The Need for Evidence-Based Practice in the Foster Care Field among Social Workers in Gulf Countries

Hassan Arab
Ministry of Social Affairs in Kuwait

Abstract
The demand for Evidence-Based Practice "EBP" has been growing for a long-term and yet, there isn't a reply to this growth. Social Workers continue to rely on personal perspective, common sense, tradition when working with their clients in the foster care field as well as their personal beliefs in their assessment and intervention plans. Throughout a journey around the GCC countries to compare the adoption systems, and the social worker's work perspective in all the assessment stages, and tracing to intervention plans or treatment methods; it was noted that social workers still consume and revive an environment free of any evidence-based practices. In order to patch this glitch a sample of a practice sheet that consists of theoretical framework can be used as a temporary solution in order to provide an evidence-based practices in the foster care field.

Keywords: evidence-based practice, biopsychosocial-spiritual model, adoption social worker

Introduction
Minimizing the gap between theory and practice has been the primary concern of every major in the world, especially social work; a major that's relatively can be considered a newly found major. The current practices of social work should rely and compose of scientific aspects in all ways merging from interviewing and concluding with evaluation stage. Evidence-Based Practice "EBP" is defined as a "Treatment based on the best available sciences" (Howard, McMillen, & Pollio, 2003). Failure to adopt more scientifically practice methods and evidence-based approaches have a disastrous consequence that will lead to the marginalization of Social Work profession, as well as the service providers, as they will constantly promote their personal experience or sense of wisdom that might not always be empirically correct within each individual case (Howard, McMillen, & Pollio, 2003).

Nevertheless, an adoption Social Worker who works in the foster care system is expected to fulfill a full social study of each family desiring to adopt, and then it is expected that after the adoption process takes a place a social worker is supposed to regularly visit the homes of those who have adopted on monthly/weekly paces, and Therefore, construct a report about the case he/she is assigned to, also an adoption social worker is supposed to be the professional assigned by the foster care system to care for the wellbeing of the adoptees within spiritual, social, psychological, financial, personal aspect (The Kuwaiti Family Nursing law, 2015). In other GCC countries this doesn't differ as (The United Arab Emirates Ministry of Social Affairs Executive Regulations, 2014) have also added the assessment, evaluation, and psychological interventions as crucial parts. Aspects such as the social worker's main jobs which is guaranteeing the wellbeing of the adoptees in all aspects haven't been discussed in the (Kingdom of Bahrain Executive Regulations, 2007), but the main characteristic of the law doesn't stray from the Kuwaiti and Emirati laws.

Now, in terms of any challenges facing the adoption process social workers are assigned to make a case report through a long process of assessment and eventually intervention and evaluation. Social Workers seem to believe that evidence-based practice isn't needed much as they rely on their education, only, their view towards evidence is positive, yet their use is moderate when working with their client (Teater & Chonody, 2014). In (Ruth & Matusitz, 2013) it was found that social workers neglect the use of evidence in their practices, and Therefore, the gap between research and practice is widening and that leads to the failure of social work as a major.
Objective

According to (McNeece & Thyer, 2004) an observer from outside the Social Work profession would assume that Social Workers rely on the latest researches in their work. Yet, that's not the case as Social Workers depend on practice wisdom and common sense in deciding how to assist their clients.

On the other hand, when using Evidence-Based approach the practitioner "relies on the efficiency data when recommending and selecting treatments and uses a systematic hypothesis testing approach to the treatment of each case" (McNeece & Thyer, 2004). In a study conducted on clinical psychologist it was found that the psychologists resistance toward EBP generate into six domains some of them are educational and attitudinal obstacles which means a feeling of discomfort in utilizing advance knowledge in psychotherapy, deep-seated misconceptions about the human nature which means that the psychologist hold mistaken beliefs toward their clients (Lilienfeld, Ritschel, Lynn, Cautin & Latzman, 2013).

In order to find a solution to the neglection of evidence-based practices this research paper introduces a new work model that has the format of a practice sheet that formulate the performance of social workers in foster care system into a more Empirical, Evidence-Based approach. According to (Selwyn, 2017) adoptees in the foster care system have the characteristic of being more than just "damaged kids" they need a full assessment that understands these characteristics and Therefore, provide the children and the parents with a better intervention in case of difficulties; the services of social workers should be concentrated and built on the best research and clinical practice.

This practice sheet can be used as an alternative to the work forms used by social workers when they try to make a report about their checkup visits, or when they are trying to put up an assessment/intervention plan. It has a supported component that is based on the best recent available scientific evidence.

Definitions

Evidence-Based Practice

According to (Sackett, 1996) Evidence-Based Practice originate from the medical field, and dates to the mid-19th century; this practice means the use of the latest expertise when deciding to care for the individual, it also means integrating the recent clinical expertise and the best outer clinical research expertise into practice.

EBP doesn't exclusively intervene with the code of ethics of social workers, as it doesn't take a complete medical approach excluding the client from any decision taking. According to (Pape, 2003) EBP is the combination of the best available scientific research with the clinical expertise and the addition of the clients desires these desires can be known through a good assessment period before intervention while knowing and respecting each client's culture.

This type of practice doesn't exclude you from using your own empathy or reading the client's reality; which is a questionable matter in the field of medicine, it's utilizing of the best knowledge a general practitioner hold's when treating his/her clients (Morse, 1994). Yet, it isn't the same way in the field of social work as reading the reality and dealing with client using language is our primary concerns of all time.

According to (Leff & others, 2001) EBP in social work is the use of latest evidence to answer the questions of a client's/organization's needs; it's a process where a social worker uses researched interventions, clinical expertise, client's preferences, and culture to deliver the client the best service a social worker may offer.

Adoption Social Worker

According to (adoptionchoicesofarizona.org) an adoption social worker works in two stages pre and post adoption; for the pre-adoption the main concern of the social worker is the family as he/she prepares the family into knowing the process of parenting, parenthood, and ensures that family has the correct idea about the life span and cultural differences of the adopted child. In post-adoption the social worker's job is to ensure a healthy life between the adopted child and adoptive parents through a systematic process that requires a full knowledge about both the parents and the child.

According to (child-familyservices.org) conducting an assessment about the child's weakness/strengths, service needed, appropriateness for the adoption plan, in other terms the social worker's job is ensuring he/she has the full knowledge about the child referred to adoption; a supervision of the adoption process that consists of frequent home visits as well as planning intervention when needed is also a main requirement for the adoption social worker.
According to (travel.state.gov) an adoption social worker is supposed to conduct a full social study about the child meant to be adopted as well as the home of the parents who are applying to adopt a child, application of clinical skills in terms of counseling, post-placement and other services needed by the adoptive family or the child whose adopted.

It seems within the previous resources that the responsibilities of an adoption social worker divides into two stages pre-adoption and post-adoption, and every process needs to ensure a perfect assessment plan in order to provide the perfect family for the child waiting to be adopted, and at the same time ensuring a frequent checkup visits to prevent any future difficulties as well as applying the best intervention methods in case of difficulties.

Biopsychosocial-spiritual model

The history of Biopsychosocial-spiritual (BPSS) model originates from the complaints of psychiatrics that the neglect of the medical model and adopting more of philosophical schools and schools of thoughts have ruined their practices. Eventually, a researcher has introduced psychiatrics with a solution (Engel,1977) he has proposed a new alternative model to be applied in the psychiatry field backed by the general system theory; the biopsychosocial "BPS" model that can act as a blueprint for the world of psychiatry and a new model to be adopted to conduct research and treat mental illness patient more effectively. This model assesses a patient from the subatomic level all the way to the open system in a multidimensional linear way of thinking that looks at each area separately and addresses each problem individually, and at the same connecting it the system it was made of (e.g. A flight-flight response in the nervous system "heart attack" affects the personal level system "feeling scared/unsure/denial" and Therefore, affects the interpersonal system "frustration with co-workers", and all the way to the family system "family problems that affects the nervous system even more" ending with an open community system "adopting hard-work to neglect the problem that eventually affects the nervous system and cause the person to collapse").

In his later paper (Engel,1981) the researcher has adopted a more empirical way to imply the BPS model in the health care system explaining with a simplified manner how is the BPS isn’t a burden on the physician, rather it’s an extended knowledge that doesn’t violate the health care plan for patient but adds more information about the psychosocial aspect to the physician general knowledge.

According to (Suchman, Carrio & Epstein,2004) the BPS model isn't a new discovery, but rather a widening scope to the physician previous scope; in their paper they propose new adjustment to the BPS model which include various aspects such as the need to teach emotions, self-awareness, communicating clinical evidence to foster a better dialogue. It appears that this model can absorb better attribution as the previous paper has done, which isn't a flaw of the model, the BPS-S model has added a new aspect when it was backed by the general system theory. Thus, better specification can always be modified to its application when used via physicians or social workers/psychologists; an article can be found in (Nevada School of Medicine, website "med.unr.edu") that precisely follows this pattern, they have added new areas to the mode, and apparently specified and detailed the way to use the BPS-S model.

It was worthy to say that the spiritual part of the model isn’t well understood as it has been only added recently. According to (Sulmasy,2002) in his paper he is acknowledging the spiritual need and proposing it to the model; he argues that patients in previous papers have wished for their physicians to have cared about their spiritual needs, eventually the researcher argues that the need to understand the spiritual aspect is important and a part of the patient care plan.

Methods

Ethical approval

Approval for this study was obtained from participants. They were informed verbally and via email that my interviews had a scientific purpose and Therefore, they have the consent to withdraw at any point and that the data will be handled with all respect to anonymity and confidentiality. Prior to data collection, before the interview an unpressured decision about taking part of the interview was stated, and all participants were informed that all data meant for publication. During the interview participants were given time to think and answer clearly in their own pace without interruption. After the interview all participants were mailed their answers in order to receive a better feedback.
Study population background

In the Gulf Cooperation Council "GCC" region, foster care is based on a unified system and orphans are to only be considered for adoption, not any orphans as only those who have been neglected/denied by their own parents since birth fall into the orphans who are eligible for adoption.

Not mistakenly, the process of adoption takes the same course in all the countries. A family/single mothers apply for adoption through an adoption form, then the social workers attempt a background study using a form named the social study form. After that, a committee that exists in all the countries named "The Foster Care Committee" decides based on the social workers report whether a family deserves to adopt. After all, any family that adopts must expect regular visits from the social workers, and the social workers must use a work form named the routine checkup visits form. This process lasts until the adopted individual reaches 21 of age, or 18 in other countries.

Study design and sampling procedure

In this research a qualitative approach was conducted between September 2018 until January 2019. Qualitative approach is used when trying to understand the addressed issue from the informant's standpoint. All the data were collected using interviews with a non-probability method in selecting the sample as it was a purposive sampling for the sake of this study. All participants had to be Social Workers working in the foster care field regardless of their college degree in order to provide answers for the questions that are previously concerned with the research subject.

The sample consisted of 13 foster care social workers in total. 2 of the social workers worked in Dubai foster care section in the authority of social development the adoption department one of them was the head of the department the other was a service provider. 1 of the participants was in Bahrain in the Betleco Home for orphans sponsored by the ministry of Social Development she was the only social worker as a service provider and the head of department. 10 of the remaining participants were based in Kuwait only 3 agreed to participate two of them are service providers and the remaining one is the head of the department.

Data collection

A face to face interview guide was developed to ensure consistency in data collection among interviews. Any sort of documentation methods was not used in order to give the interviewed individuals a more comfortable space to speak their mind. Document analysis was a method used to confirm the statement of each social workers, and to provide a better insight of whether the forms consisted of evidence-based direction. The questions were open end questions and designed to elicit discussion regarding work forms and evidence-based attitude in the social workers practices while working in a clinical setting in the foster care system or/and only service providing works (i.e. an applied theory has been used in the routine checkup forms in order to support further assessment in case any client needed intervention) and to elicit more discussion examples of questions ‘could you describe the main theoretical framework you personally follow in your work with your clients?, and ‘what are the models that support the work with clients who are in their teens?’. A topic list previously prepared in order to not stray from the research purpose and main focus was supported with the evidence-based perspective regarding the work of social workers in the foster care system.

All interviews were performed in a comfortable and private area chosen by the interviewed individual. The Bahrain interview lasted 4 hours, the UAE interview lasted 7 hours, the Kuwait interview lasted 6 hours; all interviews included one-hour break in total chosen on different periods when the interviewee requested.

Results and Discussion

‘regarding the work forms "the social study/the adoption/the routine checkup forms which one is supported with theoretical evidence to ensure a better assessment?"

Kuwait: two of the participants concluded that none of the forms were supported by any evidence-based structure, and one of them emphasized that "all the work forms were created before I was employed, I haven't known the direction it follows". After document examination it was noted that no theory, model, perspective is used in all the forms and they are generalized question. Another participant added to this point as well “when information seems important but aren't found in the forms, we add it to a sticky note and stamp it on the forms, or sometimes we write the note on the back of each
paper”. It seems that none of the interviewee knows how to apply an evidence-based perspective in their work forms. Assessment seems far from being supported via evidence.

Bahrain: "all our work forms were provided by the ministry as I don't control the construction of it. It's possible that it's not supported by any theoretical frame". After examining all the work forms it seems to carry out questions related to an overall knowledge about the adoption process hence the checkup visits forms, in other terms, the rest of work forms lack basic evidence as they are fill in the blank forms. During the interview the social worker concluded that her responsibility to seek out the best interest of the adopted individual. The interviewee added "my main job doesn't include making any intervention plans in a clinical manner, as it's a direct intervention when a problem is presented such as cancelling the adoption contract when an abuse is noted”.

UAE: after reviewing the documents it was found that none of the used work forms are supported with any theoretical framework, that they were built on fill in the blank form regardless of using these forms in further future assessment for any intervention plans. Both the interviewee agreed that their work form include any hence of supported evidence as they are made by the social workers " we might be named social workers but in fact neither of us majored in social work, as my co-worker is a psychology consultant graduate, and I'm an IT graduate". The previous statement seems to clarify the doubts regarding the work forms examined.

'Regarding the routine checkup visits forms is it specified to each age group? (e.g. As you work with children there are some essential questions that has to be addressed to both parents and some observations that has to occur, while working with teens should require more exclusive subject important to their age)’

Kuwait: It was noted that during the interviewees none of the participants confirmed an existence of any specificity toward any age group. It was noted that all the adopted individual was treated fairly as the routine checkup form only consisted of a blank paper with a title and they had to only write their thought into it. One of the interviewees added "our form is open to our own thought, but I believe that it's negative as not every social worker would care to ask all the question she should, most social workers will chat their way in the routine visit with the families". Another participant added "the age group isn't something we focus on much except for some essential questions addressed for infants to the families. Have the family nursed the infant? Have they told the child once he/she is 7 if they are adopted or not?". Through the interview the social workers complained that they didn't have a guide as to what to follow in their routine checkup visits and what aspects should they care about in order to prevent future complexities.

Bahrain: There isn't any document specified to different age group. Through the interview the participant added "My work is mostly focused on orphans existing at the care center rather than adoptee. I believe after a careful study we have only given the best families a chance to adopt. I didn't need to worry more about a routine visit". During a further discussion it seems that the participant had dual job of caring for two categories and Therefore, the social worker had more attention to the orphans at the adoption center. Yet, she doesn't deny her need to improve the routine checkup forms to address better questions to each age group.

UAE: Throughout examining the work forms the social workers use it seemed that they only include a set of questions directed to all orphans and isn't specified for any age group. A participant added "we are a newly found department in the authority. Most cases we deal with are younger than 12 years of age. While other adoption department throughout the UAE such as the one in Abu Dhabi is actually dealing with different age groups and is older than our department". With further discussion the social workers seem to carry or want to carry out a plan to look after the younger generation when they grow up.

‘ have you faced an issue with the adoptee or the family that needed an intervention plan?’

Kuwait: "Indeed, it is something essential whenever you work in a foster care setting, yet we don't come up with a plan" a participant. The main work for social workers in the department seems to carry out a direction of service provident without the need to look up for any issues and further assess them. Another participant added "whenever I face an issue, I refer it to a more specialized professional. I feel unequipped to deal with issues as my main job is to ensure if the adoptees are in a good care and obtaining their monthly allowance from the ministry”. It was evident that the social workers don't believe they are equipped to deal with any form of problems and can't even assess difficulties or put up an intervention plan as problems such as depression, anxiety, PTSD, or even consultations about any subject can't be done they refer any problem to a psychiatric.
Bahrain: Issues fall behind the field of the expertise to the social workers as she only gives up consultations' services for minor difficulties such as where to work after graduation or how to put up with a stubborn kid, or at what age should they address the child about his/her social situation. The participant added "In case of issues that need intervention there is always my boss at the ministry who does this work, furthermore, any psychological distress will be sent to a psychiatric". A basic level of an intervention plan isn't acknowledged it seems that the social worker provides only services.

UAE: "We haven't yet faced an issue due to the new existence and the age groups we are dealing with". After further discussion, it seems that for sure none of the participants were or held a degree that qualify to address issues that need an intervention plan. Also, they don't count on or know of basic theoretical frameworks. The whole atmosphere seems to be service providing and nothing more. Checking up on adoptees is the main target as it seemed. Another participant added "when you talk about theories I don't seem to relate as it's beyond my level of expertise. I'm only an IT, but I can use some of the knowledge acquired in books to provide consultation for the adoptee".

' In case a form that is based on theoretical framework, intervention plan with a model that suit the cases of adoptees was given to you as a practice sheet to work with. Will it motivate you to acquire a more evidence-based work with the adoptees?'

Kuwait: After introducing a solution that has the components that the social workers need to assess and then intervene in case of future issues that was made by the researcher to solve the issue of helplessness and the lack of evidence-based practices with the adoptee the response was from the participant very positive as they seemed to admire the solution. A response from one of the participants was "This will boost up my work as I do need to deal with my clients in a more professional matter". Another participant added "I surely, feel that having a practice form that reminds me of how a theory/model should be applied into work will assist my work". Another participant response was "I'm very glad to back up my work with a more evidence-based practice, as I seem to have forgotten all the things I was taught during collage". It seemed like a great add to their collection, specially that an assessment seemed to carry out through the routine checkup visits and that will prevent any issues before they occur.

Bahrain: After introducing a solution that has the components that the social workers need to assess and then intervene in case of future issues that was made by the researcher to solve the issue of helplessness and the lack of evidence-based practices with the adoptee the response was from the participant very positive as she seemed to admire the solution. The response from the participant was "That's exactly what I need in order to assess not only the adoptee also the orphans at the center". After further discussion about the practice form the social worker asked for copies in order to improve her judgment towards issues.

UAE: After introducing a solution that has the components that the social workers need to assess and then intervene in case of future issues that was made by the researcher to solve the issue of helplessness and the lack of evidence-based practices with the adoptee the response was from the participant very positive as she seemed to admire the solution. One of the participants "I have always wondered on how to provide an assessment based on evidence and an intervention plan based on a model. Applying theory into work seemed to be bewildering". After further discussion about the contents of the practice sheet it seemed that one of the participants had a key question "what if the adoptee needed another theory/model to address his/her issue?". The researcher explained that this practice sheet is the gateway to the evidence-based work. Once the social workers get hold of it, they may use other theory/model without any concerns.

Limitation

Only 1 social worker out of all the interviewee was majored in social work.

The proposed solution is a temporary solution, as social workers need to keep updating themselves about the recent available scientific evidence.

Studies about the effectiveness of this method -using practice sheets to regenerate knowledge- as a solution should be conducted.

The theory, model, and perspective used in the practice sheet doesn't cover all cases; each case is individual and need a specialized and unique tool for assessment and interventions.
Changing the belief of helplessness and inability to utilize knowledge in practice seems to be far from reach as even with the proposed practice sheet it might not serve the purpose to create a more enhanced well.

**Conclusion and Recommendations:**

After fully examining the Social Workers work practices, models, and forms used in the foster care setting in Gulf Countries It was noted that in the field of practice; no single clue of Evidence-Based attitude is noted in the previous countries.

According to (Murray,2016) dissertation he recommended that in the adoption setting in order to provide a more evident choice for parents who are welling to adopt there should be a specific instrument in order to evaluate parents in order to reach a standardize foster care screening.

There was a way to solve the problem of non-existing EBP by proposing a practice sheet that can be used by social workers in their monthly/weekly checkup visits, their assessment and intervention plan when dealing with challenges. This practice sheet is based on the system theory, power perspective, and biopsychosocial-Spiritual Model. As advised this practice sheet seems to carry a fundamental assessment tool that holds a profound record during the whole visits period; In case of challenges the information collected can be transferred onto a form created and named the "The Challenges File" that utilizes the previous three components into practice, guiding the social workers step by step in how to use the theory to explain the problem and how to apply the model into an intervention stage while relying on the power perspective. Further research seems to be needed for after the application period to measure if it has assisted social workers for sure and drove them into a more evidence-based area of practice, and if this practice sheet can replace the feeling of helplessness when working with clients, as the social workers confessed in the interviews that they have forgotten their previous basic knowledge from the university.

**Appendix**

Disclaimer: All the following documents are shared within the original format; the translation part was not commissioned by the adoption social workers. It's the researcher own effort to clarify the meanings.

**Appendix A**

**Checkup visit forms (Kuwait)**

The first appendix is a checkup visit form from Kuwait.

On the top right is the Country's logo, beneath it is a text stating "The Ministry of Social Affairs" then "The Family Nursing Administration" then "The Family Nursing Department".

On the following row is a title "Home Visit Report".

After the title a row that says on the right "The Name" on the far left "The date of birth".

At the following row, on the right "The Home Address", on the left "The Home Visit Date".

There is a full empty space left for the social worker to write her own thoughts about the visits.

At last, on the right "The Social Worker" as a signature, and on the left “The date” meaning the date of the report.

**Appendix B**

**Checkup visit form (United Arab Emirates)**

The second appendix is a checkup visit form from the UAE. It's designed in a survey's format.

The first row is explained in English already, following that a title that states "A Child's Follow Up Standards".

In a box are "Primary Data" explaining each statement from right to left; "The Follow Up Date", "The Follow Up Type". In a solo row "The Family's Reference Number", the next row "The Family's Name", "The Phone Number". In the upcoming three rows "The Address", "The Child's Name", "The Date of Birth".

A solo title stating "The Pivots of Living Circumstances Standards for the Adoptive Family"
Later, there are three schedules each stating on the left "The Pivot", and on the right three answers "Yes", "No", "Isn't Applicable".

The first box of questionnaire has the following title "The legal Situation". Beneath the title are five questions which are: "Is There a Birth Certificate for The Adopted?", "Have a Passport Been Provided", "Have a Case Extract Been Provided?", "Have an ID Been Provided for the Adoptee?", "Is There Any Form of Law Crossing?".

At the bottom of the first box are two statements that exist in all the following boxes which are "Observations", and "The Intervention Plan".

The second box has the title "The Social Situation". Beneath it are seven questions which are: "Does the Child Acknowledges His/Her Social Situation?" meaning does he/she know that they are adopted, "Does the Child Have a National Identity?", "Are There Any Undesired Social Behaviors?", "Does the Child Practices His/her Religious Beliefs?", "Does the Child Have Any Hobbies?", "Is the Child Accepted in the Family?", "Does the Child Accepts His/her Parents/Siblings?".

The third box has the title "The Educational Situation". Beneath it are four questions which are: "Does the Child Continue/Obtain Education?", "Is There a Communication Between the Family and the School?", "Is the Child's School Performance Good?", "Does the Child Involve in Outer Class Activities?".

The fourth box has the title "The Health Situation". Beneath it are five questions following to the next page which are: "Have a Health Care Been Provided?", "Have the Child Received all His/her Injections?", "Does the Child Suffer from Any Disabilities or Diseases?", "Does the Child Suffer from Any Mental Diseases?", "Does the Child Need Any Surgical Intervention or Hospital Admission?".

The fifth box has the title "The Residential Situation". Beneath it are four questions which are: "Is There a Separate Room for the Child?", "Is the Child's Room Furnished?", "Is the Light and Ventilation in the Room Suitable?", "Are There Any Precautions Guaranteeing the Child's Safety?".

The sixth and last box has the title "The Financial Situation". Beneath it are four questions which are: "Is There an Independent Income for the Child?", "Are There any External Resources for The Child?", "Is There a Saving Account for the Child?", "Are There Any Financial Challenges?".

At the bottom there is a row that has on the right "The Name of The Follow Up Social Worker", and on the left "Signature".

There is a solo row that says, "The Social Worker's Recommendations".

The following row has the title "The Social Worker's Approval". Beneath it are two rows with titles saying "Name", then "signature".

The following row which has two check boxes has the title "The Replacement Care Head of Department Approval" the replacement care is the name of the department that deals with adoption in the UAE. The check boxes say "Approved", "Not Approved".

The last three rows have the following titles "The Observations/The Instructions", "The Name", "The Signature".

At last, there is the document's reference number "CDA-PSS-FD-05-F05".

**Appendix C, D, E, F**

As mentioned in the recommendations the researcher came up with a solution to have the social worker's practices more evidence-based. The following documents are supported by the system theory. They are supposedly designed to serve a key purpose as an assessment tool when using "Appendix G" which will be the "The Challenges File" which uses the system theory as an assessment tool, the BPSS model as a model of intervention and is backed by the power perspective. The Following appendixes are divided into four categories:

The Infants below two years of age (Appendix C).

The children pre-school age three until six years of age (Appendix D).
The Children pre-teen age from seven until twelve years of age (Appendix E).

The teenagers form from thirteen until twenty-one years of age - the reason above eighteen years are considered teenagers because according to the law of Family Nursing in Kuwait, checkup visits must continue until the adopted individual is at 21 years of age - (Appendix F).

All the forms are written in a survey style with pivots to be answered. The pivots of each age group are unique with the respect of the adoptees age needs in addition to the Kuwaiti Nursing Law Requirements.

Appendix C

An Alternative Checkup Visits Form (Infants Category)

On the top is the country's logo, and the name of the ministry "The Ministry of Social Affairs". On the top right is the phrase "The Family Nursing Administration".

Following up the title "The Infants Checkup form". Beneath the title are four primary information that are required from the right "The Child's Name", on the left "The Date of Birth/Age", on the following row from right "The Name of the Adoptive Family", on the left "The Date of Adoption".

Following up is the first pivot "The Financial and Health Aspect" with nine statements that must be answered with a check mark either from the right "Excellent", "Acceptable" and "Weak", and "Notes" this is a free space for the social worker to explain why it is weak or acceptable.

The statements: "The House is Well Cleaned and Tidy", "The Financial Statues of The Family is Excellent, and the Adopted Have His Saving Account", "The Family has Fulfilled the Adopted Needs (e.g. He/she Has Their Own room, Personal Equipment, A Play Room)", "The Child Feeds Naturally and in a Healthy Way", "The Child Has Been Nursed According to the Sharia Law" this is a requirement in the Kuwaiti Law that every adopted child has to be naturally nursed in order to be a part of the family according to the religion of Islam, "The Child is Naturally Growing Regarding Body Features and Movement Aspects", "The Child Has Received All the Required Injections and Isn't Suffering from Any Health Issue", "The Child Sleeps Enough Hours that Fits His/her Age", "The Child Can Naturally Move and Isn't Suffering Any Functional Damage".

The second pivot is the "Cognitive and Psychological Aspect" with seven statement which are: "The Child Spends Most of His/her Time with the Adoptive Parents", "The Child Sleeps with the Adoptive Parents" this statement goes for children under the age of one year, "The Child Linguistic and Cognitive Abilities Fits His/her Age", "The Child Can Talk and Put Up Understandable Sentences", "During the Home Visit the Child Can Point to Things and Recognize them, and Play With His/her Own Toys", "The Parents Aren't Struggling With the Adopted Child".

The third pivot is titled "The Social Aspect" with six main statements which are: "During the Interview the Family Seems to Love and Have Interest in the Child", "The Child Has Been Introduced and Accepted in the Extended Family and Its' Children in a Healthy Way", "The Child Doesn't Spend Time Online and on Video Games", "In Times of Distress (e.g. a Crying Child) The Parents Can Obtain the Situation", "The Parents Attend Workshops Done by the Family Nursing Administration to Gain Better Knowledge About the Adopted Child", "The Parents Aren't Annoyed by the Social Worker's Visit".

After the pivots there is a row titled "The Social Worker's Impression" it's a free space to express thoughts.

After the impression, there is a row with the title "The Roles of Social Worker" this section is divided into four stages "Personal, Psychological, Social, Health/Religious Fulfillments" In case a social worker has done any form of immediate intervention.

At last, the "Name, Date, Signature" concluding the checkup form.

Appendix D

An Alternative Checkup Visits Form (Pre-School Category)
On the top is the country's logo, and the name of the ministry "The Ministry of Social Affairs". On the top right is the phrase "The Family Nursing Administration".

Following up the title "The Children age 3 to 6 Checkup form". Beneath the title are four primary information that are required from the right "The Child's Name", on the left "The Date of Birth/Age", on the following row from right "The Name of the Adoptive Family", on the left "The Date of Adoption".

Following up is the first pivot "The Financial and Health Aspect" with nine statements that must be answered with a check mark either from the right "Excellent", "Acceptable" and "Weak", and "Notes" this is a free space for the social worker to explain why it is weak or acceptable.

The statements: "The House is Well Cleaned and Tidy", "The Financial Statues of The Family is Excellent", "The Family has Fulfilled the Adopted Needs (e.g. He/she Has Their Own room, Personal Equipment, A Play Room, Educational Resources)", "The Child Has Clean and New Clothing", "The Child Has a Bank Account and the Spending Matches His/her Needs", "The Child is Naturally Growing Regarding Body Features and Movement Aspects", "The Child Doesn't Suffer any Health Issues (e.g. ENT problems, Sight Adjustment, Speech Disabilities)", "In Case the Child Suffers from a Problem, How is the Family's Reaction", "The Child Can Naturally Move During the Visit and Can Practice His/her Usual Activities".

The second pivot has the title "The Cognitive and Psychological Aspect" and is followed by six statements which are: "The Child Attends a Kindergarten or Receives Proper Education", "The Child Can Speak and Puts Understandable Sentences", "The Child Spends a Suitable Time online/or on Video Games (i.e. Two Hours Daily)", "The Child Spends the Major of His/her Time with the Adoptive Parents", "During the Visit the Child Can Speak About His/her Schedule and Routine".

The third pivot is titled "The Social Aspect" with five main statements which are: "During the Interview the Family Seems to Love and Have Interest in the Child", "The Child Has Been Introduced and Accepted in the Extended Family and Its' Children in a Healthy Way", "The Family is Prepared to Face Any Future Issues that Will Come up to the Child", "The Parents Are Preparing the Child to Acknowledge His/her Social Situation", "The Parents Aren't Annoyed by the Social Worker's Visit".

After the pivots there is a row titled "The Social Worker's Impression" it's a free space to express thoughts.

After the impression, there is a row with the title "The Roles of Social Worker" this section is divided into four stages "Personal, Psychological, Social, Health/Religious Fulfillments" In case a social worker has done any form of immediate intervention.

At last, the "Name, Date, Signature" concluding the checkup form.

Appendix E

An Alternative Checkup Visits Form (Pre-Teen Category)

On the top is the country's logo, and the name of the ministry "The Ministry of Social Affairs". On the top right is the phrase "The Family Nursing Administration".

Following up the title "The Children age 7 to 12 Checkup form". Beneath the title are four primary information that are required from the right "The Child's Name", on the left "The Date of Birth/Age", on the following row from right "The Name of the Adoptive Family", on the left "The Date of Adoption".

Following up is the first pivot "The Financial and Educational Aspect" with eleven statements that must be answered with a check mark either from the right "Excellent", "Acceptable" and "Weak", and "Notes" this is a free space for the social worker to explain why it is weak or acceptable.

The statements: "The House is Well Cleaned and Tidy", "The Financial Statues of The Family is Excellent", "The Family has Fulfilled the Adopted Needs (e.g. He/she Has Their Own room, Personal Equipment, A Play Room, Educational Resources)", "The Child Has Clean and New Clothing", "The Child Has a Bank Account and the Spending Matches His/her Needs", "The Child Attends a School, and His/her Performance", "The Family Follows up with the Child Academic Level", "In Case the Child Suffers from a Problem, How is the Family's Reaction", "A Comfortable Study Environment is Provided"
for the Child to Study", "The Child isn't Suffering Any form of Educational Disability", "In Case a Child Suffers from Any Difficulty at School, Have Private Lessons Been Provided to Meet His/her Needs", "What are the IQ Test Results"

The second pivot has the title "The Health and Psychological Aspect" and is followed by seven statements which are: "The Child Doesn't Suffer any Health Issues (e.g. ENT problems, Sight Adjustment, Speech Disabilities", "The Child Grows Naturally Regarding Body Functions and Movement Functions", "In Case a Child Suffered Any Medical Issues Previously, How Was The Family's Reaction", "The Child Spends a Suitable Time online/or on Video Games (i.e. Two Hours Daily)", "The Child Spends the Major of His/her Time with the Adoptive Parents", "During the Visit the Child Can Speak About His/her Schedule and Routine", "The Child is Under an Extensive Care from The Adoptive Family and He/she Spends Time with Them"

The third pivot is titled "The Social Aspect" with nine main statements which are: "How Far has the Child Relation with His/her Parents Been Affected After Knowing the Social Situation", "The Child Has Been Introduced and Accepted in the Extended Family and Its' Children in a Healthy Way", "The Family is Prepared to Face Any Future Issues that Will Come up to the Child or Has Come", "The Parents Raising Attitude Meets the Modern Aspect of Raising a Child", "The Child is Learning the Kuwaiti Culture and Tradition", "The Child is Being Prepared to Puberty Stage and is Being Taught Self Hygiene", "The Parents Aren't Annoyed by the Social Worker's Visit"

After the pivots there is a row titled "The Social Worker's Impression" it's a free space to express thoughts.

After the impression, there is a row with the title "The Roles of Social Worker" this section is divided into four stages "Personal, Psychological, Social, Health/Religious Fulfillments" In case a social worker has done any form of immediate intervention.

At last, the "Name, Date, Signature" concluding the checkup form.

Appendix F

An Alternative Checkup Visits Form (Teen Category)

On the top is the country's logo, and the name of the ministry "The Ministry of Social Affairs". On the top right is the phrase "The Family Nursing Administration"

Following up the title "The Adoptees age 13 to 21 Checkup form". Beneath the title are four primary information that are required from the right "The Child's Name", on the left "The Date of Birth/Age", on the following row from right "The Name of the Adoptive Family", on the left "The Date of Adoption"

Following up is the first pivot "The Financial and Educational Aspect" with nine statements that must be answered with a check mark either from the right "Excellent", "Acceptable" and "Weak", and "Notes" this is a free space for the social worker to explain why it is weak or acceptable.

The statements: "The House is Well Cleaned and Tidy", "The Financial Statues of The Family is Excellent", "The Adoptees Have Been Issued All His/her Legal Papers", "The Adoptees Have His/her Own Room and Extra Accessories", "The Family has Fulfilled the Adopted Needs (e.g. He/she Has Their Personal Equipment, A Play Room, Educational Resources)", "The Adoptees Have His/her Own Bank Account, and the Ministry's Financial Help for The Adoptees is Being Saved in His/her Account", "The Adoptees Educational Level", "The Adoptee Doesn't Face Educational Obstacles. In case He/she Does Private Lessons are Being Provided", "The Adoptees Behavioral Aspect at School"

The second pivot has the title "The Health and Psychological Aspect" and is followed by eight statements which are: "The Adoptee Doesn't Use Psychological/Medical Medicines Regularly", "The Adoptee Have Hobbies and Practices Them", "The Adoptee Receives a Healthy Psychological Care from His/her Adoptive Family", "The Adoptee Doesn't Suffer Any Psychological Issues (e.g. Depression, Anxiety, ADHD, Obsession)", "The Adoptee Relation with the Adoptive Family is Safe, and they are very Adapted", "The Adoptee Doesn't Suffer Any Personal Issues (e.g. Self-Blame, Lack of Trust/Security, Personality Disorders", "The Adoptee Understands the Rule and Existence of Social Worker"

The third pivot is titled "The Social/Religious Aspect" with nine main statements which are: "The Adoptee Receives Enough Care and Love from the Adoptive Family", "The Adoptee Doesn't Suffer any Social Issues (e.g. Bullying, Bashfulness, Withdrawal)", "The Adoptee Has Made Good Friendship Groups", "The Adoptee is Very Comfortable with His/her Family"
and Isn't Annoyed by Being Adopted", "The Adoptee Understands The Religious Duties He/she Has to Commit to", "The Adoptee Regularly Worships, and Does All the Religious Practices He/she Has to do", "The Adoptee is Well-Suited with the Adoptive Family, and the Larger Community Regarding His/her Social Situation", "The Adoptee Understands the Kuwaiti Tradition and Culture", "The Parents Aren't Annoyed by the Social Worker's Visit".

After the pivots there is a row titled "The Social Worker's Impression" it's a free space to express thoughts.

After the impression, there is a row with the title "The Roles of Social Worker Regarding the Family and Adoptee" this section is divided into four stages "Personal, Psychological, Social, Cultural/Religious Fulfillments" In case a social worker has done any form of immediate intervention.

At last, the "Name, Date, Signature" concluding the checkup form.

Appendix G

A Practice Guide for Assessment and Intervention Plan (The Challenges File)

On the cover page is the country's logo, and the name of the ministry "The Ministry of Social Affairs". On the middle of the paper is the phrase "The Family Nursing Administration" and "The Adoptee's Challenges File".

The first page has a title "The Case File" this page has two main brackets; the first bracket is the "The Primary Data" from right to left are the following information: "The Name", "The Date of Birth/Age", "The Gender", "The Social Situation", "The Date of Adoption", "The Age When Adopted". The second bracket is a primary observation assessment; during the visits the social worker has noticed a challenge that need an intervention. The title is "The Problem type and identification" with eight categories that helps the social workers to classify the problem that need intervention, which are from right to left: "Social", "Disability/Disfunction", "Economic", "Legal", "Psychological", "Mental", "Behavioral/Developmental", "Other".

The second title is another form of helping assessment which has the title "The Study Procedures", and has the following information that need to be acknowledged; from top to bottom: "The Problems the Adoptee had Pre-Adoption", "The Adoptive Family Expectations, Pre-Adoption", "The Adoptive Family Expectations, Post-Adoption", "The Efforts Done to Contain the Situation", "The Problem Development (History)".

Later, there are five main areas that need to be known before giving a final assessment phrase. The information can be taken during the up-coming visits that will be dedicated to put up an intervention plan.

The first area has the title "The Health Perspective of the Problem", from top to bottom it has the following statements: "The Health Issues Pre-Adoption", "The Health Issues Post-Adoption", "The Physical History of the Adoptee", "The Chronic Medication", "Test Results (e.g. Intelligence, Hormones, Glands)".

The second are has the title "The Economic/Educational Perspective of the Problem", from right to left it has the following statements: "The Daily Allowance", "The Source of the Allowance", "The Spending Areas", "The Average of Spending Monthly", "The Current School Grade", "The School's Performance", "The Subjects that are Considered an Obstacle", "The Date of Being an Obstacle", "The Efforts to Overcome Those Obstacles", "Other Educational Difficulties", "Other Information Regarding those two Areas".

The third area has the title "The psychological/Social Aspect of the Problem" with the following statements from top to bottom that need to be addressed, which are: "The Psychological Issues Suffered by the Adoptee", "Symptoms and Date", "The Social Issues Suffered by the Adoptee", "The Social Situation of the Adoptive Family", "The Support and Care by the Adoptive Family", "The Other Social Groups that has an Effect in the Problem/The Adoptee Interests". Then in a separate section are statements that serve the psychological/social area, from top to bottom "The Adoptee Feelings Regarding the Problem", "The Adoptee Behaviors Regarding the Problem", "The Adoptee Thoughts Regarding the Problem", "How Does the Adoptee Observes Him/herself", "Other Notes".

The Fourth Area has the title "The Religious/Spiritual Perspective of the Problem" with the following statements from right to left, which are: "Does the Adoptee Keep Up with Praying (With Answers: No, Yes, Sometimes)", "Have The Adoptee Ever Been to Religious Travels (With Two Answers: Yes, No)", "The Adoptee Understanding Regarding the Religion (With Three Answers: Excellent, Good, Acceptable)", "The Remaining Religious Practices (e.g. Fasting, Charity Giving, Zakat)", "How Does The Adoptee Sees Him/herself and His/her Purpose in Life", "How Does the Adoptee Relate the Problem to
Religion (With Two Answers: Believes It's a Part of God's Plan, Frustrated About God's Plan), "In Case of Religious Frustration, Why So?", "Does the Adoptee Ethics Coordinates with the Culture and Religion", "Other Important Information".

The fifth area has the title "Other Sources for the Assessment" with the following statements from top to bottom: "The Summary of Medical/School Reports", "The Opinion of Other Professionals Regarding the Problem (e.g. The School's Social Worker, The Psychologist, The Assigned Doctor, The Religious Leader)", "The Adoptive Family Perspective Regarding the Problem", "Other Resources for the Assessment".

On a separate space is the final part of the assessment of the process with the title "The Procedure Area". With the following three statements: "The Problem from the Adoptee Perspective (Causes/Solutions)", "The Power Sources of The Adoptee", "The Final Assessment Phrase of the Problem".

The second part has the title "The Intervention Plan", with the following titles: "The Adoptee Needs", "The Adoptee and Social Workers Tasks", "The Application Methods and Period of Each Method".

The third part has the title "The Evaluation Area". The following statements from top to bottom are: the title "The Preface Evaluation", With the statements "From the Adoptee Viewpoint", "From the Social Worker Viewpoint", "From the Adoptive Family Viewpoint", "The Intervention Plan Fixing Areas, If Existed".

Following up the third part is the second evaluation with the title "The Semi-Evaluation (e.g. After Spending Half the Period of The Intervention Plan)". With the statements "From the Adoptee Viewpoint", "From the Social Worker Viewpoint", "From the Adoptive Family Viewpoint", "The Intervention Plan Fixing Areas, If Existed".

The final evaluation period has the title "The Final Evaluation (e.g. After Completing all the Intervention Goals)". With the statements "From the Adoptee Viewpoint", "From the Social Worker Viewpoint", "From the Adoptive Family Viewpoint", "The Intervention Plan Fixing Areas, If Existed".

Following up the evaluation area are two brackets with the title "The Other Approvals" and has another title beneath it "The Observer Approval". The Observer is the head social worker in the department, beneath the title there is a free space to write his/her notes, then there are two statements "The Name of The Observer", "The Approval Signature". The other bracket has the title "The Family Nursing Administer Approval" with the same procedure a free space to write his/her notes then the name and signature.

At last, there is a separate schedule titled "The Follow-Up Procedures" after the success of intervention plan and a positive evaluation this section is filled with three main columns that has the following titles: "The Method-Result", "The Day-Date", "The Place". After this schedule is filled with positive follow-up results three signature at the bottom which are "The Social Worker", "The Observer", "The Family Nursing Administer".

Resources


**Official Laws and Executive Regulations**


**Websites**


