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| Training ManualPlan & Go Series |  Foster parents’ training manual   |

**Introduction**

This training manual is adressed to the structures for alternative care for children in foster families, social care structures in the municipality where the child resides, Need Assessment and Referral Unit in the municipality where the child resides, public and non-public service providers in the municipality where the child resides, non-profit organizations operating in various fields of alternative child care[[1]](#footnote-1)[[2]](#footnote-2).

This manual focuses on the topics of initial training and ongoing training for foster parents, before and during the time they are “in service” and aims to ensure that foster parents have the preparation and support to provide appropriate care for children.

The manual has been designed taking into account the 2010’ foster care standards as well as other sets of standards and materials related to foster care in countries where the foster care service is developed[[3]](#footnote-3).

The manual focuses on the content of the sessions and suggests forms of communication with the physical presence of the trainer and trainees, considering that it is at the discretion of the profeesionals resposnsible for moniitoring an supervising the foster care service to adjust the neccessary form for the manual to be used online, communication and distribution of written materials, etc.

Public or non-public service providers wishing to conduct training or support sessions for biological families may consider parts of this Handbook as a reference for their projects.

An annex of the manual contains information on the available public and non public services which can be directly accessed by foster parents and children themselves.

**RECOGNITION OF FOSTER PARENTS’ TRAINING NEEDS**

The content of the training is indirectly described in the Instruction no. 394, dated 9.5.2019 when monitoring is described[[4]](#footnote-4).

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| **45.** The information session consists on providing detailed information on the responsibilities,the rights and obligations of the foster parents.**51.** If, according to the assessment, the family is deemed suitable to be a foster family, the interested foster parents undergo training for foster parents, organized by the responsible structure and during this process their capacity, skills and habits as foster parents are assessed. The completion of the training is documented with a record or with the training certificate.**73.** During the monitoring visits the responsible social worker and the psychologist ensure that: a) the child is treated with warmth, understanding, respect and feels protected and supported by the foster family; b) the foster parents communicate openly and respectfully with the child; c) the child is protected from abuse and exploitation; d) the child receives proper health care; e) the child eats healthily; f) the child follows the educational system in accordance with the capacity, circumstances and needs for development, as well as relies on the learning process; g) the child has the opportunity to play in a protected environment and stimulus, which supports friendship with other children, as well as individual needs for social development; h) the child is supported to achieve proper physical, social and emotional development; i) the conditions are created for the child to maintain contacts with the biological parents or family members in accordance with the provisions in the Individual Plan; j) the child is involved in decision-making within the family and on issues that directly affect his / her life; k) the child is informed about the rights and responsibilities within the family; l) the child is informed about the grievance and reporting mechanism in cases of abuse or neglect. According to age and maturity, the child is trained to use these procedures.**74.** During the period of the child's life in the foster family, the responsible social worker enables: a) the involvement of the child, in accordance with the age and the degree of understanding, in the preparation and continuous review of the Individual Plan and the Child Development Plan. b) individual meetings with the child. c) monitoring visits to the environment where he lives with the foster family. d) support for foster parents, whenever they need it, to overcome possible difficulties that arise with the child.**75.** The Needs Assessment and Referral Unit or the structure of social care services (for those municipalities that do not have a Needs Assessment and Referral Unit), continuously monitors the family and the child placed in foster, through home monitoring visits or during normal family activity.**76.** The monitoring visits, according to point 75, are made every 2 weeks in the first 3 months, for the family and the child placed in foster care and after that every month. The results of each visit are documented and included in the individual file of the child.**77.** The regional directorates of the state social service monitor every 3 months the work processes of the social worker of the local government unit and monitor the child/children placed in foster families.**78.** The Inspectorate responsible for social services, inspects twice a year the foster family and the child, to ensure compliance with the standards of the foster care service, as well as to ensure the welfare of the child, according to the procedures for implementing the standards set by instruction of the minister responsible for social affairs.*Instruction no. 394, dated 9.5.2019 “On the organization and functioning of the multidisciplinary commission, as well as the procedures and implementation of the standards of alternative care service for children in foster families”.* |

Legal practices and provisions dictate different types of training for foster parents: orientation training, initial pre-service training, special training, in-service training. Orientation training is considered as a first step - parents who want to become foster parents learn about the child protection system, children in need of service, requirements for foster parents, etc. Orienteering training provides the opportunity to decide if foster care is the right thing to do for the family. In-service training is a training conducted with other potential foster parents and is usually part of the eligibility assessment to be a foster parent. Special training prepares potential foster parents to care for children with severe behavioral and emotional problems. In-service training are annual compulsory training hours whose program is individualized based on the child/children that the family has in care and on the experience that the family has with regards to foster care.

This manual focuses on important pre-service topics.

**TRAINING ISSUES / TOPICS**

**Basic Package Issues / Topics suggested:**

* The aim of the training, standards and references of the foster care service for children in need;
* Behaviors and skills of the foster parents;
* First aid;
* The needs of the child;
* Safety and Security;
* Stages of child development;
* Replacement from foster care

Module 1. The aim of the training, standards and references of the foster care service for children in need

**Objective/Objectives**:

* Introduction of the aim of the training, rules, program;
* Itroduction of the basic concepts and child protection and social care authorities/agencies;
* Informing foster parents on the legal framework of foster care;
* Introduction of the responsibilities and rights of parents - biological parents, foster and adoptive parents;
* Self-assessment of module assimilation and the need for in-service training
* **Duration:** 4 hours
* **Methods of providing information:** Presentation in PP, Questions & Answers, Oriented reading, case studies

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| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Introduction of the aim of the training, rules, program | PPPQuestions & Answers | 40 min |
|  | Itroduction of the basic concepts and child protection and social care authorities/agencies | Oriented readingCase studies | 60 min |
|  | Foster Care’s legal framework including the responsibilities and the rights of the foster parents.  | PPPQuestions & Answers | 60 min |
|  | Child Protection and social care system  | PPPGroup work | 40 min |
|  | Monitoring foster care |  | 40 min |

**Minimum facilitator / facilitators’s skills:** Experience in training, communication skills, very good knowledge of legislation for children and family

**Materials needed:** Laptop, projector, folder, notebooks, A4 paper

**Materials to be shared with participants:** Excerpts from legal provisions related to child protection, family relationships, case descriptions, leaflets with information on foster care

**Content:**

**Introduction of the aim of the training, rules, program;**

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| **Rules for the trainer**  | **Rules for the participants**  |
| * Preparation;
* Start on time;
* Balancing between scheduling and flexibility to meet group requirements;
* Verification if the material is understood;
* Registration of the participants;
* Summary of a topic before moving to another topic;
* Maintaining the level of energy and attention;
* Obtaining the opinions of the participants and reacting to them.
 | * Evaluating the contribution of others
* Follow up with positive expectations
* Arrive on time
* Active participation
* Being direct and honest
* Being open-minded
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**Basic concepts**

**"Alternative care"** is the care of a child temporarily or permanently deprived of his or her family environment, either because the parents have died, or based on a court decision or when it is not in his or her best interest to stay in this environment due to a measure of protection. Alternative care according to the law[[5]](#footnote-5) takes the form of: a) placing the child in the family of any of his relatives, if this is possible and does not conflict with the best interests of the child; b) placement of the child in a foster family, in case the biological parents or any other relative cannot take care of the child; c) placement of the child in a child care institution, for the shortest possible period of time.

**"Foster care standards"** are commonly referred to as "foster care support training and development standards for the foster families". The standards are approved by a decision of the council of ministers.

**“Foster family for special care”** [[6]](#footnote-6)- special foster parents for children / young people with disabilities or behavioral problems, etc.

**“Child”** is any person under 18 years of age. If the age of the person may not be determined accurately, but there are reasons to believe that the person is a child, they shall be considered a child in the sense of this law, until the age is determined according to the law in force.

**"Parental responsibility"** is all the rights, duties, powers, responsibilities and authority that the law gives to a parent of a child regarding the child and the wealth of the child

**“Violence against the child”** is any intentional act or omission through which any form of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse is caused.

**“Child in need of protection”** is the person under 18 years of age, irrespective of having the capacity to act, according to the legislation in force, who may be a victim of abuse, neglect, exploitation, discrimination, violence or any criminal activity, and also the individual under the age of criminal responsibility, who is alleged to have committed or accused of the commission of a criminal offence, and the children in conflict with the law.

**“Child protection”** is prevention of and response to violence, abuse, exploitation and neglect of the child, including kidnapping, sexual abuse, trafficking and child labour.

**“Corporal punishment”** is any form of punishment in which physical force is used and intended to cause pain or discomfort to the child, by any person who is legally responsible for the child. Corporal punishment includes the following forms: smacking, torturing, shaking, pushing, burning, slapping, pinching, scratching, biting, scolding, pulling the hair, forcing an action, using substances that cause pain or discomfort as well as any other similar act.

**“Child neglect”** is the omission, whether or not intentional, by a person who is responsible for the upbringing, care or education of the child, as a consequence of which the life, physical and mental well-being and development of the child may be at risk.

**“Harmful content for children”** is any picture, image and any other material published on the internet and threatening dignity and rights of the child.

**"Economic exploitation of the child"**: a) poses risks to physical and mental health, well-being and child’s overall development; b) affects education; c) includes manipulation, misuse, abuse . The child is protected from economic exploitation, as well as from performing any forced work within his family, in school, rehabilitation institutions, or in cultural, artistic, sports, modeling activities or for advertising purposes, which poses a risk, impairs education, impairs his/her health or his/her physical, mental, spiritual, moral or social development.

**"Domestic violence"** is any action or omission, directed at a family member or in an intimate or custodial relationship, that violates his or her physical, psycho-social and economic integrity.

 **“Integrated protection system”** is the entire set of legal acts, political acts and necessary services, in all fields, particularly those of social welfare, education, health, security and justice, in order to prevent and respond to risks posed during their enforcement. The responsible institutions take concrete measures aiming at cooperation, division of responsibilities and coordination among all the governmental agencies, local government bodies, public and non-public service providers, community groups, including the case referral system, as components of the child protection system.

**Foster care legal framework**

* Law no. 18/2017 “On the rights and protection of the child”
* Law Number 9062 Adopted May 8, 2003 “The Family Code”
* Law No. 9359, dated 24.3.2005 "On the Ratification of the European Convention "On relations with children"
* Law no. 9443 dated 16.11.2005 On the accession of the Republic of Albania to the Convention "On jurisdiction, applicable law, recognition, implementation and cooperation, regarding parental responsibility and measures for the protection of children "
* Law No. 121/2016 on “Social Care Services”
* Decision no.752, dated 8.9.2010, on the approval of the "Standards of Custody Service for Children in Need"
* DCM No. 578 dated 03.10.2018 “On case referral procedures, individual protection plan development and content, expense financing for its implementation, and the implementation of protection measures”
* Decision no. 518, dated 04.09.2018 “On community and residential social care services, the criteria, procedures to profit these services and the amount of personal expenses for the beneficiaries of organized service”
* DCM No. 149, dated 13.03.2018, "On the criteria, documentation and procedures for the registration of the foster family for children without parental care and the funding measure for the expenses of the child placed in a foster family"
* Law no. 8153, date 31.10.1996 “For the Orphan Status”
* Law. no. 9669 of 18.12.2006. “On measures against violence in family relations”
* Decision of Council of Ministers (DCM) No. 334/2011 “On the establishment of the national referral mechanism for the treatment of domestic violence cases and its way of functioning”

**Child protection agencies / institutions**

* **National Council for the Rights and Protection of the Child** - gives advice on and coordinate government policy for guaranteeing rights and protection of the child in all fields, particularly in justice, social service, education, health and culture.
* **Obdusman.**
* **The Minister** coordinating action in issues of rights and protection of the child.
* **The State Agency for the Rights and Protection of the Child** is a legal person under the ministry coordinating action for issues of rights and protection of the child, funded by the State Budget and other resources, according to the law.
* **Municipalities** are responsible for the establishment of the respective child protection structures at municipality and at administrative unit level under their subordination, in implementing standards, and, through these, an integrated system of protection of the child.
* **The municipality structure** responsible for social services.
* The municipality **child protection unit**.
* **The child protection worker[[7]](#footnote-7)** performs the function of the case manager for children in need of protection from the moment of identification or referral, during the definition and enforcement of the protectionmeasure and the Individual Protection Plan until their termination.
* **Inter-sectorial technical group** in every municipality and municipality administrative unit.

**The Rights of the Child in the context of foster care**

* Every child, in order to ensure a full and normal development of their personality, has the right to grow up in a family environment of joy, love and understanding. [[8]](#footnote-8).
* In all proceedings concerning minors, s/he has the right to be heard, in accordance with his/her age and capacity to understand, and to the protection of his/her rights as granted in particular provisions which guarantee his/her intervention and consent[[9]](#footnote-9). The child and the caregiver have the right and responsibility to participate in decisions regarding care and services.
* All children should be treated in the kind of structure that enables them to grow and function to the maximum.
* The child should be visited with the child's family and siblings. Visits are planned, supervised, restricted, reviewed and evaluated on a regular basis in relation to the child's treatment and condition.
* There should be no obstacles to the child sending or receiving mail. Restrictions placed for therapeutic purposes should be reviewed frequently.
* The child has the right to a lawyer and legal counsel. The Custodian Agency should assist a child in getting a solicitor or legal counsel when needed.
* The child must have a telephone available to use. The use of the telephone may be restricted if there are therapeutic contraindications. The child may be asked to make or receive calls from a designated telephone under supervision. Limitations on telephone privileges should be reviewed and evaluated for how effective they are in treating the child. No restrictions should be made solely on the basis of cost.
* The child shall be informed of the rights and responsibilities in a language he/she understands. Informed consent will be obtained prior to commencement of services.
* The child should be informed about the agency staff, any staff changes, any transfers within or outside the program, plans, program rules for their conduct. The child must be assured of the availability of staff to enable them to resolve complaints and problems in an appropriate manner.
* The child will not be exploited or asked to make public statements expressing gratitude, etc.
* The child is not required to perform in public gatherings.
* Posts on social media or photos of children accessible to the public should not identify the child or the fact that he/she is in custody.
* The child in custody is not included in the clinical trials nor is he / she given experimental treatment.
* The child has access to daily activities and exercises according to his / her level of development, specific needs and current focus of treatment as described in his/her individual plan.
* To protect the child and family's right to privacy and confidentiality, information should only be provided with the written consent of the child and the child's guardian or a valid court order

**Child protection principles**

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| The Law no. 18/2017 “On the rights and protection of the child”Article 5:**General principles.**The rights of the child shall be observed and protected by applying these principles:1. The child shall be entitled to rights and these rights are universal, inalienable, indivisible, interdependent and progressive.
2. The best interest of the child shall be the primary consideration in any child-related actions.
3. Equality and non-discrimination.
4. The primary responsibility of the parent and guardian shall be to secure the living conditions, the proper upbringing, the development, the well-being, the training and education of the child.
5. Division of responsibilities between the parent or the guardian, state authorities and society for the protection of the child.
6. Every child shall live and grow up in a proper family environment and the separation of the child from the family must be the last resort.
7. Decentralisation of services provided for child protection, cross-cutting intervention and partnership between the public and non-public institutions authorised by law.
8. Provision of tailored and specialised service to every child.
9. Respect for the dignity, honour and personality of the child.
10. Participation, hearing and respecting the views of the child, in accordance with the age and maturity to understand.
11. Guaranteeing stability and continuity in the care, upbringing and education of the child by considering ethnic, religious, cultural and linguistic background.
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**Monitoring foster care**

Monitoring is provided in DCM 149 in articles 36-41:

* **36.** The Need Assessment and Referral Unit or the Structure of Social Care Services, for those municipalities that do not have a Need Assessment and Referral Unit, continuously monitors the family and the child placed in foster care, through home monitoring visits or during normal family activity.
* **37.** Monitoring visits, according to point 36 of this decision, are made every 2 weeks in the first 3 months for the family and the child placed in foster care and, then, every month. The results of each visit are documented and included in the individual file of the child.
* **38.** The regional directorates of the State Social Service monitor every 3 months the work processes of the social worker of the local government unit and monitor the children placed in foster families.
* **39.** The Inspectorate responsible for social services inspects the foster family and the child twice a year, to ensure compliance with the standards of the foster care service, as well as to ensure the welfare of the child, according to the procedures for implementing the standards set by the instruction of the minister responsible for social affairs.
* **40.** Monitoring by the regional directorates of the State Social Service and inspection by the inspectorate responsible for social services are coordinated and carried out on family monitoring days by the structure of social care services of the municipality or the needs assessment unit and case referral of the administrative unit.
* **41.** In cases when the employees of the monitoring or inspection structures are informed or reasonably believe that the child is in an emergency situation, they proceed immediately, referring the case to the child protection units, according to the procedures defined in law no. 18/2017, "On the rights and protection of the child", and in law no. 121/2016, "On social care services in the Republic of Albania".

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| **Instruction no. 394, dated 9.5.2019** “On the organization and functioning of the multidisciplinary commission, as well as procedures and implementation of service standards ofalternative care for children in foster care”**Monitoring the child in foster care:** **73.** During the monitoring visits the responsible social worker and the psychologist ensure that: a) the child is treated with warmth, understanding, respect and feels protected and supported by the foster family; b) the foster parents communicate openly and respectfully with the child; c) the child is protected from abuse and exploitation; d) the child receives proper health care; e) the child eats healthily; f) the child follows the educational system in accordance with the capacity, circumstances and needs for development, as well as relies on the learning process; g) the child has the opportunity to play in a protected environment and stimulus, which supports friendship with other children, as well as individual needs for social development; h) the child is supported to achieve proper physical, social and emotional development; i) the conditions are created for the child to maintain contacts with the biological parents or family members in accordance with the provisions in the Individual Plan; j) the child is involved in decision-making within the family and on issues that directly affect his / her life; k) the child is informed about the rights and responsibilities within the family; l) the child is informed about the grievance and reporting mechanism in cases of abuse or neglect. According to age and maturity, the child is trained to use these procedures. |

**The acquisition indicators:**

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| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants have memorized information on legislation and are able to provide practical examples of their implementation
* Participants are able to explain basic concepts
* Participants recognize child protection authorities
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Module 2. Behaviors and skills of the foster parent

**Objective/Objectives:**

* Introduction and verification of Foster Parents’ expectations
* Familiarity with the skills required by foster parents and methods of cultivating these skills
* Recognize limitations
* **Duration:** 5 hours
* **Methods of providing information:** Communication exercises, case studies

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| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Expectations and reality of family care | Presentation of expectations with the group | 60 min |
|  | Methods of educating patience, perseverance | Group discussion  | 60 min |
|  | Communication skills  | Role play  | 120 min |
|  | Positive discipline | Role playCase study  | 60 min |

**Minimum facilitator / facilitators’s skills:** Experience in facilitating discussion, knowledge of communication with children, experience in counseling children and families

**Materials needed:** Laptop, projector, notebooks.

**Materials to be shared with participants:** Case studies

**Content:**

**Myths and truths about Foster Care**

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| Myths | Truths |
| Foster parents do not need to change parenting styles. | Every child is different and parenting styles must be adjusted to meet the needs of the child. This is called responsible parenting. Foster parents need to be willing to learn new positive methods for disciplining children.  |
| The child shall be grateful that is placed in foster care | No one is doing a favor to the child by offering this care. The child will feel supported and caring through building a relationship of trust through meeting needs. |
| The child in custody will always behappy with his / her new life and family | A child placed in foster care may have experienced many losses and traumas, some of which may have been caused by biological parents. But even in these cases, children in care still love their parents and families and want to return to them. |
| The foster parents will always be happy with the child  | Children in foster care are the same as all the other children, with ups and downs, strengths and weakness. As we do not always like the behavior of our children, we will not always like the behavior of a child in foster care. |
| Some foster parents believe that the childwill adjust immediately or that there will be a short adjustment period | When a child is placed in foster care there isalways a period of adjustment. Sometimes this adjustment period can take a long time and is difficult for everyone. It is important to seek support from a social worker. |
| The child in foster care is not the same asthe biological child and therefore should be treated differently. | Children in foster care have the same rights anddaily needs like other children of their age, for education, health care, body care, hair, for trust, play, security etc ... It is the responsibility of foster parents to care for the child in foster care as they would care for their biological child.Some children in foster care may have physical, emotional or behavioral difficulties due toabuse, neglect or trauma. They may need special support to help them overcome difficulties but this does not mean that they should be treated differently from biological children. |

**Characteristics of the foster parent**

* **Persistence / non-surrender in the face of difficulties**

Persistence is very important for a child's well-being. To be a good foster parent, a person must be strong and persistent in adversity. Ways to develop perseverance are:

* **Control your expectations:** Note situations when you expect the child to be more mature or times when your expectations exceed the child's capacity. Do what you can to reshape these thoughts in a positive way: "His brain is still developing." or "Mistakes are opportunities for the child to practice." or "We have passed each stage so far, we will pass this as well."
* **Build, strengthen or rebuild the connection:** Your presence and attention can make a difference. Spend time with your child, do simple things that connect you or just take out the phone so you don't get distracted. Although it may seem a little different, children even when they are older still need and want to feel connected, known and loved by their caregivers.
* **Focus on building skills:** Instead of focusing on finding the "perfect consequence" for an unwanted behavior, first become curious as to why that behavior is happening. Sometimes the child is developed to perform a task but lacks the necessary skills. Teach and guide your child, making each step clear to them, watching and staying close as they learn and practice.
* **Get support for yourself:** There is no reason for you to become a parent without help when such help exists.
* **Ask for support for the child:** Despite all your love, connection, and encouragement, some children need extra help as they mature.
* **Patience**

When a child comes to the home of a foster parent, he or she is entering a new world. It is up to the foster parent to be patient with the child as the child learns to adjust to the house rules. The foster parent/s should also be aware of the child's emotional reactions. Many children in foster care have suffered emotional and physical abuse that a foster parent could not have imagined. Some of the ways to develop patience are:

* **Get a little out of the situation:** Sometimes you will need to leave and calm down when your child is upset. Let the child realize that you need to take a short break and that he/she should go to his/her room for a few minutes while you take time for yourself. Use this time to take deep breaths, pray, and think about how you will handle the problem. If the spouse is at home and can stay with the child go for a walk to calm down
* **Change unrealistic expectations:** Young children will make mistakes when learning to use the toilet and when the child is a little older child he/she might not grasp certain academic concepts so quickly.
* **Think about the positive qualities of the child:** The child may have unpleasant qualities - a small child does not like rules and responsibilities, a 17-year-old is easily confused, however the little one may be very willing to help with household chores while a 17-year-old can do many things at once.
* **Understanding:** Many children come into foster care from homes where they say they care for the children, but never do so. The child may not trust adults because of this background Understanding is about putting oneself in the place of the child. The empathy and understanding of the child helps a lot in creating a healthy and happy environment. Studies have shown that empathy is not innate but can be learned. The rules and ways to learn empathy are different: not to be satisfied with the first impression; to ask; to read books; following other people on social media; to become a good listener; not to judge; not to take things for granted; to try to understand yourself better; to meet new people; thinking about the experiences of others; to understand your role in the feelings of others
* **Clear communication:** Communication is the key to any healthy relationship. A Foster Parent should be clear, open and honest with everyone, with the child, with the social workers, with relatives. Clear communication helps parents gain the child's trust. The parent should not be afraid to ask questions when he/she needs help for the child.

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| **Tips for Effective Communication with School-aged Children[[10]](#footnote-10)****Listen with your whole body.** When you sense that your child needs to talk, give them your full attention. Face them, make eye contact, kneel down to get on your child’s level if necessary – even tilt your head – to show that you are really listening.**Pick up on the emotion.** When your child has noticeable emotion in their words or in their body language, attend to that feeling. It’s often useful to make an observation or restate what you hear them say. This sends the message that you are taking them and their feelings seriously. For example, you might say, “You’re upset because I’m not letting you go outside to play after its dark?” These reflective statements then allow your child to respond by affirming or clarifying what they are feeling and it will usually prompt more conversation.**Acknowledge your child’s feelings.** Empathy is one of the most powerful and comforting responses we can give to another person, especially a child. When you acknowledge those feelings, you validate them. This includes those feelings we often think of as “negative,” such as anger, frustration and disappointment. Often, acknowledgement of their feelings is all the child needs to begin dealing with the problem at hand. When you validate a child’s emotion you sensitize them to that emotion and give them permission to feel it and also acknowledge it in other people.**Delay correction and gather more information.** When your child is countering you, resist the urge to correct them immediately, even if you think they’re wrong. Hear them out before responding. Better yet, go an extra step by asking your child follow-up questions to learn more about why they see things as they do. This approach acknowledges your child’s feelings and gets them talking. You are likely to get more cooperation when you are willing to hear their concerns versus simply correcting them.**Try to see the situation through your child’s eyes.** The parent should try to fit in with the child before reacting. Parents often expect children to understand the way adults think, and we do not pay attention to how children can think or see the situation. When the parent realizes that certain behaviors are related to the child's developmental needs, it is easier for him or her to be rational and patient and to intervene appropriately in relation to the child's behaviors. |

* **Love for the child/children**

Love for the child is the promoter of other behaviors - perseverance, patience, empathy.

* **Meeting their (parents) needs**

Foster parents should: meet their needs for self-confidence, self-esteem; know when to take and make time for themselves;

* **Long-term goals**

Foster parents need to have long-term goals; be willing to receive parental satisfaction later

**Positive discipline**

The essence of positive discipline is that there are no bad kids - there is only bad behavior.

Positive discipline methods can change negative behavior without the need to use threats, shouting, giving something to behave well or corporal punishment. In addition, positive discipline techniques can strengthen the bond and increase trust between parents and children. These methods also serve to model good non-conflicting reactions to stressful moments. Some of the methods are:

* **Redirection:** Little ones have a short attention span, so it’s not too difficult to redirect them to another activity when they’re acting out. If your toddler is playing with an object that could be dangerous, introduce another toy that will grab their attention. If that doesn’t work, take them to another room or go outside to divert their attention. In the case of an older child, he/she should turn his attention to something else without stopping what he/she is doing – he/she should be offered another positive activity. This is also the way to avoid arguments with the child and not to activate his opposition.
* **Positive reinforcement:** Take every opportunity to praise good behavior. When kids are praised for something they're doing right, whether it's following a rule or sharing a toy, they are more likely to behave in that desired way again. When using positive reinforcement, it's more effective to praise the specific act of good behavior rather than the child's character or personality. If your child shows concern for someone who might be hurt or seem sad, for example, point out what they did right (like asking if their friend was OK). Be sure to emphasize how the recipient of their kindness appreciated their gesture. Even more effective than praise are natural rewards for good behavior. If the child asks politely if he/she can play a little more than he/she should be left to play to be encouraged to ask for things politely in the future.
* **Time-In:** If your instinct is to interact and not banish your child when they've done something wrong, you might try a time-in. After a bout of bad behavior, sit down with your child to read a book together rather than sending them to time-out alone. When your child has calmed down, discuss better choices for next time, and encourage them to [apologize for their behavior](https://www.verywellfamily.com/teaching-kids-about-saying-sorry-616598). Time-ins are helpful in and of themselves at promoting good behavior but are actually most effective when paired with occasional, well-executed time-outs.
* **Use Single-Word Reminders:** Rather than making complex demands of your child, try saying one impactful word to get your message across in the moment. Instead of telling them to go upstairs and brush their teeth and clean up the sink afterwards, just say "teeth." Don't remind your child to use their manners when asking for something and explain at length why it's important; prompt them with a simple "please." Kids respond best to simple, direct instructions in the moment; you can always explain your reasoning later. If your child doesn't comply right away, it will be tempting to repeat yourself. Take a beat before doing so. If you habitually remind kids of something you just said, they will learn to wait for the follow-up directive before acting.
* **Selective Ignoring:** When it's a minor problem, turning a blind eye to the behavior can work well. With selective ignoring, you don't respond to attention-seeking behaviors, like when your child purposely spills milk on the floor or interrupts repeatedly when you're having a conversation with another grown-up. When a child fails to elicit a reaction from you, positive or negative, they're less likely to act out in that way again. Of course, use selective ignoring judiciously. You should stop dangerous, destructive, or hurtful actions immediately, and consider a consequence like a time-out if the behavior continues

**The acquisition indicators:**

|  |  |
| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants are able to articulate the behaviors of children and the reactions that foster parents should have
* Participants are able to articulate behaviors for which they will need further assistance during service
* Participants contribute with examples from their own experiences
 |  |

Module 3: First aid

**Objective/objectives**:

* Introduction with the situations that require first aid;
* Familiarity with first aid and referral actions
* **Duration:** 5 hours
* **Methods of providing information:** Presentation in PP, Questions & Answers, Oriented reading, case studies

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Familiarity with situations for which first aid is needed | PPP Questions and discussions  | 40 min |
|  | Exercises for different conditions that require first aid | ExercisesRole play  | 240 min  |
|  | Familiarity with the medical emergency system | PPP Questions and discussions | 20 min |

**Minimum facilitator / facilitators’s skills:** Knowledge about first aid

**Materials needed:** Laptop, projector, notebooks.

**Materials to be shared with participants:** Red Cross Brochures, First Aid Box for Illustration, Videos for Illustration

**Content:**

**Accidental injuries / Assessment of the severity of the injury**

|  |
| --- |
| **An injury can be serious when:** the wound does not stop bleeding even after pressure; when you can see the bone; when it is a head or eye injury; when burns cover a large area, there are bubbles, or they are either white or multicolored; if it is a knife wound; if it is an animal bite; if it is an injury with a piece of metal; if it is an injury which causes chest pain; if the child is confused or behaves differently from normal; if the child is unable to walk / move; if the child is unconscious.**Accidental Injuries / Action**Seek immediate medical attention from the emergency room or nearest hospital; give first aid before taking him/her to the hospital or while waiting for the ambulance; inform the social worker about the injury, how it happened, where the child is being treated and the costs of treatment |

* **Allergies**

Allergies in children are caused by foods: Nuts; Sea shells; Dairy; Eggs as well as from latex, wasp and bee stings, some types of medicines. Weak reactions to allergens are itching of the eyes, skin. Strong reactions are swelling of the tongue, neck, difficulty breathing.

* **Asthma attacks**

Asthma is a medical condition that affects the airways - the tubes that carry air in and out of the lungs. When someone has an asthma attack, these tubes narrow, making it difficult to breathe in and out. When a child has an asthma attack the child should be seated in a comfortable position and given an asthma inhaler / pump. It relaxes the muscles, makes the airways widen and facilitates breathing. The child needs to be calmed down. If the attack worsens and the child does not have an inhaler / pump, call an ambulance immediately. A slight attack subsides within minutes. If not calmed down, the child should continue to use the pump while the ambulance is called. The child should not be left alone. The ambulance should always be called when: the child suffers the first asthma attack, does not breathe. Has difficulty speaking, gets tired, is not being helped by pumps, does not have asthma medication with him, gets worse

* **Bleeding from wounds**

The first action to be taken is to apply pressure with a piece over the wound to act as a stopper to stop the bleeding. If blood penetrates the piece being used it should be replaced with another and the pressure continued. If there is something stuck, it should not be removed because it serves as a stopper and if it is removed the bleeding increases, the wound should be pressed around the implanted object. The wound should not be rinsed with water as this increases bleeding. If the baby looks pale, cold and sweating, this indicates that blood is not circulating well through the body and the baby is going into shock. If it is suspected that the child is going into a state of shock then it should: continue to press the wound to stop the bleeding; to lie on the bed and lift your legs up so that the blood goes to the heart and head, to calm down and to be wrapped to keep warm while the ambulance arrives,

* **Bleeding form the nose[[11]](#footnote-11)**

The nose is blocked by grasping it like forceps, the child is told to bend forward so that the blood clots and block the bleeding, while the child breathes through the mouth and spits the blood that passes through the mouth. The nose is held for 10 minutes. The doctor should be contacted if the child continues to bleed for more than half an hour.

The child should not bend his head back because the blood goes to his airways or stomach, which causes him to either choke or vomit.

* **Fractures**

A baby or toddler may have a broken bone if he or she is in a lot of pain, blackheads, and swelling, or if he or she is lying in an unnatural position, after a fall, or after being hit by an object. In severe cases, the limb may be deformed, bent or split. Children's bones are elastic and may bend or split. The damaged part of the bone should rest on a pillow or dressing to prevent unnecessary movements. Support helps relieve pain and prevent further injury. If possible, support the injured limb both up and down. Support should continue until the ambulance arrives. No attempt should be made to replace a bone that has come out of place because there is a risk of damaging it further.

* **Burnes**

Cooling the burn site for at least 20 minutes will reduce pain, swelling, and the risk of scarring. The faster and longer a burn with cold running water cools, the smaller the impact of the damage.

Once the burn has cooled, it should be covered with adhesive film or a clean plastic bag. This helps prevent infection by keeping the area clean. Adhesive film or plastic will not stick to the burn and will reduce pain by holding air from the skin surface.

* **Respiratory blockage**

Newborn babies can choke on things like milk that is made like cottage cheese, mucus or vomit. As they grow and switch to solid foods they begin to explore by inserting things into their mouths. This means that food or small toys can get stuck in their throat and make it difficult for them to breathe.

***If such a thing has happened then you can:*** Give up to five strokes to the back: the child is held face down along the thigh with the head in a lower position than the bottom of the back. This is because as babies drown more in liquid, the head down helps drain / drain. The strokes are given between the edges of the shoulders. The strokes after create a strong vibration and pressure in the airway that is enough to release it to breathe. The baby's head rests when placed on the thigh in order to keep the airway open. The force exerted on the back strokes depends on the size of the child and relative to the force of the adult hitting. The force must be sufficient to cause the air to vibrate to unlock.

***If this method does not work, then:*** Give up to five chest presses: The baby turns with the abdomen up. Place two fingers in the middle of the chest just below the nipples. Press down firmly up to five times. Chest compressions squeeze air out of the baby's lungs and can move the blockage. Abdominal compressions should not be used on babies as they may damage delicate and developing internal organs. No attempt should be made to insert the child's fingers into the mouth to remove the object if the object is not visible. This is dangerous: the blockage may be delayed or the back of the throat may be damaged - it may swell and cause further damage. If the object can be seen clearly and you think you can remove it, do it safely with your fingertips. The child should not be held by the feet upside down. This can cause other damage than you can knock down. Holding it upside down can lead the object deeper into the throat.

* **Epileptic seizures**

Signs that a baby or child has an epileptic seizure are falls, sudden movements, and sometimes even foam around the mouth.

What is important is to prevent injuries. It is important to use a blanket or clothing to protect it from hitting and killing the head. Objects that can damage it during the crisis should be removed. No attempt should be made to hold it by force because it can cause injury to oneself and to those who hold it by force. No attempt should be made to extract the language. Crises should be allowed to proceed normally. After the crisis, the child should be helped to rest sideways with the head tilted back to continue breathing.

Urgency should always be reported if: it is the first crisis the child has; the crisis lasts more than 5 minutes; the child has injured himself; it is not known who caused the crisis.

* **Exposure to heat**

A child tired of the heat may have been in the sun or in the heat for a long time, may have lost a lot of fluids and salts from sweating. Signs are that the baby may be sweating, have pale, cold skin, have headaches or dizziness, and feel sick.

In such a case: the child will be placed in a cool place and left to rest, given plenty of water to drink to replace lost fluids. Isotonic sports drinks help replace salts lost through sweating.

* **Strokes to the head**

Concussion occurs when the brain is concussed inside the skull due to a blow to the head.

A baby or toddler may not react for a few seconds to a few minutes. Most people recover completely from the shock, but sometimes the condition becomes more serious. Signs of concussion are: unresponsiveness; dizziness; headache; confusion; feeling sick; blurred vision; loss of memory of what happened before or during the stroke to the head

**The acquisition indicators:**

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| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * How should one react to different conditions?
* What are the contacts and actions to get help?
 |  |

Module 4: The needs of the child and their fulfillment

**Objective/Objectives**:

**Duration:** 6 hours

**Methods of providing information**

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| --- | --- | --- | --- |
| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Basic needs | PPP Questions and discussions  | 120 min |
|  | School related needs | PPP Questions and discussions | 60 min  |
|  | Contact with the biological family | PPP Role play | 120 min |

**Minimum facilitator / facilitators’s skills:** Experience in child protection

**Materials needed:** Laptop, projector, space for role play

**Content:**

The law stipulates that: 1. The child has the right to an adequate standard of living suitable for the physical, mental, spiritual, moral and social development of the child. 2. The parent or legal guardian has the main obligation and responsibility to provide, within his / her financial capabilities and capacities, the best living conditions necessary for the growth and development of the child. 3. Every child shall have access to early childhood development programs, including access to nurseries, kindergartens and other developmental programs, and the right to food while participating in such programs in accordance with the standards set out in the bylaws. 4. The local government authorities, the ministry responsible for education together with the responsible subordinate institutions shall take the necessary measures to support the parents or the legal guardian in exercising these rights in case they need material assistance or support programs.

Children need to understand that their basic need for food will be met and they can be free to be themselves without fear of starvation. When a child comes home for the first time, a good way to introduce themselves and the home is to offer them food or drink and show them the home, especially their room. It is good to show the fridge and the food inside it, healthy foods. As they get used to the new home, you are given the opportunity to ask questions and look through the cupboards. This helps him/her to know that the place where he/she lives is safe. Without knowing this, the child may stay awake at night asking what is behind a door or if the cupboards are empty and there will be no food for breakfast

* **Feeding**

Foster parents should take care to:

* + Establish regular meal and schedules for the whole family and eat with the children.
	+ Provide a balance and variety of foods from all food groups during meals.
	+ Provide food in ways that children can easily manage. For example, cut it into pieces or grind food to prevent choking in younger children.
	+ Help children learn to use the cup spoon so they can eat independently.
	+ Involve the child in preparing age-appropriate food and setting the table.
	+ Avoid using dessert as a bribe.
	+ Serve healthy cakes, fruit, yogurt.
	+ Teach the child how to read food labels during psonis
	+ Avoid fast food and teach children to enjoy eating healthy home-cooked food together.

Foods that should be avoided or consumed carefully are salt, sugar, saturated fats, honey, dairy from / with mold. raw eggs, rice drinks, haribot. Excessive salt intake during childhood can lead to a preference for salty foods, which is associated with obesity throughout life

|  |
| --- |
| Adequate daily salt intake mg / day |
| 0-6 months  | 110 mg |
| 7-12 months  | 370 mg |
| 1year up to 3 years | 800 mg |
| 4 years up to 8 years | 1000 mg |
| 9 years up to 13 years  | 1200 mg |
| 14 years old and above  | 1500 mg |

Babies do not need sugar: avoiding sugary hearts and drinks - fruit juice helps prevent tooth decay. The child should not be given foods that contain saturated fats - chips, cakes. Food labels should be checked to choose foods that have less saturated fats. The child should not be given honey until he is 1 year old. Honey sometimes has bacteria that can produce toxins in the intestines of children which leads to a serious disease called botulism

Children under 5 years old are not given peanuts because they can choke on them. Nuts and peanuts can only be given from the age of 6 months if they are crushed or pasted.

Cheese can be part of a healthy and balanced diet for infants and young children and provides calcium, protein and vitamins. Babies can eat full-fat pasteurized cheese from the age of 6 months. These include hard cheeses, soft cheddar cheese, cottage cheese and cream cheese. Infants and young children should not eat soft cheeses with mold - e.g. gorgonzola- these cheeses can carry a bacterium called listeria. Cheeses made from unpasteurized milk should be avoided due to listeria. Cooking - baking for example can make it safer for consumption.

If the origin and control of the eggs is not certain, they should not be consumed raw / uncooked, and should not be mixed into unbaked cakes, ice cream or home-made mayonnaise, etc.

Children under 5 years of age should not be given rice drink as a substitute for breast milk or infant formula (or cow's milk after 1 year of age) as they may be high in arsenic. Arsenic is found naturally in the environment and can find its way to food and water. Rice tends to get more arsenic than other cereals, but that does not mean that rice can not be consumed. In the EU, there are maximum levels of inorganic arsenic allowed in rice and rice products, even stricter levels have been set for foods intended for young children.

Haribos - gelatin cubes can kill babies and young children;

Slightly cooked mollusks - mussels, clams, etc. can increase the risk of food poisoning and therefore should not be given to children.

Sharks, swordfish and marlins should not be given to babies because the amount of mercury in these fish can affect the development of their nervous system.

Nutrition can cause problems with a child's intellectual development. A child with a poor diet may be tired and unable to learn in school. Also, poor nutrition can cause a child to get sick and miss school. Breakfast is a very important meal - it can either make or break your day. Children can feel tired and unmotivated if they do not eat a good breakfast.

The relationship between breakfast and improved learning is clearly shown. There are programs to make sure every child has at least one healthy and balanced meal a day. This meal is usually breakfast.

* **Clothing**

When buying clothes for kindergarten or school should be considered to be: practical and safe - without corners, without things that can be caught and knock down the child, prevent him from running, etc; not to be too tight that teachers and caregivers can not remove them; not to be tangled so that children can not use them and feel bad; not to be expensive so that the caretaker teacher and the child do not think of losing them or get upset when they lose them; be suitable for the season; have a warm sweater sweater that can stay in the school garden if it is cold enough for the child to wear it; have a spare set to change in the garden.

* **Learning / Studying / attending school**

Children in foster care move from one school to another, have low scores, are more likely to be expelled from school, and are more likely to miss school and not go to high school. Ill-treatment and instability create and intensify academic problems. Children need constant mentoring and advocacy for them. According to a study in America, child welfare agencies need to reevaluate placements outside the home and take steps to maintain stability whenever these placements occur. as well as should contribute to the education of children in order to enable the continuation of education and provide greater support. Schools should reduce the use of exclusionary disciplinary measures and develop disciplinary policies that consider child trauma.[[12]](#footnote-12)

**Foster parents should:**

* Get to know the teachers and know what they are looking for. Parents should attend parent-teacher school meetings and meet with teachers and ask them about homework and how parents should be involved in homework;
* Create a place for homework. Ensure that children have a well-lit place to do their homework and have paper, pencils, glue, scissors as much as possible.
* Schedule a regular study time. Some children work best in the afternoons, after the heart, and after playing, some children prefer to learn after dinner.
* Help children to plan to learn when they have a load. Encourage the child to divide the work into manageable parts, take a break, etc.
* Minimize distractions. No TVs, no loud music, no phones, except when needed with any classmate assignments.
* Ensure that children do their own work. Parents can make suggestions and help with guidance. But it is the duty of a child to learn.
* Motivate and monitor. The child is asked about homework, quizzes and tests, encouraged, homework checked. Parents make themselves available for questions and concerns.
* Give good examples. Children need to see the parent doing the math, reading a book because they are more likely to follow their parents' examples than their own advice.
* Praise the child's work and efforts. One way is to place a very well-done test or art project in a conspicuous place and praise the child to friends for his achievements.
* Ask for help. If the child has persistent problems with homework, it may be that he or she has difficulty seeing the board and may need glasses; it may be that there is a need for an in-depth assessment of learning disabilities or attention disorders.
* **Identity**

A positive sense of identity / who I am is essential for developing self-esteem and self-confidence. Children who feel valued and capable are more likely to be optimistic and do well in school. A healthy sense of identity also helps children be more open to people from other backgrounds because they are less likely to be afraid of differences or put other children down to feel better about themselves. tire. A strong and positive feeling for their parents and grandparents helps children feel safe and secure about themselves and their roots.

* **Exercising faith**

Article 15 of the Law on Child Protection "Freedom of thought, conscience and religion" stipulates that 1. The child is guaranteed freedom of thought, conscience and religion. 2. The parent or legal guardian shall give instructions to the child in the exercise of freedom of thought, conscience and religion, in the choice of their religion, taking into account his / her opinion and without forcing the choice of the child, in accordance with the development of capacity of the child. 3. If the child is under protection, persons legally responsible for the child are prohibited from taking measures that affect the child's religious belief.

* **Supervision**

The child may be allowed by the foster parent to leave on his or her own if the foster parent thinks the exit alone is safe. It depends on the age, gender, possession of legal documents, where the child goes, his level of maturity and sense of responsibility. The foster parent must ensure that the child does not stay out too late and puts himself or herself at risk. The foster parents have the right to set a return schedule for the child and to know the child's whereabouts. The Agency itself can also set a schedule for all children in custody. The child in custody must inform the foster parent where

is going, with whom he will be and at what hour he will return. If the child does not return home and the child does not have a telephone, they should wait until they return. When the child returns, the foster parent talks to him or her about the reasons for the delay. Frequent overtime returns should be reported to the employee / agency. If the child does not return at all, the employee / agency should be notified immediately

* **The need for specialized mental health support**

The social worker is notified immediately if the child's behaviors get out of control and become dangerous. These are when the child:

* + suddenly feels very scared and is unable to cope with daily activities
	+ suddenly feels very anxious, scared, calm and unable to carry out daily activities
	+ eats too much or does not eat enough
	+ sleeps too much or does not get enough sleep
	+ feels very sad or withdrawn for more than a few days
	+ thinks of hurting himself and / or ending his life
	+ has clear plans to hurt himself or is actually hurting himself or is trying to end his life
	+ has behaviors that hurt, scratch, cut, or hit
	+ has weight loss
	+ sees or hears things that are not real, are not present
	+ there are sudden changes in emotions or mood
	+ is low energy / no power
	+ can not concentrate or remember things, has poor performance in school
	+ lacks interest in doing things (for example, going to school, going out
	+ with friends, or join family to eat
	+ wakes up at night from nightmares
	+ complains of physical problems, such as body aches, fatigue and headaches, often for no apparent reason
	+ takes drugs or alcohol
* **Contact with the biological family**

Contact with their biological families and relatives during custody is very important for children. It also affects children and can cause problems. One problem is that children may feel sad when they see family members with whom they can not live for reasons they may not understand.

When evaluating, planning, arranging or reviewing contact plans and arrangements, all parties should consider that:

* The child should have contact with parents, siblings, any relatives, friends or other related person, he / she should not have contacts only in cases where it is not practically reasonable or does not match child welfare,
* Children and young people need to choose who they want to see and have the right to change their minds about it over time;
* Contact should always be for the benefit of the child and not the parent / relative;
* When contact with important people may have been lost, consideration should be given to how it can be restored;
* When children have been removed from previous caregivers, contact should be maintained, not only maintained if it is not in the best interests of the child;
* After an unplanned conclusion, it is important that children and young people have an opportunity to repair the damaged relationship and contact should always be considered to say goodbye and give the opportunity for ongoing relationship in the future.
* Contact should be monitored only where necessary to ensure that children are protected and their well-being is promoted.
	+ Where contact should be supervised, then this is best done by someone known to the child, an extended family member, friend or key employee;
	+ Any transport arrangement should allow plenty of time for the child or young person to arrive on time and feel as relaxed as possible and so that time with family is not reduced due to the transport that leads there late. In the same way, any travel arrangements made for the return trip should not affect the contact time. If transport arrives before the start of the session, the child or young person should not be expected to leave earlier than planned.
	+ Contact should be made in places suitable for children and young people; given their ages and who they meet. An office building is usually not a good place to have a contact experience.
	+ Contact should be fun and enjoyable for children and young people, but not necessarily costly;
	+ Maintaining contact with siblings from the same or different parents is one of the priorities for children and every effort should be made to ensure that this is supported;
	+ Contact should not be seen as a reward or punishment and should be the child's right to have contact, unless this is not in the best interest of the child;
	+ Contact should be reviewed regularly to ensure that this continues to meet the needs of children.

Contact plans should be developed and there should be cooperation between all parties involved. Contact plans and contact arrangements should:

* + Be based on risk and benefit assessment;
	+ Consider other people who may be affected by contact arrangements, including other children and family members in the foster home;
	+ Be meaningful and stick to the goal.

**The acquisition indicators:**

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| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants are able to inform the needs of children
* Participants are able to inform the measures to be taken to meet the needs of children
* Participants know how to orient themselves in the assistance system
 |  |

Module 5: Safety and security

**Objective/Objectives**:

* Introduction with child safety prevention measures

**Duration:** 3 hours

**Methods for providing information**

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| --- | --- | --- | --- |
| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Mitigation measures to create a safe environment | PPP Questions and discussions  | 60 min |
|  | Child behaviors and measures to be taken depending on the age of the child | PPP Group work | 120 min  |

**Minimum facilitator / facilitators’s skills:** Knowledge of different methods of safety assessment, experience in child safety assessment, knowledge and experience in planning and child protection measures

**Materials needed:** Projector, colored paper, glue, pencils

**Content:**

* **Home safety environment**
	+ Keep the baby's room clean and tidy at all times.
	+ Closing closet drawers in children's rooms after use.
	+ Vigilance for changes in the child's behavior or actions, such as tendencies toward self-harm or aggression.
	+ Keeping areas where children walk dry and unobstructed.
	+ Ensure proper use of wheelchairs
	+ Lock the lockers of medicines and children's files.
	+ Posting of emergency numbers, evacuation routes
* **Food and nutrition safety**
	+ Food and non-food items are stored in sanitary and safe conditions.
	+ Foods are stored separately from non-food items (if space is limited, paper products can be stored with food)
	+ Food is protected from pollution and spoilage
	+ Foods are stored at the right temperatures - thermometers should be used to measure temperature
	+ If food cutting boards are absorbent, they should be used separately for meat, fish only, raw fruits and vegetables and cooked food. If the boards are non-absorbent they are used after they are adequately disinfected;
	+ Dishes and appliances, and all work surfaces, are cleaned and disinfected after each use
* Suitable and appropriate equipment must be provided for washing and drying hands in the kitchen
	+ Dishwashing equipment and techniques should ensure disinfection of service equipment and prevent contamination
	+ Plastic, porcelain and glass materials that have lost their glaze or are shattered / cracked should be discarded
	+ Disposable containers and containers are disposed of after use
	+ Waste is stored, transferred and disposed of in such a way as not to create disturbance or food for insects, rodents and parasites or to transmit disease
* Food should be clearly labeled
	+ Food should be purchased from sources that process food under quality and hygiene controls.
* **Safety for preschoolers**

Preschool children are very mobile and quickly find themselves in dangerous situations. Parental supervision at this age is essential, as it was in the previous years.

Car safety is critical. The preschooler should always wear a seat belt and be in the proper car seat when in the car. At this age children can be in the car with the parents of other children. It is important for others who may have a child in the car to know the rules.

Falls are the leading cause of injury in preschool children. Climbing to new and adventurous heights, preschoolers can fall from playground equipment, bicycles, stairs, trees, windows and roofs. Doors that allow access to dangerous areas (such as roofs, attic windows and sloping stairs) should be closed. Parents should set strict rules for the preschool child regarding the areas where they should not go.

Kitchens are the main area where a preschooler can burn, either when trying to help with cooking or when touching appliances that are still hot. The child should be encouraged to help with cooking or to learn cooking skills through cold food recipes. The parent should make sure that the child does other activities that they enjoy in a nearby environment while the parent is cooking. The child will be kept away from the stove, hot food and other appliances. All household products and medicines should be kept securely closed where preschoolers cannot reach.

* **Safety for school-age children**

School-age children are very active. They need physical activity and approval from peers and want to try more daring and adventurous demeanor.

Children should be taught to play sports in appropriate, safe, supervised areas, with appropriate equipment and rules. Bicycles, skateboards, skates and other types of recreational sports equipment should make / fit the child well. They should only be used in compliance with traffic and pedestrian rules and using safety equipment such as knee, elbow and wrist braces and helmets. Sports equipment should not be used at night or in extreme weather conditions.

Children should be helped to learn to swim to prevent drowning

Children should be instructed on matches, lighters, grills, stoves, and open fires.

 Wearing seat belts is the most important way to prevent major injury or death from car accidents.

* **Safety for teenagers**

Adolescents become stronger and more independent before they have developed good decision-making skills. A strong need for peer approval can tempt a young person to engage in risky behaviors.

Vehicle safety should be emphasized. It should focus on the role of driver / passenger / pedestrian, the risks of substance abuse and the importance of wearing seat belts. Adolescents should not have the privilege of using motor vehicles unless they can demonstrate that they can do so safely.

Adolescents who engage in sports should learn to use protective equipment or clothing. They need to be taught the rules of safe play and how to approach the most advanced activities.

Young people need to be very aware of the potential dangers including sudden death. These can occur with regular substance abuse, and with experimental drug and alcohol use.

Adolescents who have access to firearms need to learn how to use them properly.

Adolescents should be assessed when they appear to be isolated from their peers, uninterested in school or social activities, or not doing well in school, work or sports.

Many teens are at increased risk for depression and potential suicide attempts. This may be due to pressures and conflicts in their family, school or social organizations, peer groups and intimate relationships**.**

* **Emergency numbers[[13]](#footnote-13)**

|  |  |
| --- | --- |
| Emergency (First Aid); Emergency Hospital Emergency; QSUT Pediatric Emergency Service; QSUT Surgical Emergency Service; QSUT Infectious Disease Emergency; QSUT Telephone exchange operator; QSUT Maternity | 112 |
| Firefighter | 128 |
| Police | 129 |

**The acquisition indicators:**

|  |  |
| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants are able to inform about the changes they need to make to their homes for children of different ages
* Participants are able to inform about the changes that need to be made in their home
 |  |

Module 6: Stages of child development

**Objective/Objectives**: Familiarity with the stages of child development and appropriate responses to developmental support

**Duration:** 5 hours

**Method for providing information**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | Development of children up to 3 years old and parental reaction | PPP Questions and discussions  | 60 min |
|  | Preschool child development and parental response | PPP Questions and discussions | 60 min  |
|  | School-age child development and parental response | PPP Questions and discussions | 90 min |
|  | Teenagers’ development and parental response | PPP Questions and discussions | 90 min |

**Minimum facilitator / facilitators’s skills:** Knowledge of child development, experience in family counseling

**Materials needed:** Laptop, projector

**Content:**

* **The concept of development**

Child development are the physical, linguistic, mental, and emotional changes that occur in a child from birth to early adulthood.

The growth and development of a child can be divided into four periods:

* + Early childhood
	+ Preschool
	+ School childhood
	+ Adolescence

Immediately after birth, a baby normally loses about 5% to 10% of its birth weight. Around the age of 2 weeks, a baby should begin to gain weight and grow rapidly.

From the age of 4 to 6 months, the baby's weight should be twice the birth weight. During the second half of the first year of life, growth is not so rapid. Between the ages of 1 and 2, a baby will gain only about 2.2 pounds. Weight gain will remain around 2.2 kg / year in the years between the ages of 2 to 5 years.

Between the ages of 2 and 10, a child will grow at a steady pace. A final burst of growth begins at the onset of puberty, sometime between the ages of 9 and 15 years.

The child's nutrient needs correspond to these changes in growth rates. A baby needs more calories in relation to body size than a preschooler or school-age child. Nutrient needs increase again as the child approaches adolescence.

A healthy baby will grow according to a growth curve. However, nutrient intake can be different for each child. For good growth a diet with a variety of foods suitable for the age of the child is needed.

Healthy eating habits should begin in infancy. This can help prevent diseases such as hypertension and obesity

* **Development 3-6 years**

***Pysically***

* Gains 1.8 to 2.25 pounds per year
* Grows about 5 to 7.5 centimeters per year
* Has all 20 primary teeth at 3 years of age
* Has 20/20 vision at the age of 4 years
* Sleep 11 to 13 hours at night, most often without sleep during the day

***Gross motor development***

* Becomes more adept at running, jumping, early shooting and kicking
* Catch a ball that is thrown to him
* Pedals a tricycle (in 3 years), becomes able to ride well around the age of 4
* Jumps with one foot (about 4 years old) and later sits on balance on one foot for up to 5 seconds
* walks from heel to toe (around age 5)

***Fine motor development***

|  |  |
| --- | --- |
| 3 years old | Draws a circle; Draws a person with 3 parts; begins to use scissors for children; Wears him/herself (under supervision) |
| 4 years old | Draws a square; Use scissors, cut over a straight line; Wear clothes properly; Manages the spoon and fork during meals |
| 5 years old | Uses the knife, draws a triangle |

***Language development[[14]](#footnote-14)***

|  |  |
| --- | --- |
| 3 years old | Use pronouns and verbs correctlySays the 3-word sentenceUse the plural |
| 4 years old | Understands mass reports; follows a three-step order, counts to 4, Likes rhymes and puns |
| 5 years old | Shows that he/she understands the concepts of time; counts up to 10; recognizes phone numbers, answers "why" questions |

At 3 to 4 years old, a child may even have a stutter because ideas come to mind faster than the child is able to express them, especially if the child is stressed or excited. When the child is talking, the parent should pay full and immediate attention to it. No need to comment on stuttering. The assessment of the child by a speech-language specialist should be done if: The child has other signs related to stuttering such as: tingling, grimacing or when the child has a lot of problems; Stuttering lasts more than 6 months.

***Behaviour***

Preschool teaches the social skills needed to play and work with other children. Over time, the child is better able to cooperate with a larger number of peers. Although children 4 to 5 years old can start playing games that have rules, the rules can often change to the liking of the dominant child.

It is common in a small group of preschoolers to see a dominant child appear who tends to lead other children without much resistance from them.

It is normal for preschoolers to test their physical, behavioral, and emotional boundaries. For this reason, they need a secure and structured environment in which to explore and face new challenges. Preschoolers also need well-defined boundaries.

The child should show initiative, curiosity, desire to explore and pleasure without feeling guilty or restrained. Early morality develops when children want to please their parents and others important. This is commonly known as the "good boy" or "good girl" phase.

The elaborate narrative can progress into a lie. If this is not addressed during the preschool years, this behavior can continue until the person grows up. Shouting or turning the word is most often a way for preschoolers to get attention and get a response from an adult.

***Parents’ reactions***

Time in front of the TV or screen should be limited to 2 hours a day

Since sexual role development is based on these years, it is important for the child to have suitable models. Single parents should ensure that the child has the opportunity to spend time with a relative or friend who is the opposite sex of the parent. Never be critical of the other parent. When the child plays or explores with peers, he/she should be redirected and the child should be shown that it is inappropriate. The child should not be ashamed of this curiosity because this is a natural curiosity. Because language skills develop rapidly at this stage, it is important for parents to read to the child and talk to the child often throughout the day.

Discipline should give preschoolers the chance to make choices and face new challenges while maintaining boundaries. Structure is important for the preschooler. Daily routine (including age-appropriate daily chores) can help the child feel like an important part of the family and boost self-esteem. The child may need to be remembered and supervised to get things done. The parent should recognize and appreciate when the child behaves, or does a daily chore correctly or without remembering. The parent should record and reward good behaviors.

4 -5-year olds turn the word. The parent should address these behaviors without reacting to words or attitudes. If the child thinks these words will give him power over the parent, the behavior will continue. It is often difficult for parents to stay calm while trying to handle the behavior.

When a child starts school, parents should keep in mind that there can be big differences between children aged 5 to 6 in terms of attention, readiness to read and motor skills. Both a parent's excessive concern for the child's abilities and another parent's excessive ambition can impair the normal progress of children of this age in school.

* **School age**

***Physical development***

School-age children generally have strong strong motor skills. However, their coordination (especially eye-hand), stamina, balance and physical abilities vary.

Fine motor skills can vary greatly. These skills can affect a child's ability to write well, to dress appropriately, and to perform certain tasks, such as arranging beds or washing dishes.

There are large differences in height, weight and structure between children of this age. It is important to keep in mind that it is the genes, food and exercise that affect a child's growth.

The sense of body figure begins to develop around the age of 6 years. Sitting in school-age children is associated with an increased risk of obesity and heart disease as they grow older. Children of this age group should have 1 hour of physical activity per day.

Within this age group there are major changes in the moment when secondary sexual features appear (in girls breast augmentation, hair growth under the armpits and in the pubic area, in boys hair growth in the armpits and pubic area, enlargement of the penis and testicles)

By age 5, most children are ready to start learning in a school setting. The first years focus on learning the basics. In the third grade, the focus becomes more complex. Reading focuses more on content than identifying letters and words.

The ability to pay attention is important for success both at school and at home. A 6-year-old should be able to focus on one task for at least 15 minutes. By age 9, a child should be able to concentrate for about an hour.

It is important for the child to learn how to cope with failure or disappointment without losing self-esteem. There are many causes of school failure, including: Learning difficulties, such as inability to read; Stressors like bullying; Mental health issues like anxiety or depression. If any of these are suspected in the child, talk to the teacher or doctor.

***Language development***

School-age children should be able to use simple but complete sentences that contain an average of 5 to 7 words. As the child goes through the primary school years, grammar and pronunciation become normal. Children use more complex sentences as they grow older.

Language delays may be due to hearing or intelligence problems. Children who are unable to express themselves well are more likely to have aggressive behaviors or outbursts of anger

By the age of 10, most children can follow 5 commands in a row. Kids who have a problem in this area can try to cover it up with objections or by making the clown. They will rarely ask for help because they are afraid of being ridiculed.

***Behaviour***

Frequent physical complaints such as sore throat, abdominal pain or pain in the arms or legs may be simply due to increased awareness of the body. Although there is often no physical evidence for such complaints, complaints should be investigated to rule out possible health conditions.

This will also ensure the child that the parent is concerned about his or her well-being.

Acceptance by peers becomes more important during the school-age years. Children can participate in certain behaviors to be part of the "group". Talking about these behaviors with the child will allow the child to feel accepted in the group, without crossing the boundaries and standards of behavior that the child has.

Friendships at this age tend to be mostly with members of the same sex. In fact, younger school-age children often talk about members of the opposite sex as "weird" or "scary." Children become less negative about the opposite sex as they approach adolescence

Lying, cheating, and stealing are all examples of behaviors that school-age children can "experience" as they learn how to negotiate the expectations and rules placed on them by family, friends, school, and society. Parents should deal with these behaviors privately with their child (so that the child's friends do not incite). Parents need to show that they forgive and punish in a way that relates to the behavior not to the child himself.

It is important for the child to learn how to cope with failure or disappointment without losing self-esteem.

***Parents’ reactions***

If the child's physical development appears to be abnormal, the health care provider / pediatrician should be consulted. If language skills appear to be retarded, an assessment of speech and language should be sought. Close communication should be maintained with teachers, other school staff and parents of the child's friends in order to obtain information on potential problems. Children should be encouraged to express themselves openly and to talk about concerns without fear of retribution.

As children are encouraged to participate in a range of social and physical experiences, care should be taken not to overdo it with leisure time. Free play or just quiet / free time is important so that the child does not always feel pushed to perform

Through the media and their peers’ children are exposed to many issues related to violence, sexuality and substance abuse. These issues should be discussed openly with the children to share concerns or correct misunderstandings. Parents may need to set boundaries to ensure that children will only be exposed to certain issues when they are ready.

Children should be encouraged to participate in constructive activities such as sports, clubs, arts, music and scouts. Being inactive at this age increases the risk for lifelong obesity. However, it is important not to overdo it with the child's schedule. A balance must be struck between family time, school work, free play and structured activities.

School-age children should be involved in household chores, such as setting the table and cleaning. Time in front of the screen (television and other media) should be limited to 2 hours per day.

* **Development in adolescence 12 -18 years**

***Physical development***

During adolescence, young people go through many changes as they mature physically. Early predisposing changes occur when secondary sexual characteristics appear.

*Girls:* Girls can start developing breast loops at the age of 8 years. Breasts develop fully between the ages of 12 and 18 years. Pubic hair, armpit and leg hairs usually start to grow around the age of 9 or 10 years and reach the adult shape at around 13 to 14 years old. Menarche (onset of menstrual periods) usually occurs about 2 years after the appearance of hair and breast. It can happen at the age of 9 or later at the age of 16. The growth of girls erupts at the age of 11.5 years and slows down around the age of 16 years.

*Boys:* Boys may begin to notice that their testicles and scrotum grow as early as 9 years of age. Soon after that the penis starts to lengthen. At the age of 17 or 18, their genitals are usually in their adult size and shape.Pubic hair growth, as well as armpit, leg, chest and face hair, begins around the age of 12 and reaches the adult form around 17 to 18 years old.

Boys do not start puberty suddenly, like the onset of menstruation in girls. Having regular night emissions (wet dreams) marks the onset of puberty in boys. Wet dreams usually start between the ages of 13 and 17 years old. The average age is about 14 and a half years.

Boys' voices change at the same time as penis enlargement. Night emissions occur with the peak of altitude increase. The explosive growth of boys’ peaks around the age of 13 and a half and slows down around the age of 18 years.

***Behaviour***

The sudden and rapid physical changes that adolescents go through make them very aware. They are sensitive and worried about the changes in their body. They can make painful comparisons of themselves with their peers. Physical changes may not occur with a smooth and regular calendar. Therefore, adolescents may go through difficult stages, both in their appearance and in their physical coordination. Girls can be anxious if they are not ready to start their menstruation. Boys can worry if they know nothing about night broadcasts. During adolescence, it is normal for young people to begin to separate from their parents and establish their own identity. In some cases, this can be done easily by parents and other family members. However, this can lead to conflict in some families as parents try to maintain control.

Friends become more important as teens leave their parents in search of their identity

The peer group can become a safe haven for the teenager. This enables him to try new ideas.

In early adolescence, the peer group most often consists of non-romantic friendships. These often include "clicks", bands or clubs. Members of the peer group often try to behave the same, dress the same, have secret codes or rituals, and participate in the same activities.

As the teen enters their mid-teens (14s to 16s) and beyond, the peer group expands to include romantic friendships. From mid to late adolescence, young people often feel the need to create their own sexual identity. They need to feel comfortable with their body and their sexual feelings. Adolescents learn to express and receive intimacy. Young people who do not have the opportunity for such experiences may find intimate relationships more difficult when they are adults.

Adolescents often have behaviors that are consistent with certain adolescent myths:

* The first myth is that they are "on stage" and the attention of others is constantly focused on their appearance or actions. This is a normal egocentrism. However, it may seem (especially to adults) that it has to do with paranoia, self-love (narcissism) or even hysteria.
* Another myth of adolescence is the idea that "it will never happen to me, only to the other". "She" can represent getting pregnant or catching a sexually transmitted disease after having unprotected sex, causing a car accident while driving under the influence of alcohol or drugs, or any of the many other negative effects of sexual behavior.

***Sexuality***

Adolescents need privacy to understand the changes that occur in their body. Ideally, they should be allowed to have their own bedroom. If this is not possible, they should have at least one private space. Mocking a teenage child for physical changes is inappropriate. It can lead to consciousness and discomfort.

Parents need to remember that it is natural and normal for a teenager to be interested in body changes and sexual topics. This does not mean that their child is involved in sexual activity.

Adolescents can experiment with a wide range of sexual orientations or behaviors before they feel comfortable with their sexual identity. Parents should be careful not to call new behaviors "wrong," "sick," or "immoral."

The Edip Complex (attracting a child to a parent of the opposite sex) is common during the teenage years. Parents can cope with this by accepting the child's physical changes and attraction without crossing parent-child boundaries. Parents can also take pride in raising young people towards maturity.

The parent should be careful not to create a distance that could make the adolescent feel responsible. It is inappropriate for a parent's attraction to a child to be anything more than a parent's attraction. Attraction that crosses parent-child boundaries can lead to inappropriate intimate behavior with the adolescent. This is known as incest.

***Independence and the struggle for power***

The teenager's quest to become independent is a normal part of development. The parent should not see it as a rejection or loss of control. Parents need to be constant and consistent. They should be available to listen to the child's ideas without dominating the child's independent identity.

Although teenagers always challenge the figures of authority, they need or want boundaries. Borders provide a safe area for their growth and operation. Setting boundaries means having rules and regulations predetermined for their conduct.

Power struggles begin when authority is at stake or "being right" is the key issue. These situations should be avoided, if possible. One of the parties (usually the teenager) will be defeated. This will make young people lose face. As a result, the adolescent may feel ashamed, inappropriate, irritable, and bitter.

Parents need to be prepared and aware of the common conflicts that can develop during adolescent parenting. Experience can be influenced by unresolved issues from the parent's childhood, or from the early years of adolescence.

Parents need to know that their teens will constantly challenge their authority. Keeping lines of communication open and boundaries clear but negotiable can help reduce major conflicts.

Most parents feel like they have more wisdom and self-growth while facing the challenges of teen parenting

New research has shed light on the brain development of children and young people, showing that the brain develops continuously from puberty until the mid-20s. Understanding what contributes to and hinders positive brain development, and the implications for children and adolescents. young people in custody, is extremely important.[[15]](#footnote-15)

**The acquisition indicators:**

|  |  |
| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants are able to inform about the developmental characteristics of different ages
* Participants are able to make a management plan of different behaviors
 |  |

Module 7: Leaving Foster Care

**Objective/Objectives**: Familiarity with the requirements and measures to be taken to prepare the child to leave foster care

**Duration:** 3 hours

**Methods for providing information**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Topic**  | **Methods of providing information** | **Duration/ minutes**  |
|  | The role of foster parents in preparation | PPP Questions and discussions  | 60 min |
|  | Necessary procedures for preparation | Exercises | 120 min  |

**Minimum facilitator / facilitators’s skills:** Good knowledge of foster care procedures, ability to facilitate discussion

**Materials needed:** Laptop, projector, notebooks

**Content:**

* **The role of foster parents in supporting the return of the child to the biological family**

Most children in custody are reunited with their biological parents. Foster parents should become part of the biological parent support system in the best interests of the child. Ways to support the union are:

**Collaboration for Supervised Visits:** Family visits between the child and the parents are beneficial for the child because it keeps them connected to the parents. Visits serve biological parents because they not only keep them connected, but give them hope and motivation to keep moving toward their goal. Collaboration benefits foster parents because it gives them a break from care It is the foster parent's job to facilitate these visits by making sure the children are on time, organized and prepared to visit their parents. Under no circumstances should a fosterparent cancel an appointment as a discipline. The goal for the biological parent is to communicate with their child, practice parenting skills, and prepare for reunion.

**Communication with biological parents.** This is sometimes difficult because biological parents are sometimes aggressive or jealous of foster parents. Overall the relationship is positive. Either way, communication is needed, whether through a simple diary book, email, text or phone call. Biological parents need updates on their child's progress. Foster parents should not speak ill of the biological parents in front of the child, regardless of the situation. This sends the message to the child that the foster parents like his or her parents and, as a result, do not like him or her either. The child is no longer sure who to be loyal to. On the other hand, it makes the child dislike his parents.

**Communication with social workers.** The state social worker always has information that no one else is aware of. Communicating with them is vital. This is sometimes a hindrance because sometimes it is difficult to contact. They need to know the child's progress and any concerns with the biological parents.

* **Assessment of the return**

The return is preceded by a Home Return Assessment that examines: contacts with the biological family, assessment sessions undertaken at the family home, discussions with other professionals or practitioners, case meetings, information gathered through the dossier read.

A meeting is held to plan the evaluation, assign roles, and decide on the evaluation methods. The meeting should decide on: When the evaluation should start and end, what elements / methods will be applied, who will be the professionals contacted, what will be the criteria to be used to reach conclusions.

* **Adoption**

The time to start the preparation / transition for adoption should take into account the child's age, his / her developmental level, his / her special needs, attachment figures who may contribute to the preparation, the status of the care plan: what the care plan says

The person / persons involved in preparing the child for adoption should take the time necessary to build a relationship with the child, especially if the child does not know them well.

***Adoption by foster parents***

Indications that foster parents are good candidates for adoption include evidence of:

* + Mutual emotional bonds between children and parents, including signs of love;
	+ Understanding and accepting the child, behaviors, skills and challenges;
	+ Commitment to keeping siblings together whenever and wherever possible, encouraging and facilitating ongoing communication between separated siblings;
	+ Assessing the biological family (even when they have made serious mistakes as parents) and respecting and supporting the child's previous emotional connections to the figures the child has been associated with, including siblings and others from previous caregivers;
	+ Competencies in meeting the needs of the child and advocating for the necessary resources;
	+ Commitment to caring for the child now and in the future[[16]](#footnote-16)

**The acquisition indicators:**

|  |  |
| --- | --- |
| **The answers to the questions after the training show that:** | **Foster Care practice**  |
| * Participants are able to explain the procedures for removing a child from custody
* Participants are prepared for the contribution they must make to removing the child from custody for a longer-term solution
* Participants are willing to help biological parents
 |  |

**References and resources**

* **Legislation**
1. Law No. 121/2016 on “Social Care Services”
2. Law No. 163/2014, “For the order of Social Workers in the Republic of Albania”
3. DCM No. 578 dated 03.10.2018 “On case referral procedures, individual protection plan development and content, expense financing for its implementation, and the implementation of protection measures”
4. Decision no. 518, dated 04.09.2018 “On community and residential social care services, the criteria, procedures to profit these services and the amount of personal expenses for the beneficiaries of organized service”
5. DCM no. 136, dated 07.03.2018, "On the functioning and administration of the National Electronic Register of Social Care Services"
6. DCM No. 149, dated 13.03.2018, "On the criteria, documentation and procedures for the registration of the foster family for children without parental care and the funding measure for the expenses of the child placed in a foster family"
7. Law no. 8153, date 31.10.1996 “For the Orphan Status”
8. Law. no. 9669 of 18.12.2006. “On measures against violence in family relations”
9. DCM No. 334, dated 17.02.2011, "On the mechanism of coordination of work for the referral of cases of domestic violence and the manner of its processing".
10. DCM No. 499, dated 29.08.2018, "On the approval of standard action procedures for the protection of victims and potential victims of trafficking"
11. Law No. 22/2018, “For social housing”
12. Law no. 18/2017 “On the rights and protection of the child”
* **Studies**

The Adolescent Brain: New Research and Its Implications for Young People Transitioning From Foster Care, <https://assets.aecf.org/m/resourcedoc/AECF-theAdolescentBrain-2011.pdf>

1. Decision of the Council of Ministers no. 706, dated 9.9.2020 ”On the approval of the National Deinstitutionalization Plan, 2020–2022, and the action plan for its actions. [↑](#footnote-ref-1)
2. Instruction no. 394, dated 9.5.2019 “On the organization and functioning of the multidisciplinary commission, as well as the standard procedures of alternative care procedures for children in the family”. [↑](#footnote-ref-2)
3. Decision no.752, dated 8.9.2010 "On the approval of the standards of care service for children in need" [↑](#footnote-ref-3)
4. For the organization and functioning of the multidisciplinary commission, as well as the procedures and implementation of the standards of alternative care service for children in foster families. [↑](#footnote-ref-4)
5. Law no 18/2017 on the Protection of the Rights of Children [↑](#footnote-ref-5)
6. It is also called the family for therapeutic care [↑](#footnote-ref-6)
7. The child protection workers in the administrative units are part of the needs assessment and referral unit and perform only child protection-related duties. [↑](#footnote-ref-7)
8. Family code, article 5 [↑](#footnote-ref-8)
9. Family code, article 6 [↑](#footnote-ref-9)
10. Adapted material of www.mentalhelp.net [↑](#footnote-ref-10)
11. https://www.redcross.org.uk/first-aid/learn-first-aid-for-babies-and-children/nosebleed [↑](#footnote-ref-11)
12. https://partnersforourchildren.org/blog/p4c-releases-new-report-educational-outcomes-kids-whose-lives-are-impacted-foster-care [↑](#footnote-ref-12)
13. https://tirana.al/faqe/kontakte-dhe-sherbime [↑](#footnote-ref-13)
14. https://medlineplus.gov/ency/article/002017.htm [↑](#footnote-ref-14)
15. Child Welfare information Gateway , Preparing and Supporting Foster Parents Who Adopt [↑](#footnote-ref-15)
16. Child Welfare Information Gateway. Preparing and Supporting Foster Parents Who Adopt [↑](#footnote-ref-16)