

White Paper

Development of foster care in the Europe and Central Asia Region

Acknowledgements

This White Paper was conceptualized and guided by Aaron Greenberg, Regional Advisor, Child Protection, and Stela Grigoras, Child Protection Specialist, at UNICEF Europe and Central Asia Regional Office (ECARO). This version was authored primarily by Natia Partskhaladze, with the support of Stela Grigoras.

ECARO extends its appreciation to the professionals from the Europe and Central Asia region, including to the UNICEF colleagues in Croatia, Georgia, Moldova, Tajikistan and Turkey, who have informed the development of the paper. Special thanks are extended to the members of the External Reference Group: Louise Cox, Joanne Derrick, Robbie Gilligan, Maria Herczog, Florence Martin, Daniela Reimer, Joanne Rogers, Hugh Salmon, Ruslana Sirman, Rebecca Smith and Martina Stabi who have, in their individual and organizational capacities, played a critical role in shaping the White Paper.

Acronyms

CO	Country Office
CRC	United Nations Convention on the Rights of the Child
ECA	Europe and Central Asia
ECARO	(UNICEF) Europe and Central Asia Regional Office
MAPP	Model Approach to Partnerships in Parenting
MFC	Medical foster care
MTFC	Multidimensional treatment foster care
NGO	Non-governmental organization
PPA	Professional parental assistants
PRIDE	Foster Parent for Information Development and Education
QoL	Quality of life
SSW	Social service workforce
TFC	Treatment foster care
UASC	Unaccompanied and separated children
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund

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Glossary of terms and definitions

Alternative care relates to any arrangement, formal or informal, that aims to ensure the protection and well-being of children who are deprived of parental care or who are at risk of family separation.¹ Depending on the context, alternative care may be provided through kinship care, different forms of foster care, residential care (large and small-scale) or supervised independent living arrangements for children.

Children without parental care are all children who are not in the overnight care of at least one of their parents, regardless of the reason or circumstances.

Community-based care refers to the spectrum of services that enables individuals to live in the community and, in the case of children, to grow up in a family environment rather than residential care. It encompasses mainstream services, such as housing, healthcare, education, employment, culture and leisure, which are accessible to everyone regardless of the nature of their impairment or the level of support they require. It also refers to specialized services, such as personal assistance for people with disabilities, respite care and others. In addition, the term includes family-based and family-like care for children, including substitute family care, preventive measures and family support.²

Deinstitutionalization is a policy-driven process of reforming a country's alternative care system, which aims primarily to decrease reliance on institutional care for children (and other groups) with a complementary increase in family and community-based care and services; to prevent family separation by providing adequate support to children, families and communities; and to prepare children for the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living and reunification.

Family-based care refers to a short- or long-term care arrangement whereby a child is placed in the domestic environment of a family, rather than residential care.³ Such arrangements include kinship care, guardianship and foster care.

Formal care includes all forms of alternative care, including formal kinship care/kinship foster care, foster care or residential care placements, which have been ordered by an administrative or judicial authority or duly accredited body.

Foster care relates to situations where children are placed by a competent authority, for the purpose of alternative care, in a family other than their own that is selected, qualified, approved and supervised to provide such care.⁴ Foster care can be arranged

1 United Nations General Assembly (UNGA), Guidelines for the Alternative Care of Children, GA Res 142, UNGAOR, Sixty fourth Session, Supplement No. 49, Vol. I, (A/64/49 (2010)) 376, New York, 2010 https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf.

2 European Expert Group (EEG) on the Transition from Institutional to Community-based Care, The Common European Guidelines on the Transition from Institutional to Community-based Care, Brussels, 2012.

3 Ibid.

4 UNGA, Guidelines for the Alternative Care of Children.

by a competent authority, on an emergency, short-term or long-term basis, to respond to a number of diverse needs faced by children.

Guardianship is a term used in several ways, including: as a legal device to confer parental rights and responsibilities to adults who are not parents; or to refer to an informal relationship whereby one or more adults assume responsibility for the care of a child.⁵

Gatekeeping refers to recognized and systematic procedures to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.⁶

Institutional care is a form of residential care where residents are compelled to live together within an 'institutional culture'. The distinction between institutional care and other forms of residential care depends not only on the size of the facilities, but also on the nature and quality of the care provided. Institutional care segregates residents from the broader community and tends to be characterized by depersonalization, rigid routines, block treatment, isolation, and the use of a shift system. The requirements of the institution take precedence over individual needs.⁷

Kinship care is a family-based form of care within the child's own extended family or with close friends of the family who are known to the child.⁸ Kinship care can be provided as an informal arrangement, where a child is taken into care without third-party involvement, or as **formal kinship care** (kinship foster care), ordered or authorized by an administrative body or judicial authority. Formal kinship care involves an assessment of the family and the provision of continuing support and monitoring.⁹

Permanency / permanency planning - the term 'permanency' is used in relation to children's care to describe a long term, stable and continuous care arrangement that meets the child's social, emotional and developmental needs. The term most often describes living in (or returning to) the birth family or being formally adopted by another family.¹⁰

Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and their

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- 5 Better Care Network (BCN), Glossary of Key Terms, New York, n.d. (<https://bettercarenetwork.org/glossary-of-key-terms#top>).
 - 6 Cantwell, Nigel, et al., *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland, Glasgow, UK, 2012 (https://www.unicef.org/protection/files/Moving_Forward_Implementing_the_Guidelines_English.pdf).
 - 7 Lumos Foundation, *Putting Child Protection and Family Care at the Heart of EU External*, London, 2017 (www.wearelumos.org/resources/putting-child-protection-and-family-care-heart-eu-external-action/).
 - 8 UNGA, Guidelines for the Alternative Care of Children.
 - 9 Interagency Working Group on Unaccompanied and Separated Children, *Alternative Care in Emergencies Toolkit*, Save the Children, London, 2013.
 - 10 UNGA, Guidelines for the Alternative Care of Children.

community of origin in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.¹¹

Residential care refers to any group living arrangement where children are looked after by paid staff in a specially designated facility.¹² Residential care is care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.¹³

Social service workforce (SSW) is an inclusive concept referring to a broad range of governmental and non-governmental professionals and paraprofessionals who work with children, youth, adults, older persons, families and communities to ensure healthy development and well-being. The SSW constitutes a broad array of practitioners, researchers, managers and educators, including, but not limited to, social workers, social educators, social pedagogues, child- and youth-care workers, youth workers and case managers, with social work playing the dominant role in the sector.¹⁴

Supported independent living is where a young person is supported to become independent in their own home, a group home, hostel, or other form of accommodation.¹⁵

Small-scale residential care is a public or private, registered, non-family-based arrangement that provides temporary care to a group of 4 to 6 children, staffed by highly trained, salaried carers, applying a key-worker system. A high caregiver-to-child ratio allows for individualized attention for each child, based on a professionally developed case plan that takes the voice of the child into account.¹⁶

Unaccompanied minor / child is defined as a minor under the age of 18 who is a third-country national or stateless and who has arrived without an adult who is responsible for them, whether by law or by custom, or who has been left unaccompanied within the territory of the European Union Member States.¹⁷

11 Wedge, Joanna, Reaching for home: Global learning on family integration in low and middle-income countries, Interagency Group on Reintegration, 2013.

12 BCN, Glossary of Key Terms.

13 UNGA, Guidelines for the Alternative Care of Children.

14 Global Social Service Workforce Alliance, Defining the Social Service Workforce, Briefing Paper, n.d., Washington D.C. (<https://www.socialserviceworkforce.org/sites/default/files/uploads/Definition-Social-Service-Workforce.pdf>).

15 Save the Children, Protection Fact Sheet: Child protection and care related definitions, London, 2017 (<http://resourcecentre.savethechildren.se/sites/default/files/documents/5608.pdf>).

16 UNICEF ECARO, *The role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia Region*, White Paper, Geneva, 2020.

17 European Union, Council Directive on the rules for giving temporary protection in the event of a mass influx of displaced persons and measures promoting a balance of efforts between EU Member States, Brussels, 2001.

Executive summary

After decades of evidence-based advocacy and policy dialogue, many governments in the Europe and Central Asia (ECA) region have achieved significant progress on the reform and deinstitutionalization of their national child care systems. They have reduced reliance on harmful institutional care by introducing new community-based services to support families, and new family-based services for children who need alternative care. They have also integrated foster care into existing alternative care systems. However, foster care remains underdeveloped and misunderstood in many countries in the region, and it still relatively unknown to local communities. As a result, alternative care in some countries still relies on institutional care as the only alternative for children who lose the care of their parents and for whom kinship care cannot be arranged, rather than the alternative of last resort. While kinship care is a vital form of support (and often the best alternative for a child lacking parental care), it is rarely available because of a lack of system capacity to support kinship carers.

The UNICEF Europe and Central Asia Regional Office (ECARO) has initiated a participatory process of drafting a White Paper on the development of foster care to support national governments and UNICEF Country Offices in the region in their efforts to develop and strengthen foster care as part of national alternative care systems. The paper seeks to address key questions from policy-makers and practitioners and serve as an advocacy document to inform and promote the strengthening of foster care as part of the alternative care system in the countries of the ECA region.

Evidence from global and regional evidence on foster care shows that the development of foster care services should follow and be linked with, and not substitute for, the wider **strengthening of the system of child protection**. The priority should be to ensure that the overall national child protection system provides comprehensive support to children and their families in the community, and this includes having in place the infrastructure required for the provision of alternative family-based care services, including foster care.

The development and diversification of foster care services should reflect and be adapted to the different **social, economic, and cultural contexts** and **system capacities** that determine the need for alternative care. These contextual factors include the availability and capacity of kinship care, the challenges faced by families at risk of separation, and the needs of children already separated from their parents and placed in institutional care.

For foster care services to function effectively, they should be well-defined by a **normative framework** that supports and regulates different aspects of foster care. This framework includes legislation in the fields of social and child welfare and other related sectors, system capacity, quality standards, statutory guidance and standard operating procedures. The role of the government in monitoring and evaluating compliance with the requirements outlined in these laws, policies and procedures, and the strength and quality of foster care within the alternative care system, should also be mandated by a country's normative framework.

The **financial benefits** of ending reliance on institutional care and prioritizing funding for family support services and family-based alternative care options has been demonstrated across a wide range of countries and regions. Authorities should ensure accurate costing of the alternative care services to generate costed transformation plans and a budget for sustainable provision of foster care services for children with diverse and complex needs. This costing should give full consideration to the budget for service provision, as well as infrastructure and maintenance, administration, support services and other direct and indirect costs. In the countries that are currently developing their social service workforce and support services, governments should not expect or require immediate cost savings from the transition from institutional to family-based forms of care, including foster care. Rather, they should measure the benefits of this transition in terms of the positive outcomes for children and their overall well-being and physical and mental health, combined with, and later sustained by, the future fiscal space generated by the long-term reduction in government spending on costly, ineffective and harmful forms of institutional care.

The availability of a qualified, well-funded and supported **social service workforce** that works in close coordination with other professionals should be seen as one of the most critical requirements for an effective foster care service, given that social workers play a leading role in determining the best interest of a child. If, after considering and exhausting all family support options, a social work assessment indicates that a child requires out-of-home placement, the provision of this services should be guided by the principles of the UN Guidelines for the Alternative Care. These prioritize family-based forms of care, starting with kinship care, but also including foster care, as well as adoption (when needed and suitable as a permanent solution). These family-based forms of care, the guidelines state, should be prioritized over residential forms of alternative care. However, in developing a new service and practice such as foster care, a delicate balance needs to be struck between ensuring that the development of foster care services meets the needs of children, who cannot be cared for by kinship carers, while not replacing or preventing children from growing up in their communities and culture, and maintaining their ties and relationships with relatives. To help achieve this balance, kinship care should be sufficiently supported through legal recognition, financial compensation and services.

If it is determined that the use of foster care is in the best interest of a child, the system should be equipped to meet the diverse needs of that child in a stable, culturally and ethnically relevant foster care environment. Although this White Paper outlines different **types of foster care services**, they should not be seen as rigid care options and should, instead, be adapted to the immediate and long-term care needs of individual children and their families, including children with disabilities, children with complex behavioural, emotional, mental or physical health problems, and children in conflict with the law.

Governments should consider utilizing the resources of non-state actors to support the development of local, innovative models of foster care; improve the recruitment, training and support of foster carers; and strengthen the quality of these services

overall. The **outsourcing** of some or all components of foster care services to non-profit organizations, working under the leadership and control of the responsible state entities, has proven to be an effective approach in many countries.¹⁸

Growing demands for foster care have resulted in a shift in many countries from understanding foster care as a voluntary activity associated with ordinary tasks, to seeing it as a role that requires specific skills, training and support. The question of whether it is helpful or appropriate to transform foster care into a formal occupation, and precisely what this would entail, is still being debated across this region. Nevertheless, the professionalization of foster care services is an approach that is already being adopted by some countries in ECA. It involves a stronger emphasis on the assessment, registration, training and monitoring of foster care, as well as monetary compensation for the work of carers. This is a significant development, which includes some key elements of promising practice, in particular for children who need complex support.

The White Paper concludes that the development of a well-functioning foster care service is only possible if it is integrated into an effective child protection system that aims to ensure that every child grows up in a safe family. National governments should, therefore, prioritize the strengthening of their child protection systems and their structures before they consider recommendations specific to the strengthening of foster care services.

Follow-up work by the UNICEF Country Offices (COs), governments and national partners is needed to contextualize the evidence and recommendations outlined in this White Paper. This work will be even more effective if it engages with a **multisectoral** and **multiagency national reference group** that is led by the state and has technical support from UNICEF. **National strategic planning** to strengthen family-based alternative care services, including foster care, should build on the assessed needs of children who are currently placed in residential services or at risk of family separation. Work at the country level will be further supported by the **network of regional experts**. This network could be ideally placed to share promising practices and the latest research evidence. It could also provide technical advice, support pilots and monitor the development of context-specific foster-care services and support systems in countries that are seeking to develop them.

¹⁸ While there are countries that outsource alternative care services to the private sector, this white paper does not explore this dimension and whether involvement of the private sector in the provision of alternative care is an effective approach to quality and affordability.

Introduction

Background

The development of foster care in the Europe and Central Asia (ECA) region should be seen in the context of a global movement for child care system reform, framed by the key principles of the United Nations Convention on the Rights of the Child (CRC, 1989), the UN Convention on the Rights of Persons with Disabilities (CRPD, 2006), the UN General Assembly Resolution on the Rights of the Child (2019) and the UN Guidelines for the Alternative Care of Children (2010). In Europe, these principles have been confirmed and further articulated in Article 16 of the European Social Charter (ESC, 1996) and the Common European Guidelines for the Transition from Institutional Care to Community-based Care (2012).

Together, these conventions and guidelines provide a clear normative framework, which emphasizes that states should: invest in child and family-oriented community based social services; develop and strengthen laws, policies and programmes; and ensure that the social service workforce (SSW) and allied workforces in health, education, justice and social protection can address root causes and prevent the unnecessary separation of children from their families. They also emphasize the need to ensure that children with disabilities and other stigmatized and socially excluded children can live with their families and receive the support they need within their communities in terms of health, education, justice, play and leisure. This normative framework and policy vision, which emphasizes family support and prevention, has moved the global agenda on child care towards a more universal, child rights-based approach and away from a narrower focus on the closure of large-scale institutions.

In the ECA region, decades of evidence-based advocacy and policy dialogue informed by this vision¹⁹ have resulted in significant progress in many countries in the reform and deinstitutionalization of national child care systems. This has been achieved through the development of effective, preventive and responsive family strengthening and family support mechanisms to reduce reliance on harmful institutional care.

In many ECA countries, however, foster care is still underdeveloped, misunderstood and often unknown at local level, even though it is a key element of the transition from institution-based to family-based care services.²⁰ National care systems in these countries, therefore, still tend to rely on institutional or kinship care. While kinship care is a vital form of support (and often the next best alternative for a child after parental care), it is becoming less of a viable option for many children because of the weakening of kinship ties, migration, social and economic instability and armed conflicts, combined with limited support from governments for kinship arrangements. When kin are not

¹⁹ 'Evidence-based' refers to an approach in which advocacy and policy development are based on the practical application of the findings of the best available current research.

²⁰ Juraev, Jovidsho, *Study Report - Rapid Assessment of Guardianship and Trusteeship systems in Tajikistan*, UNICEF Tajikistan, Dushanbe, 2020.

assessed for suitability and potential risks, and not supported and monitored, kinship care can also leave children at risk of neglect, exploitation or abuse.

Formal foster care arrangements have been introduced or piloted in countries where the development of alternative care systems is more advanced, but they need continued support and investment to ensure that these new forms of care, and the systems to support them, are implemented and sustained successfully at scale, so that no child is left behind unnecessarily in institutional care, or suffers from low-quality community-based alternative care services.

It is apparent, therefore, that while countries in the ECA region have made significant progress in developing foster care and that many are fully replacing institutional care, there is still considerable room for improvement in most countries. Up-to-date evidence and well-contextualized guidance can help national decision-makers in their efforts to reduce the harmful effects of institutional care, strengthen the continuum of child care services, prevent unnecessary family separation, improve the quality and effectiveness of family-based alternative care services, and, overall, ensure better outcomes for children and societies.

Aims of this initiative

To enhance understanding of the role of foster care in child care systems and to further inform the national governments and UNICEF COs in the ECA region, the UNICEF Regional Office has initiated a participatory process to develop a White Paper on the strengthening of foster care. The main aim of the paper is to examine the place of foster care in the continuum of child care services and take stock of the different forms of foster care that countries have developed to respond to a diverse range of children who can benefit from this form of family based care. To do so, it addresses key questions posed by policy-makers and practitioners, identifies the main obstacles they face in developing different forms of foster care, and serves as an advocacy document to promote the strengthening of the foster care system across the region. The paper applies a rights-based and equity-informed approach, with a focus on ensuring that the foster care system is equipped to address the needs of children with disabilities, children from minority groups, and other at-risk children.

The stage of development of foster care systems differs significantly across the countries in the ECA region, ranging from countries with a long history of providing a variety of foster care services, to countries where family-based alternative care is restricted to informal kinship care.²¹ Given this diverse range of contexts and needs, this paper will attempt to address a similarly wide range of questions relevant to different contexts, as follows.

1. What is foster care and how does it differ from kinship care?

21 Juraev, J., *Study Report – Tajikistan*.

2. Is it necessary to formalize family-based alternative care options, and what are the challenges of formal compared to informal care services?
3. What are the different types of foster care and how can they ensure continuity of care for children in need?
4. What are the key elements of child care systems required to ensure the provision of quality foster care services?
5. What is the role of the state in regulating, providing and supporting foster care services and how can the government engage non-state actors in strengthening this system?
6. What are the key components of foster care systems that are required to ensure that service provision is of high quality, effective and efficient?
7. How can the motivation and commitment of foster carers, standards or foster care and the quality of child care systems and services be increased and maintained to ensure that no child is left behind without a safe and caring family environment?

Above all, it is hoped that the White Paper will inform the future development of foster care in the ECA region by setting out how to achieve and maintain an appropriate balance between different forms of family-based alternative care. This entails ensuring that children are only placed in alternative care when necessary, and always in the most suitable form of care for their needs, while keeping the emphasis on preventing family separation in the first place, wherever possible.

The primary audience for this White Paper are UNICEF Country Offices, which are equipped to provide technical support to the national and sub-national governments, and to other non-state actors currently or potentially engaged in planning, developing, providing and supporting foster care systems. It also aims to reach academic institutions, professional associations, associations of foster carers, children and parents in contact with the state care system, as well other UN agencies working in child and social protection.

Key definitions

To standardize the use of terms and promote wider understanding of key concepts, the White Paper uses the definitions applied in the 'UN Guidelines for the Alternative Care of Children',²² 'Moving Forward: Handbook for the Implementation of the Guidelines',²³ the 'Better Care Network Glossary',²⁴ the 'Guidelines on Children's Reintegration',²⁵ and other regional and global materials.

Alternative care is any arrangement, formal or informal, to ensure the protection and well-being of children who are deprived of parental care or who are at risk of family separation.²⁶ It may be provided through foster care, kinship care, residential care (large- or small-scale) or supervised independent living arrangements for children.

Foster care is defined in the UN Guidelines for the Alternative Care as "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care."²⁷ It can be arranged by a competent authority to address a variety of needs on an emergency, short-term or long-term basis depending on the situation that leaves a child in need of alternative care.

Kinship care is a family-based form of alternative care provided within the child's own extended family or with close friends of the family who are known to the child.²⁸ The provision of these services should be guided by the principles of the UN Guidelines for the Alternative Care and should, therefore, prioritize kinship care over other forms of alternative care.²⁹ This can be an informal arrangement: a child is cared for by someone in their kinship network without the involvement of any third party, state or non-state. In many countries of the ECA region, such arrangements are also referred to as 'patronat'. Where kinship care is a formal arrangement, it has been ordered or authorized by an administrative body or judicial authority.³⁰ This is referred to as kinship foster care in some countries of the ECA region (see Glossary for more details).

22 UNGA, Guidelines for the Alternative Care of Children.

23 Cantwell et al., *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*.

24 BCN, Glossary of Key terms.

25 Family for Every Child, *Guidelines on Children's Reintegration, developed by the inter-agency group on children's reintegration*, London, 2016 (<https://familyforeverychild.org/report/guidelines-childrens-reintegration-2/>).

26 UNGA, Guidelines for the Alternative Care of Children.

27 UNGA, Guidelines for the Alternative Care of Children.

28 Ibid.

29 Better Care Network (BCN), Key recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care, New York, 2019.

30 Interagency Working Group on Unaccompanied and Separated Children, 'Alternative Care in Emergencies Toolkit'

Methodology

A **desk review** was the main method used to develop this paper. The review covered secondary data from five 'spotlight' countries: Croatia, Georgia, Moldova, Tajikistan and Turkey. These were selected by UNICEF ECARO in consultation with the UNICEF COs, as countries either currently very interested in and committed to developing foster care, or as countries with a track record of promising practices in the development of their foster care system. The desk review also covered other countries in this region with advanced foster care systems developed over many years, which have made great efforts to diversify and strengthen their systems and services.

More specifically, the desk review covered:

- grey literature: a range of documents developed by non-governmental organizations (NGOs), UNICEF and other entities, including relevant reports, country legislation, technical standards and guidance, programming reviews, evaluations and analysis
- peer-reviewed literature: journal articles that discuss the evidence base for foster care, with analysis at national, regional or global level of foster care systems and services
- Internet and websites: information on government statistics and other selected information on published pages of websites.

Key informant interviews were conducted with the UNICEF representatives of the spotlight countries, as well as experts and key actors from the field globally. These consisted of in-depth interviews to identify the main discussion questions the paper should address, and the ways in which such a paper could benefit national actors.

External Reference Group consultations were conducted through online meetings and e-mail exchanges to inform the process of drafting the White Paper and review the working versions prepared by the international consultant. The members of the group included the field experts representing the regional and global academic institutions and other organizations.

Learning from global and regional evidence on foster care

The overall system of child protection

There is a long way to go before ending long and painful legacy of institutionalisation of children in ECA region. According to the UNICEF latest report, 456,000 children across ECA region live in residential care facilities including large-scale institutions.³¹ The rate of children living in residential care facilities across ECA region is double the global average, with 232 per 100,000 children living in residential care facilities in ECA region compared to 105 per 100,000 globally. Western Europe has the highest rate of children in residential care facilities at 294 per 100,000 children – nearly triple the global average. The higher rate of children living in residential care facilities in Western Europe is partly due to an increase in unaccompanied and separated children and young people fleeing conflict and seeking asylum in Europe in the last decade. Data from 2021 show a reduction in the proportion of children living in residential care facilities out of all children living in alternative care in many countries in the region since the last analysis in 2010. In 15 out of 23 countries in ECA region reporting data for formal family-based and residential care, more than two-thirds of children in formal alternative care were in formal family-based types of care in 2021. Data suggest that family-based care has become the main type of formal alternative care arrangement in countries where residential care used to dominate (Bulgaria, Georgia and Moldova), as governments pursued deinstitutionalization policies and made significant investments in family-based care. In Türkiye and Romania, investments in prevention and family support and promotion of foster care have helped reduce the number of children in certain types of residential care facilities, such as children's homes.

The use of residential care, and particularly large-scale institutions, runs counter to the rights of children enshrined in the UN CRC, and to the extensive evidence of the physical, neurobiological, psychological, mental health and economic harm and costs of institutionalization, and of the potential benefits of reforming child welfare systems to end their reliance on such institutions. Consequently, many key national, regional, and global players in the field of child care reform have developed evidence-based policy recommendations on reforming national child protection systems and reducing reliance on institutional care.

Annex 1 provides a summary of the recommendations issued by the global coalition of 256 organizations, networks, and agencies for inclusion into the 2019 United Nations General Assembly (UNGA) Resolution on the Rights of the Child.³² The recommendations outline priorities to deinstitutionalize child care systems and make the shift towards family and community-based care options and equal treatment of children with disabilities. Their implementation is of critical importance in shaping

31 UNICEF Regional Office for Europe and Central Asia, TransMonEE analytical series: Pathways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia, UNICEF, Geneva, 2024

32 BCN, Key recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care.

not only how services are provided, but in building the infrastructure required for strengthening family-based care alternative care services, including foster care.

Similar priorities were identified as key for the implementation of comprehensive care reform during the 2021 Day of General Discussion on children's rights and alternative care organized by the Committee on the Rights of the Child, with the participation of almost 2,000 children and young people from across the world.³³ In the ECA region, these priorities have played an important part in shaping the reform priorities of the last two decades.

The social, economic and cultural context affecting the use of foster care

The way in which alternative care services, including foster care, have been developed and used has, to a large extent, been determined by the political, socio-economic, and cultural context of each country.³⁴ As foster care is an element of child welfare services, it is seen as a family-substitute service that is provided in the systems where state care is used more often as a last resort to protect a child in cases of abuse or neglect, and is decided upon by a court order or a decision of special commission, or when the child's parents are simply unable or unwilling to provide appropriate care. Examples of countries that use this approach include Australia, England and the United States (US). In England in 2018, 65 per cent of children taken into state care had suffered abuse or neglect. By contrast, in the systems that place more emphasis on family strengthening (e.g. Germany, Finland and Sweden), the entry of children into care is more often voluntary, i.e. with the agreement of the family, as a form of support for families that face difficulties. In such contexts foster care is more often used as a preventive mechanism of family support or to address a child's complex needs,^{35 36} and is provided in addition to direct support for the child's biological family. In both types of country, however, foster care is considered as a form of alternative care only after supported kinship care (which is usually seen as preferable) has been considered and ruled out as not safe or viable.

In a third category of countries, in particular in the ECA region, a more common reason for placing a child in alternative care is poverty, or its effects, in combination with other factors. This is particularly the case when social protection systems do not provide an adequate safety net for families that are experiencing economic hardship and other

33 Committee on the Rights of the Child, *Outcome Report: 2021 Day of General Discussion on Children's Rights and Alternative Care*, Geneva, 2021.

34 Attepe, Seda and Serap Arsal Tomas, *Specialized Foster Care for Children who are Victims of Crime or Juvenile Offenders*. Literature Review, Turkey, n.d.

35 Attepe, S. and Tomas, S. A., 'Specialized Foster Care for Children who are Victims of Crime or Juvenile Offenders'.

36 Laklija, Maja, *Foster care models in Europe*. Forum for quality foster care, Zagreb, 2011.

socio-economic challenges and shocks.^{37 38} In such contexts, however, poverty alone is rarely a sufficient reason for a child to be placed in alternative care. Poverty instead tends to be an underlying factor, which tends to intersect and reinforce other risk factors, including homelessness, unemployment, divorce, single parenthood or teenage pregnancy, domestic violence, substance abuse or imprisonment, or any combinations of these adverse experiences. An additional contributory cause of family separation is stigma and discrimination against children and persons with disabilities, as well as certain ethnic minority groups (e.g. Roma), who are many times more likely to be institutionalized in most countries in the ECA region than members of the general population.^{39 40} The development of foster care in these systems should, therefore, be tailored to the needs of children from the groups that face the highest risk of family separation, as well as to children who have already experienced family separation and who have already been placed in an institution.

In these contexts, efforts to develop foster care should strengthen gatekeeping mechanisms – the mechanisms of assessment and decision-making – for two reasons. First, to determine whether a child is in need of alternative care, and second, to decide the best and most suitable form of placement given that child's needs. These are principles that are summarized as the *necessity* and *suitability* principles in 'Moving Forward' the handbook on the implementation of the UN Guidelines for the Alternative Care of Children.⁴¹ Given that poverty and social exclusion is a major driver of family separation, governments need to establish a range of social services that aim to support children to remain with their families. Children are often deeply traumatized by family separation, and the costs of providing alternative care can often be higher than the costs of supporting a biological family to maintain their children and overcome adversity.

The development of foster care services is often influenced by affordability and the overall economic situation within the country. A recent study in the US, based on administrative data from 1996 to 2016, suggests that an increase in payments to foster carers, economic factors like affordable housing prices, a higher minimum wage, and higher female employment predict a better development of foster care services, which have been replacing residential services for children. Interestingly, higher labour-market income does not reduce carers' motivation to foster a child. Instead, it tends to result

37 Carter, Richard, *Family Matters: A Study of Institutional Child Care in Central and Eastern Europe and the Former Soviet Union*, EveryChild, London, 2005.

38 Browne, Kevin, Shihning Chou and Kate Whitfield, K., *Child Abandonment and Its Prevention in Europe*. The University of Nottingham, UK, 2012.

39 Csaky, Corinna, *Why Care Matters: The importance of adequate care for children and society*, Family for Every Child, London, 2014.

40 European Roma Rights Center, *Blighted Lives: Romani Children in State Care*, Brussels, 2021 (http://www.errc.org/uploads/upload_en/file/5284_file1_blighted-lives-romani-children-in-state-care.pdf).

41 Cantwell et al, *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*.

in people committing to start or continue to foster a child out of altruism, even when minimum wages are higher than foster carers' compensation.⁴²

In addition to these systemic factors, cultural norms and traditions also play important roles in the development of foster care services. Until now, such norms have restricted the development of this form of care in some countries in the Central Asian countries. Indeed, as a result of the wide variety of contexts and attitudes towards foster care, the development of foster care systems in the region differs significantly across countries, ranging from well-recognized and developed systems to situations where informal kinship care is the only available family-based alternative care option for children who need out-of-home placement, which leaves institutional care as the only option for children who for various reasons cannot remain or return to the care of their family.

Legislative and policy frameworks

Countries with developed foster care systems have well-defined normative frameworks that regulate and support the provision of foster care. These include legislation, regulations, standards, statutory guidance, and standard operating procedures in the fields of social welfare, child protection and allied sectors. To measure compliance with the requirements outlined in these documents, fostering services are normally subject to monitoring by national or local inspection bodies, the mandates of which are also outlined in the normative framework.

While the legal framework varies from country to country, common elements and principles found in many jurisdictions include:

- **The objectives, principles, and procedures of foster care**, including defining the place of foster care in the child welfare system, stipulating the qualifications and responsibilities of foster carers who provide different types of foster care, and setting out requirements for the pre-service and continuous training of foster carers and for their ongoing supervision.
- **Procedures for foster care services and the monitoring of foster care placements**, including registration and licensing of providers, and requirements for selection, assessment and approval of foster carers. Procedures often outline requirements for initial and ongoing assessments of the child's needs and well-being, and ongoing support, monitoring and evaluation for each foster care placement. Monitoring and support are essential to maintain the quality of the foster home environment, which studies have found to be essential for children's positive experience of, and outcomes from, foster care.⁴³

⁴² Marinescu, Ioana, Fei Tan and Johanna K.P. Greeson, 'Economic conditions and the number of children in foster care', *Children and Youth Services Review* 144/2023.

⁴³ Font, Sarah and Elizabeth T. Gershoff, *Foster Care and Best Interests of the Child Integrating Research, Policy, and Practice*. Springer Nature, Switzerland, 2020.

- **Standards that determine the financing of foster care**, based on the running costs and the allowances and benefits provided to foster carers, and the sliding scale of rates available for different types of foster care. These standards and regulations should ensure that foster carers are reasonably reimbursed for the expenses they incur while providing care and are offered a differential rate structure to meet the varying needs of children, and that funding is in place for the support services needed for children in foster care.
- **Guidelines and procedures for gatekeeping (assessment and decision making on entry into care)**, covering the placement of children in foster care and supporting plans for reintegration. Gatekeeping procedures also cover the mandates, roles and responsibilities of statutory decision-making statutory bodies. In cases where reintegration is not possible, and permanency in alternative care or adoption has been determined as being in the child's best interests, the legal framework also establishes the procedures and requirements for the termination of parental responsibility / parental rights, and the provisions for adoption or other forms of permanent placement.
- **The rights of children in care, prioritizing their best interests and well-being**, with legislation, regulation and procedures in place to determine how to protect children from all forms of violence, abuse, neglect and discrimination. These should also cover children's entitlement to essential services, to opportunities for personal development, and to support for leaving care, both to prepare them for this transition and to support them afterwards. Regulations in some countries also outline the requirement to recruit foster carers of minority ethnic origins (e.g. from Roma communities) in order to meet the cultural, religious, linguistic needs of the children in need of foster care.
- **Qualifications, competency requirements and mandates are required for social workers**, and other social service and allied workforces, for the effective functioning of the foster care system, including all of the other elements listed here.

Above all, a well-defined normative framework is essential for the establishment of a common understanding of how foster care will be organized and used, based on a common language to enable effective communication between professionals, policy-makers and the public.

As an example of how such a normative framework can be developed over time, the practice of fostering children has a long history in the United Kingdom (UK), with foster care first legally recognized in the 1926 Adoption of the Children Act (already practiced in the 19th century). Since then, the country has developed a wide range of laws and regulations that facilitate the effective functioning of the foster care system. Croatia is a more recent example from the ECA region of a country with a thoroughly regulated foster care system. Here the system is legislated by the Laws on Social Welfare and on Foster Care, as well as laws from the sectors of education, healthcare and justice. The key Foster Care Act (as passed in 2007 and then amended in 2011, 2018 and 2022)

is further supported by a number of ordinances and rulebooks that regulate different aspects of foster care, including mechanisms for the issuing of annual awards for the exceptional achievements of foster carers.^{44 45} The latest version of the Foster Care Act introduced three different types of foster care (traditional, kinship and professional).

When discussing a normative framework, particular attention needs to be paid to quality standards for foster care, which are essential to improve its quality.⁴⁶ Analysis of systems in European Union (EU) member states shows that all of them now have quality standards for children in foster care. These set out requirements for the licensing of foster care providers, followed by the process for skills training and capacity building. Such quality standards should be continuously revised and adjusted to the evolving needs and circumstances of children. The standards should be produced at national level and applied consistently across the country. Service providers, researchers, experts, foster parents' associations, and foster children themselves should all be involved in the design of these quality standards.⁴⁷

In systems where kinship care is partially or fully formalized (discussed below), the normative framework also outlines the specific norms, support and requirements for formal kinship care. However, it is important to avoid excessive bureaucratization of kinship care and to ensure that existing regulations aim primarily to better support, rather than restrict, safe and suitable arrangements in which children live with family members or others in their kinship network.

Costs of alternative care

Extensive evidence collected worldwide indicates that the indirect, as well as direct, costs of residential care – particularly large-scale institutional care – far exceed those of community-based care services. The following points outline examples of the direct costs.

- Studies in Moldova, Romania, Russia and Ukraine show that: **institutional care** is **six** times more expensive per beneficiary than **family support services**; **large-scale institutions** cost **three** times more per resident than **foster care** and **twice** more than **small group homes**.⁴⁸ This last finding is echoed across

44 ICF and the European Centre for Social Welfare Policy and Research, *Peer Review on Furthering quality and accessibility of Foster Care Service in Croatia*, European Commission, Brussels, 2021.

45 UNICEF, 'Manual for conducting basic and additional training of foster parents for children', UNICEF Croatia Country Office and Sirius, Zagreb, 2020.

46 Matheson, Ian, 'Foster care standards: A four country study', presentation to the IFCO World Conference, 12-17 July 2009.

47 Reimer, Daniela, Thematic Discussion Paper Better Quality in Foster Care in Europe – How can it be achieved? DG Employment, Social Affairs and Inclusion. Conference: EU Peer Review on Foster Care in Croatia, 2021 (<https://shorturl.at/psDJQ>).

48 Ecorys, *Family-type Care vs Residential Care Costs*, Rotterdam, 2022 (https://bettercarenetwork.org/sites/default/files/2023-10/family-type_care_vs_residential_care_costs.pdf).

Central and Eastern Europe where the cost per child of **large-scale residential care** has been shown to be **three to five** times that of **foster care**.⁴⁹

- For children with special needs, a study conducted in 13 countries in Europe showed that **institutional** care is **twice** as expensive as **foster** care for children.⁵⁰
- In the US, **institutional** care has been found to cost **three to five** times more than **family support**, per child.⁵¹
- In the UK, the annual cost of keeping a child in **foster care** was found to be around **five** times lower than **residential care**.⁵² Other studies in the UK found it is even more economical to support a child in **kinship care** (9.5 times less), and the least expensive option was to support a child in their own, **biological family** (12.5 times less).⁵³
- The use of short-term foster care to prevent longer-term family separation may require an intensive initial investment, but its benefits are likely to outweigh these costs in the long run by reducing the number of children staying in the child care system overall for long periods. It is also likely to reduce the cost of having to support children who leave care only on reaching adulthood, as they often require several years of additional support to transition to independent living in the community. The prevention of separation of children from parents in the first place, through intensive family support in the community, has been found to be even more cost-effective.⁵⁴

Those who defend the high costs of institutional care may argue that the children are receiving intensive care for complex needs, but evidence from Eastern Europe suggests that the high costs of institutional care are not, in fact, the result of higher spending directly on the needs of children, but rather the result of high administrative costs and overheads. Typically, 33 to 50 per cent of the employees of such institutions do not work directly with children, but rather as cooks, guard, gardeners, administrators and others who maintain the infrastructure, and these costs tend to remain high even when the number of children in the institution is reduced.⁵⁵

49 Family for Every Child, *The place of foster care in the continuum of care choices*, London, 2015.

50 Browne, Kevin, et al., 'A European Survey of the Number and Characteristics of Children less than Three Years Old in Residential Care at Risk of Harm', *Adoption & Fostering* 29(4), 2005.

51 Annie E. Casey Foundation, 'Coping with the Unique Challenges of Kinship Care', Baltimore, 2018 (<https://www.aecf.org/m/blogdoc/aecf-copingwiththeuniquechallenges-guide-2018.pdf>).

52 Curtis, Lesley, *Unit Costs of Health and Social Care 2010*, Personal Social Services Research Unit, University of Kent, Canterbury, 2010.

53 Ward, Harriet, Lisa Holmes and Jean Soper, 'Costs and consequences of placing children in care', in the Report of the Ad Hoc Expert Group on the Transition from Institutional to Community-Based Care, Jessica Kingsley Publishers, 2009.

54 George, Shanti, Nico Van Oudenhoven and Rekha Wazir, *Stakeholders in Foster Care. An International Comparative Study*, International Foster Care Organisation and International Child Development Initiatives, Sheffield, UK, 2001.

55 Browne, Kevin, et al., 'Overuse of Institutional Care for Children in Europe', *British Medical Journal* 332,485–487, 2006.

Nevertheless, when planning for the development of foster care system, policy-makers need to be prepared for the high start-up costs that a quality foster care system requires, particularly when the social service workforce to support children in foster care, and associated support services, first need to be developed and strengthened. Governments, therefore, need to cost and budget not only for the benefits and payments for foster carers, but also for the development and strengthening of other components of the foster care system.

Analysis of the cost of foster care systems concludes that, over the long-term, foster care services are likely to be less costly to run than residential care and will be able to extend support to a greater number of children and families. However, the transition of services from institution-based care to foster care will not usually result in immediate cost savings, given the start-up costs. It is important, therefore, to evaluate the benefits of different forms of care in terms of the outcomes for children in the long run, when the benefits of family-based care over institutional care tend to be more significant and discernible.⁵⁶

56 Carter, *Family Matters*.

Foster care

While there is no universally recognized single definition of foster care – which means that the term is defined and used differently around the world – one parameter of foster care is taken as a fundamental and defining element for the purpose of this paper, namely the **formal placement of a child in the domestic environment of a ‘stranger’ family, based on the decision of an official body**.⁵⁷ Examples analyzed below are based on the experience of the countries with a long history of implementing foster care, including success in making foster care the main type of formal alternative care (e.g. Australia, France, Spain, Netherlands, UK and the US).⁵⁸ England, for example, currently provides foster care to about 75 per cent of children in out-of-home placement, including children with disabilities, challenging behaviour and other complex needs.⁵⁹ In Australia, where foster care also has a long history, 93 per cent of children in out-of-home care are in family-based care and 47 per cent of them are cared for by kin – the highest percentage among advanced economies, with the exception of New Zealand and Spain.⁶⁰

This paper also recognizes examples from countries in the ECA region that have very diverse histories and experiences of developing foster care system. They include countries where foster care has replaced institutional care as the main form of alternative care for children who cannot live with their families.⁶¹

Overall, it should be highlighted that the care needs of children who require alternative care services should be addressed through supported kinship care as a priority option. If the use of foster care is in the best interest of a child, ongoing support to biological families should continue and aim for the child’s reintegration or adoption. The types of foster care outlined in this paper should only be used when necessary and suitable, and should not be seen as rigid care options. They should, instead, be adapted to the needs of children, offering them a stable, culturally and ethnically relevant care environment. The distinct types of foster care vary significantly across countries and should be guided by the capacities of the existing systems and by the needs of children to be removed from residential services in the process of deinstitutionalization, or those children who are at risk of family separation.

57 Family for Every Child, *Strategies for Delivering Safe and Effective Foster Care*, London, 2015.

58 Maestral, *Comparative Literature Review of Short-Term Foster Care*, UNICEF Turkey Country Office, Ankara, 2019.

59 Narey and Owers, *Foster Care in England*.

60 Kiraly, Meredith, and Cathy Humphreys, ‘The Changing Face of Out-of-home Care in Australia – Developing Policy and Practice for the 21st Century’, *Children Australia*, Volume 42 Number 4, 2017 (<https://doi.org/10.1017/cha.2017.38><https://doi.org/10.1017/cha.2017.38>).

61 ChildFrontier, *Formative Evaluation of the Family-based Care Component within the UNICEF Croatia Country Office*, UNICEF Croatia Country Office, Zagreb, 2020.

Types of foster care

Long-term foster care

Long-term foster care is one of the most commonly used forms of foster care in the ECA region. According to some reports, numbers of placements in long-term foster care have increased dramatically in recent years. In Moldova, for example, there was a six-fold rise in the number of children in this type of care from 2007 to 2012.⁶²

By definition, **this form of care is intended to be a form of permanency** for children for whom a return to their family is not possible. These are children who might otherwise be considered for adoption, but for whom (for different reasons) this is not a viable option or is against their wishes or the wishes of their parents. In contexts where adoption is not culturally acceptable, such as Islamic countries, and others where children and their families of origin may be resistant to cutting bonds through adoption, long-term foster care – in addition to kinship care – may be a more suitable and acceptable approach to ensuring permanent family-based care that sometimes lasts into adulthood.⁶³

Extensive evidence, including a number of meta-analyses, indicates that children in foster care experience consistently better outcomes, more positive experiences and fewer problems than children in residential care. The benefits include better physical and mental health, less risk of violence (including sexual violence), greater employment opportunities, and better self-care and socialization skills, among others.^{64 65} It should be noted, however, that the long-term outcomes for children are consistently found to be even more favourable in safe biological families.^{66 67 68}

Foster care, as with adoption and any other form of alternative care, should be considered as a long-term solution for a child only when it has been assessed as both **necessary** and the **most suitable** option. This relates to cases where the child cannot safely remain within or return to the biological family when all family support options have been exhausted. Unless every effort has been made to enable children's reintegration or prevent separation, long-term foster care is open to criticism as a

62 Bunkers, Kelly M., *Foster Care Services for Children in Moldova*, UNICEF Moldova Country Office, Chisinau, 2013.

63 Family for Every Child, *Strategies for Delivering Safe and Effective Foster Care*.

64 Li, Dongdong, Grace S. Chng and Chi Meng Chu, 'Comparing Long-Term Placement Outcomes of Residential and Family Foster Care: A Meta-Analysis', *Trauma, Violence, & Abuse*, 20(5), 653–664, 2019. (<https://doi.org/10.1177/1524838017726427>).

65 Van IJzendoorn, Marinus, H., et al., 'Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development', *The Lancet Child & Adolescent Health* 7, 2020.

66 Doyle, Joseph, J., 'Child Protection and Child Outcomes: Measuring the Effects of Foster Care', *American Economic Review* Vol. 97, No. 5, 2022.

67 Bilson, Andy, 'Use of Residential Care in Europe for Children Aged Under Three: Some Lessons from Neurobiology', *British Journal of Social Work*, 39, 1381-1392, 2009.

68 EuroChild, *Deinstitutionalization and Quality Alternative Care for Children in Europe. Lessons Learned and the Way Forward*, European Union Programme for Employment and Social Solidarity, Brussels, 2014.

service, with costs that would be better invested in supporting the child's struggling biological family, if, with that support, they could provide a safe home for their children.

The perception of foster carers as having an 'unfair advantage' has, indeed, been identified as a cause of resistance to the development of foster care in many countries, particularly where there is no tradition and little awareness of foster care as a safe and reliable form of alternative care.⁶⁹ Even in countries with a long established and well-resourced system of foster care, there has been a traditional reluctance to break family ties. In France, for example, the law requires support to be provided to the child's family, and for them to remain involved in the child's care, as much as possible, even while the child is, temporarily, in an out-of-home placement.⁷⁰

Short-term foster care

Short-term foster care is the temporary placement of a child by a competent authority in the care of a substitute family that has been selected, that is qualified, approved and supervised for foster care, and that is willing to take on this responsibility for a short period of time.⁷¹ Short-term foster carers are on call and should be ready and willing to accept placements that may last for a few hours or days or for several months, and sometimes longer,⁷² until the child can return to their own family, or until a longer-term fostering placement or adoption arrangement can be made.⁷³

The different uses of short-term foster care include:

Emergency foster care – the immediate and unplanned placement of a child who has lost the care of their parents in an accident or disaster, who has been abandoned, or who has been removed from a critical situation of abuse or neglect. Emergency foster care may last for a few days or weeks while longer-term placements are sought. Emergency foster care prevents unnecessary placement in an institution, which can add to the trauma the child has already experienced. However, the use of emergency foster care should be minimized as cannot be well-planned in advance.⁷⁴ As with other types of foster care, emergency foster care is not always considered as a distinct form of care, and the placement of children in crisis situations can be handled by other foster carers who are trained and willing to handle the specific needs of these children.

Respite or short breaks foster care – planned, short-term care for a child, preferably provided on each occasion by the same foster carer, to give the family a number of short-term breaks from caring for the child. Respite foster care can be used to support

69 Kukauskas, Ricardas, 'Developing Fostering Services in Lithuania', *Social Work in Europe* 6/2, 1999.

70 Dumaret, Annick-Camille, and Dominique-Jean Rosset, 'Adoption and Child Welfare protection in France', *Early Child Development & Care*, 2007 (<https://doi.org/10.1080/0300443042000302636>).

71 UNGA, Guidelines for the Alternative Care of Children.

72 Cantwell et al., *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*.

73 The Fostering Network, 'Types of fostering' web-page, London, n.d. (<https://www.thefosteringnetwork.org.uk/advice-information/could-you-foster/types-fostering>).

74 Maestral, *Comparative Literature Review of Short-Term Foster Care*.

a biological family that it still caring for their child, or a child's main foster family, to help them provide the best care possible. Respite or short breaks foster care (including day fostering) is particularly helpful for children with special medical, emotional or behavioural difficulties. In the UK, it is used regularly to enable biological or foster families to take a break from the care of a child with complex needs, and to maintain their motivation and ability to provide quality care. Good practice normally includes a cap on the number of days a child will stay in such care over the course of a year (e.g. up to 30 days), in order to prevent the respite family from taking over the main caring role, or undermining the primary attachment of children to their parents.⁷⁵

Parent and baby fostering – where parent(s), usually single mothers (but also sometimes single fathers or young couples), are fostered alongside their babies to support them in their parenting. While this form of care is used most commonly with teenaged mothers, it can sometimes when they are still pregnant.⁷⁶ Parents placed in this form of care may also have been in care themselves or have a learning difficulty or mental health challenges, which can make it difficult to understand and learn how to assume a parenting role. Such placements can also be used by authorities to monitor and assess the parent's ability to care for their child, and this assessment may be mandated in court proceedings.⁷⁷ Overall, the aim of parent and baby fostering is to work towards keeping a family together, promote skills in independent living and increase understanding of children's needs. To achieve these goals, foster carers are expected to guide parents in understanding how to provide proper care for their child, including feeding, bathing and responding to the child's emotional – as well as physical – needs.⁷⁸

Specialized foster care

Specialized foster care is an umbrella term for a range of **foster care services that are tailored to meet the unique needs of children who require specialized support and interventions**, including children with disabilities or significant behavioural, emotional, mental and physical health problems, or those in conflict with the law.⁷⁹ These children may require short-, medium- or long-term care placements in care options that might, or might not, have narrow specialization⁸⁰ (details about **medical foster care** and **multidimensional treatment foster care** are included in **Annexes 2 and 3**). While it has a variety of forms, specialized foster care is characterized, overall, by requiring

75 Salmon, Hugh and Nese Erol, *Literature Review of Good Practice in Specialized Foster Care for Children with Disabilities*, Maestral, Minneapolis, MN, 2019.

76 Luke, Nikki, and Judy Sebba, *Effective parent-and-child fostering: An international literature review*, Centre for Research in Fostering and Education University of Oxford, Oxford UK, 2014.

77 Cannon, Molly, and Camelia Gheorghe, *Assessing Alternative Care for Children in Moldova: Assessment Report (Volume 1)*, MEASURE Evaluation, Chapel Hill, NC, 2018.

78 Luke and Sebba, *Effective parent-and-child fostering*.

79 Chamberlain, Patricia, 'What Works in Treatment Foster Care', in Kluger, Miriam, Gina Alexander and Patrick A. Curtis (Eds), *What Works in Child Welfare*, Washington, D.C., Child Welfare League of America, 1999.

80 Curtis, Patrick A., Gina Alexander and Lisa A. Lunghofer, 'A Literature Review Comparing the Outcomes of Residential Group Care and Therapeutic Foster Care', *Child and Adolescent Social Work Journal*, Vol. 18, No. 5, 2001.

the focused recruitment of foster carers, extended pre-service and in-service training, supervision and support, substantially higher stipends than offered for standard foster care, and most importantly, complex support that is provided by different professionals.⁸¹

Development of the capacity for specialized foster care is an important aspect in the overall strengthening of the child care system, as recent evidence suggests that one single set of standard foster care services is often unable to meet the needs of all children. It has long been recognized that children and youth in foster care are likely to display a variety of behavioural, emotional, developmental and social difficulties. Until the 1980s, however, foster carers were not expected directly to address these challenges and needs in countries where foster care was already established, and were mostly paid to provide accommodation and basic care.^{82 83} From that time onwards, specialized forms of foster care were developed in the UK and US, among other countries, where foster carers were trained to recognize – and seek help to meet – the needs of children, and were supported and paid to address a range of special and complex needs as part of the care they provided in line with a child’s intervention and treatment plans. Foster care was augmented by individual therapy and case management support, including coordination with schools and employers, as well as crisis intervention.

One review of specialized forms of foster care in the US suggested that this model of care appeals not only to social workers, clinicians and policymakers, but also – and most importantly – to children. It was found to reduce the need for hospitalization and result in cost savings as a result of keeping children in their communities, rather than being placed in specialized institutions.⁸⁴ While there is a clear need to develop specialized foster care services, as with all types of foster care, the provision of complex support should first be offered to biological families or kinship carers to avoid the need for any out-of-home care.

Remand foster care is a distinct type of **specialized foster care for young offenders**. Typically, it is used while a child in care awaits criminal court proceedings, or as an alternative to custodial or residential placement for children who are not granted bail. Remand foster care was introduced in the 1970s in England, Sweden and the US and is widely used in their systems. An assessment of the first remand foster care initiative in the US concluded that such care was not only feasible, but also cost-effective and led to better outcomes for children and families.⁸⁵

81 Attepe and Tomas, ‘Specialized Foster Care for Children who are Victims of Crime or Juvenile Offenders’.

82 Dorsey, Shannon, et al., ‘Current status and evidence base of training for foster and treatment foster parents’, *Children and Youth Services Review*, 30(12), 2008.

83 Attepe and Tomas, ‘Specialized Foster Care for Children who are Victims of Crime or Juvenile Offenders’.

84 Chamberlain, Patricia, and John B. Reid, ‘Using a Specialized Foster Care Community Treatment Model for Children and Adolescent Leaving the State Mental Hospital’, *Journal of Community Psychology* 19, 1991.

85 Staines, Jo, ‘Another side of life: foster care for young people on remand’, Doctoral Dissertation, University of Bristol, Bristol, 2003.

Despite the ongoing debates on whether remand fostering is a means of care or control, evidence suggests that this form of fostering reduces the risks of reoffending.⁸⁶ Evidence of reoffending rates among youth in remand foster care is limited and can vary depending on factors such as their individual characteristics, the quality of the foster care placement, the availability of supportive services, and the overall effectiveness of the juvenile justice system. Nevertheless, it is estimated that recidivism rates for youth in foster care range from around 20 per cent to 55 per cent within a few years after leaving care, compared to 30 per cent to 70 per cent rate after detention.⁸⁷ Bottom of Form

Remand foster care gives young people the opportunity to avoid the damaging experience of being placed in detention and they are, instead, being housed in a safe, secure home that offers individual approaches to their needs. Remand foster care reinforces appropriate and positive behaviour, aims to decrease conflict between family members and promotes education and employment.

By default, remand foster care is a time-limited service, as the termination of placements is dictated by the court process. The average length of time spent on remand is less than three months, although the best outcomes are documented to be achieved for young people who remain in their remand foster care placements for 18 months or more.⁸⁸ This can be seen as one limitation of this form of foster care, as young people are not always ready to move on at the end of the agreed term.

As in other forms of specialized foster care, the effectiveness of remand foster care depends largely on the close collaboration of carers with other professionals, close coordination between justice, welfare, education and other systems, and general and specialized pre-service and continuing training of foster carers, as well as ongoing support.

In the UK, for example, foster carers who are part of Barnardo's remand foster care programme,⁸⁹ receive complex support in terms of financial and other benefits. The financial benefits include taxable income and a weekly allowance to cover maintenance and foster carers' fees; a fixed tax exemption of up to £10,000 per year, as well as tax relief for every week that a child is in their care. Other support mechanisms include direct contact with a qualified social worker, a 24-hour hotline, planned short breaks, engagement in support groups, membership of the network's website, regular newsletters and trainings.

It is also important to note that the studies reveal certain limitations of the remand foster care system in addressing the psychological and emotional challenges that cause

86 Lipscombe, 'Fostering Children and Young People on Remand: Care or Control?'.

87 Lipscombe, Jo, 'Fostering Children and Young People on Remand: Care or Control?', *The British Journal of Social Work*, Vol. 37, No. 6, Oxford University Press, 2007.

88 Youth Justice Board, *Building on Success, Youth Justice Board Review 2001/2002*, London, 2002.

89 Barnardos, 'Remand Fostering', web-page, Barking, UK, n.d. (<https://www.barnardos.org.uk/foster/types-of-fostering/remand>).

juveniles to participate in antisocial behaviours.^{90 91} Studies also highlight the following challenges: difficulties in finding appropriate educational or employment provision for young people; challenges in identifying foster carers in the vicinity of biological families, which is important for the maintenance of a young person's family and community ties; and challenges in placing children of school-leaving age in families.⁹² Remand foster care becomes even more complicated and challenging if it involves the cross-border placement of children. However, despite the evident challenges, the outcomes for children in remand foster care are generally better than for children in detention, as noted above.

Foster care for refugee and other unaccompanied and separated children

Foster care for refugees and other unaccompanied and separated children (UASC)

can either be considered as a specific form of specialized foster care or can be viewed separately. Taking into consideration the extreme vulnerability of, and protection concerns for, these children, there is a need for safer placement in the community until they are reunited with their own family or are in a position to care for themselves. Studies in both Europe and other contexts have shown more positive outcomes for UASC who are placed in different forms of family-based care than for other forms of alternative care.⁹³

According to the principles outlined in the Global Compact on Migration, UASC under the age of 15 who need alternative care should be placed in foster care, not residential care or any other form of detention. If possible, foster carers should come from the same culture, language and religion as the child, in an environment with easy access to all local services, including education.⁹⁴

Countries in Europe and Central Asia (e.g. Germany, Italy, Sweden, Turkey and the UK) and across the globe now have extensive experience in providing foster care for displaced children. The opportunities to provide this service are influenced largely by the national laws and policies in the host country that cover care arrangements for children who are temporarily or permanently deprived of parental care, as well as the regulations that apply in the child's country of origin. In the example of Ukraine, it has been found that common challenges to be considered for organizing foster care for refugee children include the overall difficulties in recruiting foster carers, particularly for older children. They also include language limitations, differences in schooling systems, insufficient funding, as well as guidance from the authorities in their children's country

90 Stevens, 'Juvenile Delinquents in Foster Care'.

91 Roche, Cesia, J. Mitchell Vaterlaus and Jimmy A. Young, 'A Foster Care Alumna's Past and Present Technological Experience: A Feminist Case Study Approach', *SAGE Open*, vol. 5(2), 2015.

92 Walker, Moira, Malcolm Hill and John Triseliotis *Testing the Limits of Foster Care*, British Association for Adoption and Fostering, London 2002.

93 Duerr, Ann, Samuel F. Posner and Mark Gilbert, 'Evidence in Support of Foster Care During Acute Refugee Crises', *American Journal Public Health*, 2003 November; 93(11), 2003.

94 Fella, Stefano, 'The United Nations Global Compact for Migration' briefing, House of Commons Library, London, 16 August 2019.

of origin to house them in group-care settings in locations outside Ukraine, rather than in family-based care alternatives.⁹⁵ However, many of these challenges can be overcome to generate positive outcomes for children.

Experience from the UK⁹⁶ and research on the experience of UASC⁹⁷ suggest the following.

- The matching of a child to a foster family of the same culture, nationality, religion and language is preferable, but should not be the only consideration.
- Children should be enabled to attend mainstream school and/or access vocational training, and apply for higher education, with special consideration for their language and other needs.
- Children should be protected from discrimination and hostility from the host communities.
- Some children, particularly those escaping war, conflict or persecution, may need specialist support, care and counselling.
- These children often show high levels of independence. This should be recognized, and if desired by children over 15 years, they can be placed in group homes or semi-independent supported lodgings.⁹⁸
- Families that foster UASC need cultural training. They should provide a supportive environment, plan cultural activities together with other families that are fostering children of similar origin, and know how to access translation services if needed (particularly to explain important aspects of placements, medical appointments, etc.).
- Foster families should understand the asylum process in the country in which they are living as they often accompany children through this process.
- It is important for foster carers who are caring for refugee and asylum seekers to form connections so they can support one another and share information that is culturally relevant.

It is believed that incorporating foster care for refugees and unaccompanied children into a country's existing foster care system can ensure that these children receive the same protections, rights and opportunities as its citizens. This also facilitates the

95 UNICEF, 'Brief: Addressing the need for foster care in the context of the Ukraine crisis, 2022 [Microsoft Word - Brief Addressing the Need for Foster Care in the Context of the Ukraine Crisis.docx \(bettercarenetwork.org\)](#)

96 Department for Education UK, *Care of unaccompanied migrant children and child victims of modern slavery: Statutory guidance for local authorities*, DFE-002982017, London, 2017 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf).

97 Rosen Rachel, Sarah Crafter and Veena Meetoo, *A Warm Welcome? Unaccompanied Migrant Children in Networks of Care and Asylum*, Pilot Project Report, Social Science Research Unit, UCL Institute of Education, London, November 2017. <http://discovery.ucl.ac.uk/10040172/1/Pilot%20project%20report%20FINAL%20November%202017.pdf>

98 Maestral, *Comparative Literature Review of Short-Term Foster Care*.

effective utilization of financial and human resources and the exchange of best practice. In contexts where foster care is not yet well developed, applying a coherent approach to foster care for UASC will also benefit local children who need out-of-home care and will boost the development of the overall foster care system.

Box 1. Other forms of alternative, family-based care: Kinship and guardianship care

Kinship care

Approximately one child in every ten worldwide lives in kinship care:¹ cared for by grandparents, other relatives, or other people who are close to their family. Most kinship care is informal, with only a small share formalized by the competent authorities. In countries such as Indonesia and Rwanda, children are up to 20 times more likely to be in informal kinship care than in any other form of alternative care.² While there is a lack of data on kinship care for children in the ECA region, states in the region are starting to promote and expand the use of kinship care. This policy shift is based on evidence of the advantages of kinship care in comparison to other approaches where children are cared for by non-relatives.

The advantages of kinship care include:

- the potential for permanence: i.e. stable and continuous care for children³
- the chance for a child to grow up in their own community and culture
- the better chance of maintaining family relationships (if in the child's interests) than for children in foster care who might lose such relationships when they exit care
- the relative ease of placing older children and children with disabilities in kinship in comparison to other forms of family-based alternative care.

The challenges, particularly for informal kinship care, include:

- a lack of recognition of its value and, therefore, a lack of support to children and their carers
- a lack of legal recognition, which denies informal kinship carers full decision-making authority – a major hindrance that can hamper key decisions about a child's education, medical treatment and more
- the need to provide support, including financial and access to services, to informal kinship carers (many of them grandparents) who may themselves face difficult circumstances

1 Delap, Emily, and Gillian Mann, *The paradox of kinship care: the most valued but least resourced care option - a global study*, Family for Every Child, London, 2019 (<https://bettercarenetwork.org/sites/default/files/2020-02/Kinship-Care-Global-Review-Final.pdf>).

2 Family for Every Child, *Guidelines on Children's Reintegration*.

3 Portengen, Riet, 'Social Network Strategies in Foster Care & Prima Foster Care: Innovation in the Province Limburg', presentation, Rorschach, 2009.

Box 1 (continuation)

- the need to ensure that children in kinship care are protected from abuse, neglect and exploitation

the need to help such children manage relationships with their biological parents and support their reintegration with their original family, as well as their transition to independent living.¹ Some countries are **formalizing kinship care**, which entails a formal placement decision, often following the assessment and training of kinship carers by social workers. Formal kinship care may entitle the carer to financial and other support and they usually become the child's legal guardian. Formal services are found in, for example, Croatia, Georgia, Italy, Lithuania, Moldova, Netherlands and the UK. Evidence suggests that formalization can reduce the risks faced by children in care in the countries that use this approach.² In some countries, **formal kinship care is seen as a form of foster care**. In Georgia, it is referred to as kinship foster care and is regulated by the Law of Georgia on Adoption and Foster Care, and the Order of the Minister. These have established selection and assessment criteria, monitoring requirements and the financial and other benefits for children and carers. Nevertheless, most kinship care placements in Georgia remain informal and unsupported.

A delicate balance is needed between the state's child protection obligations and any over-regulation of family affairs that might curtail a family's decision-making. Interventions by social workers in kinship arrangements could create friction, and the requirement that all kinship carers must be registered could be a deterrent, as well as overburdening the child care systems that must enforce it.³ Recent global guidance suggests offering support and services as a way to encourage voluntary registration.^{4 5}

Care by family members, or other people closely connected to the child, is the option preferred by both child care professionals and the general public. It should, therefore, be part of national child protection systems, supported by and operating within national child protection laws and procedures. Sadly, kinship care is eroding in many countries as a result of weaker kinship ties, socio-economic instability and inequality resulting in migration, and the lack of support available to families. In addition, kinship care is not suitable for all children. States should, therefore, ensure the availability of other family-based alternative care options.

Guardianship care

Guardianship care is an arrangement in which a child is cared for by, and living with, the person appointed by a competent authority as their guardian. The roles of guardian and kinship carer can

1 Delap and Mann, *The paradox of kinship care*.

2 Bramlett, Matthew, Laura F. Radel and Kirby Chow, 'Health and wellbeing of children in kinship care: Findings from the national survey of children in non-parental care', *The Child Welfare Journal*, 95 (3), 2017.

3 Delap and Mann, *The paradox of kinship care*.

4 Portengen, 'Social Network Strategies in Foster Care'.

5 Family for Every Child, *Global Kinship Care Guidelines*, London, forthcoming (<https://familyforeverychild.org/family-matters/september-2023-news-in-brief/>).

be similar and may overlap. Most guardians are close relatives or family friends,^{6,7,8} but they may also be foster carers, social workers, members of a state guardianship body or representatives of a care institution. Private individual guardianship is a common form of family-based alternative care in many countries of the ECA region.

The advantages of guardianship are similar to many of those for kinship care: the chance for children to grow up in their own community and culture, preserve relationships with siblings and relatives, be loved, and to be provided high-quality care by extended family members.⁹ In contrast to informal kinship care, however, guardians have the authority to make legal decisions on behalf of children because they are appointed by a court or are registered with the national or subnational guardianship authority. They are, therefore, more accessible for monitoring and support.

In many countries of the ECA region, however, the challenges include:

- insufficient links to social protection and a lack of the legal entitlement to access the same state benefits as parents
- a lack of the support and entitlements for guardians that are provided to formal foster carers
- potential difficulties in accessing special or additional health, education and psycho-social support services
- lack of social work follow-up and support, with guardians either not prioritized by social workers who may lack the time and resources to support them, which leaves children less protected from the risks of violence, abuse neglect and exploitation in such placements.¹⁰
- a concern among professionals in some ECA countries that guardianship is assigned by the state without sufficient assessment.^{12,13}

Guardianship is widely used in Armenia, Bosnia and Herzegovina, Georgia, Moldova, Tajikistan and Turkey. In Armenia, guardianship has become a more common form of family-based alternative care than foster care. In Tajikistan, it remains the only alternative to institutional care and is seen

6 Ibid.

7 EveryChild and HelpAge International, *Family first: Prioritizing support to kinship carers, especially older carers*, London, 2012.

8 In many countries across the region, data on children in formal guardianship care are shown as being under formal kinship care, as outlined in the UNICEF Regional Office for Europe and Central Asia, *TransMonEE NSO Data Collection: Definitions and Guidelines*, Geneva 2023 ([file \(transmonee.org\)](https://transmonee.org)).

9 UNICEF, *Assessment of legal and informal guardianship in child care and protection in the Republic of Moldova*, UNICEF ECARO, Geneva, 2015.

10 Roby, Jini, *Children in informal alternative care*, United Nations Children's Fund (UNICEF), Child Protection Section, New York, 2011

11 EveryChild and HelpAge International, *Family first*.

12 Center for Educational Research and Consulting, *Development Perspectives of Foster Care in Armenia*, Save the Children, 2013 [Development perspectives of foster care in Armenia: Research Analysis Results | Save the Children's Resource Centre](#)

13 Juraev, J., *Study Report – Tajikistan*.

as traditional and socially desirable.¹⁴ However, governments, professionals and communities may not be aware of crucial differences between guardianship and foster care, and the need to ensure that, similarly to foster care, guardianship becomes a planned and resourced family-based service that is available for all children who need out-of-home care. In addition, evidence shows that guardianship cannot prevent institutionalization or enable deinstitutionalization for the many children in institutions in countries where foster care services are excluded from family-based alternative care options.¹⁵

Recent evidence on guardianship care from Bosnia and Herzegovina, Moldova, Tajikistan and Turkey suggests that governments should develop standardized national recruitment and appointment criteria and procedures; clearly define the legal duties, rights and responsibilities of guardians; set qualification and training requirements; assess and monitor children in care; and provide support services to children and their guardians. As with all other forms of out-of-home care services, states should ensure that biological families receive a package of social benefits to prevent family separation.

¹⁴ Ibid.

¹⁵ Center for Educational Research and Consulting, *Development Perspectives of Foster Care in Armenia*

The workforce that supports foster care provision

An effective foster care system relies on a dedicated, qualified, well-funded and supported workforce, including social service workers, judges, members of multidisciplinary teams and other professionals. Their skills and knowledge have a major influence on outcomes for children, together with, their awareness of and attitudes towards foster care, and their access to the resources required for their work with children, their biological parents and foster carers. An effective workforce is essential for the transformation of care systems from an approach based on institutional care to one that prioritizes family strengthening and family-based forms of care.

Statutory social workers are legally mandated and employed by the state or local authority for the provision of foster care. In most developed foster care systems, they take part in the recruitment, selection and assessment of foster carers; matching children and carers; evaluating ongoing placements; supporting foster carers, children in care and their families; and finding long-term solutions for children through family reunification or adoption. They also liaise between foster carers, social services agencies, different professionals and families.

The division of social work roles needs consideration. Several countries separate the role of a social worker responsible for a child in alternative care from that of a support worker for a foster carer, as these are distinct responsibilities that meet different needs. In some systems, these roles are assigned to different professionals. In the UK, for example, this division has long been established as a way to minimize

role conflict, and maximize the quality of support.⁹⁹ According to the 2018 UK Government review,¹⁰⁰ children in care value the different focus of these two workers and appreciate having their own social worker. In other countries, such as Georgia, the roles are combined to ensure coordination of the different professionals visiting foster families and the availability of one consistent and trusted person for their support.¹⁰¹ Regardless of the approach used, it is vital to ensure, and legally mandate, the consistent engagement of qualified, adequately resourced and supervised social workers to support foster care.

Levels of staffing should be monitored, as they have a major impact on the quality of a foster care system. However, regulations that stipulate optimal or maximum caseloads or a minimum required staffing ratio exist only in a few EU Member States. One is Poland, where regulations state that one full-time professional should work with a maximum of 30 families and 45 foster children.¹⁰² Elsewhere, this caseload would be seen as too high.¹⁰³ In the Netherlands, where professionals have an average caseload of around 27-29 foster families, foster parents complain that even when their social worker has a caseload of 19, this is too high to ensure adequate support. The heavy caseload is cited as one of reason why foster parents quit in the Netherlands.¹⁰⁴

Decision-making systems should also be considered. Judges, magistrates and members of other statutory decision-making entities have a key role in ensuring that children grow up in safe, stable and permanent families. However, the legal authority and mechanisms for such decisions vary between countries. In some countries, the placement of a child in alternative care requires a statutory child protection intervention that can only authorized by a court decision. In others, the decision can rest with state guardianship councils or other non-judicial state entities. In both cases, social workers have to liaise between the different legal entities and professionals involved and are responsible for the intervention plan that informs the key decisions. Therefore, close partnership between social workers and other professionals is crucial to ensure children's safety and well-being when they cannot be cared for by their own family. Safe and effective planning and decision-making also relies on professionals having a strong understanding of children's needs and rights.¹⁰⁵

Additional support services are usually required by foster carers and the children placed with them to support the children's development and address any specific

99 Salmon, Hugh, and Nese Erol, *Literature Review of Good Practice in Specialized Foster Care for Children with Disabilities*, Maestral, Minneapolis, MN, 2019.

100 Narey, Martin, and Mark Owers, *Foster Care in England*, Department for Education, London, 2018 (<https://www.gov.uk/government/publications/foster-care-in-england>).

101 Ibid.

102 Laklija, M., *Foster care models in Europe*.

103 Opening doors, 'Poland: 2018 Country Fact Sheet', Brussels, 2018.

104 Reimer, Daniela, *Thematic Discussion Paper Better Quality in Foster Care in Europe – How can it be achieved?*

105 Child Welfare Information Gateway, *Understanding child welfare and the courts*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Washington DC, 2022 (<https://www.childwelfare.gov/pubs/factsheets/cwandcourts>).

needs. This support can be provided by social pedagogues, psychologists, medical professionals and various multidisciplinary teams. The involvement of foster carers in support teams improves outcomes for the children in their care and provides foster carers with the feeling of being valued.¹⁰⁶ However, lack of adequate networking and coordination among these actors can be a major hindrance to effective service provision, resulting in placement breakdown, particularly in the rehabilitation of delinquent juveniles and the care of children with complex needs.¹⁰⁷

It is crucial to build the **capacity of foster carers, social workers and other professionals** because a range of professionals and paraprofessionals from different disciplines is usually in contact with children who are at risk of or in alternative care. This requires a holistic and coordinated approach to training, continuing professional development, practice support and supervision. Capacity development can improve skills, change attitudes and behaviours, and encourage the development of local and innovative (as well as child-centred), models of foster care.¹⁰⁸

Workforce motivation, needs and interests need to be considered across different forms of alternative care. Those working in residential settings, for example, may resist the closure of those institutions if they are attached to their place of work and rely on it for their livelihood, especially in the absence of alternative employment.¹⁰⁹ However, trained and experienced residential caregivers, and others working in institutional settings who have the skills, interest and willingness to embrace change can be an important asset in supporting children who have left institutions, their families and foster or kinship carers. When carefully selected and re-trained, particularly as residential institutions are closed, this workforce could be redeployed for effective engagement in the provision of foster care. This entails learning new skills and tasks, and perhaps a shift in mind-sets. Their performance should be monitored, including through service-user feedback, and they should receive ongoing supervision to enable them to develop their practice skills, with access to continuing professional development and learning opportunities.

Foster care standards and limits

Number of children per foster family. In many countries, the normative framework defines the maximum number of children who may be fostered by one family. This number varies significantly, from three children (e.g. Croatia, Moldova and the UK) to six in many US states (e.g. Alabama, Illinois, Maine and New York). Regulations may also set a maximum overall number of children in a household, including the

¹⁰⁶ Geiger, Jennifer M., Megan Hayes Piel and Francie J. Julien-Chinn, 'Improving Relationships in Child Welfare Practice: Perspectives of Foster Care Providers', *Child and Adolescent Social Work Journal* 34, 2017.

¹⁰⁷ Stevens, Jyme, 'Juvenile Delinquents in Foster Care, Seminar Paper, University of Wisconsin-Platteville, Platteville WI, 2018.

¹⁰⁸ Family for Every Child, *The place of foster care in the continuum of care choices*

¹⁰⁹ Goldman, P., et al., 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors'

biological and adopted children of foster carers, and may set a lower limit for less experienced families.

Usually, the regulations state that these limits should not be exceeded unless a specific exception can be justified. One example would be to accommodate a large sibling group, as there is strong evidence that the emotional harm of separating siblings outweighs the possible benefits to certain individual children in most, but not all cases, and that keeping siblings together should override the preference of the foster carer and the convenience for the foster care provider in determining the placement that is in the best interests of the children.¹¹⁰ Other exceptions can be made for a particular placement if an authority responsible for foster care decides to issue an exemption for specific reasons.

Age and needs of children. Regulations often stipulate the number of children in certain categories that can be fostered, such as the number of children under three years of age, or of children with disabilities, or parents and teenage mothers (with the maximum likely to be no more than one). Even though there is only limited evidence on the correlation between the numbers and other characteristics of children in care and children's outcomes, the countries with well-established systems widely employ such regulations. In Croatia, while a maximum of three children can be placed in a foster care family, only one of these three can be a child with severe physical, intellectual, sensory or communication disabilities. A single foster carer can host a maximum of two children, except in the case of siblings. Croatia also has a category of professional foster care, and those with this status must be caring for three children at the same time. Exceptions are allowed that enable a professional foster carer to have only two children in their care if the children are under the age of three or have severe disabilities. The numbers may exceed three in the case of a sibling group or if one is a teenage mother with an infant under one year of age.

110 ^de Souza, Rachel, *Siblings in Care*, report of the Children's Commissioner for England, London, 2023 (<https://assets.childrenscommissioner.gov.uk/wpuploads/2023/01/cc-siblings-in-care.pdf>).

Box 2. The importance of child participation

Children's participation in decisions about their lives is a crucial principle within both the UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children. The UN Day of General Discussion on children's rights and alternative care, in 2021, prioritized the meaningful participation of children and people with lived experience of care systems in the development and operations of foster care and other forms of alternative care, concluding that this plays a key role in improving its outcomes.¹

Empowering children, including those with disabilities, and nurturing positive relationships between children and their biological families, carers, and the professionals and communities they are in contact with, enables their greater participation. Their wishes and concerns in relation to possible foster placements should be assessed and considered, using the methods of expression the children use themselves. They also should be helped to share their life stories and develop a realistic understanding of foster care.² It may be helpful to involve other children or trusted people who understand and communicate well with the child, and who can support or advocate for them effectively.

1 Committee on the Rights of the Child, 2021 Day of General Discussion on Children's Rights and Alternative Care.

2 Dudley Children's Services, Guidance for Foster Carers: Life Story Work with Children and Young People, Dudley Metropolitan Borough Council Centre for Professional Practice, Dudley, UK, n.d. (<https://www.dudleycpp.org.uk/eventsandtraining>).

Methods of foster care service provision

In most countries of the ECA region, foster care services for children are provided by families who are funded and regulated by government agencies (national or sub-national). In this case, the state entities that are responsible for child welfare and operating at the national or sub-national levels are also responsible for recruiting, training, supporting and monitoring foster carers, matching and placing children with them, and other components of case management.^{111 112}

An alternative approach is for foster care services, while still funded and regulated by the state, to be arranged through **outsourcing** some components to other actors, with the state remaining responsible for the child's overall care and protection. Outsourcing selected services can result in the outsourced agencies developing a higher level of expertise and capacity in providing care and support to vulnerable children and carers than is possible through direct state provision. Outsourcing can also reduce the administrative burden and workload of the state actors. However, some experts caution that it is important to ensure that outsourcing is well-managed to prevent the establishment of monopolies in foster care provision, which, in the absence of competition, could lead to a corresponding decrease in the quality and quantity

111 Kakachia, G. (2022). Analysis of Foster Care Services in Georgia. Unpublished, 2022.

112 Cannon and Gheorghe, *Assessing Alternative Care for Children in Moldova*.

of placements and an increase in service costs. Another concern often expressed about outsourcing is that tight and competitive contractual arrangements may hinder innovation, as the contractor in such arrangements loses its independence and scope to innovate, and may end up functioning simply like an agent of the state.¹¹³

Non-governmental organizations (NGOs) can also play a crucial role in providing foster care services. Contracted by the state, they are often responsible for the recruitment, assessment, training and ongoing support of foster carers. **For-profit organizations** are another option for service provision: private organizations that specialize in providing foster care services, often in combination with adoption services. Many experts raise concerns about the downsides of this approach, which may result in high costs for care, and the prioritization of financial incentives over the welfare needs of children and their best interests. When considering the engagement of for-profit organizations, therefore, governments should put in place strong accountability mechanisms to avoid financial incentives that influence decisions on placing and keeping children in care. Overall, for-profit organizations, NGO providers, as well as any other actors that could be engaged in the functioning of the foster care system (e.g. religious organizations) need to work in collaboration and under the oversight of government agencies.

In addition to providing or funding foster care services, the state is responsible for licensing foster carers and service provider agencies, and supporting and monitoring all placements, in line with the existing service standards and other normative frameworks. The state also remains responsible for the child and for any decision to place children in alternative care by the courts, guardianship councils or other entities legally designated by the government. The state is responsible for the development of strong gatekeeping mechanisms to uphold the necessity and suitability principles and ensure that only children who need out-of-home care are placed in foster care services.

Professionalization of foster care

As discussed above, increasing demands for foster care mean that foster care systems face greater challenges than ever before.¹¹⁴ As a result, starting from the 1980s, policy-makers in the US, and welfare states in western Europe among others, began to propose modifications to the voluntary nature of foster care, claiming that changes in its role require a more highly trained and professional workforce.^{115 116} However, despite the increasing trend towards the professionalization of foster care, it should be noted that this term is open to different interpretations. In some contexts, it is understood as a transition from the voluntary nature of care to the occupation of foster care, which

¹¹³ Attepe and Tomas, 'Specialized Foster Care for Children who are Victims of Crime or Juvenile Offenders'.

¹¹⁴ Kirton, Derek, 'Step forward? Step back? The professionalisation of fostering', *Social Work & Social Sciences Review*, 13, 2007.

¹¹⁵ Wilson, Kate, and Julia Evetts, 'The professionalisation of foster care', *Adoption & Fostering*, 30, 2006.

¹¹⁶ De Wilde, Lieselot, et al., 'Foster parents between voluntarism and professionalisation: Unpacking the backpack', *Children and Youth Services Review*, Vol. 98, 2019.

requires specific academic training and skills building. In others, it is seen as a process of placing a stronger emphasis on the quality and support (including financial) provided to carers, without transforming foster care itself into a profession.¹¹⁷ In the latter case, foster care is seen as a contractual relationship and carers may receive compensation for their expenses, or additional payment for their caregiving role.

In the UK, the role of foster carers has transitioned from a voluntary activity associated with ordinary tasks to being a role that can only be carried out successfully in the context of a professionalized service.¹¹⁸ The changing roles of foster carers have included: having to manage increasing levels of complex behaviour; working more closely with birth families and social workers; participating in more formal tasks, such as care planning, record keeping and attending meetings; and being subjected to greater monitoring and regulation.¹¹⁹ This has led many fostering organizations and foster carers networks to argue that foster carers must be respected and treated as skilled co-professionals.¹²⁰

Similarly, foster carers in the US have been encouraged to develop professional skills in fostering, just as they would in any other specialized career. As well as professional skills training, foster carers have become entitled to allowances that are increasingly comparable to a salary. It was believed that these higher payments could counteract difficulties with the recruitment and retention of foster carers, as increasing numbers of women were entering employment outside of the home.¹²¹ It was also believed that well trained, professional carers could better deal with the growing and increasingly complex needs of children.^{122 123}

France has been developing professional foster care as a distinct model of service provision, with carers recognized as salaried professionals and as members of multi-disciplinary teams. A fully professional status (initially called 'maternal assistant', then 'family assistant') is outlined in French legislation and, in addition to other requirements, entails 300 hours of compulsory training, including 60 hours of pre-service training, and the remaining 240 hours of in-service training.¹²⁴

117 Kirton, 'Step forward? Step back? The professionalisation of fostering'.

118 Wilson and Evetts, 'The professionalisation of foster care'.

119 Kirton Derek, Jennifer Beecham and Kate Ogilvie, 'Still the Poor Relations? Perspectives on valuing and listening to foster carers', *Adoption & Fostering* 31(3): 6–17, 2007 (<https://doi.org/10.1177/030857590703100303>).

120 Narey and Owers, *Foster Care in England*.

121 Kirton, Derek, 'What is work? Insights from the evolution of state foster care', *Work, Employment and Society*, 2013.

122 Wilson and Evetts, 'The professionalisation of foster care'.

123 ACIL Allen Consulting, *Professional Foster Care, Barriers, Opportunities and Options*, Melbourne, VIC, 2013.

124 Ramon, Vincent, 'French model for the professionalization of foster carers', in 'Alternative forms of care for children without adequate family support: sharing good practices and positive experiences: The proceedings of the ChildONEurope Seminar on out-of-home children, European Network of National Observatories on Childhood, Florence, Italy, 2012.

The results of a survey on foster care models in Europe indicate that, in 2011, most of the countries covered by the research provided foster care with the involvement of professional carers (these include Austria, Croatia, Finland, France, Hungary, Italy, the Netherlands, Poland, Slovenia, and, in the UK, England, Wales and Scotland). The specific requirements for carers who provide foster care vary from country to country and are outlined in different normative frameworks. Professionalization in these countries refers primarily to the qualification, specific knowledge, skills and expertise of foster carers. The benefits for professional foster carers differ among the countries depending on their contractual relationships; the scope of paid contributions; health, pension and social security benefits; insurance coverage for members of their families; their rights to tax credits; and their use of leave, as well as holidays.¹²⁵

In contrast to these 'classical' examples of professionalization, the professionalization of foster care has a different meaning in other countries where foster care has developed more recently (e.g. Bosnia and Herzegovina, Bulgaria, Georgia, Moldova, Romania and Serbia). While foster carers in these countries do not provide their services as a voluntary activity – as they are granted benefits and compensation for their work – foster care itself is not seen as an occupation and does not require a specific academic training. In terms of professionalization, a strong emphasis is placed on assessing, registering, matching, training and monitoring foster care candidates, as well as regulating their work through the national normative framework. In Moldova, Professional Parental Assistants (PPA), who are considered to be professional foster carers, receive a salary and free medical care, as well as allowances for children in their care (i.e. an initial placement, daily and annual allowances, and a 'leaving care' fund). This form of foster care is prioritized for newborns, children with disabilities and teenage mothers, and is supported by additional specialized training and support required for these groups in particular. In Georgia, all foster families have contractual relationships with the state, which provides compensation, is responsible for the recruitment, training, support and monitoring of carers, and makes placement decisions for children who need alternative care.

Despite some positive changes linked to the professionalization of foster care, there are also significant challenges associated with this approach. It is argued that a delicate balance needs to be struck and maintained to ensure that the further professionalization of foster care does not undermine the role of kinship care, which should always be prioritized as the first alternative to care by the original parents. There are also concerns that professionalization could undermine the more personal and familial aspects of foster care that are crucial to its success.¹²⁶ The risk of professional foster carers behaving more like staff than parents or family members has also been raised in England in three recent reports, including reports for the Parliamentary Committee (2018), Education Select Committee (2018) and The Fostering Network (2019) reports.

¹²⁵ Laklija, M., *Foster care models in Europe*.

¹²⁶ Kirton et al., 'Still the Poor Relations?'.

Experience from some countries (e.g. Croatia) also shows that the introduction of stringent qualification requirements for foster carers excludes many dedicated and experienced carers who have been providing quality care to children. It should also be noted that the professionalization of foster care has not fully solved challenges with the recruitment and retention of foster carers, or issues with the quality of care.

From these developments, it can be seen that the professionalization of foster care takes different approaches in different contexts. Applying various degrees of professionalization of care for a selected group of children can be considered as an important, although it is not the only approach for the development of a foster care system tailored to the needs and resources of a specific country. When considered as a relevant approach, professionalization can be prioritized for groups of children with more demanding needs, including children with severe disabilities and medical needs, challenging behaviours and other needs that are complex.

Key components of quality foster care services

Recruitment and retention of foster carers

Recruiting a sufficient number of foster carers and retaining the right types of individuals are key to successful placements, because poor recruitment can lead to poor outcomes for children who may end up in residential settings or suffer as a result of placement breakdown.¹²⁷ However, the shortage of carers who can meet the diverse needs of children remains a challenge for many systems, whatever the method of service provision selected by the countries.¹²⁸ Therefore, the effective recruitment of foster carers requires awareness raising and sensitization as the first stage of the process. In addition, recruitment must be a continuous and sustained effort, aiming to encourage adults who are tentative about deciding whether to foster, to replace carers who are not willing to continue in this role, and to create and maintain a high profile for foster carers and the importance of their work, as part of the effort to generate new applications.¹²⁹

Challenges with recruitment are particularly severe in the contexts where foster care services are new, and where there are negative attitudes about both children in state care and about the idea of caring for a child in exchange for money. The identification and retention of foster carers is particularly challenging when it comes to carers for children with severe disabilities, complex needs and those in conflict with law. This is, in part, because of fears among prospective foster carers that they will not receive enough training and support to meet such a child's needs, or because of a general lack

¹²⁷ Family for Every Child, *Strategies for Delivering Safe and Effective Foster Care*.

¹²⁸ Narey and Owers, *Foster Care in England*.

¹²⁹ United States General Accounting Office, *Foster parents: Recruiting and preservice training practices need evaluation (GAO/HRD-89-86)*. Washington, D.C., 1989.

of motivation to take on such children.¹³⁰ As a result, recruitment of foster carers for children with special needs has lagged behind in most countries, including in the ECA region.¹³¹ This situation is a particular challenge for children with complex medical needs who require 24-hour medical care, as many professionals and general public still believe that institutional care is the best and only option for these children, based on beliefs that governments cannot provide the support that is needed at the community level.

As a result, awareness-raising and behavioural change campaigns, integrated with policy changes at the national level, are crucial to provide the general public with information about foster care and its benefits for children and communities. To be effective, campaign strategies should be adapted to the regional and local contexts, and target both the most likely potential foster parents and the most needed characteristics (e.g. support for specific age groups, the needs of minority groups, and the needs identified during the assessments of children in the institutions scheduled for reorganization and closure). These campaigns, followed by more in-depth information sharing with the interested candidates, should clearly outline the expectations of foster families and carers, and highlight the difference between foster care and other caring roles (e.g. kinship care or adoption). Sharing experiences and lessons learned from current foster parents is also a useful way to raise awareness about foster care and guide those interested in the process.

Useful approaches include social and behaviour change communication techniques, which can be applied during campaigns to understand public beliefs, attitudes and behaviours and mobilize them to drive wider social change. They are well suited for facilitating the recruitment of foster carers. Experience from many countries suggests that such campaigns need to emphasize the harm caused by residential institutions (not only for any child with or without disabilities, but also for a country's communities and economic development), and make use of positive images and stories of children, including children with different and special needs who are being cared for in foster care. It is also important to discuss successful experiences of the staff and administration of the reorganized residential institutions who are now engaged in providing community-based support services.¹³²

In recent years, the Republic of North Macedonia has implemented two large-scale awareness-raising campaigns to target issues around foster care, focusing on specialized foster care and the stigmatization of vulnerable children. According to a 2022 assessment, half of the respondents have encountered these campaigns through social media and television (44.5 per cent were exposed to the campaigns

130 EveryChild, *Fostering better care: improving foster care provision around the world*, London, 2011.

131 Legrand, Jean-Claude, 'CEE/CIS: Child care systems in Eastern Europe and Central Asia: Why we need to focus on children below three years', Presentation at Sofia Conference on ending the placement of children under three in institutional care, November 2012.

132 Browne, Kevin, *The Risk of Harm to Young Children in Institutional Care*, Save the Children, London, 2009.

through social media in the 18-29 age group, and 38.2 per cent through television).¹³³ The campaigns included life stories and documentaries on foster care to portray foster carers and the children in their care.¹³⁴ Recruitment of foster carers in the country is also supported by three Foster Care Support Centres, which were established in 2021 and work in close collaboration with the Centres for Social Work. Experience, including evidence from the Republic of North Macedonia, signals the importance of social media, versus more traditional methods of printed materials (billboards and bus advertising), in the recruitment process. Social media is a cheaper and more effective marketing tool that enables the targeted recruitment of those most likely to respond. The Fostering Network in the Republic of North Macedonia suggests that as many as 38 per cent of all enquiries now come through the Internet.¹³⁵

Croatia is another example from the ECA region that offers promising practices in strengthening and improving foster care. It also organizes awareness-raising and behaviour change campaigns at the national and sub-national levels that are often used as examples by other countries in the region. While the national campaigns raise the awareness of the general public about foster care, local campaigns have an impact on the decisions individuals then take to become foster carers or not. Experts in Croatia have noted that the most successful cases of foster care promotion come from local communities, through targeted campaigns and the involvement of foster carers in the recruitment process. With support from the regional offices of the Croatian Institute for Social Work, foster care has been passed down through generations of foster carers, who have shared their positive experiences with community members. In addition, these foster parents now have substantial expertise and advocacy power. A thematic discussion paper on the quality of foster care in Europe has also noted continuous efforts by the Croatian government to regulate this area in line with international and EU requirements in childcare.¹³⁶

In Moldova, a 2017 campaign to promote the recruitment of foster carers for children aged 0–3 and children with disabilities was implemented in four districts and three

133 Bogoevska, Natasha, Suzana Bornarova and Sofija Georgievska, *Baseline Study for the project: Addressing Systemic Gaps-Support to Child Welfare System Reforms in Republic of North Macedonia*, SOS Children's Village, Republic of North Macedonia, 2022.

134 Foster Care Recruitment Campaigns:

- <https://www.unicef.org/northmacedonia/stories/best-decision-i-made-was-become-foster-parent>
- <https://www.unicef.org/northmacedonia/stories/when-i-became-foster-parent-i-brought-joy-my-home>
- <https://www.unicef.org/northmacedonia/stories/children-can-thrive-only-family-environment>
- https://youtu.be/p_ZzB-Y6TG4
- <https://youtu.be/YNPfZuWjrPg>
- <https://youtu.be/PytiIn-Zk5A>
- <https://youtu.be/TtKlF7AsVFc>

135 The Fostering Network, 'Types of fostering'.

136 Reimer, Daniela, *Thematic Discussion Paper Better Quality in Foster Care in Europe – How can it be achieved?*

cities. Evaluated as a successful campaign, it was also noted that such efforts should be rolled out at the national level and target other disadvantaged groups, such as pregnant girls and young mothers.¹³⁷ In Turkey, public communications campaigns to change attitudes about foster care have supported the recruitment of thousands of foster families and raised awareness of the importance of family care for children.¹³⁸

Evidence from the UK shows how local authorities can drive up carer recruitment by involving foster carers in the recruitment process. The studies show that marketing materials should use a personal tone; that word-of-mouth communication is more likely to succeed; and that prospective foster carers will respond more positively when hearing from carers themselves. According to a study in the local authority of Hertfordshire, England, this approach resulted in a greater than 60 per cent increase in the number of approved carers. In Leeds, England, an increase in foster carer numbers has been associated with the use of promotional materials that recognize fostering explicitly as an altruistic activity, often expressed as ‘loving children’, and stressing the potential to make a difference in their lives.¹³⁹

Overall, experience from different countries shows that a country should have a national recruitment strategy in order to run an effective recruitment campaign – a strategy that will serve as a foundation for regional and/or local targeted plans. These planning documents should encompass:

- the identification of the profile of the children who require a placement
- a determination on the number and range of carers needed
- the identification of the role of foster carers in the recruitment process
- management of the recruitment budget
- the development of coordinated advertising campaigns and the placement of adverts
- the provision of information for candidates
- the approval of applicants through a formal and transparent process
- assessment processes and documentation
- the use of gatekeeping mechanisms in relation to placement decisions
- the application of a monitoring system to ensure that the policy is adhered to and that its effectiveness is evaluated.

It is also important to note that the recruitment of new foster carers, their retention and the use of the existing pool can be hindered by a degree of distrust amongst social workers and biological families about the motivation of some foster families, as

¹³⁷ Cannon and Gheorghe, *Assessing Alternative Care for Children in Moldova*.

¹³⁸ UNICEF Turkey, 'Action Document on Establishing and Improving an Emergency Foster Care System in Turkey', UNICEF Turkey Country Office, Ankara, 2019.

¹³⁹ Narey and Owers, *Foster Care in England*.

many biological parents consider financial motivation to be the only reason that others would come forward to foster their children. However, evidence suggests that income generation is not, in fact, a key motivation to foster,¹⁴⁰ and that payment does not necessarily undermine the genuine motivation of prospective foster families. Indeed, it has been found that adequate financial compensation, combined with favourable economic factors, enables people to foster a child out of altruism.¹⁴¹ Covering costs and replacing income from employment that has ceased (or been exchanged for fostering) are important considerations in decisions to proceed, especially for carers who care for children who may be juvenile offenders or who have particularly challenging behaviours.^{142 143} Research has also demonstrated that the usefulness of pre-service training is the strongest predictor of satisfaction with the demands of foster parenting, while strong dissatisfaction with the relationship with a social worker can be enough to result in the loss of otherwise happy and qualified foster carers, particularly during their first year of service, when attrition rates are highest.¹⁴⁴

Assessment and registration of foster carers

Thorough assessment of potential foster carers has been shown to be vital to ensure the protection of children in care. However, foster care providers worldwide have found it difficult to set standards and criteria for the recruitment and assessment of foster carers and, if standards are in place, to always adhere to them. The assessment of prospective carers is usually conducted by social workers or multidisciplinary teams under the management of the state, or as part of an outsourcing arrangement to not-for-profit or private organizations.

Even though the assessment of foster carers can be the responsibility of different professionals and different entities, the state usually retains responsibility for the approval of suitable carers based on the assessment findings and the registry or re-registry in the national database. Based on the preferences and competencies of foster carers, they can be registered for specific types of placements, or may otherwise express their preferences for fostering certain groups of children. Re-registration usually requires ongoing training and professional development, as well as the reassessments of carers' ongoing suitability.

140 Randle, Melanie, et al., 'The science of attracting foster carers', *Child & Family Social Work* 10, 2012.

141 Marinescu et al., 'Economic conditions and the number of children in foster care'.

142 Rodger, Susan, Anne Cummings and Alan W. Leschied, 'Who is caring for our most vulnerable children? The motivation to foster in child welfare', *Child Abuse and Neglect*, 30, 2006.

143 Sebba, Judy, *Why do people become foster carers? An International Literature Review on the Motivation to Foster*, Rees Centre, University of Oxford, Oxford UK, 2012.

144 Fees, Bronwyn S., et al., 'Satisfaction with Foster Parenting: Assessment One Year after Training', *Children and Youth Services Review*, Vol. 20, No. 4, 1998.

Overall, the general considerations to ensure the selection of suitable candidates include:

- establishing clear mechanisms and policies for the assessment, registration and re-registration of foster carers, in line with foster care standards
- emphasizing the importance of carers' competencies and their commitment to proper care for children over their socio-economic status
- putting into place a competent and qualified authority responsible for, or overseeing, the recruitment, assessment, registration and monitoring process
- ensuring that all potential foster carers and their homes undergo safety checks, including checking police records, to ensure that carers are safe and suitable for looking after children
- assessing the suitability and commitment of the entire family to fostering children
- establishing and regularly updating the national database of foster carers registered by central or sub-national authorities or independent fostering agencies, disaggregated by number, type, specialization, location of carers and the existence of vacant places.¹⁴⁵

Support and training of foster carers

Well-trained and skilled foster carers are essential if the highest quality care is to be afforded to those in their care.¹⁴⁶ In well-developed systems, foster care training requirements are outlined in foster care and training standards adopted by the state and applied universally, regardless of the type of service provider. These standards set a minimum benchmark of what all foster carers should know, understand and be able to do.

A recent multi-country literature review on the satisfaction of foster carers with their training found that carers see a need for greater emphasis on knowledge and skills development, including a need to cover 'real life' experiences of foster care.¹⁴⁷

In addition to proposing training topics, the standards also specify the pre-service training hours and annual training requirements for foster carers, with higher requirements for specialized care. In many countries, pre-service training is also considered to be an important component of evaluating the applicant before their registration. According to information provided by some ECA countries, the length of

¹⁴⁵ Family for Every Child, *Strategies for Delivering Safe and Effective Foster Care*

¹⁴⁶ Baginsky, Mary, Sarah Gorin and Claire Sands, *The fostering system in England: Evidence review*, Department for Education, London, 2017.

¹⁴⁷ Kaasbøll, Jannike, et al., 'Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review', *Children and Youth Services Review* 101, 2019.

the initial training ranges from 24 hours in Armenia to 28 hours in Georgia, 40 hours in Croatia, and 50 hours in both Italy and Moldova. These pre-service trainings are supplemented by annual trainings (in Croatia, Italy and Moldova) and by additional hours of trainings for applicants who are willing to foster children and young adults with challenging behaviour, disabilities, or UASC.

In Italy, pre-service and continuous professional trainings (30 hours annually) that reflect the identified training needs of carers are organized by the service providers and are guided by the Handbook for Operators and Families (*Sussidiario per operatori e famiglie*).^{148 149} The Handbook was designed as an operational guide for use by professionals from Fostering Centres, social services, healthcare and educational settings, as well as by families and foster carers. The Handbook is based on the findings of the National Programme 'A Path in Foster Care' and consists of a selection of work tools, paths, experiences and dissemination materials that develop and deepen the principles and recommendations expressed in the National Guidelines for Family Foster Care. In England, support and development standards outline a national minimum training benchmark for the first 12 months of approval (or within 18 months for 'family and friends' foster carers), and require completion of a minimum of 24 hours of training, followed by 24 additional hours every three years.¹⁵⁰

In addition to sharing country practices, the governments that are planning to strengthen their foster care services may consider adopting existing evidence-based models of foster care development and training. These include the Model Approach to Partnerships in Parenting (MAPP), Foster Parent for Information Development and Education (PRIDE), Kinship Parents Supported and Trained (KEEP), Multidimensional Treatment Foster Care (MTFC), Incredible Years (IY), which are some of the licensed and evidence-based programmes used in the US, Europe and other locations.¹⁵¹ According to a literature review on the effectiveness of foster parenting trainings in the US, MAPP and PRIDE are viewed as standards for the field and are considered as required in 26 states.¹⁵²

PRIDE is an evidence-based model applied more commonly in Europe, namely in Belgium, Bosnia and Herzegovina, Estonia, Finland, Hungary, Poland, Russia, Serbia, Slovakia, Sweden and many other countries. The implementation of PRIDE in European countries is being supported by the Dutch Foundation Op Kleine Schaal (OKS), based on licensing agreements that started in 1989.¹⁵³

¹⁴⁸ The Handbook was developed by the Italian Ministry of Labour and Social Policies and the University of Padova in 2014.

¹⁴⁹ Cannon and Gheorghe, *Assessing Alternative Care for Children in Moldova*.

¹⁵⁰ Department for Education UK, 'Training, Support and Development (TSD) Standards for Foster Care', web-page, London, 2012 (<https://www.gov.uk/government/collections/guidance-for-foster-carers>).

¹⁵¹ For more information on the MAPP institute, see: <https://www.childally.org/mapp>.

¹⁵² Thompson, Maria Elena, 'Effectiveness of Foster Parenting Training: A Literature Review', graduate project, California State University, Long Beach CA, 2019.

¹⁵³ Herczog, Maria, Rob van Pagée and Eileen Mayers Pasztor, 'The multinational transfer of competency-based foster parent assessment, selection, and training: a nine-country case study', *Child Welfare*, 2001.

Bosnia and Herzegovina initiated the implementation of the PRIDE model in the last decade. Under the licensing agreement signed between the Government and OKS, national counterparts worked with OKS Netherlands team, as well as licensed Master PRIDE trainers from Serbia. Collaboration included the training of master trainers, study visits and evaluations. Foster care standards were developed and adopted by the Government. Replication of the training, as well as the operation of the federal association and local networks of foster carers, is now being funded from the state budget. The PRIDE modules developed and offered by Master PRIDE trainers are being supplemented at local level (e.g. new modules on foster care for UASC, specialized foster care). The country makes continued efforts to support the implementation of the PRIDE model and its evaluation, as well as overall efforts to strengthen the foster care system across all of the country's entities.

In addition to the importance of training, the UN Guidelines for the Alternative Care of Children also stipulate the importance of supportive services for foster carers and children before, during and after placements. Extensive evidence suggests that the availability of efficient support services is essential to enable foster care providers to overcome the diverse challenges of the children placed with them and ensure better outcomes for those children. These services include universal services for children, such as early childhood education and care, primary and secondary education, healthcare and others, which are inclusive and ensure equal treatment of children with disabilities. In addition, all children in care should have access to emergency support that is available 24/7. Children in care may also require specialized support services.

The researchers note that inadequate specialized government support makes it challenging for the foster care system to address the emotional and psychological challenges faced by children in foster care, and particularly for delinquent children and other children with challenging behaviours.¹⁵⁴ Interesting experience can also be drawn from Turkey, where psychologists working in provincial directorates and affiliated organizations have been specifically assigned to provide psychological support and guidance to children reaching puberty, including children in care and their foster carers.¹⁵⁵ Services to support children and carers should be offered at the community level, even though the gap in community service provision can be covered, in part, through mobile services and/or online support.¹⁵⁶

In terms of support provided directly to carers, they report that when support was greatly appreciated when received from family, friends, fostering agencies or other entities, and that peer support from other foster carers, who knew and understood

154 Zajac, Kristyn, Ashli J. Sheidow and Maryann Davis, 'Juvenile Justice, Mental Health, and the Transition to Adulthood: A Review of Service System Involvement and Unmet Needs in the U.S.', *Children and Youth Services Review*, 56, 2015.

155 Information from the UNICEF Turkey CO.

156 ICF and the European Centre for Social Welfare Policy and Research, Peer Review on Furthering quality and accessibility of Foster Care Service in Croatia.

the challenges of fostering, was particularly highly regarded.¹⁵⁷ Peer support received through peer-to-peer support groups, advocacy groups, social contacts, joint training sessions, and mentoring and buddying schemes have been shown to improve carers' retention and to have some positive effect of the outcomes for children.¹⁵⁸ Support services should, therefore, be more intensive and tailored to the needs of foster families that are caring for children with special needs. An important role in providing similar support can be played by foster carers associations.

One innovative model of peer support is the Mockingbird Family Model, which originated in Seattle in the US, and is now widely practiced under license in Australia, Canada, Japan, New Zealand and the UK.¹⁵⁹ In England, this model is built on ensuring both peer and professional support, with an experienced foster carer providing a range of support to a small cluster of constellation families through a hub home. Evidence demonstrates a reduction in the number of foster carers quitting foster care, and the low number of unplanned placement changes.^{160 161}

The main formal support for foster carers should come from their supervising social worker, as well as service-providing agencies. Some evidence also shows that carers who have had access to professionals other than social workers, such as general physicians, counsellors or others, were likely to be under less strain than those who did not. In addition, evidence suggests that support through respite care and adequate benefits and allowances adapted to cover the additional costs of caring for a child with disabilities helps to ensure positive outcomes of care.

In Croatia, support to foster carers is provided by the Croatian Institute for Social Welfare, which is responsible for the promotion of foster care through 21 county offices and 82 regional offices, provides licensing, monitoring and support. Professional help to foster carers is also offered by the providers of social services for children (i.e. the centre for provision of community services), as well as other organizations and individuals who provide professional help in families. It should also be noted, however, that an evaluation conducted in Croatia in 2020 found that these varied roles are practiced differently in different centres. Current developments in the country aim to contribute to the standardization and harmonization of professional work with foster carers.¹⁶²

157 Ottaway, Heather, and Julie Selwyn, 'No-one Told Us it Was Going to Be Like This: Fatigue and Foster Carers', University of Bristol, Bristol UK, 2016.

158 Department for Education UK, 'Training, Support and Development Standards for Foster Care'.

159 The Fostering Network, *Mockingbird Impact Report 2022*, London, 2022 (https://thefosteringnetwork.org.uk/sites/default/files/2023-05/Mockingbird%20Impact%20Report_2022.pdf).

160 Ofsted, 'Fostering in England, 2014- 2015', Office for Standards in Education, Children's Services and Skills, London, 2015

161 Maestral, *Comparative Literature Review of Short-Term Foster Care*.

162 ChildFrontier, *Formative Evaluation of the Family-based Care Component within the UNICEF Croatia Country Office*.

Matching and preparation for placement

According to the UN Guidelines for the Alternative Care of Children, the competent authority or agency should devise a system (and should train concerned staff accordingly), to assess and match the needs of the child with the abilities and resources of potential carers and to prepare all concerned for the placement.¹⁶³ The personalization of the assessment of the child's situation is an important prerequisite for successful matching and the provision of relevant care.

Matching the needs and wishes of the child with the motivations and aspirations of the proposed carers is essential for successful long-term placements. In addition to matching the needs of the child with the abilities of carers, matching criteria usually consider additional factors, such as the child's age, gender, cultural and religious background, and the proximity of a biological family. The process involves a review of the documentation, discussions and consultations, as well as the collaboration of social workers, the foster carer and other professionals involved in the child's care, and children and their families (where appropriate).

No placement should be proposed unless it can be reasonably expected to meet a child's needs, and every case-level decision should be child-driven rather than driven by rules or resources. However, matching and placement is often dictated by resources and the wishes of the foster carers, given the shortage of carers who can meet the diverse needs of children. Research in England has suggested that the social worker has no choice at all when choosing carers in up to half of all placements in England.¹⁶⁴ Poorly matched placements are more likely to break down and it is not uncommon for children to experience a number of 'short-term' placements before they are matched more appropriately.¹⁶⁵

Supporting contact with biological families and reintegration

In the situations when family separation is in the best interests of a child, children still have the right to remain in contact with family members, unless this is not mandated by a court or other decision-making entity. The placement with a foster family should, therefore, be done in a thoughtful and careful manner, so that it maintains family contacts and/or encourages reunification.¹⁶⁶ Parent-child contact can increase the well-being of a child while in care and ensure their timely and successful reintegration. Even if children in foster care are not reunified, families of origin can be an important resource for children as they become adults and are no longer eligible for foster care. A great deal of work is being done in many EU countries (e.g. Austria, Denmark, France, Germany, France, the Netherlands and Romania) to support families of origin and to

¹⁶³ UNGA, Guidelines for the Alternative Care of Children.

¹⁶⁴ Narey and Owers, *Foster Care in England*.

¹⁶⁵ Department for Education UK, 'Training, Support and Development Standards for Foster Care'.

¹⁶⁶ Family for Every Child, *The place of foster care in the continuum of care choices*.

nurture positive feelings in children about where they come from, to facilitate the successful reunification of families.¹⁶⁷

Both foster carers and social services should enable the child to maintain contact and eventually return to the care of their family as soon as possible, as long as the contact arrangements and, if applicable, the plan for reintegration, have been assessed as safe and in the child's, best interest. The child's family should be allowed to communicate with them through visiting, mail or by telephone in accordance with the child's care plan.¹⁶⁸ Although foster carers are expected to help foster children stay connected to their biological parents, their actual involvement in this process often remains a challenge. Evidence suggests that the training of foster carers on understanding the importance of family contact, on skills for communicating with a biological family and on legal considerations, as well as the provision of ongoing support, increase the positive involvement of foster carers in parent-child contact.¹⁶⁹

Any contacts with families, including contact location, duration and frequency, must be carefully planned by a social worker and align with the goals of the child's care plan. In situations when reintegration has been assessed as not in the child's best interests, it is important to ensure that continued contact with biological parents does not undermine the development of a strong sense of belonging in a foster family, when the goal is now to achieve a stable, long-term placement.¹⁷⁰

Supporting leaving care

The transitional period from care to independent living or adulthood is one of the most vulnerable periods of a child's life. In the ECA region, studies show that the transition to independent living happens between the ages of 14 years to 26 years, even though this experience among the general population often takes place at an older age. In most countries, children can leave care or are discharged from care settings before they are 18-years-old, if they are not continuing with education, while when young people who continue their studies are entitled to remain in care and receive certain support for a longer period of time.¹⁷¹ Children who grow up in foster care may also continue to live with their foster family for an extended period after reaching the age of 18 years without formal arrangements or support, subject to the wishes of both parties.

167 Reimer, Daniela, *Thematic Discussion Paper Better Quality in Foster Care in Europe – How can it be achieved?*

168 International Foster Care Organisation, 'Guidelines for Foster Care', Sheffield UK, n.d. [IFCO-Guidelines for Foster Care \(bettercarenetwork.org\)](https://www.bettercarenetwork.org/)

169 Sanchirico, Andrew, and Kary Jablonka, 'Keeping Foster Children Connected to Their Biological Parents: The Impact of Foster Parent Training and Support', *Child and Adolescent Social Work Journal*, 17, 2000.

170 Zeanah, Charles H., Carole Shaffer and Mary Dozier, 'Foster Care for Young Children: Why It Must Be Developmentally Informed', *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 50, Issue 12, 1199 – 1201, 2011 (<https://doi.org/10.1016/j.jaac.2011.08.001>).

171 Stein, Mike, 'Young people's transitions from care to adulthood in European and postcommunist Eastern European and Central Asian societies', *Australian Social Work*, Volume 67, 2014.

Numerous studies show that children and young people with the experience of living in alternative care settings are among the most socially excluded groups in Europe and are at greater risk of poor outcomes in education, health, employment, criminality, mental health and social functioning than the wider population.¹⁷² While the outcomes are better for children in family-based care, they also tend to face significant difficulties when leaving care, particularly because they receive little or no support in this process in comparison to young people who have been living in residential services. However, it is important to acknowledge that, with sufficient individualized support, children leaving care are able to recover to reach their full potential and make significant achievements in their later lives.

Care leavers have, consistently, spoken about the many challenges of leaving care. They have concerns about their protection, inadequate levels of support, the unsatisfactory manner in which support is offered, lack of access to services, and insufficient participation in decision-making. They feel that their needs and wishes are not being fully met by those responsible for supporting them through the care leaving process, even though these responsibilities are outlined in the UN Guidelines for the Alternative Care of Children.¹⁷³

To achieve sufficient readiness for leaving foster care, as well as other forms of alternative care, the young person must have access to practical life skills development, training, support to find employment, the continued support of a child welfare system, and support networks (including parents and other family members, social workers or other mentors). Good examples of aftercare mentorship, where young people leaving care were assisted in their transition by former foster children, can be drawn from the Swiss School of Social Work 'Transition to Independence' project, and from other mentorship programmes that have been identified as a good practice by many professionals.¹⁷⁴

Research shows that educational outcomes for young adults who remained under the supervision of the child welfare system are much higher than for those who left care abruptly.¹⁷⁵ This suggests that one integral part of the care process should be the close engagement of a social worker who is responsible for monitoring the child throughout their time in care and after they leave, preparing them for leaving, developing an aftercare plan with their close involvement, and working with them in their new environment.¹⁷⁶ Foster carers also play a key role in supporting the social worker in the case of an older child, including young people with disabilities, in preparing for their independent, semi-independent or supported living. If reintegration into a biological family, or the move of a child with disabilities to some form of independent living, is not

172 SOS Children's Villages International, 'Prepare for Leaving Care', Vienna, 2018.

173 Cantwell, Nigel, et al., *Prepare for Leaving Care Practice Guidance*, SOS Children's Villages International, Vienna, 2017.

174 ICF and the European Centre for Social Welfare Policy and Research, Peer Review on Furthering quality and accessibility of Foster Care Service in Croatia.

175 Cantwell et al., *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*.

176 Family for Every Child, *Strategies for Delivering Safe and Effective Foster Care*.

possible, it may be in their best interests to continue to live with their foster family as they transition to adulthood. Such practice is now becoming more common in Georgia, Romania, Turkey, as well as the UK and other countries.

To prevent potential problems and give a head start to the young people leaving foster care, it is important to ensure that the country has a national leaving care framework that outlines the role of young people, foster carers, social workers and other support networks in planning and preparing for leaving care. It is also crucial to ensure that young people leaving foster care receive the same support as youth leaving residential services (tailored to their individual needs and strengths) and that preparations for leaving care start well in advance of the young person's discharge from the service.¹⁷⁷

Monitoring and evaluation

The importance of **monitoring and responding to the outcomes for children in care** to enable the provision of quality and safe services cannot be overestimated. Effective monitoring also serves administrative functions by ensuring compliance with procedures, accountability and transparency, as well as the financial viability of services.

Analysis of successful examples of the monitoring of foster care services indicates the importance of developing the normative framework, including foster care standards, monitoring requirements, indicators and data management mechanisms.¹⁷⁸ In Moldova, for example, standardized indicators for monitoring foster care service provision are outlined in the Social Assistance Automatic Informational System (SIAAS) and are in line with the minimum quality standards and the relevant legislation. Data are disaggregated by sex, age, and locality, but not by length of stay in foster care or disability type. Responsibility for the collection and analysis of monitoring data rests with the Ministry of Labour and Social Protection.¹⁷⁹

As with all other components of the foster care system, the monitoring of services for children with disabilities requires additional attention and adaptation, as well as their participation.¹⁸⁰ Relevant authorities should consider the latest evidence about the importance of shifting from the evaluation of service use outcomes only against service standards and objective measurements, towards the evaluation of children's life satisfaction and their quality of life (QoL), and their own judgements about the use of specific services.¹⁸¹ This approach has been applied to the evaluation of the satisfaction of over 1,000 children in foster care services provided by the US State of Illinois child

¹⁷⁷ Ibid.

¹⁷⁸ Cantwell et al., *Prepare for Leaving Care Practice Guidance*.

¹⁷⁹ Cannon and Gheorghe, *Assessing Alternative Care for Children in Moldova*.

¹⁸⁰ Jenny, Marie and Stephanie Romanens-Pythoud, *A Better Future is Possible: Promoting Family Life for Children with Disabilities in Residential Care – Manual for Professionals*. International Social Service (ISS), Geneva, 2016.

¹⁸¹ Land, Kenneth C., Michalos, Alex C., and M. Joseph Sirgy (Eds), *Handbook of Social Indicators and Quality of Life Research*. Springer, 2012.

welfare system, which showed significant improvements in the QoL of children in foster care, compared to those in residential care settings.¹⁸²

Key considerations for the strengthening of foster care systems

The development of a well-functioning foster care service is only possible if it is part of an effective child protection system, which aims to ensure that children grow up in safe and stable permanent families. Therefore, before they consider recommendations specific to the strengthening of foster care services, national governments should **prioritize the strengthening of child protection system capacities.**

- National governments should review the existing systems of child protection, emphasizing collaboration between all of the sectors and levels of governments required for the provision of comprehensive and inclusive support mechanisms that are tailored to the complex needs of children and their families in the communities.
- Strong gatekeeping mechanisms should uphold the **necessity** and **suitability** principles and ensure that only children who need out-of-home care are placed in family-based alternative care services, and that children and families who are already separated receive continuous support to ensure their reunification.¹⁸³
- The effective functioning of the child protection system can only be ensured by a well-planned, developed and supported social service workforce, including qualified social workers who are capable of assessing the needs of and delivering individualized support to children, families and communities, using a case management approach.
- National and sub-national governments, in collaboration with non-state actors, children and families, should develop a shared vision and evidence-informed national strategy that sets out the context-specific priorities for strengthening the child protection system, including foster care services.

Working in close partnership with their national reference group on foster care, the relevant representatives of national and sub-national authorities should contextualize the evidence and recommendations outlined in this White Paper. To tackle the issues related to foster care and other family-based alternative care, governments can use existing relevant groups or commissions that are already working to strengthen the child care system, or establish a new dedicated discussion forum. Work at the country level can be further supported by the UNICEF ECARO, UNICEF Country Offices and the regional network of experts, which can share promising practices, challenges and the latest research evidence, and advise and monitor developments at the country-level.

¹⁸² Wilson, Leslie and James Conroy, 'Satisfaction of Children in Out-of-Home Care', *Child Welfare*, Vol 78, No. 1, 1999.

¹⁸³ Cantwell et al., *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*.

Providing a range of types of foster care services as part of a holistic child care system

Many countries across the ECA region have succeeded in integrating foster care into an alternative care system, and this form of care has almost fully replaced institutions for children. These countries are working to further diversify and strengthen their foster care services, and to professionalize some types of foster care. In other countries, however, foster care is not clearly defined, is under-developed and does not function as an integral part of the child care system. In these countries, children for whom care by biological families or kin is not an option, are either placed in residential care or are enrolled in foster care without proper assessment, care plans or regular review processes. Poorly planned placements are often open-ended, and do not contribute to a child's reintegration or to their effective permanency planning.

To enhance and strengthen the role of foster care in the continuum of child care services, authorities should consider the following recommendations, which, once contextualized, will support their development of context-specific foster care models.

- The national strategic vision for child care should outline the specific role of foster care as an integral component of a comprehensive system, which, alongside kinship care, is applied as the main alternative for children who need out-of-home care.
- To identify the demand for specific types of foster care, governments should lead the analysis of the needs for out-of-home care, starting by assessing bottlenecks for the closure of existing residential institutions and looking into family strengthening, as well as foster care requirements for the specific children residing in such institutions.
- In many countries, most of the remaining institutions are for children with special needs and/or significant behavioural, emotional, and mental health problems. Special emphasis should be placed, therefore, on identifying the needs for and strengthening the provision of specialized foster care services. Meeting the complex demands of these children will require special efforts, including, but not limited to, targeted recruitment, as well as additional training and support.
- The needs of families at risk of separation for preventive services and specific types of foster care should also be analyzed.
- Through a close partnership between child protection and justice systems, governments should identify opportunities to avoid the damaging experience of being placed in detention and ensure that children are, instead, housed in safe, secure, skilled and specialized foster families.
- Based on this analysis, the authorities should develop costed plans for recruiting, training, contracting and supporting foster carers for children with different types of needs.

- Governments should aim to move away from considering fostering as only a voluntary activity that involves ordinary caring tasks, to treating it as a role that requires skills and knowledge to support the increasingly complex needs of children, and that, therefore, requires support and compensation.
- The use of foster care should be guided by the principles of necessity and suitability, and should not be treated as a permanent placement, without first offering strong family support interventions aimed at reintegration. If these efforts are unsuccessful, consideration should be given to whether adoption might be a more secure form of permanence, in line with the best interests of the child.
- Placement in foster care should have a clear purpose, meet the specific needs of children, be time-bound and regularly assessed and monitored.
- All types of foster care should be clearly defined and regulated at the national level. This includes foster care service standards, gatekeeping and decision-making mechanisms, workforce requirements, funding and quality assurance mechanisms.
- Financial resources to support foster care should cover start-up costs, fees and benefits, recruitment, training, support during the placement and after children leave care, and monitoring costs. Governments should redirect funding from residential care to family support and family-based alternative care services and ensure the sustainability of funding.
- Governments should monitor foster care services and service providers, and ensure data collection and evaluation. Collected data and evidence should guide both coherent policy-making and well-informed public discourse.

Ensuring multi-stakeholder engagement in foster care provision

A large number of stakeholders play an important role in foster care system development and service delivery. They include the central and local authorities representing multiple sectors, non-governmental organizations, private agencies, associations of foster carers and other professional organizations, academic institutions, religious organizations, children and youth in care or with the experience of alternative care, their biological families, and foster carers. Strong political will and state leadership to strengthen foster care services, combined with the collaborative efforts of the involved stakeholders, can shape the high quality of services and the best outcomes for children.¹⁸⁴ To ensure effective multi-stakeholder cooperation, the following approaches are important.¹⁸⁵

¹⁸⁴ Manitoba Foster Family Network, *Circle of care: Fostering fostering: Enhancing supports to foster and kinship care families*, Winnipeg Mb, 2011 (http://www.gov.mb.ca/fs/pubs/circle_of_care.pdf).

¹⁸⁵ George and Van Oudenhoven, *Stakeholders in Foster Care*.

- The state authorities should acknowledge the role of the NGO sector, which has, in many countries, played a key role in initiating foster care programmes and providing examples of good practice that governments can build on. Within the frames of NGOs' expertise and capacities, governments should ensure their involvement in foster care service delivery and strengthening. The work of NGOs and all other actors engaged in foster care service delivery should be licensed, monitored and coordinated by relevant state entities.
- State authorities should facilitate the establishment and functioning of associations and networks of foster carers and young people leaving care. Similar associations, often established as independent non-profit organizations, play an important role in improving the quality of foster care and support for those leaving care. The work of these associations often includes providing advice and support for foster carers, children in care and young people leaving care, advocating on their behalf to the government agencies that represent different sectors, facilitating unity and peer support among the relevant groups, and providing up-to-date information about support services and regulations. Networks also increase participation opportunities and provide children and young people in care with channels to express their opinions and influence matters that concern them.
- Children in foster care, particularly children with complex needs and their carers, often face challenges as a result of restricted access to and the limited inclusiveness of healthcare, social protection, early and school education, employment opportunities and benefits. Clear guidance from governments on the role of different sectors in meeting the needs of these children and their carers will improve outcomes for children and youth.
- The role of the media in improving public perceptions of foster care and its role should be enhanced. Popular social media platforms, television broadcasters, print media, movie production and media celebrities should be provided with positive messages and images, public campaign themes and educational tools, so that they can promote positive images of foster care.
- It is important to strengthen the role of academia in the promotion of foster care by prioritizing foster care research, institutionalizing trainings for carers, ensuring that the academic curricula for the professionals who play a key role in foster care reflect this topic, and establishing partnerships and knowledge exchange opportunities among academic institutions within the country and at the regional and global levels.

Annexes 1-3

Annex 1 - Summary of recommendations for strengthening child care system for the UN General Assembly Resolution on the Rights of the Child¹⁸⁶

Recognize and prioritize the role of families

- States are responsible for promoting parental care, preventing unnecessary child separation, and facilitating reintegration where appropriate.
- Families have a crucial role in physical, social, and emotional development, health, and intergenerational poverty reduction.
- Services delivered to children are most effective when they consider the vital role of family.

Protect children without parental care and ensure high quality, appropriate alternative care

- Comprehensive systems for the welfare and protection of children should be supported to address the complex needs of children at risk of, or in, alternative care.
- Formal alternative care should be temporary.
- Care options should prioritize kinship care, foster care, adoption, kafalah, and cross-border reunification.
- Registration, licensing, and oversight should be in place for all formal care options.

Strengthen systems for the welfare and protection of children

- States should strengthen community-based, national, and cross-border systems for child protection that assess and meet the needs of vulnerable children.
- Policies should be implemented to protect children from abuse while in the care of an adult.

Improve data collection and regular reporting

- States should recognize that the sustainable development goals will not be achieved if children without parental care are neglected, and that not all children are being counted.
- Rigorous data collection by national authorities is important, and should be duly supported by international cooperation.
- Data should be collected longitudinally, with gaps addressed, and evidence building supported.

Support families and prevent unnecessary family–child separation

- States are called upon to strengthen family-centered policies such as parental leave, childcare, and parenting support.
- States should address drivers of separation, protect children, and provide high-quality social services.
- States are encouraged to work to change norms, beliefs, and attitudes that drive separation.
- States should recognize that reintegration is a process requiring preparation, support, and follow-up.

Recognize the harm of institutional care for children and prevent institutionalization

- The harm that institutions do to the growth and development of children and the increased risks of violence and exploitation should be recognized.
- States should phase out institutions and replace them with family and community-based services.
- States should address how volunteering and donations can lead to unnecessary family–child separation.
- States should enact and enforce policies to prevent trafficking of children into institutions.

Ensure adequate human and financial resources

- States should recognize that funding for institutions can exacerbate unnecessary family–child separation and institutionalization.
- States should allocate human and financial resources for child and family welfare services.
- States should provide resources for a trained social-service workforce.

Ensure full participation of children without parental or family care

- States should reaffirm the rights of all children to free expression and to have their views taken into account.
- States should strengthen mechanisms for participation of children in planning and implementing policies and services.
- States should establish a competent monitoring mechanism such as an ombudsperson.

¹⁸⁶ Goldman, P., et al., 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors', Lancet Group Commission, London, 2020.

Annex 2 - Medical foster care, US Model

Medical foster care (MFC) is a term used in the US and several other countries for a form of specialized foster care offered to children with complex needs who cannot be cared for by their parents. These children have high rates of health care use, intensive daily care needs, functional limitations, and dependency on medical technologies.¹⁸⁷ They may, for example, be affected by conditions such as cerebral palsy, spina bifida, multiple sclerosis, orthopaedic impairments or Cystic Fibrosis. Children with complex medical needs may enter foster care for the same reasons that children enter generally, but, in addition, their conditions may require 24-hour medical care and the daily administration of specialized medications and treatments, such as tracheotomies, heart monitors, gastrointestinal tubes, dialysis machines, ventilators, adaptive equipment and communication devices.¹⁸⁸

In the US, MFC offers a family-home setting with trained foster carers who provide round-the-clock care for the child, schedule and attend their medical appointments, and coordinate their care.¹⁸⁹ Depending on the condition of a child, it may sometimes be necessary to incorporate medical equipment into the carer's home and/or modify the house.

The training of MFC foster carers provides general knowledge about: the roles and responsibilities of fostering; information about the reality of life with children who are medically fragile; common medical and developmental disorders and their respective treatments; and cardiopulmonary resuscitation (CPR) and first aid. The training should be provided by health care professionals who have expertise in this field, as well as by clinical social workers in the MFC programme who have experience with this population. Child-specific training may be provided in a variety of ways, including by the child's health care providers during the child's medical appointments. The trainings also include examples of foster carers performing medical procedures with a foster child.

In addition to pre-service training, foster carers are required to participate in ongoing in-service training on relevant topics. For children who are hospitalized before or during placement, trainings are provided prior to their discharge by nurses and therapists who work with the child in the medical facility. As a condition of discharge, as well as the initial placement, foster carers must demonstrate competence in the use of certain medical equipment as well as their ability to perform certain procedures required for the child's care.¹⁹⁰

¹⁸⁷ Cohen, Eyal, et al., 'Children with medical complexity: an emerging population for clinical and research initiatives', *Pediatrics*, 127/3, 2011.

¹⁸⁸ Fortin, Kristine, Soyang Kwon and Mary Clyde Pierce, 'Characteristics of children reported to child protective services for medical neglect', *Hospital Pediatrics*, 6/4, 2016.

¹⁸⁹ Seltzer, Rebecca R., Carrie M. Henderson and Renee Boss, 'Medical foster care: what happens when children with medical complexity cannot be cared for by their families?', *Pediatric Research*, 79, 2016.

¹⁹⁰ Foster Family-based Treatment Association and Therapeutic Foster Care at the Kennedy Krieger Institute, 'Best Practices in Treatment Foster Care for Children and Youth with Medically Fragile Conditions', Baltimore MD, 2013.

In the US context, foster carers work closely with MFC caseworkers who are employed by the same foster care agency. Caseworkers, who normally have a social work background, visit the foster family each week to provide care coordination and case management, ensure the child is safe and receiving medical care, and to facilitate team communication. Agency nurses assess the child at least every three months to confirm receipt of medical care and to train foster and biological parents, and are resources for other care team members regarding the child's medical needs.¹⁹¹ Primary care paediatricians see the child on a quarterly basis and as needed for acute concerns, provide medical care, manage medications and coordinate with sub-specialists.¹⁹²

The well-being of a child is also supported and closely monitored by child welfare social workers who are employed by the central or sub-national authorities. They visit the child each month, ensure a safe and appropriate placement, make sure that the child receives appropriate services, and support biological families toward reunification. However, evidence suggests variations in the involvement of biological parents with children who have complex medical needs, ranging from no recent contact to weekly visits. Participants in the study of the MFC programme in the US State of Maryland describe the potential value of a specialized unit for this group of children within the child welfare authority, equipped with specific CMC training and able to link the children's medical and social needs. The existence of a specialized unit could also ensure smaller caseloads and reduce workforce turnover, in return, promoting continuity and quality of care.¹⁹³

Evidence suggests that coordination of care is particularly important for children with complex medical needs who are at an increased risk of fragmented care.¹⁹⁴ In most cases, medical team members meet to plan a child's medical management, while child welfare and MFC team members meet separately to discuss the child's placement. However, these care plans are not always fully informed by each other. Routine interdisciplinary meetings, which also involve professionals from education and other fields, ensure that the MFC placement is appropriate for the delivery of the recommended care and services to children in care. Reports also suggest that children with increasing medical complexity are at a significant risk of remaining in foster care indefinitely. This suggests that their substantial care needs are barriers to family reunification and adoption, and require particular attention.¹⁹⁵

Countries considering the development of specialized foster care services for children with complex needs should, as a priority, work to provide the required support to biological families that are caring for their children.

191 Seltzer et al., 'Medical foster care'.

192 Seltzer, Rebecca R., et al., 'Exploring Medical Foster Care as a Placement Option for Children with Medical Complexity', *Hospital Pediatrics*, 2019.

193 Ibid.

194 Kuo, Dennis Z., et al., 'Care coordination for children with medical complexity: whose care is it, anyway?', *Pediatrics*, 141, 2018.

195 Seltzer, Rebecca R., Sara B. Johnson and Cynthia S. Minkovitz, 'Medical complexity and placement outcomes for children in foster care', *Child Youth Services Review*, 83, 2017.

Annex 3 - Multidimensional treatment foster care

Multidimensional treatment foster care (MTFC) is one of 12 scientifically validated blueprint model programmes that are designed to reduce behavioural problems among children and youth in the US. MTFC was initially designed by the Oregon Social Learning Center in the US for work with boys who have serious criminal behaviour and was later extended to reach girls. MTFC is now a widespread foster care approach in a number of countries. In Western Europe, it is used as a treatment-oriented approach for children and youth with emotional and behavioural disorders and young offenders (e.g., use of MTFC for young offenders in England). ¹⁹⁶

MTFC emphasizes close adult supervision and supportive adult relationships, fair and consistent limits, predictable consequences, and limited exposure to peers with antisocial behaviour. In this model, foster carers (sometimes referred to as treatment parents, therapeutic parents or professional parents) are seen as front-line therapeutic agents who are responsible for working with other professionals to develop and implement a comprehensive treatment plan. MTFC is delivered by a professional team and by highly trained and supported foster carers. These carers typically receive additional compensation, extensive training and ongoing support to accomplish their goals. The conceptual foundation that underpins this intervention, its components and staffing structure, as well as the existing evidence base are outlined in more details in a book chapter by Gilliam and Fisher. ¹⁹⁷

As in some other types of specialized foster care, MTFC is less likely to conclude with adoption. Rather, it is intended to meet fill an immediate need to improve a child's functioning and, therefore, increase the likelihood of their safe and successful return to their home. ¹⁹⁸ Therefore, the regular engagement of their biological parents plays an important role in maintaining family integrity and facilitating reunification after a short-term foster placement, followed by a short period of aftercare. MTFC is a clinically effective and cost-effective alternative to residential treatment facilities, ¹⁹⁹ but it can also be used in combination with more restrictive community-based alternative care service, such as small-scale group care, which also shows positive outcomes

¹⁹⁶ Biehal, Nina, Sarah Ellison and Ian Sinclair, 'Intensive fostering: An independent evaluation of MTFC in an English setting', *Children and Youth Services Review*, 33(10), 2011.

¹⁹⁷ Gilliam, Katherine. S., and Philip A. Fisher, 'Multidimensional treatment foster care for preschoolers: A program for maltreated children in the child welfare system', in Timmer, Susan, and Anthony Urquiza (Eds), *Evidence-based approaches for the treatment of maltreated children: Considering core components and treatment effectiveness*, Springer Science, 2014.

¹⁹⁸ Dorsey, 'Current status and evidence base of training for foster and treatment foster parents'.

¹⁹⁹ Family Focused Treatment Association (<http://www.ffa.org>).

for youth when used as a short-term intervention that is part of the care plan.²⁰⁰ The methodology used for MTFC is also applied in remand foster care.^{201 202}

200 Lee, Bethany R., and Ron Thompson, 'Comparing Outcomes for Youth in Treatment Foster Care and Family-style Group Care', *Child Youth Services Rev.* 30(7), 2008.

201 Westermarck, Pia Kyhle, Kjell Hansson and Martin Olsson, 'Multidimensional treatment foster care (MTFC): Results from an independent replication', *Journal of Family Therapy*, 33(1), 20–41, 2011 (<https://doi.org/10.1111/j.1467-6427.2010.00515.x>).

202 Biehal et al., 'Intensive fostering: An independent evaluation of MTFC in an English setting'.

