



Peer Review on “Furthering quality and accessibility of Foster Care service”

Thematic Discussion Paper

**Better Quality in Foster Care in Europe –
How can it be achieved?**

Online, 20-21 May 2021

DG Employment, Social Affairs and Inclusion

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Table of Content

1	Preface	1
2	Setting the scene	1
2.1	Main EU and international policy documents	1
2.2	Trends in foster care in Europe	2
2.3	Overall situation of foster care in the EU	3
2.4	General quality features in foster care and how Member States approach them	6
3	Finding foster families	8
3.1	Large-scale advertising campaigns	9
3.2	Easily available information and events	9
3.3	Satisfied foster families are the best publicity	9
3.4	Broader conceptions of the nature of family	10
3.5	Consciously promoting kinship care	10
4	Selection and preparation of foster families	11
5	Networks of foster families	13
5.1	Foster families associations	13
5.2	Digital networking for foster families	13
6	Benefits of professional foster families, limitations, frame	13
7	Foster care for children with special needs	16
7.1	Children with chronic health problems or disabilities	16
7.2	Children with behavioural problems	18
8	Conclusion	19
9	List of references	22
	Annex: Example of relevant practice	27

1 Preface

Children in alternative care are known to be especially vulnerable (Pomey 2017; Andersen et al. 2019/2020). The EU's deinstitutionalisation initiative has transformed Europe's youth welfare systems which traditionally relied very much on residential care and considered foster care merely a more cost-effective alternative.

Today, foster care is the preferred form of alternative care in the EU. Placements in foster families have been demonstrated to be more conducive to better child development than placements in large institutions (Nelson et al. 2014). However, high rates of breakdowns also mean that they are 'vulnerable interventions' (Vanderfaeillie et al. 2018), particularly if they are poorly supported structurally and professionally (cf. Gabriel/Stohler 2020). EU Member States, therefore, bear a heavy responsibility for creating appropriate forms of placement and ensuring the quality of placements in foster families.

This report addresses the issues raised in the peer review:

- Finding foster families
- Preparing foster families
- Promoting foster family networks
- Creating structures for professionalised forms of foster care
- Foster families for children with special needs and behavioural problems

The scene is set by outlining foster care in the EU at the present time and then presenting trends and quality standards and how these have been addressed in the EU to date.

2 Setting the scene

2.1 Main EU and international policy documents

The EU does not have a single legal framework for the placement of children in foster families. There are, however, numerous international and EU policy documents that play an important role in countries' fundamental legal and administrative arrangements: The '**UN Convention on the Rights of the Child**' sets out in particular children's rights to participation and to a family. The signatory states to the '**UN Guidelines for the Alternative Care of Children**' are committed to:

- supporting children and families;
- regarding the removal of a child from the care of its family as a measure of last resort;
- maintaining a child as close as possible to its habitual place of residence; and
- seeking to return the child to parental care;
- engaging in consultation with the child;
- avoiding the separation of siblings; and
- acting in the best interests of the child.

The '**Common European Guidelines on the Transition from Institutional to Community-Based Care**' and the related '**Toolkit**' show how the transition can be made for children in alternative care from large institutional settings to family and

community-based services. The EU's **opening doors campaign** supports the deinstitutionalisation process in 16 European countries¹ (12 of which are EU Member States). This campaign is supported by several hundred scientists and practitioners who have signed the '**Stockholm declaration**', in which experts proclaim that institutional care should only be a measure of last resort. Thirty-two European countries working with the '**Quality4children**' initiative have drawn up quality standards for the alternative care of children that are based on the **UN Convention on the Rights of the Child**. These standards were elaborated with input from children and young people. Last but not least, the Commission's proposal for Council recommendation establishing the **European Child Guarantee** emphasises that appropriate strategies to combat child poverty in the EU must also include appropriate alternative care services.

2.2 Trends in foster care in Europe

A number of foster care trends have emerged in Europe in recent decades. The key trends are:

Foster families are increasingly important

Foster families are becoming increasingly important as a result of the EU's deinstitutionalisation initiative. For many years foster families were considered a cheaper alternative to expensive residential care. Now at the EU level, foster families are regarded as the best option for placing children who are unable to remain with their biological families. Important drivers for the expansion are the intense and systematic global critique (cp. Nelson et al. 2014) on placing children in large institutions, especially in Eastern Europe, and the efforts of the EU's deinstitutionalisation initiative. Consequently, foster care has been massively expanded in several countries²³ and has been promoted by the EU and in national contexts. Although foster families are more important than ever, the number of foster families available is not sufficient to keep pace with the expansion of the foster care system; suitable foster families are in short supply in various countries (such as France, Denmark, Croatia, Germany).

Diversification – Settings between the foster family and institutional care

In recent decades, many countries have developed forms of alternative care that are midway between traditional foster family placements and residential care^{4 5}. The trend in Europe is towards the diversification of settings and family-like alternative care services (Hartwig 2014). In many places, for example, large institutions have been closed on a massive scale as care has increasingly been provided in small groups in family-like settings or, in some countries, in professional foster families⁶. In 2011, professional foster families were being used in at least nine EU Member States⁷

¹ Countries included in the opening doors initiative: Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Estonia, Greece, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, Serbia, Spain, Ukraine.

² E.g. Bulgaria features considerable increase (over 200%) in the number of children in foster care between 2007 – 2017 (Openingdoors 2018c); in Romania in 2018 36,748 Children were in foster care and kinship care (Openingdoors 2018d) in comparison to less than 10,000 before 1994 and by media estimated number of 29,000 in the year 2000 (Groza 2001). In Serbia, in 2018 5,320 children were in foster care (Openingdoors 2018b) in comparison to 1795 in 2003 (Grujić 2011)

³ Opening doors EU supports and monitors the process in 12 EU Member states. More information including annual country reports: www.openingdoors.eu; cp. footnote no. 1

⁴ The EU is currently funding a project on residential care in Europe: '*Empowering Residential Child Care through Interprofessional Training*.' Erasmus+ KA203. Funded through Erasmus+ Strategic Partnerships. Project period: 9/1/18-8/31/21 (Submitting institution: Turku University of Applied Sciences, Finland). More information: [ERCCI Empowering Residential Child Care through Interprofessional Training | ERCCI Empowering Residential Child Care through Interprofessional Training \(turkuamk.fi\)](https://www.turkuamk.fi/en/ercci-empowering-residential-child-care-through-interprofessional-training)

⁵ A typology of foster care is below, end of section 2.3

⁶ Nonetheless, Sweden has a highly developed foster care system, but does not have any professional foster families.

⁷ Finland, the Netherlands, Scotland, France, Poland, Hungary, Austria, Italy (Lakija 2011) plus Germany

Greater involvement of families of origin vs. stigmatisation

Just a few decades ago, families of origin were stigmatised in many countries. In many cases, a moral argument was presented for alternative care based on the lifestyle of parents who were considered to have «forfeited» parenthood. Children were given a «fresh start» in a «better family». In contrast, the aim today is to support families of origin, to nurture positive feelings in children about where they come from and to review the options for the reunification of families. A great deal of work is being done along these lines in many EU countries (e.g. Germany, France, Netherlands, Denmark, Austria, Romania, cp. Falefos Project⁸; Dittmann/Schäfer 2019, Boddy et al 2009; Boddy et al. 2013). Several transnational research and practical projects relating to these issues have been undertaken in the EU in recent years⁹.

Exiting care in focus

In the last two decades, research on young people leaving alternative care has been undertaken and care leaver associations have been established in many European countries. Care leavers are considered to be an especially vulnerable group that benefits from forms of support provided by the state. In several EU countries (such as Denmark, Finland, Romania) legislation on after care was put in place (Strahl et al. 2021)¹⁰. In some more countries (e.g. Belgium, Estonia, Hungaria, Serbia, Spain) a more "rudimentary" legal framework, as called by Strahl et al. (2021), exists. The age at which foster care is terminated in Europe varies.

Diversification of societies & matching processes

In recent decades, the societies of many EU Member States have altered and moved on under the impact of migration and changes in understandings of family values. This diversity is also increasingly recognised in foster care and more importance is now attached to better matching the foster family and the foster child (religion, language, lifestyle) (Zeijlmans 2019; Wolf/ Bombach 2020).

2.3 Overall situation of foster care in the EU

Foster care in the EU may be described as diverse in many different respects. One central feature is that foster care structure and arrangements vary regionally within countries as well as between different EU Member States. This means that cross-country comparisons of foster care are often crude, undifferentiated and simplistic (Bullock 2018). It also means that progressive players in foster care sometimes feel that their work is inadequately reflected in descriptions of their own country's situation. On the other hand, and more positively, there are regions in many countries that can serve as models for other regions. These illustrate up to what point certain things can be achieved within that particular country's structures.

⁸ Falefos Projekt: www.falefos.eu

⁹ International Perspectives on Parenting Support: International perspectives on parenting support: (ioe.ac.uk); Beyond Contact Beyond Contact : Completed research : Centre for Innovation and Research in Childhood and Youth : University of Sussex.

¹⁰ The paper of Strahl et al (2021) draws on a global study on care leaver, after care legislation and practice in 36 countries. The authors find: "One fifth of the countries (7 countries, 19 per cent) report that support is officially available up to the age of 25 or even 27 years, according to policy or legislation, and a further five countries (14 per cent) report that it is available up to the age of 22–24 years. One quarter (9 countries, 25 per cent) report that legislation permits remaining in care up to age 21, which in some countries is the age of majority. In slightly less than half of the countries (15 countries, 42 per cent), support is officially granted until the age of 18 years, which is widely regarded as the age of legal adulthood." (p.29)

17 of the 36 researched countries have after care legislation, but in 24 countries after care support is provided. The authors point out differences between legislation and practice (p. 41): "In Germany, Croatia, England and Hungary and others, support is officially available up to age 24 and even beyond, but in practice, support is only provided until age 18. Conversely, Ethiopia, Czech Republic, Lesotho, Israel and Russia support care-leavers in practice until 23 years and older, even though policy and legislation expect support to end earlier. It seems, therefore, that there is little congruence between legislative or policy limits for remaining in care and the actual age up until which care-leavers remain in care."

Lakija (2011) finds that Europe, along with North America and Australia, has the most advanced foster care systems in the world. Nonetheless, she identifies large regional differences: «the Scandinavian countries are its champions, while foster care is much more conservative and less developed in the Mediterranean countries of the European Union (Greece, Portugal), as well as its new members from Eastern Europe.» Ten years after the publication of this paper, this differentiation continues to be an accurate reflection of the tradition of foster care. However, since then, the foster care systems in several countries and regions of southern and eastern Europe have significantly evolved. Some countries, such as Serbia, Romania and Bulgaria (cf. Openingdoors 2018b, c, d), which placed fewer children in foster families twenty years ago, now do so on a large scale. At the same time, western European and Scandinavian countries (cf. Denmark, France, Germany) are currently struggling with a shortage of foster families (Nordschleswiger 2018, France Culture 2019, FAZ 2019).

On the whole, there are still significant differences between European countries in the number of children in foster care compared to residential care. For instance, in Portugal¹¹, fewer than 3% of children in alternative care live in foster families (Eurochild 2021); the figure for Germany is about 46% (Destatis 2020), in the Netherlands about 50% (Harder 2020), and 92% in Ireland (Tulsa 2019).¹² There are also differences between countries in terms of the number of children who are in alternative care at all. In France, 102 children per 10,000 children in general were in alternative care, in Germany 74, in Sweden 63, in Spain 51 and Italy 38 (Thoburn 2007)¹³. The author of the study discusses the differences in the context of traditions of state intervention in families in European countries: e.g. whereas in France, state intervention in families is widely accepted and supported by society, in Italy, state intervention is less supported.

There are also starkly contrasting conceptions in the EU as to what professionalism in the field of foster care actually means and these differences affect the practice accordingly. While Sweden does not use professional foster families at all, France began «professionalising» its entire foster care system in 2005 and foster families are now trained employees. Several other countries have taken a different approach. Some EU Member States (such as Austria, Croatia, Germany, Hungary, Italy, (cf. Lakija 2011)) have traditional foster families that receive a foster care allowance, and at the same time they have professional foster parents who are employed and get salaries. The professional carers are expected to meet much higher standards of training, pay social insurance contributions and are entitled to paid leave from their work.

There are considerable differences between countries in the standards which must be met by foster families. Those concern, for example, the number of foster children per family. Finland allows a maximum of four, including biological children, Croatia draws the limit at three foster children while countries like Czechia, Germany, Netherlands and Sweden adopt a case-by-case approach (cf. Fra 2014). There are also differences in the way that foster families are prepared (see below) and supervised, with the caseload per professional being an important differentiating criterion in this respect. These figures are not systematically collected in most countries. Indeed, regulations/planned regulations only exist in a handful of countries, such as Poland, which stipulated one full-time equivalent professional per 30 families and 45 foster children (Lakija 2011). However, there are now complaints in Poland as a caseload of 15 foster

¹¹ These figures are given as examples and illustrate the overall range. More figures are available at: www.openingdoors.eu

¹² It should be noted here that the comparability of these statistics is limited. There is a developing shift in the line between foster care and residential care. In some countries, professional foster care and small groups in family-like settings in which foster parents and foster children live together 24/7 are treated as foster families for statistical purposes, while in others they are largely classified as residential care for statistical purposes (such as in Germany).

¹³ The figures are for the year 2007. No comparable cross-country study is currently available. It is reasonable to assume that in different European countries there is traditionally a different and, despite all changes, relatively stable degree of willingness on the part of the state to intervene in families.

children to 1 professional seem too high (Openingdoors 2018a). In the Netherlands, where professionals hold a caseload of around 27-29, foster parents complain that even a caseload of 19 is too high (Abrahamse et al. 2019). This is cited as one of the reasons why Dutch foster parents quit (ibid.). In contrast, there are no rules or current figures available in Germany. However, a survey conducted in 2008 showed caseloads per professional in the federal state of Rhineland-Palatinate alone varying between 29 and 151 children in foster care (Rock et al. 2008).

The type of foster care provided also differs from one country to the next: not all forms of foster care are available in every country. Lakija (2011) has surveyed the various systems in place and proposes the following terminology, which is adopted here with minor adaptations:

- a) **Kinship foster care:** refers to a situation where childcare is assumed by the adult relatives of the child or by people from the social network of the family.
- b) **Traditional foster care:** provides care to one or several children. Foster carers are not professionals in nursing, pedagogy or similar (albeit they can be). In most EU countries, they receive an allowance, not a salary.
- c) **Professional foster care:** can be provided as an independent professional activity. Foster carers receive an allowance and a salary for the activity. For this type of foster care, foster parents are expected to meet specific requirements, such as being an expert in one of the 'welfare' fields of social work, social pedagogy, psychology, speech pathology, medicine, etc., a professional worker in social care and/or trained to provide additional specialised care services. As employed professionals, foster families are also entitled to holidays and free weekends.
- d) **Specialised foster care/treatment or therapeutic foster care:** implies specifically trained foster parents who use different therapeutic methods and techniques in their daily interactions and work with the fostered child. This type implies foster care for children with serious emotional and mental as well as physical disabilities and behavioural problems. Its use is not very common in European countries.
- e) **Crisis foster care:** provides temporary care for a child in a crisis situation, i.e. through to the end of the crisis and/or recovery from the crisis and until the establishment of the family system control, when the child returns to his or her biological family.
- f) **Respite care:** is usually used for short stays (weekend, half-day stay) of children in foster families in order to relieve their foster families of their challenging everyday psychological and physical care tasks for a short period of time.

The professionals responsible for supervising, advising, choosing and preparing foster families are referred to in the following as supervising social workers (Brown et al. 2014). In most countries, supervising social workers are responsible for foster parents and children and, in some cases, play certain supervising roles for families of origin. These roles are separated in most regions of some countries (Ireland, Sweden) where children have their own child social worker.

Researchers working in the field of foster care all over Europe lament the fact that, despite so much diversity, more professionalisation of foster care is still required. Moreover, researchers point out that it should be social policy to invest more in expanding the structures of foster care to ensure that they are no longer regarded as a «cheap alternative» to residential care but rather as differentiated and needs-oriented professional child and youth welfare services (cf. Reimer et al. 2016).

2.4 General quality features in foster care and how Member States approach them

A range of different European research studies shows that there are several quality aspects of foster care. Most of the research in Europe has been done in the context of PhDs and/or has been funded by foundations and national research programs. These quality features can be used to assess the quality of the systems of child foster care in place in EU Member States. These are summed up in six points:

2.4.1 Participation by the child in assessing its best interests (Reimer/Wolf 2011; Brumeelar et al. 2018; Križ/Skivenes 2015; Reimer/ Petri 2017; Reimer 2017; Reimer 2008; Palatin 2021)

This quality feature is the outcome of diverse studies on the quality of foster care (ibid.) and is stipulated by the UNCRC. A prerequisite for implementation is that foster children are able to turn to a trusted person familiar with the foster care system and are informed about and are able to use accessible complaint and Ombud systems (Reimer/ Wolf 2011; Reimer 2017). Another prerequisite is that children can participate in the placement process, in important decisions and transitions, and in everyday life (ibid; Reimer 2010). Participation is central to promoting a child's sense of self-identity and providing protection for children in foster families (Reimer/ Wolf 2011). Studies show that the participation of children is affirmed in principle all over Europe (Brumeelar et al. 2018). However, no European country implements this principle consistently in foster care and, in many cases, children feel that they have little or no say in what happens to them (ibid.). Very few countries have so far explicitly stipulated that foster children must have a trusted person in the system to whom they can turn (Sweden, Switzerland, Ireland). Moreover, implementation is reported to lag behind objectives even in those countries in which this goal has been defined (Palatin 2021).

2.4.2 Training and ongoing supervision of foster families (Brown et al. 2014; Reimer/Aeby forthcoming¹⁴; Gassmann 2018; Gabriel/ Stohler 2019; Schäfer 2011; Kuhls 2018)

This depends on there being adequate preparatory courses and reliable selection criteria based on child-focused motivations for selecting foster families. Foster families must also be supervised by qualified professionals in foster care services and or local authorities with whom they have a relationship of trust. Several researchers point out that adequate supervision is even more important than training courses. Training courses risk bringing forth superficial knowledge, which impairs the implicit knowledge of parents, creating insecurity in the parenting role (Gehres/Heinßen 2012; Kuhls 2018) rather. Considering the particular vulnerability of foster parents (Gassmann 2018), supervising social workers must have the qualifications necessary to perceive and address the contradictions, ambivalences and special situation of foster families (cp. Gehres/ Hildenbrand 2008). Supervision must be provided on an ongoing basis and in crises. Regular supervision is of particular importance. Foster families tend to hide crisis rather than seeking help if there is not an established trust relationship with the supervising social worker (Reimer 2020; Gabriel/ Stohler 2020). To establish trust, the roles of the various professionals involved in foster relationships must be transparent. Lack of transparency, trust and understanding of case-specific vulnerabilities are associated with a higher risk of break downs in foster care (Gabriel/ Stohler 2020). Break downs impair children's development and cause difficult situation for all mem-

¹⁴ The reference Reimer/ Aeby (forthcoming) refers to an extensive work in progress: A systematic literature review on supervision of foster families, reviewing research literature in english, german, french and italian. Up to now (state: april 2021) a total of 146 research papers and books have been included. The literature review is part of the swiss research project "Gute Begleitung von Pflegeverhältnissen" (funded by the Palatin foundation) and will be published in the context of the project publications. Further information on the project: [Gute Begleitung von Pflegeverhältnissen | ZHAW Zürcher Hochschule für Angewandte Wissenschaften](#)

bers of the foster family (ibid., Reimer 2020). Beyond that, supervision of foster families is crucial to support foster parents in creating a positive connection with the child's birth family – which leads to increased security for the foster child even in adult life (Andersson 2009). The Member States address this quality feature in different ways and there are large discrepancies, particularly as regards the caseloads of supervising social workers (see below).

2.4.3 Transparency in perspectives and matching (Zeijlmans 2019, Wolf/Bombach 2020)

A professional matching process is required (Wolf/ Bombach 2020) to enhance placement stability and satisfaction for foster children and foster families (ibid.; Zeijlmans 2019). To prepare a good match, a wide diversity of foster families is necessary to meet children's individual needs. Work is being undertaken in several EU Member States to increase the diversity of foster families, for example, by explicitly seeking foster families from different professional, lifestyle, ethnic and religious backgrounds as well as recruiting same-sex foster families and single parents as foster parents (Phoenix 2016; Jespersen 2011; Landesjugendamt Westfalen LWL 2018). Moreover, a good match requires that the planned duration of a foster relationship is transparent, in order to enable foster families to adjust to the child and for an appropriate fit to be established between the child and the family (Wolf/ Bombach 2020; Reimer 2011a,b). This is addressed in different ways by the Member States. In many countries, the matching process is often inadequate since there are far too few people applying to become foster parents. Different legal frameworks result in perspective planning being implemented in various ways from country to country and even from region to region. There is no statutory perspective planning at all in Sweden, for example, while perspective planning in Ireland is extremely intensive.

2.4.4 Working with the family of origin (Boddy et al. 2013, Boddy et al 2009; Dittmann/ Schäfer 2020)

The majority of birth parents of foster children live in marginalised situations. They have biographical liabilities and a lack of "significant others" from whom they receive support and positive affirmation (Faltermeier 1999 ; Wilde 2014). Having their child taken away often exacerbates their situation from their own perspective (ibid.). However, the quality of relationships for children in the care system depends very much on the question if birth parents are able to accept the new care arrangement. Many birth parents face significant difficulties to accept the placement, leading to situations where the child is in a loyalty conflict, that risks impairing the child's positive development in the foster family. Work with families of origin needs to ensure (1) an appreciative positive approach to birth parents, by professionals as well as by foster carers, (2) the minimum objective of developing a degree of acceptance for the foster care relationship and (3) that the child can maintain positive contact with its biological parents. To reach the goal of a positive contact, many birth parents need support to improve their own life situation. A longitudinal study from Sweden (1980s – today) underpins the importance of working with birth families, by pointing out that "inclusive attitudes from the foster family towards the child's family promote continuity and a sense of security [...] and facilitate foster children's hard work in coming to terms with their family background and finding their own way." (Andersson 2009, p.13). Work with families of origin varies across EU Member States. However, there is consensus that working with families of origin is challenging and resource-intensive and not enough of this work is done (Boddy et al. 2013, Boddy et al. 2009; Dittmann/ Schäfer 2019)¹⁵.

¹⁵ Due to a consensus amongst foster care researchers in Europe, that not enough work is done around the topic of birth families in foster care is, it has been decided to put the 2022 International Foster Care Research Conference under the topic of "Birth families in Foster Care". The Conference will be held at the University of Barcelona (contact: Nuria Fuentes, Prof. Dr.)

2.4.5 Promoting foster child satisfaction and no stigmatisation of foster children (Reimer 2016/ 2017; IFCO 2020)

In many EU countries, stigma is attached to the status of a foster child because this status does not fit in with what is considered the normal¹⁶ European practice of growing up with at least one biological parent. Many children, therefore, experience not only stigmatisation from their environment (school, neighbourhood), but also intense self-stigmatisation, believing they are different to other children and "not normal" due to their status. Some practices around foster children can aggravate it, e.g. a pathologisation if the child does not behave in the ways the foster families expect to behave. Many foster children are ashamed of being a foster child and practice forms of stigma-management in dealing with their environment and also in working on their own identity (Reimer 2016/2017). A sensitisation of the society is therefore of utter importance, e.g. many teachers have very limited knowledge about foster care, leading to stigmatisation in schools. For foster children themselves and their own dealing with normality and stigmatisation, it is crucial that the fostering situation is addressed openly and positively. This helps to provide a positive idea of themselves as being foster children (ibid). Developing satisfaction in being a foster child ("foster child satisfaction", Gassmann 2010) is considered a foster-child-specific development task (ibid.). If foster child satisfaction cannot be achieved, there is a risk that the child's general development is hindered. Life story work or biographical work¹⁷ with foster children helps enhance foster child satisfaction. Many European countries have developed materials for this purpose and these ideas are also being disseminated by the European fostering network Apfel and the International Foster Carer Organisation (IFCO 2020).

2.4.6 Services for care leavers (Strahl et al. 2021)

It is now a recognised quality criterion that foster children continue to need someone they can turn to for supervision and counselling after the foster relationship has come to an end, some countries call it "after care service", made available to care leavers from all kinds of care settings (Strahl et al. 2021; van Breda et al. 2020). There are diverse projects and ideas at the EU level on how to create structures to meet these needs¹⁸ Specific research on care leaving from foster care stresses that not only young people but also some of the foster parents need after care services, esp. counselling. Such services are not yet systematically provided (Reimer/ Petri 2017).

3 Finding foster families

A child and youth welfare system that relies primarily on fostering for alternative care must be able to find suitable families. However, in many countries, there is a significant shortage of foster families¹⁹, or the foster parent population is considered to be too old (in Denmark, for example, more than half of foster families are over 50 years old, Nordschleswiger 2018). Younger foster families are hard to come by, and a shortage of foster families is anticipated in the future. There is no research on finding foster

¹⁶ Normal in a social science perspective can be defined as follows: "[...] normality always comes down to the actual statistical normal distribution, or that perceived in a society or a certain milieu. However, normality is not simply the statistical average. Every society continuously negotiates what is normal and what is not in a constantly dynamic process. These negotiations are always based on an (imaginary) Gaussian curve, and therefore mechanisms which dynamically regulate the way the borders of normality are set and shifted." (Reimer 2016, p.3) In addition, normality refers to the norm, but is not the norm, it is based on dynamic discussions, normality (and its borders) can be defined narrow or wide, depending on the context of flexible or protonormalistic approaches (ibid.). The effect of normality assumptions on foster children is studied and discussed in Reimer 2016/ 17, short English version is online available: [View of Constructions and balances of normality in the biographies of former foster children \(uni-wuppertal.de\)](#)

¹⁷ Biography work is a structured form for self-reflection of the biography including the family history. The reflection of the own life story serves its understanding in the present and a possible shaping of the future.

¹⁸ E.g. Brückensteine Care Leaver Home (brueckensteine.de); Care Leaver Network Europe Care Leavers Network | Traveling to our future (careleavernetwerk.eu);

¹⁹ Systematic analysis of shortage is not available. Pure country specific analysis are too simplistic, since there are significant regional differences (FAZ 2019)

families and no silver bullet for finding and recruiting foster families. All the different approaches available present different opportunities and have different limitations.

3.1 Large-scale advertising campaigns

Large-scale advertising campaigns, with posters and adverts in cinemas (as has happened in recent years in places like Vienna, Zurich and London) are eye-catching and draw a great deal of attention to the issue, particularly in large cities. The publicity that such campaigns produce usually generates many inquiries and requests for more information and advice. Municipalities and local authorities which plan such campaigns must not only finance the production and distribution of posters and any other accompanying events; they must also expect such campaigns to result in greater demand for counselling for all kinds of people that are interested to know more about foster care. Most of those counselled will, however, not be (at that moment) suitable to be foster carers. Experience in major cities has shown that large-scale campaigns do not lead to a sudden upsurge in new and suitable foster families. Large-scale advertising campaigns are a good way of raising general awareness that foster families are being sought. They also show that foster families do not have to be traditional nuclear families but can also, for example, consist of same-sex couples or single parents. However, campaigns are more likely to lead to greater awareness of the issue in the medium- and long-term.

3.2 Easily available information and events

It is important that interested individuals or families can consult an up-to-date, easy-to-find, well-designed and informative website from the local authority/region. They should provide information that can be easily accessed by all stakeholders. It is also helpful if the media provides positive coverage of the issue, particularly in the local press (such as reports/documentaries on foster children and families, or events for foster families) to enhance knowledge about foster care and draw the subject to the attention of families who might become foster families. Appealing information flyers (ideally multilingual) with links to websites and other information at places where families go (day-care centres, family centres, and paediatricians' practices) are helpful. Regular local information events are helpful, particularly in places frequented by families that know very little about the possibility of becoming foster families. The German Plan B Ruhr association, for example, holds regular information events in mosques and at meeting places of migrant communities. As a result, it has recruited new foster families from these communities while at the same time countering prejudices against the child and youth welfare system in the communities concerned.

3.3 Satisfied foster families are the best publicity

The most important advertising is that, which shows happy foster families (cf. France Culture 2019). This form of advertising has a long-term sustained impact. A high level of satisfaction among foster families results in positive mouth-to-mouth propaganda – including in their extended social circles. This is only possible if the foster family is satisfied with the supervision and overall framework of the foster care relationship. Recent research (Reimer/Aeby forthcoming; Brown et al. 2014) shows that satisfaction is largely related to the following:

1. Foster parents feeling that they are given good supervision during the transition and that they are well prepared for the foster child;
2. foster parents being informed about the length of time the foster relationship is expected to continue;
3. foster parents finding sufficient meaning in what they do to carry them through difficult situations;
4. foster parents feeling that they are supported by professionals without being patronised and feeling that what is required of them is transparent and realistic,

that their special situation is appreciated and any ambivalences and vulnerabilities they may feel are addressed;

5. foster parents knowing that they will be able to obtain more intensive supervision in crisis situations;
6. the family of origin having persons they can trust and turn to. These people should also be able to mediate productively between the foster family and the family of origin.

In order to find reliable long-standing foster families, EU Member States will have to invest in high-quality foster care with good conditions for preparing and supervising foster families. This implies that the caseload for supervising social workers needs to be adequate. As well as time, supervising social workers also need continuing professional development. Foster families are often supervised by professionals with first degrees (BA) in social work or psychology. Undergraduates on degree courses such as these at universities in the EU will not or rarely have been taught about work with foster children and families. For the most part, professionals pick up their skills on the job. There is an urgent need for specialised continuing professional development leading to the skills needed to carry out this demanding work. This could take the form of certificates of advanced science or other further training courses. Over the last ten years, in Germany, further training for supervising social workers in foster care has been offered. There is strong demand for these trainings and the programmes are usually paid for by employers²⁰.

3.4 Broader conceptions of the nature of family

Until a few years ago, people in most EU countries tended to think that foster families should comply with traditional notions of the family: often middle-class with traditional roles that often included mothers not working or working only part-time on a low level. This family model is less and less typical of real families in the EU. If foster care is only provided by traditional middle-class families, there will be fewer and fewer people available with the potential to become foster parents. If new foster families are to be found, it is essential that professionals have more expansive notions of how a family may be constituted and what families may be like including same-sex families, single parents, families with a migration background and families in which both parents go to work. From a European equal rights perspective, everyone suitable for the task should have the right to become a foster parent, regardless of religion, sexual orientation, marital status, etc.. The approach towards potential foster parents should reflect the diversity of the society. A broader understanding of what a family can look like will not only enable more and new foster families to be found, it will also simplify matching processes. Furthermore, it will enable children to experience helpful role models (such as working mothers), which, in turn, will help them to develop realistic expectations and plan for their own adult life and gender roles.

3.5 Consciously promoting kinship care

Many people do not feel that they are capable of assuming responsibility for another person's child or applying and being trained as foster families in a long-term process. These same people would, however, often be willing to take in a child from out of their own social network if that child or its family were to find itself in need and if fostering them was a way of sparing them from being taken in by people they do not know. Successful structures have been in place for many years in the Netherlands to tap into this willingness to help²¹. In many regions of the Netherlands, for example, a family group conference is organised when a child is expected to be placed in alternative care. This conference considers, together with the family and key people from the overall network, who could play the role of the foster family. Professionals will need to

²⁰ Information about curricula can be found in the appendix

²¹ 48% of foster relationships in the Netherlands take the form of kinship care. Similar arrangements apply in Sweden, where kinship care is given priority when a child is placed in alternative care

adopt appropriate standpoints in this process and must approach the families whose children are to be placed in alternative care, as well as their relatives and network, in a non-stigmatising way. Professionals must also have an appropriate understanding of their own role. In this model, it is not the role of professionals to coordinate between the foster family and the family of origin. Instead, professionals acquire an understanding of the dynamics of the foster relationship, which generates mutual trust. This calls for professionals with highly developed communication and social skills. It also requires the ability to engage with people, resources, and supporting structures in their networks. It is also essential that children in kinship care systems have people outside the foster care relationship that they trust and can talk to. These persons should be able to recognise whether the child is doing well and whether the system is ensuring their well-being.

4 Selection and preparation of foster families

The selection and preparation of foster families is an important aspect of good supervision. Some EU countries have standards for the number of hours (which may vary between 24 hours in Sweden and 300 hours in France) or for preparation tools. In some countries (for example, Finland, Hungary, Norway, Serbia and several regions of Poland) the PRIDE²² model of practice is used. It consists of 10 lessons à 3 hours and can easily be adapted to the local context. Other EU countries (such as Germany) leave all this work to local authorities. The advantage of a single nationally defined programme (like Pride) is that minimum standards can be guaranteed.

Key preparation topics, which are worked through in groups with foster families or in individual contact between applicants and professionals, should be:

- knowledge (system, laws, children's backgrounds, families of origin);
- self-reflection (motivation, family structures, limitations, family resources etc.);
- preparing a good match: what kind of child would (not) fit into the family; and
- building a trust relationship between foster carers and supervising social workers, clarifying roles and expectations.

The central quality feature of every preparation course must be that foster parents are strengthened in their role and are not unsettled by half-knowledge or ambivalent information (Gehres/Heinßen2012; Kuhls 2018).

Besides preparation, the selection of foster families is a critical issue. In service evaluations in Switzerland and Germany, it has been found (Reimer/Brink 2021; Kuhls 2018) that supervising social workers report they rely very much on their "gut feeling" when it comes to selecting foster families. While the "gut feeling" may be the first hint, it is important that there are transparent selection criteria for families that apply for being foster families. The criteria need to include: motivation, family stability, ability to reflect the own motivation, behaviour and family history, willingness to cooperate with professionals and the child's birth family, as well as flexibility and tolerance for different kinds of behaviour.

In European countries, the selection process for foster families is not regulated in detail. A good assessment may include different approaches:

- In Norway, families that apply to be foster parents have to participate in the Pride Program (30 h) and supervising social workers conduct at least four home visits.
- In Germany, in most regions, the process includes some training and some home visits. Usually, at least one home visit is conducted by two social workers

²² PRIDE Model of Practice – CWLA

in order to apply a "four-eye principle". Many German services do their best to make the application process not look like a process where families are tested by professionals (which would provoke merely socially desired behaviour). Instead, they try to form a process where professionals and supervising social workers get to know and build trust²³. In the process, professionals and applicants are supposed to work out together what kind of child the foster family may accommodate (e.g. age, sex, background). It may happen that they conclude together that the family is not (yet) suitable for being a foster family. That conclusion is also considered a successful assessment process. Ideally, professionals and applicants would then discuss alternative options for social engagement; one could be to commit as a respite care family instead of being a traditional foster family.

- Researchers in Germany and Sweden (Reimer 2011a; Höjer 2006) highlight that biological children need to be involved in the process of selection and preparation. In some regions, professionals put that into practice by taking time to talk to the biological children during home visits. Some regions and services go beyond that and organise weekend retreats for foster family applicants. During the weekend, the training course for the parents takes place. Meanwhile, the biological children have some leisure activities and also participate in round tables to discuss what having a foster child in the family might mean for them. Sharing meals and leisure times provides a good opportunity for supervising social workers to get to know the foster family applicants and observe how they interact with their own children and with children from other applicant families.
- In Switzerland, some services use family therapists to assess foster parent applicants (Reimer/ Brink 2021). In therapy like settings, applicants have to do some reflection on their family situation and genogram work to reflect about the family history. The family therapists write a report for the supervising social workers highlighting weaknesses and strengths of the family and providing recommendations on whether the family should be accepted as a foster family. Professionals point out that involving family therapists in the process has already a selective function in itself: only motivated families ready to be transparent and reflective will enter an intense process like that.

Considering the fact that there is a lack of foster families in many European countries, a good balance is needed: preparation and selection need to be taken seriously and it needs to be ensured that placing a child in a foster family is a responsible decision. At the same time, the process needs to be inviting and appreciative to make sure families ready to be foster families are not deterred from the process.

It is important to realise that, no matter how well foster families are prepared and selected, preparation is no substitute for high-quality supervision. Supervision of foster families is needed throughout the process during which the child enters the foster family as well as in crisis situations in the family. It is impossible to anticipate the full range of dynamics, issues and questions which arise during these phases and they must be addressed one at a time. Continuing professional development or training programmes specifically for families looking after children with special needs have also proved helpful in this process²⁴.

²³ This practice is taught e.g. in the further training courses for supervising social workers, cp. Appendix

²⁴ The German Youth Institute, for example, has positively evaluated the '**Attachment and Biobehavioral Catch-up**' (ABC) coaching concept (Kindler 2020) and many regions use Marte Meo Home | Marte Meo

5 Networks of foster families

Networks of and for foster families are especially important. They can contribute to satisfaction with the foster family situation by conveying the feeling of being understood in the special family situation. Also, networks of foster families facilitate informal support.

5.1 Foster families associations

The EU Member States benefit when they channel support specifically to foster families associations in parallel to professional supervision. Large, active and well-known associations in Europe are: PFAD Deutschland (which has around 2,000 members), the Irish foster carer association and IFCO international. They mainly acquire new members by organising high-quality professional events and informal regional meetings, by providing specialist information and consultation, some of which is only available to members (for a small membership fee). Associations are set up and run by foster families but also receive additional support from the state.

5.2 Digital networking for foster families

Foster families want to talk about their experiences with others, but often have very little time to meet people outside the home. Foster families in regions where there are no, or few other foster families can't (and don't want to) travel long distances regularly to network with others. Many foster parents, therefore, welcome digital services, particularly Internet forums for foster parents. Such platforms are particularly enriching if they are moderated. In German-speaking Europe, there are several such forums²⁵ that have several thousands of registered members. One study of these forums (Jespersen 2011) found that digital networking among foster families provides a high level of support at various levels. It also enables foster parents to share their knowledge (about things like law, child psychology, support services), their everyday experiences and the stresses and strains of their everyday lives. The platforms also enable them to 'hug each other' digitally and even to 'cry together' if need be. Many foster parents are very active digitally and receive practical and psychological support in crisis situations in particular.

6 Benefits of professional foster families, limitations, frame

As there have always been children who have been unable to grow up with their biological parents, there have also always been traditional foster families. Most of them have taken in children in return for a (small) allowance. Traditional foster families have a very strong motivation to act as parents for a child, and this means that children in foster families are given the feeling that they belong to the family and get the support they need. Professional foster families are a more recent phenomenon and have emerged in many countries for two main reasons:

1. Firstly, traditional foster families are in short supply. This scarcity has been exacerbated by the growing participation of women/mothers in the labour market and changes in family law (reduced social security after divorce due to changes in family law). Moreover, the rise in property prices and rents in urban regions of Europe means that many families are dependent on both partners earning money. Many families do not have the time, space or financial means to function as a traditional foster family and take in a foster child.
2. Secondly, the requirements of both the children and the institutions which place children in foster families have changed. A few decades ago, mainly

²⁵ E.g. www.pflegeelternnetz.de (statistics 7 April 2021 (exemplary): 1,257 members – 8529 issues – 96,784 contributions (19.72 contributions per day)); and also: www.pflegeeltern.de; in English e.g. [mumsnet](https://www.mumsnet.com) fostering: [Foster carers & parents forum](https://www.mumsnet.com/threads/foster-carers-parents-forum) | [Mumsnet](https://www.mumsnet.com)

younger children used to be placed in foster families and older children - often with more complex problems - went into residential care. Today (in part due to the EU's deinstitutionalisation initiative), foster families are now considered an option for all children. Even families who have the necessary time, space and financial means often find it very difficult to cope with the complex problems unless they have some form of special training and support. This is particularly true when they confront older foster children in particular as well as their families of origin.

Professional foster families are regarded as a way of addressing both changes.

The idea is that by providing people with socially-insured employment, they will have the time and the financial means which allow them to work as foster parents as an alternative to or in addition to a job outside the home. Appropriate training, preparation and supervision should enable foster families to provide a (permanent) home for children dealing with complex problems²⁶. Some EU Member States have developed a number of different approaches, while a few countries (such as Sweden) do not use professional foster families at all. These differences certainly make themselves apparent in the following respects.

Training

While 300 days of training are required in France, for example, professional foster families in Germany need to complete professional child development and educational training of at least three years or have a BA degree in social work. ; in Croatia, all professional families are required to have previous experience in traditional foster care.

Expectations of family life

In France, foster families are required to maintain a certain emotional distance in their relationship with the foster child; foster parents must «not love» their foster children (cf. Reimer/Join Lambert 2021). The discourse in Germany and Italy is a different one and it is assumed that, in the family setting, a family's particular characteristics and peculiarities (including emotional ones) can be particularly helpful. Moreover, the supervising social worker must ensure that the family actually functions as a family and is not «colonised» by professional expectations (Wolf 2012, Carrà 2009).

Supervision

In many countries, professional foster families require more supervision than traditional foster families, given the higher demands which now exist, especially in relation to the complex problems that children bring with them. In Germany, the case numbers for the supervision of traditional foster families are very high (cf. Rock et al. 2008). In most of the services which supervise professional foster families in Germany, however, one professional is usually responsible for 12-15 foster children and consequently has a great deal more time available for children and families.

Working conditions and pay

Like all other employees, professional foster families are entitled to paid leave, pay mandatory social insurance contributions and have a contract of employment. Depending on the country, professional foster families are paid very differently, much higher in Germany than in France, for example. Whenever foster families are in paid

²⁶ Although professionalisation creates opportunities, the risks should not be overlooked. Niederberger/Bühler-Niederberger (1988), for example, conducted a quality study with professional foster families in Switzerland and found that these represent a «clever deception» for the relevant children, because they offer them a family situation that reveals itself to be a deception at the latest when the foster relationship comes to an end, as expectations of permanence are disappointed, particularly if the child's place/room is newly occupied as soon as the foster relationship comes to an end. In a worst case scenario, the young people/young adults then begin to reinterpret the positive experiences they have had in the professional foster family thus making the foster family's resources no longer be available, which can impair development in young adulthood.

socially-insured employment, there is also a need for respite care to ensure that foster children are cared for when the foster parents are on holiday or have a weekend off.

In this context, answers to the following questions are important for the development of professional foster care in each country:

- a) For what problems is it appropriate to employ a professional foster family? Is the problem a shortage of foster families and/or the complex problems which children and their families of origin have?
- b) For which children should professional foster families be used? For all children or just those children who have particularly complex problems?
- c) What kind of education and training should foster families have in order to do a good job? If professional foster families are only used because there is a shortage of foster families, it would be acceptable for such foster families to have lower educational qualifications than if the objective is to provide a good solution for children with complex problems.
- d) What opportunities do foster parents have as professional carers, including continuing professional development training? This is particularly relevant whenever foster parents are employed as highly qualified professionals. This group must be enabled to carry out the function as a foster family for a limited period of time and then switch to another field of work for which their training qualifies them. This means that there must be appropriate continuing professional development opportunities available while people are working as foster parents, which are partly paid for by their employers.
- e) How should professional foster families be paid? If only highly qualified people are able to work as foster parents, the work must be paid at professional market rates in order for the work to be sufficiently attractive to potential employees. If the work can be performed by people who are not as highly qualified, it would be reasonable to pay a lower salary.
- f) How much paid leave should foster parents have and who could stand in for them while they are on holiday? If working as a foster parent should be a socially insured form of employment, then such employees should also be entitled to leave, ideally with weekends off (e.g. once a month). This would mean that there would need to be families/institutions that know the child and that can take on the family's care functions while it is on holiday.
- g) What form of supervision should be provided? If professional foster families have to deal with complex problems, they will need more intensive rather than less supervision than traditional foster families. It is of key importance that professionals providing such supervision are at least as well-qualified as the foster parents themselves. They should be able to enable foster families to reflect on issues arising in day-to-day life. This (again) raises the question of the specific qualifications which professionals working in this field require.
- h) How can the transition out of the foster family be managed? What should the future foster parents/foster child relationship be like after foster care has ended? This will need to be framed as part of the supervision in order to avoid deceptions.

Professional foster families are deployed differently in various EU countries:

Germany, so-called *Erziehungsstellen*

In Germany, professional foster families (referred to as *Erziehungsstellen*) must have completed training or a degree in social pedagogy. They are prepared for their work as foster parents (preparation differs according to region) and are closely supervised.

Professional foster parents have the status of employees and one 50% full-time equivalent position is considered appropriate to care for one foster child (at the pay rates which apply to residential social workers with the same training). A salaried foster parent can only work in an additional job out of the home if a maximum of one foster child is living in the family. Employment engaged out of the home must not detract from the foster parent's work with her or his foster child. If children develop positively, they usually remain in the (expensive) professional foster families and should not be expected to transition to another family. Foster families then continue to be paid as professional employees.

Italy, Milan

Placements in professional foster families are offered for challenging children and young people in particular; placements are made for 2 to 3 years and are regarded as a way of bridging the gap into independent living, permanence or reunification with the family of origin. Foster parents do not need to have any prior pedagogical training, but must complete job-specific training. The aim is to enable foster parents to combine professionalism and family life and, with the support of professionals, to acquire a broad repertoire of strategies for working with the children in their care (Carrà Mittini 2009). Professional foster families are paid a total allowance of around EUR 1,000/month. They may also work part-time in another job²⁷. A supervising social worker is available to foster families 24/7.

Sweden

Foster parents in Sweden are not professionals. Foster parents must take part in 24 hours of training for their work. Foster parents are allowed to work outside the home on full-time basis. However, all foster parents in Sweden receive (non-taxable) compensation and (taxable) remuneration. The remuneration paid depends on the amount of work a family does with its foster child and may go up or down during the course of the foster relationship. Remuneration rates may be the equivalent of those for work out of the home during periods in which the care workload from foster parents is very high²⁸. This system allows decisions to be made based on the needs of the child and helps the child to stay in the foster family regardless of positive or negative development.

7 Foster care for children with special needs

7.1 Children with chronic health problems or disabilities

Foster children with disabilities and chronic health problems require particularly intensive care; many need to visit doctors frequently, require special support in schools and/or in special education. As a result, many have higher supervision needs and are less independent. This is all very challenging for parents and foster parents. A survey conducted in Northern Ireland has shown that 39% of children with disabilities have spent more than five years of their childhood in the care system and a significant proportion (25%) between 3 and 5 years (cf. Fuentes 2021). At the same time, various studies find that between 14% and 47% of foster children have special needs (Lightfoot et al. 2011; Taylor et al. 2016). That's a wide variance and the actual proportion

²⁷ [Formazione per le famiglie sull'affido professionale | Affidato Professionale \(affidoprofessionalecominlagrandecasa.it\)](#)

²⁸ The SKR (2020) recommends that Swedish local authorities pay the following amounts in 2021: SEK 4,363-6,148/month non-taxable compensation for 0-12-year-olds, SEK 4,958-6,942 /month for children aged 12 and older (plus additional costs for clothing, travel expenses, school money). Plus a taxable remuneration for expenses for children aged 0-12 of between SEK 6,503 and SEK 14,592/month and between SEK 8,436 and SEK 14,592/month for children aged 12 and older. The remuneration is based on the pay for health professionals in Sweden and is adjusted in line with collectively bargained rates. Cf. [Cirkular_20_52_ Ersättning_familjehem_2021slutgiltig.pdf \(skr.se\)](#)
For comparison purposes: average earnings in Sweden are approximately SEK 29,000/month.

of children with special needs is not known in most countries (Fuentes 2021). It would be reasonable to assume that this wide variance reflects how broadly or narrowly the concept of special needs is defined and how much it is based on the views of foster parents or confirmed medical diagnoses. Foster children with disabilities are more often affected by breakdowns in foster families and are at a much greater risk of abuse, including sexual abuse (ibid.). Therefore, EU Member States have a special responsibility for the care of this particularly vulnerable group of foster children. At the same time, they are confronted by the special challenge of finding and providing appropriate support to suitable foster families for this group of children.

Foster care for children with special needs requires additional support structures.

Foster families willing and able to address the particular needs of the child

A range of scientific studies has clearly shown that foster families who care for a child with special needs do not usually do so for financial reasons (cf. Schäfer 2011). Foster parents often take on the care of children with special needs because of their own biographical experiences with disability/special needs in the family system. They are motivated by religious faith or have ideas about alternative ways of living, critical of purely economic motivations. The qualities which a foster family needs to care for children with special needs must be identified. This can only be done by carrying out individual assessments which identify both the skills and resources of potential carers and the needs of the foster child. Good matching between foster family and child is of the essence. Training in a health profession (nursing) may, for example, be more helpful for work with children with complex disabilities than a degree in social pedagogy.

Special structural frameworks and support from professionals

All foster families wish for a high level of recognition and appreciation. This is especially true of foster families who care for children with special needs. Good structures ensure that a) material help (such as special equipment in the home for a disabled child) is provided unbureaucratically, that b) intensive and appreciative supervision enables foster parents to continue to make personal sense of their commitment, that c) situations which make excessive demands on foster parents are recognised in good time and that d) respite and other forms of support are made available.

Pro/contra financial incentives for specialised foster care

Foster parents want to be recompensed for their work and suitable financial compensation is one aspect of appreciation. Nonetheless, most foster parents do not welcome a child with disabilities or chronic health problems for financial reasons: more money does not always automatically signify appreciation. In countries where foster families for children with special needs are usually employed on a professional basis, the parent who takes on the lion's share of the care work should receive an adequate salary²⁹. This can be helpful in some situations, particularly when care has to be provided around the clock. However, it also prevents foster parents from taking up work outside of the home, which is sometimes experienced as a positive change from the care work in the home.

Countries have different approaches. For instance, in Sweden, foster children with disabilities are covered by the general foster care system. The remuneration paid to foster parents is adjusted to take into account any significantly higher expenses. The Swedish model of remuneration based on the expenses incurred for a child and the possibility of obtaining additional payments for additionally necessary material support

²⁹ Adequate pay is at least equal to that earned by a professional foster family. If a child needs to be cared for around-the-clock, adequate pay would be equal to that earned by a full-time nursing professional. The costs of equipment and additional expenses must also be reimbursed. Depending on the legal framework in the country, it must be clarified which costs are covered by health insurance, inclusion assistance or benefits for children and young people.

may represent an appropriate and reasonably flexible approach for both authorities and foster families.

In Germany, children with chronic health problems or disabilities are relatively rarely placed in foster families, as the bureaucratic hurdles are very high. The Düsseldorf branch of the social welfare organisation of Germany's Protestant churches, *Diakonie*, is one of the few institutions in the whole of Germany to place children with special needs with foster families. In 2021, *Diakonie Düsseldorf* supervises over 300 foster children. Almost all the relevant foster families have pedagogical or nursing training; their motivations are diverse and often shaped by their biographies (Schäfer 2011). Families are assessed, prepared, closely supervised and counselled. The supervising social workers consistently express a high level of esteem for the families involved and are available to provide help and advice at any time of the day or night. *Diakonie* clarifies in every single case whether foster care can be financed under Social Code, Book VIII (child-rearing assistance) or Social Code, Book XII (inclusion assistance). Foster parents are also allowed to work outside of the home³⁰. They are paid an allowance for expenses, but not a salary.

7.2 Children with behavioural problems

Children with behavioural problems are regarded in many regions as especially difficult to place with foster families; they can be very demanding for foster parents. Behavioural problems are associated with high rates of premature placement breakdown (Vanderfeillie 2018). The term 'behavioural problems' is broad and requires a more precise definition. Some children show disruptive behaviours during the transition phase before they have understood the foster family's lifestyle and culture (Reimer 2010). Some children are traumatised following their separation from parents and owing to previous experiences, but recover resiliently in the foster family (Kindler et al. 2011.). Some children find it too difficult to cope with conflicts in and with the family of origin or with the fact that they can no longer see or rarely see their family of origin (ibid). Some children have behavioural problems due to a diagnosed psychiatric illness. As a result, they had a lot of experience in other child and youth welfare settings, with interruptions in their school careers and, sometimes, experiences with the justice system.

In the first three cases, the main issue is to understand the child and interpret its behaviour, i.e. to recognise and try to manage the problems and conflicts the child is expressing through its behaviour. In these cases, foster families must be well prepared to ensure that they do not pathologise children because of their behaviour. Supervising social workers must provide intensive support in critical phases and work with foster parents throughout the process to interpret the child's behaviour. In many cases, educational counselling (such as with Marte Meo³¹) may be helpful in these situations; (group) supervision services for foster parents have also been found to bring positive results (Jespersen 2011). Supervising social workers require highly developed professional skills to provide appropriate supervision for families caring for children with (temporary) behavioural problems. It may also be necessary to offer relief to foster parents to enable them to stand back and regain their equilibrium in difficult phases (e.g. a professional might look after the child on one afternoon or providing funds for help with homework or respite care).

On the other hand, if there is a psychiatric diagnosis, it is important that the foster child not only experiences the family as the setting in which it lives, but also that it receives therapeutic support. This is only possible if foster families have received the appropriate training and if foster families are part of a therapeutic team. Supervising social workers will need to have therapeutic qualifications for this purpose. Placements in therapeutic care are very expensive due to the intensive use of qualified personnel

³⁰ More information: Foster families for children with chronic health problems and disabilities - *Diakonie Düsseldorf* (diakonie-duesseldorf.de)

³¹ Home | Marte Meo

and they must be remunerated accordingly. The aim should not be to place a child permanently in such a setting, but to provide an intensive short-term placement. For this reason, children should only be placed in therapeutic care in selected cases and the transition out of therapeutic care must be carefully planned. The therapeutic care of highly disruptive and delinquent young people has been shown to be very effective (UCL Jill Dando Institute 2020).

Several European countries (Denmark, Netherlands, Norway, Sweden, UK) use the evaluated Treatment Foster Care Oregon (TFCO) for Adolescents programme³² for a limited number of children and adolescents. The program is designed for children and adolescents age 7-17; in addition, a preventive program has been developed for children age 3-6. The basic conviction of the program is that Children "should live in homes, not in institutions". It takes into account that living with children with serious behavioural problems is extremely challenging for families. The aim of the program is to support pro-social behaviour in the child. Children are supposed to stay no longer than 9-12 month in a treatment foster care family. Foster parents receive a special training. The treatment is delivered by a professional team, a team manager coordinates the different activities and acts as a case manager. Only one foster child at a time is placed in the foster home. The treatment includes family therapy for the child's family of origin and individual therapy for the child, a structured environment in the foster family, a skills trainer who supports the child in a pro-social manner in daily activities. The child is expected to attend an ordinary school; attendance is monitored daily. Foster families and supervising social workers are in daily contact (via phone calls), support for foster families is available 24/7.

Researchers who evaluated the program see positive effects, especially in comparison to residential care for young people with behavioural problems: the setting provides more normality³³ (which means here: for young people, living in families perceived to be closer to the norm of the way children grow up in Europe, than living in an institution), negative peer influence is reduced as well as the risk of peer violence in residential settings. Many young people prefer the setting when they are allowed to participate in decision making and there is evidence that foster families can provide better general health care than residential care (Åström et al. 2020).

Studies from UK, USA, Denmark and Sweden (ibid.) found that despite its high costs³⁴, TFCO is cost-effective because it prevents locked settings for young people and further delinquency³⁵. In Sweden, TFCO has been used for about 20 years now. Every year, 30-40 places for children and adolescents are available. At the same time, up to 2000 children and adolescents with behavioural problems are in specialised group care in Sweden each year. Swedish researchers consider it an ethical challenge: while there are evidence that TFCO has more positive effects and is more cost-effective than group care in the long run, the number of children and adolescents that can make use of it is still very limited (ibid).

8 Conclusion

Establishing and maintaining a high-quality foster care system remains a challenge. At the same time, establishing such a system is an obligation that needs to be taken very seriously. Many European countries have successfully transitioned from youth welfare

³² Program Homepage: <https://www.tfcogon.com>; EU Homepage: Evidence based practices - Employment, Social Affairs & Inclusion - European Commission 2021 (europa.eu)

³³ For a definition on normality and further literature cp. footnote no. 16.

³⁴ Åström et al. 2020 calculate the daily rate for a child in TFCO in Sweden with 510 USD

³⁵ According to Åström et al. 2020, a danish team calculated that TFCO saves an average of 100,000 USD/child because of positive outcomes and the prevention of further costs on social systems: "The Danish report presented model-based cost-benefit analysis of TFCO compared to treatment as usual. The analysis results in a positive net present value of US\$100,000 for a youth placed in TFCO compared to treatment as usual" (ibid, p. 359)

systems that were mainly based on residential care to systems that rely more on foster care. Some European countries have accomplished the transition in an impressively short time³⁶. As a result, questions about foster care, which had already arisen to some extent before, have taken on a new intensity.

Throughout the paper, it is apparent that there is a lack of transnational knowledge and systematic research on foster care in Europe. Foster Care remains under-researched (cp. Cameron et al. 2015). In order to expand the knowledge base and put foster care practice on a secure foundation, EU member states should urgently and systematically promote and fund research on foster care.

On a practical level, the paper shows that well-trained professionals who have enough time to select, prepare, supervise and advise foster families are one of the key factors for good quality foster care. These professionals need to be identified and receive appropriate training. A prerequisite for this is that the Member states provide high-quality courses of study in social work (at least on Bachelor level). In addition, there is a need for appropriate training courses that specifically address the issues of foster care. These need to be developed and financed in the Member States. Such courses are particularly beneficial when experienced practitioners and academics researching foster care develop and deliver them together.

Good training can only be effective if the structural framework conditions are in place. In this regard, the paper discussed, above all, the need to define an upper limit supervising social workers caseloads in all Member States. This appears to be indispensable for further development. At the same time, it must be ensured that social workers have permanent employment contracts, adequate pay, holiday entitlements, and adequate working place equipment in order to ensure that social workers are motivated to remain in the field of foster care and to develop it further in a personnel continuity.

In terms of content, one of the primary tasks in all Member States is facing the increasing diversity of both society as a whole and foster children in particular. Addressing society's diversity will be a prerequisite for finding foster families in the future. At the same time, promoting diversity in foster care settings provides an opportunity to meet a wide range of children's needs and give as many children as possible the chance to grow up in a foster family setting.

It became clear that progress has been made in some countries in broadening the concept of families and including, for example, persons from ethnic minorities and persons from non-traditional family forms as foster families. This needs to be further ensured by public authorities and regulation. Also, Member States need to carefully assess their need for "Professional foster care" and develop adequate structures for it.

However, it is also obvious that, especially with regard to children with special needs and children with behavioural problems, a) there is little knowledge (numbers, practices, limitations) and b) there are only a few approaches as to how adequate foster family settings can be created for these groups.

Even countries with established foster child systems (Sweden, Germany) often place this group of children in residential care. In order to further promote deinstitutionalisation, funds must be made available to develop new forms of foster families for children with special needs. Research in this area, also across countries, must be systematically promoted in order to collect best practice examples, to evaluate new approaches and to implement them in other places, taking into account the respective context, ideally accompanied by scientific research.

Therefore I am suggesting as priority topics for the Peer Review:

- What standards for selection and preparation should be applied in foster care?

³⁶ More information footnote no. 2

- How can the Member states ensure that enough well-trained professionals work in the field of foster care and receive the training they need to ensure they can provide good preparation, supervision and counselling?
- How could an appropriate caseload for professionals working in foster care be defined and how can EU-wide structures be created to enable high-quality work to be done with appropriate caseloads?
- What can be done in foster care to respond appropriately to the diversity of foster children and of society itself, and which additional structures and skills are needed for this purpose?
- How can Member States provide foster care for children with special needs? Which examples from other countries can be applied?
- How can Member States provide foster care for children with behavioural problems and train professionals for the task?
- What can foster care achieve and where are its limits?

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Annex: Example of relevant practice

Name of the practice:	Further training course for Supervising Social Workers in Foster Care
Year of implementation:	2009
Coordinating authority:	The courses are run by several organizations, incl. Foster Care Research Group University of Siegen, Kompetenz-Zentrum Pflegekinder e.V., Perspektive Institut Bonn e.V, freelancers. Some courses are organised as Inhouse Trainings in certain german regions. Some courses are open to Supervising Social Workers in Foster Care from Germany
Objectives:	Specific training of Supervising Social Workers. Germany has no defined quality standards in foster care. Thus another objective is to discuss and work out professional quality standards for the participants and their respective practice.
Main activities:	<p>Course with 5-6 Modules (each one - three days), max 25 participants</p> <p>All modules are designed in such a way that they (1) provide impulses for exchange on basic attitudes and reflection on previous practice, (2) offer professional input on the respective topics from recognised experts, (3) include work units for deriving appropriate professional consequences and developing common binding quality standards. In doing so, emphasis is placed on a varied didactic approach in which - depending on the content and topic - different methods and work settings are used: Text analysis of relevant quotations, work on case studies, sociometric constellations, use of creative media, etc. The final elaboration of quality principles and standards to be carried out in each module is based on already validated relevant professional standards based on research as well as other quality development processes. Every participant works on a practice project (topic is self-chosen) and receives coaching by the course responsible that is presented in Modul 5.</p> <p>Course Program</p> <p>Starting Session (2h): Inputs and Discussion for Supervising Social Workers and the heads of their services: Input 1: Characteristics of high standard foster care services Input 2: Developing quality through advanced training?!</p> <p>Aims: Stimulation to determine the current situation of the services. Communication of the intention and structure of the course.</p> <p>Module 1 (2 -3 days): Professional selection of foster families (traditional foster care and kinship care)</p>

	<p>Contents: (1) Key categories for the professional self-understanding of foster care services, (2) Planning for continuity - prerequisites and concepts, (3) Requirement profiles for foster families depending on the form of care, (4) Reflection on own family ideas, (5) Standards of professional practice: guidelines for the selection of applicants, (6) Procedure for the selection of applicants, (7) Preparation of applicants and their families</p> <p>Module 2 (2-3 days): Pilots in Transition - Professional Support of Transitions</p> <p>Contents: (1) perspective planning with all parties involved, (2) Transition from a familiar family culture to new family culture - the perspective of the foster child on transition in foster care, (4) Basic principles for the participation of children and young people in critical life situations, (5) participation of the foster children, (6) Transition back to the family of origin or to another placement, (7) care leaving, (8) Professional contributions to facilitating these transitions</p> <p>Module 3 (2-3 days): Foster children between two family systems - responsible interaction with all parties involved</p> <p>Contents: (1) Needs of the various parties involved, (2) Professional offers to accompany, support and relieve foster children, (3) children, foster families and birth families, (4) Assistance planning and participation, (5) Reunification processes in foster care</p> <p>Module 4 (2-3 days): Requirements, challenges and crises</p> <p>Contents: (1) Successful support and supervision in difficult situations, (2) Dealing with conflicts, (3) Crises and crisis intervention, (4) Team building and mental hygiene, (5) Concepts of peer counselling</p> <p>Module 5 (2-3 days): Cooperation with other professional actors and quality development through practice projects</p> <p>Contents: (1) Commonalities and specifics of the respective perspectives, (2) Strengths and weaknesses analysis of the interfaces, (3) Optimised cooperation at the interfaces, (4) Basics for sustainable cooperation agreements, (5) Presentation of the practical projects, (6) Evaluation and outlook</p> <p>Wherever possible, the heads of the services attend the presentations of the practical projects and the evaluation/ outlook session.</p>
<p>Results so far:</p>	<p>Several hundreds of Supervising Social Workers have participated in the training courses.</p> <p>In the evaluation, they reported: (1) They have developed more security in their daily work; (2) The quality standards developed in the course serve them as a guideline; (3) They have developed a better understanding of the foster care process; (4) They feel more secure in supervising foster families in crises and in taking decisions</p>

	(e.g. on perspective planning, reunification); (5) They are more able to create a process where children participate.
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