ii) The views of children and persons having custody, control or care of children are sought concerning the exercise by the Children's Advocate of his functions under this Part.

Protecting the Child – Role of Parents as is mandated in the Child Care and Protection Act

Section 2 (1) of the Act defines "child" as a person under the age of 18 years.

The parent of a child does not refer only to biologically parents, but also to persons who have adopted children, those who are step parents and a man who is cohabiting with the child's mother.

Under the Act, what is of paramount importance is "the best interests of the child", which involves broadly the child's safety and well being, and takes various factors into account. These are referred to in Section 2(2) of the Act. This list is not exhaustive.

Of special note is the principle stated in Section 2(3) (b) of the Act, which reads:

[12] http://www.jis.gov.jm/health/html/20060112T090000-0500_7751_JIS_VETERAN_EDUCATOR_APPOINTED_CHILDREN_ADVOCATE.asp (retrieved March 21, 2009)

2(3) (b) *a family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests* ***primarily*** *with the parents;*

Hence, the parents have a primary role, in fact, a duty in the care and protection of their children.

The Child Care and Protection Act defines the specific duties and/or responsibilities of parents as follows:

Section 8 The parent/guardian should be fit to exercise proper care, protection and guardianship of the child, and to see that the child is not exposed to danger, moral or otherwise, and is not beyond control.

Section 27 It is the duty of every person responsible for the maintenance of a child, which of course includes the parents, to provide the child with adequate food, clothing, lodging and health care appropriate to the child's age and needs.

Section 28 The responsible person's duty also includes ensuring that the child gets an education, that is, he or she is enrolled at, and attends school.

Section 69(i) Where a child is charged with an offence and is before a court, the parent has a duty to attend at the court during the entire proceedings, unless that court sees this to be unreasonable under the circumstances.

There is also the duty to see that a child under age 13 years is not employed to perform any work. However, there are particular circumstances under which a child aged 13 -15 years can be employed. [13]

Such duty extends to not allowing the child to beg or receive alms in the street, or to be in any place for that purpose – Section 41.

Where the Act imposes an obligation on the parent or person responsible for a child and there is a breach committed, there are sanctions to be imposed by the court where the offender is found guilty (Section 9 (1)). It is important to note that penalties that the court can impose are quite hefty fines, or even imprisonment.

[13] Refer to Section 34 to 40 of the Act.

4. INSTITUTIONAL AND PROGRAMME FRAMEWORK

The Child Development Agency (CDA) merged the services of the Children Services Division, the Adoption Board and the Child Support Unit and became an Executive Agency on June 1, 2004. The objectives of the CDA include:

1. To safeguard children from becoming at risk through advocacy for child rights and the development of public awareness of children's issues.
2. To provide necessary and appropriate interventions for children who have been identified as being at risk from neglect, abuse, trauma, disability or any other factor.
3. To ensure safety, security, growth and development of children and young people in the care of the state.
4. To achieve (these), the Agency will ensure that actions of employees are based on a set of values and principles that support the overall goal of the organization.[14]

The child protection services offered include:

1. Intake - Point of contact with clients
2. Investigation - Information gathering process
3. Counseling - Organized by caseworker to improve behaviour
4. Case Planning - Process of identifying risk
5. Case Management - Procedure to seek and monitor services.

Main programmes offered include:

1. Residential Care - Provided for children in need of care and protection in a residential institution
2. Living in Family Environment (LIFE):
   - Foster Care - The act of rearing a child who is not one's biological or adopted child.
   - Family Reintegration - Returning and rehabilitation of child with biological family after a period in state care.
   - Adoption - Transferring of parental rights from biological parents.
3. Supervision of children is done by children's officers, where the child is placed with a family member by court order.

The approved budget allocation for 2008/09 was $1.1billion. The lion's share of the expenditure was on the Residential Care Programme, with little or no in-house specialist treatment services[15]. Thirty-Five percent of the budget was spent on compensation and 20 per cent on goods and services. The human resources of the CDA include 75 children's officers, regional directors and four clinical psychologists.

[14] CDA's website: http://www.cda.gov.jm/foster_care_contd.php (retrieved March 21, 2009)
[15] Alison Anderson's lecture notes for the Social Investment in Children course (2008/9)

- **Foster Care**

The Child Development Agency's Foster Care Programme aims to provide a better quality of life for children who have been abandoned, orphaned, rejected or suffer any other form of abuse and are in need of a substitute family.

Table 4.1: CDA Foster Care Expenditure

Detail	Cost (J$)
2006 – 2007	
Maintenance to foster parents	63,648,000.00
Clothing grants	2,934,000.00
Education grants	2,320,000.00
Total	68,902000.00
2007 – 2008	
Maintenance to foster parents	50,400,000.00
Education grants	2,328,000.00
Clothing grants	1,400,000.00
Total	54,128,000.00
2008 – 2009 (budgeted)	
Maintenance to foster parents	56,247,741.00
Education grants	2,399,458.00
Clothing Grants	1,716,964.00
Total	60,364,163.00

The most common reasons for placing children in foster care are abandonment, neglect, physical, sexual and emotional abuse. In Hanover and Westmoreland, (Western Region) and St. Catherine (South East Region) some cases have been attributed to poverty and overcrowding in homes. As already noted there are ongoing efforts to place children with families as opposed to institutions, as the level of care given in a family setting is more desirable.

The CDA has seen the need for changes and has deliberately developed a Corporate Strategic Plan 2009 – 2012 which deals specifically with the Living In Family Environment (LIFE) Programme which incorporates foster care. The strategies were developed to reflect the Agency's commitment to the transformation of the child protection system in Jamaica, by strategically moving away from a system that relies on the traditionally Child Rescue Approach to one that embraces the Family Support Model. This is intended to improve service delivery to children by realizing the best outcomes for each child in care thus ensuring he/she is fully reintegrated into a nurturing family setting and /or into society.

This is reflected in two of the Agency's specific objectives: intervention for children at risk, and ensuring the safety, growth and development of children in state care.

Information provided by the Child Development Agency at the end of December 2007 indicates that 5,890 children were in state care in Jamaica at that time. Of these children 1,160 were in the Foster Care Programme (see Table 4.2). This represents 20 per cent of the children in state care. Based on Table 4.1, the amount spent on foster care has decreased since 2006. It can be noted that the State spent at least $52,038.05 on each foster child in 2008, which is less than the $59,398.28 that was spent in 2006.

According to the CDA, at the end of March 2009, the agency had spent $58,143,863 of the budgetary allocation. Of the amount spent the majority ($49,644,026) was used for subventions/grants, followed by education ($3,085,811), re-integration with family ($2,750,094) and clothing ($2,046,482). A small proportion was used for medical services and drugs ($334,906) and recreational activities ($282,544). The per capita expenditure per child further decreased to $51,914 per year.

This is inadequate as this amount would not cover costs of food, transportation to and from school and support for any family recreational activities.

The CDA has noted critical areas for the enhancement of the Programme in its Corporate Strategic Plan, including a monitoring mechanism (minimum of 8 visits per child per annum), foster care management, increased number of foster parents and outsourcing options.

Table 4.2. Children in Care: Breakdown by Gender per Region as at December 31, 2007.

Region	Foster Care		Home on Trial		Children's Home		Places of Safety		Supervision Order		Other		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
South East*	151	191	149	191	581	254	270	301	242	469	32	45	1 425	1451	2 876
North East^	97	92	45	42	115	59	56	51	70	111	6	21	390	376	766
Southern✧	75	90	81	95	161	109	30	55	70	97	15	18	432	464	896
Western+	222	242	103	77	180	136	49	34	118	165	9	17	681	671	1 352
Total	**545**	**615**	**378**	**405**	**1038**	**558**	**405**	**441**	**500**	**842**	**62**	**101**	**2928**	**2 962**	**5 890**
Grand Total	**1 160**		**783**		**1 596**		**846**		**1 342**		**163**		**5 890**		

Source: Child Development Agency

*South East Region comprises of St. Catherine, St. Thomas, Kingston and St. Andrew

^North East Region comprises of St. Mary, Portland and St. Ann

✧Southern Region comprises of Clarendon, Manchester and St. Elizabeth

+Western Region comprises of St. James, Westmoreland, Trelawny and Hanover

The CDA is attempting to remove increasing numbers of children from government institutions and place them into family homes as part of its permanency plan. In the joint Government of Jamaica/UNICEF Programme of Cooperation 2007-2011, a key result expected is to "increase the number of children without familial care benefiting from family-based/foster care". The main difficulty lies in attracting and retaining a sufficient number of foster parents to meet the needs of all children who could benefit from this type of care.

By extensively promoting the programme, the CDA says that it will reduce the number of children in government institutions as well as the cost of running them, and will pay more attention and give better care to the children who remain in institutions. (Ministry of Health and Environment website)

According to CDA criteria (See Box 4.1), foster parents are selected on the basis of their ability and willingness to provide care, nurture and love the children. They must have some steady income and a stable residence.

BOX 4.1: Who can become a Foster Parent?

- A foster parent can be a single individual or a couple. Placement with a single man however, is often only done if the applicant is related to the child or other exceptional circumstances.
- Persons between the ages of 25 to 65 are ideally selected as foster parents. However consideration can be given to persons over 65 years, particularly if the individual is a relative of the child and can demonstrate strong family support.
- Foster parents must have suitable home accommodation for a child.
- Foster parents must live in a stable community.
- To be a foster parent, one must be gainfully employed or have a steady income to meet the needs of the child and family.

(**Source: CDA website)**

According to the CDA guidelines, a prospective foster parent[16]:

1) Must be willing to undergo a medical
2) Must provide two persons who can comment on his or her suitability and readiness to receive and care for a child.
3) Must be willing to undergo a period of training organized by the children's officer, to become familiar with caring for children in a manner which will promote his or her growth and development and the expectations of the agency.
4) The foster parent will also have the opportunity to voice to the social worker his or her expectations of the Agency.

Potential foster parents are required to undergo training for two hours a day over a four-day period. After the training, recommendations are made and all applicants must be approved by a Regional Committee. Following an assessment completed by the placement officer, children are matched with foster parents by a Placement Committee. On the CDA website, prospective foster parents are encouraged to express their interest in fostering by answering a few basic questions on an on-line form. Those who are interested, but do not have access to the Internet can make enquiries at the CDA Parish Office. Applicants will then be invited to attend an interview. The selection of foster parents is done by the Placement Committee which also determines the suitability of match between foster parent and child.

The CDA Protocol for Foster Care

The CDA uses the following criteria for the eligibility of the persons to become foster parents:

1. Stable family
2. Financial capability – some income generation (minimum of $20,000 - $25,000 per month)

[16] CDA's website: http://www.cda.gov.jm/foster_care_contd.php (retrieved March 21, 2009)

3. Trainability
4. Good social relationships in their community
5. Good health.

Foster parents currently receive $8,000 every two months in maintenance for each foster child under their care. The CDA recognizes that this amount is inadequate and it is expected that it will increase in the next financial year. Each foster child is assigned a social worker who is responsible for overseeing his or her welfare. Social workers are also expected to maintain regular contact with foster parents, check on school attendance, examine clothing, and review medical reports.

5. FINDINGS

This chapter reports on the findings of both the qualitative and quantitative research. The findings are presented in four sections:

1) The Foster Parents
2) The Foster Children
3) The Foster Care Services
4) The Graduates

We begin with a report on the foster parents interviewed during the survey and those who participated in the focus group discussions.

5.1 Foster Parents

> **"If I can touch one life then, it is worth it"**
> *- Foster parent at focus group discussion, Hanover, February, 27, 2009*

Table 5.1.1 provides a breakdown of the persons interviewed by parish. A total of 226 persons were interviewed which represents a response rate of 96 per cent of the selected sample size. Although the distribution by parish is presented, much of the discussion that follows will be by regions, as the sample sizes by parish are too small to make generalizations by parish.

Table 5.1.1: Percentage Distribution of Parents by Parish

Parish	Frequency	%
Kingston	38	16.8
Portland	20	8.8
St. Ann	20	8.8
Trelawny	29	12.8
St. James	17	7.5
Hanover	25	11.1
Westmoreland	24	10.6
St. Elizabeth	11	4.9
Clarendon	17	7.5
St. Catherine	25	11.1

N=226

Table 5.1.2 presents the distribution by region which shows that the Western Region has the largest proportion of foster care families in Jamaica and so the sampling methodology has been validated.

Table 5.1.2: Percentage Distribution of Parents by Region

Region	Frequency	%
Western	95	42.0
Southern	28	12.4
South East	63	27.9
North East	40	17.7

N=226

Table 5.1.3 presents a profile of the parents interviewed. The mean age of the parents was 52.3 years. The age ranged from 22 years to 87 years. The majority of the respondents were female and the main breadwinners for their families. For the majority of them (52 percent), their highest level of education was the secondary school level.

In order to be a foster parent, the CDA requires that one is gainfully employed or has a steady income to meet the needs of the child and family. Only two-thirds of the respondents were either employed or self-employed. **The Agency's Chief Executive Officer noted however, that all prospective foster parents have to show source of income before they are accepted by the Placement Committee**. The data revealed that 16 percent was unemployed.

The mean number of years as a foster parent was nine years, while the mean number of children ever fostered was 2.36. The mean number of children fostered at the time of the study was 1.5. One family had five foster children. These foster parents have provided protection to needy children for several years. One parent stated that she had been fostering for as many as 52 years. The mean household size of the families interviewed was 4.6 while the mean number of children in the foster families interviewed was 2.4.

Table 5.1.3: Profile of Parents

Characteristics	%
Gender	
Mean Age	52.3 years
Male	8.0
Female	92.0
Employment	
Employed	38.5
Self-employed	32.3
Unemployed	15.9
Retired	13.3
Education (Last school attended)	
Basic	4.3
Primary	12.5
Secondary	51.9
Tertiary	9.6
Post secondary	21.6
Basic	4.7
Main Breadwinner	
Self	65.2
Spouse	22.6
Self & spouse	8.1
Mean	
Mean household size of the foster families interviewed	4.6
Mean number of children fostered (over time)	2.36
Mean total number of children in household	2.4
Mean number of years as foster parent	9.01
Mean number of children in household who are fostered	1.51

N=226

The main motivation for becoming a foster parent was love of children (Table 5.1.4). Other reasons given included 'identified a need' and 'felt lonely'.

Table 5.1.4: Main Reasons for Becoming a Foster Parent

Reason	%
Love of children	56.6
Felt lonely	8.7
Identified a need/motivated	34.6
Total	100.0

N=226

During the focus group discussions, the foster parents highlighted other reasons for becoming a foster parent. Some of these were personal or domestic, such as: unable to bear children, grew up with foster children and knew that fostering was the right thing to do, and helping a sister who could not manage on her own. Other reasons were on the macro level e.g. "desire to make the country better and moved by advertisements on TV about abandoned children. Deep-rooted altruism could extend to the "risky cases", such as described in the following: testimonial:

> *I was working on a report that came in about a 13 year old girl who had been sexually abused by her father. I took her home and cared for her for 2 years. I had to return the child as she was giving problems. I had decided not to become a foster parent but I got attached to a baby boy and fostered him.*

There are many joys in foster parenting, as recounted below:

- When I heard my daughter say "You carry me" yet she will not talk to her biological father.
- When my little boy told me that he wanted to get married just like me and his foster father and have three children and get a car like "Daddy"
- When my son graduated from high school with 3 C.X.C.s; watching him graduate was special
- When my son made tea for me
- My son is doing brilliantly in grade 2 and reading at a grade 4 level.
- When I finally adopted my daughter, I was overjoyed.
- When he cries when I leave home
- Hearing my baby laugh

However, there are the many challenging moments. Most foster parents describe the experience as "challenging but rewarding". Challenges reported include:

- Fear of the biological parent taking back the child. A parent was heart-broken when her first foster child was taken by the biological parent after the child had been fostered from ages three to nine years.
- Harassment by the foster child's biological father who threatened to kill himself and child if his child was not returned to him. The CDA got involved to resolve the problem.
- Not knowing all the answers, especially with a baby who cannot speak. Fears of the biological parents taking him.
- Ensuring that foster children complete high school.
- Being the best parent.
- Wondering where the child is when he is supposed to have returned home from school.
- Fearing the type of company the child keeps; can't supervise 24/7.

The majority preferred to foster children from the formative years. Most foster parents prefer girls as they are perceived as easier to handle. Others claim that the girls are too rude and secretive during their teenage years. Those who prefer boys lauded the boys for their affectionate nature and their helpfulness. One foster parent summed it up as:

> **Boys leave their problem outside; girls bring the problem inside (e.g. pregnancy**).

The focus group discussions provided numerous pieces of advice for prospective parents. First, one must have the necessary qualities to become a foster parent. These include:

- A love for children
- Patience
- Tolerance/endurance
- Caring
- Good sense of humour
- Good character
- Dedication

In addition, financial stability is required and the prospective foster parent must be very sure that she or he wants and can care for the child. It is important that the prospective foster parent have a secure support system: the church, neighbours and other family members. Also adequate information about the child to help in explaining behavioural patterns and understanding the child's thinking. One should ask as many questions as possible about the child and about the child's previous experience and what he or she was exposed to before entering foster care.

The experience of the foster parents enabled them to offer some guidelines for the treatment of foster children:

- Treat the foster child as you would treat your biological child
- Communicate with the child
- Establish boundaries
- Pray for guidance
- The child must be seen and accepted as part of the family; must be involved in all family activities. The decision to foster a child must be accepted by whole family
- Respect the child, give him or her some privacy, listen to the child, provide space to play and scatter toys; make him or her feel at home
- Ensure that the environment you're taking the child into is safe and caring
- Set a good example at home...not "do as I say but not as I do".

The issue of when and how to tell the children that they are foster children is a difficult one:

You must be honest with them...it is important to disclose that you are not the biological parent, but you love them.

Despite the challenges identified in the focus group discussions, the survey data showed that most foster children integrated well with the foster families and enjoyed shared activities on a regular basis (Table 5.1.5). Most foster parents involved the children in religious activities.

Table 5.1.5: Activities of Foster Families

Religious	
	%
Yes	95.6
Frequency	
- Daily	5.8
- Weekly	92.5
- Monthly	1.7
Sporting Activities	
	%
Yes	60.4
Frequency	
- Daily	15.4
- Weekly	65.4
- Monthly	19.2
Cultural Activities	
	%
Yes	38.7
Frequency	
- Daily	50.0
- Weekly	37.5
- Monthly	12.5

There is enough evidence to prove that those who dedicate their lives to fostering needy children are enjoying it and trying to give the children a good life. The case study in Box 5.1.1 illustrates this point.

Box 5.1.1: Case Study – A Happy Foster Mom

Ms. Sunshine (not her real name) is a single parent from the South East Region with six children in her care; five are fostered and one is her biological child. There are four boys and two girls ranging in age from 19 months to 18 years. She gave up her job in administration two years ago to home-school her children, some of whom have emotional problems which affect their ability to relate to others at school. Her main sources of funds are a business for which she is a part-time director and a business she started in her hometown. She also receives support from her sisters.

She believes that being a foster parent is a "calling". In her own words she "had the best childhood ever" which made her who she is, and she is convinced that fostering is something she should be doing. She won't give up because "children are the future adults. I believe that if children are placed in families then we will begin to change our communities, country, world…"

She ensures that her children know their biological parents and are free to choose how they treat that information. She says she would adopt all of her foster children in a heartbeat; she is currently trying to adopt two of them. She believes her children should have a surname and they have all chosen to use hers.

She had a reasonably good relationship with the first CDA case worker assigned to her, who would visit at least once every six months. In contrast, her relationship with the CDA has been "strained" since her first caseworker left. Her challenges began when CDA could not find her daughter's case file, which has delayed her attempts to formalize her relationship with the girl. This was a traumatic experience for the child. She says she was last visited by a children's officer in September 2008 and is "forced" to be in contact with that officer because of a foster child with behavioural and emotional problems.

Ms.Sunshine feels that the adoption process is "not that bad". However she believes that a lot of what is required is unnecessary, such as the referrals, for which she believes the CDA should assume the responsibility of obtaining. Additionally, Ms. Sunshine reports she always has to initiate contact and she believes that the CDA does not do enough to address the challenges that foster children and parents face.

Advice to new/potential foster parents

There have been a number of highlights in her relationship with her children especially "seeing the positive change" in them. Her advice to potential/new foster parents is:

- "Don't do it if you have a picture in your head of an ideal situation…it is not an ideal situation…they are children so they are going to behave like children."
- "Don't do it because you want someone to say they're grateful to you for life"
- "Be objective, its going to break your heart…it is not a bed of roses"
- "It is highly rewarding - the type of bonding and love that is reciprocated…once you give, it comes back to you".

Miss Sunshine's Recommendations

"We want whole human beings who can contribute to society, so how do we do this?" According to Miss Sunshine, the church is supposed to be the social conscience, yet the government has to take on the role of being a parent to children, which she feels it cannot do. She therefore believes that the church should intervene and get involved in caring for older children.

"Are children redeemable after a certain age?" She thinks the CDA needs to ensure that children are moved out the system as quickly as possible…placed with families. The CDA needs to view the situation as urgent; she says, and they need to remember (1) They are not dealing with numbers; they are dealing with lives; and (2) The older children get, the harder it is to get them fostered; (3) "The Programme is not about the child…it's about the system." She says the CDA has a problem recruiting foster parents because of the way they approach it. "You end up feeling like they're doing you a favor" she notes.

The majority of parents considered themselves successful at fostering. When asked who or what had the most influence on their success as foster parents, the foster parents named their main forces of influence as themselves (self motivation/love for children), their family members, the CDA services (counseling, seminars etc.) and church members (Table 5.1.6).

Table 5.1.6. Percentage Distribution of the Main Forces of Influence for Successful Foster Parenting

Main force of influence	%
Nobody/Myself	24.4
Family Members	23.9
CDA Services/Counseling, Seminars etc.)	22.3
Church Members	12.2
Child Care Officer	8.6
Neighbours	5.1
Reliance on God	2.5
Other Foster Parents	1.0
Total	100.0

N=197

5.2. Foster children

Table 5.2.1 presents data on the foster children interviewed. Two hundred and seventeen children were interviewed out of the targeted 226 persons. The response rate was 96 per cent. The mean age of those interviewed was 12.4 years. Of all the children, 55 per cent were female. The majority (41 per cent) of the children interviewed were from the Western Region. The mean age at which they had been fostered was 5.87 years. Length of placement in foster care ranged from 1 year to 17 years. The age at which child had been fostered ranged from under 1 year to 16 years.

Table 5.2.1: Profile and Distribution of the Foster Children

Characteristic	%
Mean age	12.38 years
Mean age fostered	5.87
Gender	
Male	44.7
Female	55.3
Region	
Western	41.0
Southern	12.0
South East	27.6
North East	18.4
Parish	
Kingston	16.1
Portland	9.2
St. Ann	9.2
Trelawny	5.1
St. James	13.4
Hanover	11.5
Westmoreland	11.1
St. Elizabeth	5.1
Clarendon	7.8
St. Catherine	11.5

N=217

Health of Foster Children

The children were also asked about their health. Of all the children interviewed, 35 per cent of them said that they had been ill in the last 3 months (Table 5.2.2). Their main illness was the cold/flu (56.6 per cent). The second main illness was asthma (17.1 per cent).

Table 5.2.2: Health Indicators for Foster Children

Indicator	%
Ill in the last 3 months (yes)	35.0
Type of illness in the last 3 months	
Cold/flu	56.6
Diarrhoea	7.9
Asthma	17.1
HIV positive	1.3
Headache	2.6
Belly Pain	2.6
Allergy	1.3
Other	10.5
Total	100.0

N = 217

It is important to examine the ways the foster parents and the birth parents or last family treated the children when they were ill. Approximately two thirds (65.3 per cent) of the birth parents/last family did nothing (Table 5.2.3). Approximately half of the foster parents gave the children medicine.

Table 5.2.3: How Birth/Last Family and Foster Parents Dealt with Child's Illness

Characteristic	Foster Parents	Birth Parents/Last Family
Went to clinic	25.0	12.5
Took medicine	49.0	4.1
Took home medicine	14.0	12.2
Did nothing	2.0	65.3
Other	1.1	6.3
Went to the Doctor	9.0	2.0

N= 50

Education

Table 5.2.4 provides data on the current enrollment status of foster children. As expected, the majority of the children (59.3 per cent) attend secondary schools. The smallest proportion (6.9 per cent) attends kindergarten/basic schools.

Table 5.2.4: Type of Schools attended by Foster Children

Type of school	% Attending
Kindergarten/basic	6.9
Primary	33.8
Secondary	59.3
Total	100.0

N= 217

Only 18.9 percent of the children stated that they were doing very well at school. The majority (44.7%) rated their performance at school at "3" – fair. Of all the children, 29.8 percent admitted having problems at school. The main problems were described as "fights and quarrels with friends" and "cannot manage the work".

Table 5.2.5: Indicators of Performance at School

Performance at school	%
5 – very well	18.9
4 – well	28.6
3 – fair	44.7
2 – bad	5.8
1 – very bad	1.9
Having problems at school	29.8
Types of Problems at School	
Fights/quarrels with friends	38.7
Fights/quarrels with teachers	1.6
Cannot manage the work	37.1
Extortion from other students	1.6
Not good in certain subjects	6.5
Sometimes not going to class	1.6
Teased	4.8
Other	8.1
Total	100.0

N=217

Foster Family

Of all children interviewed, 52.3 percent lived with their biological parents before being placed in foster care (Table 5.2.6). Another 16.8 lived with relatives. Approximately, 41.5 per cent rated the parenting style of the previous family as “bad” or “very bad”. The majority of them (81%) liked their last family; however only 39 percent maintained contact and another 36 would have liked more contact. Of all the children interviewed, 19 percent of them had experienced cancellation of arranged visits with biological parents. The reasons for the cancellation are discussed later in the section. The majority (42.3%) felt badly that the visits were cancelled. For those who had lived with their birth parents before, only 16.1 percent would want to live with them again.

Table 5.2.7 shows that the frequency of the contacts ranged from once a week (29.3 per cent) to daily (12 per cent). Those who see their parents every day may be living closer to their birth parents than other foster children.

Table 5.2.6: Profile of Previous Family

Question	%
Who did you live with before?	
Both mother and father	11.2
Mother alone	29.9
Father alone	11.2
Relatives	16.8
Friends	1.9
Neighbours	--
Other	6.5
Would like to live with birth parents again	16.1
Rating of birth/last family	
5 – very well	11.7
4 – well	20.2
3 – fair	26.6
2 – badly	21.3
1 – very badly	20.2
Did he/she/they spend time with you?	
Play games	45.6
Help with homework	45.1
Talk to you	68.5
Mean Number of meals per day	2.7
Did you like this person/these persons?	
Like person(s) (yes)	81.3
Are you in contact with your (birth) family? (yes)	39.0
Would like more contact with birth family	35.3
Have visits ever been cancelled?	19.0
How did you feel about the cancellation?	
Bad	26.9
Very bad	15.4
Feel no way	46.2
Don't know	11.5

N=217

Table 5.2.7: Frequency of Contact with Previous Family

Frequency	%
Once a week	29.3
Once a month	24.0
Once a quarter	16.0
Once a year	8.0
Daily	12.0
Total	100.0

N=217

The reasons provided by the birth parents for not visiting their children who are in foster care were not always clear, as 53.8 per cent of them did not know why the meetings were cancelled (Table 5.2.8).

Table 5.2.8: Reasons for Cancellation of Visits by Birth Parents

Reason	%
Don't know	53.8
No reason given	15.4
Transportation problems	15.4
Job problem	7.7
Was not at home	3.8
Other (please specify)	3.8
Total	100.0

N=26

In the majority of cases (54.5 per cent), the parent promised to visit again (Table 5.2.9).

Table 5.2.9: What Happens When the Visits are Cancelled

	%
CDA officer tells me	13.0
Parent promises to come again	56.4
Nothing	4.3
Other (e.g. birth parent did not return call etc.)	26.1
Total	100.0

N=23

Most children stated that they were the only child in foster care in their current foster care family (Table 5.2.10). A significant percentage (40.8 %) had other foster care children in the same households. Three households had five foster children.

Table 5.2.10: Percentage Distribution of the Number of Foster Children per Household.

Number of children per household	% Frequency
1	59.2
2	23.2
3	13.7
4	2.4
5	1.4
Total	100.0

Placements appeared to be successful as 98.6 per cent of the foster children liked their current foster family. Only 10 per cent of the foster children revealed that they had problems at home (Table 5.2.11). The main problem was fights with siblings. Other problems included a ban on watching TV, being treated as if he or she was a child or a baby, and not being sent to school. Despite all the problems identified however, 95.8 per cent of the foster children wanted to remain permanently with their current family.

Table 5.2.11: Relationship with Current Foster Family

Issue	%
Like my current foster family	98.6
Have problems (yes)	10.0
Mean number of meals per day	2.7
Dislike most about your foster parents	
Treat me badly	5.3
Do not give me any money	5.3
Treat like a baby	5.3
Fight with siblings	42.1
Ban from watching TV	5.3
Do not send me to school	5.3
Love to jump to conclusions	5.3
Other (small incidents)	26.3
Would you like to live permanently in this home? (yes)	95.1

N=217

The majority of the foster children revealed that they had been living with their current family for a long time, and 70.2 percent had not changed foster homes (Table 5.2.12).

Table 5.2.12: Percentage Distribution of Times that Foster Children Changed Homes

Number of Times changed foster homes	%
Never changed	70.2
1	19.1
2	6.4
3	3.7
5	.5
Total	100.0

N=217

The findings show that most foster parents are willing to care for their foster children permanently. The CDA indicated that changes in foster homes occur as a result of placement breakdown which may include the fact that circumstances have changed for the child or the parents. The CDA does not currently collect data on placement breakdown; however the agency is in the process of finalizing the instruments to do same.

Most of the children (65.8 per cent) had to move to a different neighbourhood when they entered their current foster home, and the majority (57.7 percent) had to attend a different school (Table 5.2.13). Most of them attended school every day and those who did not attend, were absent mainly because of illness. Only one child did not attend because of financial reasons.

Table 5.2.13: School Issues for Foster Children

Issue (N=217)	%
Moved to a different neigbourhood	65.8
Had to attend a different school	57.7
Go to school everyday	90.5
Reasons why not attending school everyday (N=21)	
Reason	%
Sick	61.9
No problem	28.6
Financial (n=1)	4.8
Other	4.8
Total	100.0

Most foster children completed household chores like other children in the home. Their main tasks were washing dishes, cleaning and washing clothes (Table 5.2.14).

Table 5.2.14: Distribution of Household Chores Carried out by Foster Children

Type of Chore	%
Washing dishes	34.5
Cleaning	27.0
Washing clothes	18.7
Cooking	7.3
Gardening	4.2
Sweeping yard	5.2
Ironing clothes	.3
Total	100.0

N=217

Household chores were mostly completed alone or with other children (Table 5.2.15). The fact that 18.7 percent of the foster children claimed that chores were completed with their foster parents indicates a high level of integration into the family. This is necessary for successful placement.

Table 5.2.15: Household Chores Done Alone or With Others

How	%
Alone	39.9
With other children	41.5
With Foster Parents	18.7
Total	100.0

N=193

Physical punishment of foster children by foster parents is forbidden by the Convention on the Rights of the Child and the Child Care and Protection Act. However, a third of the children interviewed admitted that they had been physically beaten (Table 5.2.16). When questioned further, most of them did not see this beating as unacceptable and illegal as the other children in the households were also beaten. This is not surprising as the majority of them felt that they were being treated “well” or “very well” by their foster parents. Only two children reported the beatings to the CDA officers.

However, corporal punishment was not the main method of punishment. The main methods of punishment of foster children by foster parents were scolding and deprivation of favourite things. A total of 29.1 percent of the children said they were beaten and only 3.3 percent reported it.

Table 5.2.16: Disciplinary Measures used by Foster Parents

	%
Main method of punishment	
Scolded	43.2
Deprive of favourite things	16.8
Beaten	14.3
Talk to child	13.6
Quiet Time	9.2
Quarrel	1.8
Nothing done	1.1
Total	100.0

Total =217

Based on Table 5.2.17, the majority of al the children beaten were from St. James while the least were from St. Catherine.

Table 5.2.17: Percentage Distribution of Children who Admitted Being Beaten by Member of Foster Family by Parish

Parish	%
Kingston	8.6
Portland	5.2
St. Ann	13.8
Trelawny	8.6
St. James	36.2
Hanover	6.9
St. Elizabeth	8.6
Clarendon	10.3
St. Catherine	1.7
Total	100.0

Generally, as stated before foster children are happy with their families, found them loving and were satisfied with the treatment they received.

Table 5.2.18: What Foster Children liked Most About their Foster Parents

What liked most	%
Love me	41.8
Treat me well	41.8
Give me what I need	14.7
Other	1.4
Very kind	.9
Total	100.0

If children have complaints about any relevant authority, the Child Care and Protection Act, 2004 mandates the Office of the Children's Advocate to receive and investigate such complaints. Of all the children interviewed, only 26.8 per

cent had heard of the Office of the Children's Advocate. Of those children who had not heard of the Office of the Children's Advocate, the largest group (19.0 %) was from St. James. The law mandates that the OCA carry out public education about its functions and ways in which children can contact the organization. The Office is however constrained by inadequate resources.

Table 5.2.19: Percentage Distribution of Children who Had Not Heard of the Office of the Children's Advocate by Parish

Parish	%
Kingston	10.6
Portland	8.5
St. Ann	7.7
Trelawny	6.3
St. James	19.0
Hanover	10.6
St. Elizabeth	4.2
Clarendon	9.9
St. Catherine	10.6
Total	100.0

5.3 Post Foster Care

Foster children who were 14 years and older were asked about their preparation for leaving foster care (Table 5.3.1). The largest proportion (40 percent) planned to get jobs. A third of them would stay with their foster parents. Of all those 14 years and older, 20.7 per cent planned to further their education. For those who were to move out, 41 percent felt that they were not prepared for life after foster care. Some 10.7 percent would go back to their birth parents or family members.

Table 5.3.1 Plans post foster care

Plans	%
Get a job	40.0
Stay where I am	33.3
Further education	20.7
Move out	3.7
Nothing specific/Other	2.2
Total	100.0
Specifics of those moving out	
Will go back to birth family/ members	10.7
Prepared for life after foster care (for those who are prepared to move out)	59.0

N=114

The main source of preparation for post foster care had been the foster parents themselves, while 38.6 percent of the children said that nobody had given them any advice about post foster care (Table 5.3.2).

Table 5.3.2. Persons Helping with Preparation for Post Foster Care

Person helping	%
Foster parents	49.5
Nobody	38.6
Teacher	5.0
Aunt	3.0
Friend	1.0
Children's officer	3.0
Total	100.0

N=101

5.4 Foster Care Services

Most of the foster parents were trained by CDA personnel (Table 5.4.1). Just over half of the parents were assessed and over 60 percent attended meetings with CDA officers. It is not immediately clear why more foster parents were not trained and assessed formally.

Table 5.4.1: Preparation to Become a Foster Parent

Arrangement	**%**
Home visits	74.7
Assessment	55.1
Meeting with CDA	61.3
Received training (yes)	74.7
Attended workshop	69.5

N= 226

The Child Development Agency, despite all its challenges, received a very good rating from the foster parents. Table 5.4.2 shows that the parents were generally very pleased with the service provided by the CDA, with 76 percent rating the CDA services as "good" or "very good". However, another 25 percent rated them as "fair", "bad" and "very bad". This means that improvements in the services provided are needed. During a focus group discussion in St. Elizabeth, the foster parents rated the CDA workers very highly:

"10 out of 10: - always helpful and available"[17]

[17] Focus group discussions were held at the CDA parish Officers with their officers present, except for the one in Kingston where the it was held in a Hall with the CDA officers also present.

Table 5.4.2: Rating of Foster Care Programme by Foster Parents

Ratings	%
1 – very bad	3.8
2 – bad	6.2
3 – fair	14.4
4 – good	38.3
5 – very good	37.3

N= 226

Table 5.4.3 presents the ratings by region. The region with the highest proportion of persons giving a rating of good or very good was the Southern Region (81.4 percent). It was followed by the Western Region (77.4 percent), the North East Region (64.6 percent) and the South East Region (58.6 percent).

Table 5.4.3: Rating of CDA Services by Region

Rating	Region			
	Western	***Southern***	***South East***	***North East***
1	3.4	--	3.6	7.7
2	6.8	3.7	10.9	--
3	11.4	14.8	23.6	7.7
4	39.8	48.1	43.6	20.5
5	38.6	33.3	18.2	64.1

N= 226

Most persons (84.8 percent) rated the CDA officers high at “4” and “5” (Table 5.4.4).

Table 5.4.4: Rating of Relationship of Foster Parents with CDA

Description	%
Relationship with CDA	
1- very bad	2.3
2- bad	2.3
3-fair	10.6
4- good	35.0
5 – very good	49.8
Problems with CDA	13.7

N= 226

The North East Region received the best rating of its officers with 100 per cent rating their officers at “4” or “5”.

Table 5.4.5: Rating of Relationship with Child Care Officers by Region

	Region			
	Western	**Southern**	**South East**	**North East**
1Very bad	4.2	3.7	--	---
2 Bad	5.3	--	--	---
3- Fair	6.3	18.5	21.8	---
4- Good	40.0	37.0	38.2	17.5
5- Very Good	44.2	40.7	40.0	82.5

N= 226

Of all the parents interviewed, only 14 per cent complained that they experienced problems with the services offered by the CDA. The main problems were lack of psychological support and the lack of timeliness in the distribution of cheques.

Table 5.4.6: Types of Problems Experienced by Foster Parents

Problem	**%**
Lack of visits/communication	16.1
Limited support from the CDA	6.5
Lack of psychological support for children	29.0
Placement Process took too long	19.4
Monetary support (cheques not received on a timely basis)	29.0
Total	100.0

N=31

Although the numbers are small, it is still necessary to examine the problems the foster parents were experiencing. The types of problems by region are presented in Table 5.4.6. In the Western Region, the main problem was the lack of psychological support. The second main problem in that region was the lack of visits by the CDA officers. In the Southern and North Eastern Regions, the main complaint was that cheques were not being received on a timely basis. In the South East Region, the complaint was the lack of psychological support.

Table 5.4.7: Type of Problem by Region

Type of problem	Western	Southern	South Eastern	North Eastern
Lack of visits	28.6	-	-	14.3
Limited support from CDA	7.1	-	-	14.3
Lack of psychological support	35.7	33.3	28.6	14.3
Placement process takes too long	14.3	-	57.1	-
Cheques not received on a timely basis	14.3	66.7	14.3	57.1
Total	100%	100%	100%	100%

N=31

The number of persons complaining was small, but most reports of lack of visits by CDA officers came from St. James and Trelawny (Table 5.4.8). Most of the persons who complained about the lack of psychological support came from St. James. Most of the complaints about cheques not being received in a timely manner came from St. Ann. The process was reported to take too long in Kingston and Trelawny.

Table 5.4.8: Percentage Distribution of Problems by Parish[18]

	Problems				
Parish	Lack of visits from children's officers	Limited support from CDA	Lack of psychological support	Process takes too long	Cheques not received on a timely basis
Kingston	-	-	22.2	66.7	11.1
St. Ann	20.0	50.0	11.1	-	44.4
Trelawny	40.0	-	11.1	33.3	11.1
St. James	60.0	50.0	44.4	-	11.1
St. Elizabeth	-	-	-	-	11.1
Clarendon	-	-	11.1	-	11.1
Total	N=5	N=2	N=9	N=6	N=9

N.B. Parish samples are small and therefore caution is advised in drawing conclusions.

[18] Table generated based on expressed request of a CDA officer

The main suggestion for improvement of the Foster Care Programme was an increase in the stipend/remuneration (Table 5.4.9). Additional services needed made up the second main suggestion for improvement. These services included retrieving a birth certificate. The other recommendations included:

- Funding for other costs e.g. medication
- Increase contact with CDA officer
- Increase planned activities with foster parents
- Recruit more foster parents.

Table 5.4.9: Suggestions Provided by Parents for Improvement of the Foster Care Programme

Suggestion	%
Increase stipend/remuneration	29.1
Funding for other costs e.g. medication, school uniforms and books	8.6
Increase contact (i.e. visits) with and monitoring by CDA	10.4
Address issues with biological parents	1.1
Funding and programmes for children exiting	4.5
Increase activities for foster families	6.7
Recruit more foster parents	9.3
None	8.2
Other (e.g. help obtaining birth certificates, speed up adoption process, more awareness and publicity of the Programme, improved efficiency of CDA services, frequency with which stipend is paid)	22.0

N.B. Multiple responses were allowed

In every region, an increase in the stipend received was a major recommendation (Table 5.4.10). Another important recommendation was increasing the contact with CDA officers.

Table 5.4.10: Recommendations by Region

Recommendation	Western	Southern	South East	North East
Increase stipend	27.6	37.1	25.9	31.3
Funding for medication, school books etc.	7.1	11.4	5.2	14.6
Increase contact with CDA officer	7.1	2.9	25.9	6.3
Address issues with biological parents	1.6	-	1.7	-
Funding and programmes for those exiting foster care	4.7	5.7	-	8.3
Increase activities for foster children	7.1	2.9	6.9	8.3
Recruit more foster parents	14.2	2.9	5.2	6.3
None	4.7	20.0	10.3	6.3
Other (e.g. obtaining birth certificate, promoting Foster Care Programme)	26.0	17.1	19.0	18.8
Total	100	100	100	100

N=226

During the focus group discussions, there were also specific recommendations by parish:

Kingston & St. Andrew

- CDA needs a vehicle to conduct house visits
- A day to honor CDA
- Increased salaries for the staff

Hanover

- National Health Cards for foster children, to assist with prescription medication
- Bus card or some system to transport children to school; alternatively a separate allowance for this
- Annual clothing grant

St. Elizabeth

- Back-to-school allowances for school uniforms, shoes and books
- Health benefits
- More information on child's background
- More financial support
- Speed up adoption process
- Address the ease with which biological parents can take back their children.

St. Thomas

- Increased stipend for the foster parents
- New CDA office.

5.5 Children's Views of the CDA Services

This section examines the views of the children who had been institutionalized in state homes, then looks at their current foster care placement. Of all the children institutionalized, 54.5 per cent reported being treated "fairly", "badly" or "very badly" at the institutions. Another 8.1 per cent preferred to answer "don't know" or "cannot say".

Table 5.5.1. Views of Foster Children Who Had Been Institutionalized

How children reported being treated	%
Did not like it there (No)	65.7
Treatment at State's Children's Homes	
Very well	12.1
Well	24.2
Fair	24.2
Badly	16.7
Very Badly	13.6
Don't know/cannot say	8.1
Total	100.0

Total = 23

All the children were asked if they had confidential meetings with their child care officers. The majority (53.1 per cent) said that they had not. The reactions of the parents to the child care officers' visits were sought from the children interviewed. The majority of the children reported that foster parents had not done anything after the CDA officer had left. When asked specifically if they had been victims of corporal punishment after a visit by the CDA officer, 4.4 per cent (6 children) said yes.

Those preparing to leave foster care stated the types of assistance that they would like to receive (Table 5.5.2). The main types of assistance needed were job placement, money and counseling.

Table 5.5.2: Percentage Distribution of Types of Assistance Needed for Post Foster Care

Type of assistance needed	%
Job Placement	38.4
Money	26.7
Counseling	23.3
Ticket abroad	6.2
Other (asked to specify)	5.5.
Total	100.0

5.6 The Graduates of the Programme

The study targeted 16 graduates who had achieved academic success. This report focuses on 14 of them. Although the number is small, issues highlighted in this study were discussed.[19] Most of the graduates had a very good relationship with their foster parents and maintained that contact (Table 5.6.1). All their foster parents had encouraged them to excel in school. Most of them were still at school, pursuing their studies.

Once a foster child becomes 18 years old, CDA is no longer mandated to monitor him/her. In some cases the Agency may assistant individuals to pursue academic or skills training. However, applications for financial assistance have to be submitted before the 18th birthday.

It appears that a number of foster care graduates maintain some contact with their foster family and visit them during holidays. Some have been recommended to serve as models or success stories for the Programme.

[19] As the sample is small, we will avoid the use of percentages.

Table 5.6.1: Treatment of Graduates of the Programme

Aspect	%
Type of care	
Very good	81.8
Good	9.1
Neutral	---
Bad	9.1
Very Bad	--
Encouraged you to excel in school	**100**
Still in contact with foster parents	**100**
Relationship with Foster Parents After you Left Foster Care	
1 – very bad	
2	11.1
3	
4	22.2
5 – very good	66.7

N=14

When asked about the services provided by the CDA, only a few graduates found them unsatisfactory (Table 5.6.2). Some reported that they had not seen their children's officer in the past year. Generally, graduates found the services provided by the CDA to be very good and the officers helpful. The majority were satisfied with the exit preparation process. Most said they had been prepared for the time when they would be on their own.

While these findings reflect positive aspects of the services provided by the CDA, it should be noted that these were cases chosen by the CDA, and also that the research methodology ensured that only the success stories were highlighted. This had been done to inform recommendations on how and what to market about the Foster Care Programme.

Table 5.6.2: Graduates' Views of CDA Officers

Aspect	%
Knows children's officer (yes)	90.9
How often did he/she visit/make contact?	
Once a month	40
Once a year	10
Once a quarter (see page2)	10
CDA Officer helpful (yes)	90.9
CDA services	
1 – very bad	9.1
2 – bad	--
3 – fair	9.1
4 – good	36.4
5 – very good	45.5
Level of preparation	
1 – very bad	9.1
2 – bad	--
3 – fair	9.1
4 – good	27.3
5 – very good	45.5
Were any arrangements made to support yourself (yes)	60
How would you rate the Foster Care Programme?	
1 – very bad	--
2 – bad	0.1
3 – fair	11.1
4 – good	44.4
5 – very good	44.4

N=14

The graduates' main advice for those graduating from the Programme was:

- Try to do your best
- Be grateful to foster parents
- Keep contact with foster parents
- Assist parents when they get old

Table 5.6.3. Advice to Those Graduating from Foster Care

Advice for those graduating (Q.10)	**%**
Try to be the best	40
Be grateful/love to foster parents	33.3
Keep contact with foster parents	13.3
Assist foster parents when they get old	13.3

Box 5.6.1 presents a successful case of a child who was given a second chance. His success demonstrates that a combination of loving parents and self-motivation can reap very good results. From an abandoned child who still does not know his parents, he now stands as a role model for other foster children.

Box 5.6.1: Case study – Successful Foster Care Graduate

The best known graduate of the Foster Care Programme is a young man who was abandoned and placed in foster care at the age of seven with his foster mother who he calls "Mummy".

He attended a prominent high school where he excelled, and received a prestigious scholarship to attend university. He says that his high school helped clarify his career goals. He loves his foster mother deeply and credits her with his academic success, saying:

"She is a great lady. She is the first person who pushed me academically"

"Mummy" instilled in him the need to succeed and encouraged him continuously. She provided guidance and steered him away from bad company. He is not materialistic and says he cares little about clothes. He phones his mother regularly from university to check up on her.

For her part, his mother is very proud of him. She says he is "a very good son", and counts her blessings every day. He was not a difficult child, was very obedient and listened to his mother who considers herself lucky to have had few challenges in raising him. He was a good student who loved school. His mother lists his great curiosity as one of his strongest qualities and reports that he is an avid reader.

She describes their first interaction: he was sitting quietly away from the other children and reading a book, but was very aware of his future foster mother and the nurse at the home. He had one eye on her and the nurse, and the other on his book. She encourages persons to foster children but cautions that parenting requires a lot of patience and endurance and trust in the power of prayer.

This story clearly demonstrates a good relationship between mother and son and tells of a little boy who was given a second chance to maximize his full potential.

Collinder, 2007

5.7 The Assessment of the Foster Care Programme

Introduction

The majority of foster care cases are “involuntary”. This relates to those cases where the child is removed from their biological, adopted parents or guardian for various reasons including physical or sexual abuse, neglect and abandonment and is brought before the court by the CDA for a Fit Person Order. The CDA is then responsible for identifying, processing and approving of foster parents.

Process of Placement in Foster Care

Efforts are made to place children with biological families. Non-kinship placements are made when the CDA is unable to identify a suitable family member. According to the Agency’s CEO, all placements of foster children go to a Placement Committee. Placement Committees are set up in all four regions with members being staffed from the CDA’s head, regional and parish offices. The CDA strives to place siblings in the same home or neighbourhood. This however is not the actual practice as seen in Table 4.2.13, which indicates that 65.8 per cent of the children had to move to another community.

Children are transitioned into placements and an initial meeting between the child and potential foster parent is arranged and supervised by the CDA. If successful, a brief follow-up, such as weekend or holiday stay with the foster parent is arranged, following which the placement is completed. CDA staff use their discretion as to how much background information on the child is released to the parent. The usual procedure is to equip the foster parent with only information relevant to facilitating care of the child. In some cases, more information is divulged as time passes, but only if a situation arises where such information is crucial to the care of the child at that point in time.

Individual care plans are developed for each child by case workers. Children participate in the development of their plans depending on their maturity. CDA will assist foster parents with medical, dental and educational expenses. Provisions are also made for children with special needs when the agency is approached by the foster parent. Contact with biological parents is promoted but is mediated and arranged by the CDA. These can occur as scheduled visits between parents and children at the CDA offices and, depending on the circumstances, on holiday/weekend visits. However, it should be noted that foster parents are generally reluctant about foster children maintaining contact with their biological parents.

Monitoring

The average caseload per officer is 70 families. Home/school visits and office appointments are conducted to monitor the children. During these visits the officer will speak privately with the child (i.e. in the absence of the foster parent)

to discuss the child's well-being, etc. Most officers try to visit foster homes once every two to four months, although one officer reported that he/she may not do a home visit more than once annually. The frequency of visits is also dependent on the nature and track record of foster children: officers will visit homes with troubled youth more and monitor them more frequently. Foster parents are given their officer's mobile phone numbers and often "walk-in" to the CDA office to see their case officer outside of scheduled visits.

Officers try to intervene to prevent breakdowns in placements. Intervention methods generally include counseling of all parties (foster parents and children) in one-on-one and group settings. Referrals are made to the regional clinical psychologist[20] if the officer feels that the problem is beyond his/her capacity and all other options have been exhausted. In the worst case scenario, the foster child is returned to the institution/group home or if possible to the biological family. In some cases, this return is enough to "shock" the child into improving his/her behaviour following which a reunification with the foster parent is arranged. It should be noted that many breakdowns in placement can be attributed to problems with adolescents.

There is no defined system for identifying whether a child's rights have been violated. One of the aims of routine home/school visits etc. is that such cases can be identified and monitored. The goal is that visits should be conducted in a manner in which children are free to express and give honest accounts without the interference/influence of the foster parent. Awareness and education on children's rights are incorporated into training programmes and workshops organized for both foster parents and children.

Officers monitor the academic progress of foster children by arranging school visits and meetings with teachers, guidance counselors and/or principals. Foster parents are required to submit academic reports at the end of each term as well as end of year reports. Officers also liaise with guidance counselors. Parents are advised to keep their case officers up to date on health-related issues of the children. However, the onus is on the parent to ensure that children get regular medical and dental checkups. CDA will negotiate and cover costs of special medical procedures and will also reimburse parents for medical costs if they submit the required documentation such as receipts. Monitoring of both the education and the health of foster children is part of the child care plan.

In many parishes, the CDA children's officer is also responsible for adoption in CDA. Four of the nine officers interviewed were also the adoption officers in their parishes. One of the duties of children officers is to identify and notify foster parents when their foster children become available for adoption. They also facilitate the process by preparing and submitting pre-adoption reports, and locating the biological parents. Adoption cannot proceed without the consent of

[20] There is only one Clinical Psychologist per region; at present there is none in the North East region.

the biological parents, for the transfer of parental rights except in cases where they cannot be found. There appear to be no official figures on the number of foster children who get adopted; however, one officer estimated that 10 percent of foster parents in her care have sought adoption.

Challenges faced by the CDA

All officers noted that large caseloads and insufficient staff numbers hindered their ability to provide the type of monitoring which is both desired and required. Other difficulties included incompatible schedules, "no show" foster parents (i.e. not finding them at home for scheduled visits) and difficulty accessing some neighbourhoods because of the terrain, weather and violence. The following have been listed as challenges on the job:

1. Timeframe and deadlines – too large caseloads and too many responsibilities. This affects overall ability to monitor and perform duties. Officers are "spread thinly".
2. Unwillingness of biological parents to cooperate ("…they fail to understand that CDA is working in the best interest of the child").
3. Tolerance levels of foster parents – unwillingness to work with foster child. Many are quick to send back the child rather than dealing with the situation.
4. Not enough being done to assist those exiting care.
5. Insufficient number of foster parents – more needs to be done to recruit foster parents, especially more educated persons from the higher socio-economic groups.
6. Dissatisfaction of foster parents with stipends received and unrealistic expectations of CDA. Limited resources to provide all the necessary support to foster children.
7. Location of communities – difficult terrain or violent neighborhoods which affect visiting and monitoring of foster parents and children;
8. Limited office space which many times prevents the officers from meeting privately with foster parents and children in the office.

There are insufficient numbers of foster parents available and ongoing efforts are made to recruit more. Recruitment activities include outreach and promotional events such as speaking at churches and Parent Teachers Association meetings, promotion walks and distribution of printed material. Current foster parents are encouraged to participate in this activity and are often involved in actively recruiting more persons. Significant attention is given to recruiting foster

parents during Foster Care Recognition Week in February. However, it appears that persons are reluctant to foster boys.

The team leaders (CDA administrators) rated the overall service of the foster care programme at 3.6 out of 5 considering the constraints with a definite need for improvement. The typical profile of a foster parent is someone in their 40-60s in the lower-middle socio-economic group and for whom, in some parishes, the highest level of education attained is that of primary or all-age school level. One team leader noted that it was difficult to recruit foster parents who did not require financial support.

6. CONCLUSION

In Chapter 5, a comprehensive analysis of the findings was presented. This section summarizes the conclusions that can be drawn from the findings. Recommendations based on the findings and the conclusions are presented in the next Chapter. The study of the Foster Care Programme involved both quantitative and qualitative research methodologies.

The objectives of the study were as follows:

1. Determine the effectiveness and the efficiency of the Foster Care Programme in Jamaica
2. Assess the treatment of children in foster care
3. Assess the adherence to child rights in the provision of foster care in Jamaica;
4. Provide policy directions for the enhancement of the Foster Care Programme in Jamaica.

1. The Effectiveness and Efficiency of the Foster Care Programme in Jamaica

Both the quantitative and qualitative research carried out for this study revealed that fostering is a small and under-resourced child protection programme provided by the Jamaican Government. The Programme has been effective in providing good placement for the majority of the children interviewed. In spite of limited resources there is strong evidence that the Foster Care Programme provides families and care for wards of the state.

There are however, some issues that need to be resolved in order to improve the Foster Care Programme. Some problems reported by the parents include: lack of psychological support, inadequate financial support, lack of sufficient communication between the CDA officers and the parents, cheques not being received on a timely basis, and the process involved in receiving foster children taking too long. The inadequacy of the $4,000 a month can be highlighted by this break-down of monies (provided by a foster parent) spent on a 15 year old boy attending high school:

Table 6.1: Estimated Yearly Expenditure for a 15 year old Male Foster Child Attending High School (Urban Area)

Expenditure Itemized	Cost (J$)
Lunch Money	60,000.00
Transportation (School)	15,000.00
Barber	8,400.00
Clothing	15,000.00
Dental Services	12,000.00

Shoes	10,000.00
Toilet Articles	5,000.00
Total*	**125,400.00**

* This total cost excludes money spent on food at home, leisure and medical expenses (this is free to the public at all government health centres and hospitals).

The administration of the Programme needs to be improved. The parents' evaluation of the CDA services was discussed in Chapter 4. Some regions and parishes are plagued by particular problems which have been highlighted in the section on the findings. There is enough evidence that the child care officers are not all fully aware of their roles and responsibilities as some parents (revealed during the focus group discussions) have been informed that they cannot receive any additional financial support. However, senior managers of the Programme have indicated that parents will be reimbursed for monies spent on foster children once the relevant supporting documentation is received.

Monitoring of the foster families is unsatisfactory as 16.1 per cent of the parents complained of the lack of visits by the CDA officers and 53.1 per cent of the children revealed that there was limited or no contact with the CDA officers. The CDA protocol requires that there be frequent reports on the foster families yet some families reported that they had not seen their child care officers for a very long time.

The weakest link in the Programme is the group of graduates for whom not enough is done to assist in their preparation for post foster care. All the graduates revealed that their foster parents encouraged them to use education as a tool for upward social mobility. However, given the fact that most foster parents are from the lower income brackets, without the necessary assistance, there will be limited opportunity for educational advancement. The graduates who are successful have been those who have been self-motivated and received great support from the state and/or their parents.

Despite the challenges faced by all, the participants in the Foster Care Programme find the Programme to be a good one. Both parents and children said they found it to be a "very good" one. They seemed particularly impressed with the "Christmas Initiative", under which families can take a child home and care for him or her for the Christmas holiday.[21] They wanted a facility to be set up to allow the child to remain with their "Christmas parents" while the paper work for fostering is completed. While some parents have found the application/training process relatively quick, others have had to wait for longer periods. The ideal application process time is six weeks. Foster parents find the local Foster Parent Associations supportive and would like more activities for foster children to meet and interact with each other.

[21]. It is hoped that after this experience the family will desire to go through the process to become foster parents.

2. Treatment of Children in Foster Care

Parents were enjoying the process of fostering and many of them had been involved in fostering for over a decade. The mean number of years of fostering is 9 years. The mean number of children fostered through the years is 2.36 years. The mean number of children fostered in one household interviewed is 1.51 (2 children) as many parents have more than one child in foster care. They are motivated by love for children and a desire to help those in need. The majority want to keep their foster children permanently, but there is an "instability" knowing that the birth parents can come at anytime and "reclaim their children" if they are found suitable by the CDA. Some parents want to know more about the children before they accept them and want the CDA to provide them with more information on the children.

Most children interviewed seemed happy and wanted to remain in the care of their foster parents. They prefer their current foster families to their last ones. They have integrated well with their foster families and are involved in chores and in many kinds of recreational activities. Of all the children interviewed 29.1 per cent admitted being "hit" by somebody in the foster home but they seem to accept it as "normal" as the other children in the house were also physically punished[22]. This cultural acceptance of "beating" is a Caribbean-wide challenge for the children's advocates. Generally, children seem to have become well assimilated with their respective foster families and some refer to their foster parents as "Mommy", "Daddy", or "Grandma".

Of major concern was the large proportion of children who have problems at school. The main problems at school are the fights with other kids and the difficulty coping with the school work.

3. Adherence to Child Rights in the Provision of Foster Care in Jamaica

As stated in Section 3, the UN Convention on the Rights of the Child provides guidelines for adequate provision and protection of children. Also for the participation of children in their own developmental process. And as discussed in an earlier section, the Jamaican Child Care and Protection Act, 2004 also provides national regulations for the treatment of children in foster care.

The fact that 29.1 per cent of the children interviewed are beaten by members of their foster families will be of concern to the CDA and the Children's Advocate, as the CRC and CCPA, 2004 clearly forbids the use of physical force on all children. Part of the difficulty lies in the fact that those children who are beaten do not recognize that their rights have been violated. Clearly, they have not been sufficiently informed about their rights under the CRC and the CCPA, 2004.

[22] The Convention on the Rights of the Child discourages all physical punishment.

Another group which will concern the Children's Advocate and the CDA includes those who are about to graduate from foster care. There is troubling evidence from this study that those children are very uncertain about their future and although we have cited some successful cases, many graduates of the Programme do not realize their dreams and aspirations.

Although not a major focus of this study, children in state institutions are also crying out for help as many of them (65.7 per cent) revealed that they were not happy in their institutionalized setting. Although, the state is making a concerted effort to improve the treatment of children in its care, the evidence remains that the protection rights of this group of children are not being fulfilled.

Generally, participation rights of children to determine and be active participants in the formulation of decisions affecting them have not yet been accorded paramount importance. It is clear that the child care plans of children in foster care are not formulated with sufficient involvement of the foster children. Many children (53.1 percent) have not had contact with the child care officers for extended periods. Plans for the future are developed at the discretion of the foster parents. Many foster children who are about to graduate from the Programme are very wary of the future and are eager for some type of counseling.

In summary, the provision rights are reasonably taken care of; protection rights less so than provision rights. There is no evidence that the right of foster children to participate in the formulation of plans affecting their futures is fully respected by either foster parents or CDA officers.

7. RECOMMENDATIONS

"*Rights, Roles and Responsibilities"*

This study has highlighted the committed work of the Child Development Agency in its implementation of the Foster Care Programme but it has also pointed to many shortcomings which must be addressed to ensure that the rights of children in foster care are protected and that they are able to achieve their highest potential. The following recommendations indicate the action needed to bring about improvements and the stakeholders/duty bearers who would best undertake these.

Recommendation #1: Development of Plan of Action for the Foster Care Programme

There is need for a well-developed strategic action plan for the Foster Care Programme with input from a cross-section of relevant stakeholders. The Plan would guide the implementation of the programme over a 3-5 year period.

To be implemented by: Child Development Agency

Recommendation #2: Increased support for Foster Care Parents and Families

Parenting education training: A special focus must be placed on the methodologies of positive discipline.

Monitoring and psychological support for families: Foster parents must be provided with the necessary support system. They must be clear about all the support they can receive (reimbursement of fees paid for medical care, the Christmas Programme and other such provisions).

To be implemented by: Child Development Agency

Recommendation # 3: National Minimum Standards for Foster Care

The amendments to the Child Care and Protection Act, 2004 should take into consideration the inclusion of standards for foster care. Such an amendment should incorporate provisions to ensure that the rights of children in foster care are protected, clearly establishing the physical infrastructure, services to be offered, and expectations of CDA and foster parents.

It is also recommended that the provision which addresses preparation of foster parents and children be strengthened.

To be implemented by: Ministry of Health

Recommendation # 4: Improved monitoring and evaluation systems within the Foster Care Programme

Revised protocol for Foster Care Programme: To ensure that all children are adequately provided for and protected, mechanisms for regular monitoring and evaluation must be in place. CDA's Children's Officers need to be re-educated regarding their roles and responsibilities and contact between officers and foster children should be more regular and systematic. The current protocol encourages quarterly meeting or as required and a yearly meeting with all the participants in the case family.

Increased contact with foster homes and implementation of individual plans: Children's Officers must increase the number of visits to foster homes and observe stricter adherence to the CDA Practical Protocol. There should also be better implementation of the individual plans developed for foster children. One team leader stated that 10 is the ideal case load but acknowledges that 50 cases are probably more realistic in the Jamaican context. It is noted that the current caseload is at least 70. As such, additional staffing is need and officers need to be assigned separate duties (i.e. foster parent recruitment, training and supervision of foster parents and children).

Frequency of evaluation**:** The Foster Care Programme should be evaluated at least once every five years to assess whether targets and goals are being met. Supervisors/team must also be prepared to monitor the work of the child care officers to ensure that all children are visited regularly.

To be implemented by: Child Development Agency

Recommendation # 5: Increased financial support for foster children

The State must invest more financial resources in the Foster Care Programme in spite of the current national economic situation**.** Financial assistance to foster parents should adequately cover the child's basic needs, including educational expenses and health care costs. Ideally, the direct support for parents ought to include:

- A back-to-school allowance
- A regular clothing allowance. At present there is only a single clothes grant given when the child is placed with a foster parent.
- A health card for each foster child, to allow for easier access to health services. There needs to be an increase in the "ceiling amount" for those children with chronic illnesses.
- More medical provisions (especially for chronic illnesses) need to be made available at the drug windows
- More recreational activities for foster children.

Attention for children with chronic diseases and disabilities: Special provisions should be made for children with HIV/AIDS and those with other chronic illnesses such as asthma. Those with HIV/AIDS have to be protected from stigma and discrimination. Many children suffer from asthma and treatment for asthma can be very expensive. Very often these children need immediate attention, which some parents claim is more accessible at the private clinics or pharmacies. These parents need to be reimbursed quickly for any expenditure incurred for costly medical treatment needed. Adequate assistance should therefore be given to foster parents whose children have disabilities and special needs.

Given the expressed need for psychological support, the number of clinical psychologists per region needs to be increased, especially in the Western Region which has the largest number of foster children.

To be implemented by: Ministry of Finance/Ministry of Labour and Social Security

Recommendation # 6: Establish procedures for addressing school-related problems

Special mentoring and monitoring of the foster children must be scheduled, and should be a regular requirement. Those who are faltering in the school system must receive the necessary support to ensure that they benefit fully from their education. Those who are slow learners should be with special assistance and may need to change schools and attend institutions that can better cater to their needs.

Foster children who display behavioural problem and are underachieving should be targeted for intervention.

It is recommended that foster children be assessed for learning disabilities and that where these are found, the children be placed in educational institutions that cater to their needs.

To be implemented by: Child Development Agency/Ministry of Education

Recommendation #7: Improved Recruitment procedures

The criteria used to assess prospective foster parents should be revised to place greater emphasis on character qualities, lifestyle and knowledge and attitudes towards child care. Also, persons of limited financial means should be made aware of the existing financial provisions which would assist them in taking care of a foster child. To improve the recruitment drive the following activities are recommended:

1. Promote the love for children and the need to protect and provide for them as an important ingredient for sustainable development;

2. Expand the Christmas Programme
3. Make Foster Care Week more effective with focused targeting of potential foster parents
4. More involvement of the community and the local authorities in targeting more prospective foster parents
5. The churches should play a more active role in the direct targeting of potential foster parents
6. Direct appeal by CDA personnel to persons who may qualify to be foster parents
7. Use a quick pre-registration form at the public education sessions
8. More public education programmes on the positive aspects of fostering
9. The foster parents themselves can take part in the public education and marketing sessions
10. More advertisements needed on the radio and television
11. Appeal to the conscience of the middle and upper class: Promote the theme/slogan : - “Foster a child today -- build your community for the future;
12. Appeal to the private sector to provide more support to the foster parents;
13. Target more NGOs, voluntary organizations, community groups and churches in the outreach.

To be implemented by: Child Development Agency

Recommendation # 8: Parental Rights and Responsibilities

Termination of Parental Rights: A change in the Guardianship and Custody Act should be made to allow for the termination of parental rights of birth parents under certain conditions, especially if such conditions persist over an extended period of time. Conditions could include abuse, mental illness, drug addiction or failure to maintain regular visitation, contact or communication with their children in foster care.

Easier transition from Foster Care to Adoption: The rights of the biological parents should never be undermined however, this study shows that not all biological parents act in the best interests of the child. The transition process involved in moving from foster care to adoption must be made less tedious and nerve-racking to the foster parents who are genuinely concerned about their foster children.

Public Education on physical child abuse: Another area of concern is the physical abuse of some foster children by members of their foster families. There needs to be more public education of foster children and parents on the illegality of physical abuse of children.

To be implemented by: Ministry of Justice/Office of the Children’s Advocate/ Office of the Children’s Registry

Recommendation # 9: Increased opportunities for Graduates of the Programme

More needs to be done for those "graduating" from the Foster Care Programme. The care plan for each child should include arrangements for "life after foster care". The establishment of special loans and scholarships for tertiary education exclusively for those graduating from the Foster Care Programme is recommended (Affirmative Action). A "half-way" house for the graduates of the Programme should be considered to prepare them for independent living. Successful graduates should serve as role models for those currently in foster care.

To be implemented by: Child Development Agency

Recommendation # 10: Future Research

There still remain unanswered questions about foster care. Research in the following areas is needed:

1. Longitudinal studies to identify the elements of the Foster Care Programme;
2. The impact of the kinship and non-kinship foster care
3. The long term impact of foster care; this could include an in-depth examination of the living conditions of the graduates of the Programme.

To be implemented by: Office of the Children's Advocate

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APPENDIX 1

FOCUS GROUP PROTOCOL
A STUDY OF FOSTER CARE IN JAMAICA

Introduction: I am … from the University of the West Indies. We have been commissioned by the Office of the Children's Advocate to carry out a study of Foster Care in Jamaica. We would like your views in order to make recommendations for the improvement of the system in Jamaica.

Introduction
First, let us start with the introductions. I am …. Parents please introduce yourselves and indicate how long you have been a parent, how many children you have in foster care and how long you have been a foster parent.

The Parenting Experience
What motivated you to become a foster parent?
How you describe the current situation of "parenting"
What are the joys of foster parenting?
What are the challenges of foster parenting?
Are boys different from girls?
What advice would you give to the persons who want to be foster parents?

The process of becoming a parent
Describe the process. How long did you take?
What was the easiest part? What was the most difficult part?
What training did you receive?
How long did it last?
Was it adequate?
What other training would you like?

CDA
What is your contact with CDA?
How often?
How would you rate the CDA 's support systems?
If you have a problem, what do you do?

Support
Are you happy with the financial support received?
What would you suggest that the financial support be?
What other support would you want?

Other recommendations
What other recommendations do you have for improvement of the foster care system?
Any last words?

Many thanks for such a rich discussion.

APPENDIX 2: QUESTIONNAIRE FOR PARENTS

STUDY OF FOSTER CARE IN JAMAICA
Questionnaire for Foster Parents

Introduction

Good day (name of respondent). I am (name of interviewer). We are carrying out a study of Foster Care in Jamaica. We would be grateful if you would answer a few questions. Your answers are **confidential** and actual names will not be used in the report. Many thanks.

Contact information _____

SECTION 1 Foster parent information Male Female

1. Age _____
2. Employment Status?

   Employed Self-Employed Unemployed Retired

3. Who is the breadwinner in this family? (Who is responsible for the finances?)

   Self Other (please specify)_____

4. What is the last school you attended?

   _____

5. How many people live in this house?

   _____

6. How many are children?

   _____

7. How many children in this house are fostered?

   _____

   Male _____ Female _____

SECTION 2 Foster child/children

8. How many children do you have in your foster care?
   _____

9. Is/are the [foster child/children] in contact with his/her/their birth family?

	Yes	No
Child one		
Child two		
Child three		
Child four		
Child five		

10. Acute illness: Was _____ ill in the last three months?

	Yes	No	Name illness
Child one			_____
Child two			_____
Child three			_____
Child four			_____
Child five			_____

11. Chronic illness: Is _____ suffering from a chronic illness (recurring illness)?

	Yes	No	Name chronic illness

Child one _____

Child two _____

Child three _____

Child four _____

Child five _____

12. Birth Family: Who is/are her/his/they in contact with in their birth family?

	Yes	No
Child one		
Child two		
Child three		
Child four		
Child five		

13. How often?

Child one_____

Child two_____

Child three_____

Child four_____

Child five_____

14. Does the child desire more contact?

	Yes	No
Child one		
Child two		
Child three		
Child four		
Child five		

15. Are family visits ever cancelled?

Yes No

16. If yes, what are the reasons?

Child one_____

Child two_____

Child three_____

Child four_____

Child five_____

17. How would you describe the relationship between your foster child/children and the rest of your family? Rate on a scale of 1 to 5 with 5 being the best.

Child one _____

Child two _____

Child three _____

Child four _____

Child five _____

18. How is _____ doing at school?

	Very well	Well	Fairly	Badly	Very badly
Child one					
Child two					
Child three					
Child four					
Child five					

19. What grade is_____ at school?

Child one _____

Child two _____

Child three _____

Child four _____

Child five _____

SECTION 3 Foster family activities

20. What type of activities do you do as a family? How often?

    a. religious/spiritual activities _____

    b. sporting activities _____

    c. cultural activities _____

SECTION 4 Foster care services/CDA

21. How many years have you been a foster parent?

    _____

22. How many children have you fostered? For how long?

    _____

23. What motivated you to become a foster parent? Tick all that apply.

    Love of children

    Felt lonely

    Identified a need

    Other (please specify)

    _____

24. Describe the process of becoming a foster parent.

    What arrangements were made before you became a foster parent?

Home visits Assessment Meetings with CDA

Other (please specify) _____

25. Did you receive any type of training?

Yes No

26. If yes, what type?

Attended workshop One-on-one training

Other (please specify) _____

27. What type of support (e.g. monetary) do you receive as foster parent and from whom?

Monetary Other (please specify)_____

28. Who/what services had the most influence on your success as a foster parent?

_____

_____

_____

29. When were you last visited by a childcare officer?

_____

_____

30. What type of relationship do you have with this person on a scale from 1 to 5 with 5 being the highest?

    1 2 3 4 5

31. When you have a problem with the foster care service whom do you consult?

    _____

32. Have you had any problems with CDA?

    Yes No

33. If yes, what type?

    _____

    _____

    _____

34. What do you like most about the Foster Care Programme?

    _____

    _____

    _____

35. What do you like least about the Foster Care Programme?

    _____

    _____

    _____

36. How would you rate CDA services using a scale of 1 to 5, with 5 being the highest.

    1 2 3 4 5

37. Do you have any suggestions for the improvement of the foster care system in Jamaica?

    _____

    _____

    _____

    _____

    _____

    _____

APPENDIX 3: QUESTIONNAIRE FOR FOSTER CHILDREN

STUDY OF FOSTER CARE IN JAMAICA

Questionnaire for Foster Children

Introduction
Good day (name of respondent). I am (name of interviewer). We are carrying out a study of Foster Care in Jamaica. We would be grateful if you would answer a few questions. Your answers are **confidential** and actual names will not be used in the report. Many thanks.

SECTION 1 Demographic information on child

Age _____

Age fostered _____

Gender _____

Education (current school)

_____

(current grade)

_____

Contact information -

_____

SECTION 2 Health and education of foster care children.

I am going to ask you a few questions on your health and education.

Health

1. Have you been ill in the past three months? Yes No
2. If yes, what was your illness?

   Cold/flu Diarrhoea Asthma

   Other (please specify)
   _____

3. How did your (birth) parents deal with your illness? Tick all that apply.

   Went to clinic Took medicine Took home medicine

   Did nothing Other (please specify)
   _____

4. How do your foster parents deal with your illness? Tick all that apply.

   Went to clinic Took medicine Took home medicine

   Did nothing Other (please specify)
   _____

Education

5. How well are you doing at school?

Very well	Well	Fair	Badly	Very badly
5	4	3	2	1

6. Are you having any problems at school?

   Yes No

7. If yes, what problems are you having?

   Fights/quarrels with friends Fights/quarrels with teachers

   Cannot manage work

   Other (please specify) _____

SECTION 3 Last Family

Introduction

I am going to ask you about the last family that took care of you.

(Ask questions 8 – 10 if different from current family. If not, go to question 11)

8. How long have you been in this foster home?

   _____

9. With whom did you live before you moved to your foster home?

   Both mother and father Mother alone

   Father alone Relatives

   Friends Neighbours

   Other (please specify)_____

10. Rate the situation there on a scale of 1 to 5 with 5 being the best: (Parenting style of mother/father/guardian)

Very well	Well	Fair	Badly	Very badly
5	4	3	2	1

   i) Were he/she/they home when you were?

      _____

   ii) Did they spend time with you?

      Yes No

Play games

Help with homework

Talk to you

iii) How many meals did you have per day?

_____

iv) Did you like this person/ these persons?

Yes No

11. Are you in contact with your (birth) family?

Yes No

12. If yes, how often?

Once a week Once a month Once a quarter

Once a year Other (please specify)_____

13. Would you like more contact?

Yes No

14. Do they visit you?

Yes No

15. Have these visits ever been cancelled?

Yes No (go to section 4)

16. If yes, why were they cancelled?

No reason Transportation problems

Don't know Job problem

Other (please specify)

_____

17. What happens when they are cancelled?

CDA Officer tells me Parent promises to visit again

Other (please specify)

_____

18. How do you feel about this (cancellation)?

Bad Very bad No way Don't know

Other (please specify) _____

SECTION 4 Foster home – Current Foster Care

Introduction

I am going to ask you about your current foster parents.

19. How many people live in your current home?

_____

20. How many children are in this home?

_____

21. How many foster children are there in this home?

_____

22. Did you have to move to a different neighborhood when you went into care?

Yes No

23. Did you have to go to a different school?

Yes No

24. How many times have you changed foster homes?

_____

25. Do you go to school everyday?

Yes (go to question 27) No (go to question 26)

26. Why do you not go to school everyday?

No problem Have to work for parents Sick

Other (please specify) _____

27. Do you have any main tasks or chores at home?

Yes No

28. What are your main tasks or chores in the foster home?

Washing dishes Washing clothes Cooking

Gardening Cleaning

Other (please specify) _____

29. Do you do the above task(s) with other children in that family or you do it alone?

Alone With the other children

With foster parents Other (please specify) _____

30. When you commit an offence or make a mistake in your foster parent's home, how are you treated? Tick all that apply.

Beaten Scolded Quiet time

Deprive you of your favourite things

Other (please specify)_____

31. Have you been beaten by anyone in your foster home?

Yes No

32. Was it reported?

Yes No (go to question 34)

33. What action was taken?

CDA officer spoke to parents Spoke to both parents

Other (please specify) _____

34. Do you like your foster family?

Yes No

35. What do you like most about your foster family?

Treat me well Love me Give me what I need

Other (please specify)_____

36. Do you have any problems at home?

Yes No (go to question 39)

37. What do you dislike most about your foster family?

Treat me badly Not enough food

Do not give me money Fight with siblings

Do not send me to school

Other (please specify)_____

38. How would you like to be treated by your foster parents…Anything more?

_____

_____

_____

39. Would you like to stay here permanently?

Yes No

40. Do you believe that you will live with your (birth) parents again? (For those with parents alive)

Yes No

41. Do you want to live with your parents again?

Yes No

SECTION 5 Foster care services

NOTE: Questions 42 - 44 apply to children who were transitioned into foster care for e.g. housed in a group home or institutionalized care prior to being fostered.

42. Did you like it there?

Yes No

43. How were you treated there?

Very well Well Fairly Badly Very badly

Don't know/can't say

44. To whom did you talk to if you had a problem?

_____

45. When you have a problem now (with foster care) in this family, who do you speak to for assistance?

_____

46. When was the last time you saw this person?

_____

47. When was the last time the Children's Officer from CDA visited your foster parenting family?

_____

48. Do you have private meetings with this person?

Yes No

49. What happens after the Children's Officer leaves?

_____

_____

_____

_____

50. Does your foster parent question you about this meeting?

Yes No

51. Does your foster parent beat you about this meeting?

Yes No

52. Have you heard of the Office of the Children's Advocate?

Yes No

SECTION 6 Post-foster care (For those 14 and older)

53. What are your plans when you turn 18?

Get a job Stay where I am Move out

Other (please specify) _____

54. Will you go back to your (birth) family members?

Yes No

55. For those who plan to move out: Are you prepared for life afterwards?

Yes No

56. Who has helped you in preparing you for life after foster care?

Nobody Name person (e.g. parent, teacher, etc.) _____

57. What assistance, if any, do you think will help you to prepare for leaving your foster parents? Tick all that apply.

Counseling Job placement Money Ticket abroad

Other (please specify) _____

APPENDIX 4: QUESTIONNAIRE FOR GRADUATES

STUDY OF FOSTER CARE IN JAMAICA

Questionnaire for Graduates from the Foster Care System

Introduction
Good day (name of respondent). I am (name of interviewer). We are carrying out a study of Foster Care in Jamaica. We would be grateful if you would answer a few questions. Your answers are **confidential** and actual names will not be used in the report. Many thanks.

SECTION 1 Demographic information on graduate.

Age _____
Gender _____
Education (last school attended)_____
(highest level completed) _____
Current qualification _____
Contact information _____

SECTION 2

1. Please describe your experience in foster care.
    a. How would you describe the care you got from your foster parents?

    Very good Good Neutral

    Bad Very Bad

    b. Did they encourage you to excel in school, help with homework, etc.?

    Yes No

2. Are you still in contact with your foster parents?

    Yes No

3. How would you describe your relationship with them after you left on a scale of 1 to 5 with 5 being the best?

   1 2 3 4 5

4. Did you know your Childcare Officer?

   Yes No

5. How often did he/she visit?

   Once a month Once every two months

   Once every quarter Once every six months

   Once a year

   Other (please specify) _____

6. Did you find this person helpful?

   Yes No

7. How would you describe the services of your Childcare Officer on a scale of 1 to 5 with 5 being the best?

   1 2 3 4 5

8. How well were you prepared for adulthood when you left foster care on a scale of 1 to 5 with 5 being the best?

   1 2 3 4 5

9. Were any arrangements made for you to support yourself?

   Yes No

10. What advice would you give those graduating from foster care?

    _____
    _____
    _____
    _____
    _____
    _____

11. How would you rate the foster care programme on a scale from 1 to 5, with 5 being the highest?

    1 2 3 4 5

APPENDIX 5

CDA PRACTICAL PROTOCOL (PP08)

FOSTER CARE

DEFINITION/DESCRIPTION - Foster Care is the act of rearing a child who is not one's biological or adopted child. It is the provision of a substitute family to perform functions of natural parents.

The Child Development agency utilizes the Foster Care programme to achieve the objective of providing a better quality of life for children who have been abandoned, orphaned, rejected or suffered any other form of abuse and are in need of a substitute family.

CRITERIA FOR PLACEMENT - social enquiry report evaluation, family capacity, and availability of appropriate foster parent.

ROLE OF CASEWORKER - case planning and management, monitoring and evaluation.

SERVICES AVAILABLE - financial assistance where requested, facilitation of contact with biological family, assessment, counseling, training for caregivers, referral to health and education provider, social safety net programmes and other appropriate family support services.

OBJECTIVES/OUTCOMES - SAFETY, HEALTH AND WELL BEING OF THE CHILD

EVALUATION - Annual assessment through case conference. Criteria to be assessed include health, educational progress, family functioning, social functioning.

MONITORING - as required, quarterly home visits and interviews.

CHANGE OF PLACEMENT - irrevocable breakdown, case conferences required (to include biological family, foster parents, residential care representatives, as relevant).

APPENDIX 6

PRACTICAL PROTOCOL (PP12)

FAMILY REINTEGRATION

DEFINITION/DESCRIPTION - Family Reintegration is the rehabilitation of children in care within the biological family.

CRITERIA FOR PLACEMENT - social enquiry report evaluation, family capacity, and availability of appropriate foster parent.

ROLE OF CASEWORKER - case planning and management, monitoring and evaluation.

SERVICES AVAILABLE - financial assistance where criteria met, assessment, counseling, training for caregivers, referral to health and education providers, social safety net programmes and other appropriate family support services.

OBJECTIVES/OUTCOMES - SAFETY, HEALTH AND WELL BEING OF THE CHILD.

EVALUATION - Annual assessment through case conference. Criteria to be assessed include health, education progress, family functioning, and social functioning.

MONITORING - as required, quarterly home visits and interviews.

CHANGE OF PLACEMENT - irrevocable breakdown, case conference required (to include family members).

APPENDIX 7
PRACTICE PROTOCOL (PP08): Care of Foster Children