



Peer Review on “Furthering quality and accessibility of Foster Care Service in Croatia”

Online (Croatia), 20-21 May 2021
Synthesis report

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1. Introduction

The Peer Review on “Furthering quality and accessibility of Foster Care Service in Croatia” took place online on 20-21 May 2021. It focused on policies improving the provision of foster care services for children without adequate parental care as well as measures to prepare and support foster carers of children with severe disabilities and children with challenging behaviour. The objectives of the Peer Review were to explore challenges and good practices of standards in professional care schemes and foster care.

Across Europe, foster care is becoming an important form of care as a result of the transition from institutional to community-based services. To further strengthen foster care systems, many Member States have diversified their systems of foster care. For example, in 2019, Croatia introduced the scheme of professional carers by the Foster Care Act to financially support foster families and increase the quality of care, particularly for children with special needs. Additional initiatives in Croatia consist of measures to recruit new foster families and a comprehensive curriculum for the training of foster parents.

The participants in this event built on the Croatian experience to discuss approaches and forms of foster care for children across Europe, standards and measures to set up professional foster care schemes, including foster care for children with severe disability and children with behavioural disorders and share good practices of cooperation among foster care services.

The Peer Review was hosted by the Croatian Ministry of Labour, Pension System, Family and Social Policy. It brought together government representatives from Croatia, Czechia, Hungary, Italy, Latvia, Lithuania, the Netherlands and Spain, European Commission officials, UNICEF, European and local non-governmental organisations representatives, national experts as well as a thematic expert.

1.1. Background and purpose of the Peer Review

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. However, the exact number of children in foster care across the EU remains difficult to ascertain because of scattered data availability.¹ Foster care ensures the right of every child to enjoy a standard of living that is adequate for their physical, mental and social development and to grow up in a family environment. In all Member States, provisions regarding foster care, including care standards, are established by the law.

Member States are in a continuous process of deinstitutionalising their care systems, shifting the provision of care services from institutional to community-based² setting. In order to prevent social exclusion, national policies focus on the integration of children in foster care into communities and wider society. There is a common understanding across Member States that the deinstitutionalisation process requires a multi-level integrated approach involving different stakeholders. Foster care across Europe is diverse in many respects and also varies within countries at regional level. A key difference between Member States stems the requirements to qualify as foster parents. Additionally, there are

¹ Some figures are available at: <https://www.eurochild.org/news/foster-families-a-strong-pillar-of-alternative-care-system-for-all-children/> (09.06.2021)

² The Common European Guidelines on the Transition from Institutional to Community-based Care defines community-based care as “a range of services that enable individuals to live in the community. It encompasses mainstream services, such as housing, healthcare, education, employment, culture, and leisure which should be accessible to everyone regardless the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance, respite care and others”.

differences in the way that foster families are trained, advised, supported and supervised, with the caseload per professional being an important differentiating criterion in this respect.

Overall, Member States provide special support to foster children with special needs, disabilities, and chronic health problems. However, a common challenge for Member States is to employ sufficiently trained personnel in foster care services and train the foster parents. Another challenge is to design support measures and care services that are effective and adapted to the child needs and promote social inclusion.

The type of foster care varies from country to country and diverse terminologies are in use (Annex 1 presents types of foster care in all Peer Review countries). Member States use different concepts in defining professional foster care and this leads to various practices and outcomes. In general, professional carers have regular employment status and are expected to meet much higher standards of training, pay social security contributions and are entitled to access social insurance benefits. Screening of foster families and matching them with foster children as well as monitoring and supervision system for foster parents, recruiting new foster parents and providing them with adequate support are all important issues and require further exploration.

Against this backdrop, the Peer Review discussed challenges and good practices in providing foster care services to children without adequate parental care, in particular, it focused on standards for foster families, professional care schemes and stepped further to exchange experiences on measures to prepare and support foster carers of children with severe disabilities and children with challenging behaviour.

1.2. The EU policy context

At EU level, the rights of the child are primarily enshrined in Article 24 of the Charter of Fundamental Rights of the EU.³ In particular, Article 24 mentions that children shall have the right to protection and care as it is necessary for their well-being. Even though there is no single European legal framework for the placement of children in foster families, numerous EU policy documents play an important role in national regulatory and administrative arrangements. The European Pillar of Social Rights⁴ makes explicit reference to childcare and support to children and emphasises that ‘children have the right to affordable early childhood education and care of good quality’ (Principle 11).

The Commission has also launched the new EU Strategy on the Rights of the Child⁵ and the European Child Guarantee⁶ as the major policy initiatives to better protect all children and help them fulfil their rights. The EU Strategy on the Rights of the Child has been developed in a participatory way allowing children to share their experience and contribute to designing more efficient services and policies. Moreover, the European Child Guarantee aims to ensure that children at risk of poverty and social exclusion have effective access to key services (i.e. healthcare, education) by providing guidance and means to Member States. Currently, the EU is piloting child guarantee measures on the ground in four EU countries, including Croatia⁷.

Also, the Commission has published common European guidelines to further support Member States with the process of deinstitutionalisation of the residential childcare (children offered care services in large institutions) systems and developing a range of services in

³ <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12012P/TXT> (09.06.2021)

⁴ European Commission, European Pillar of Social Rights, 2017. Accessed at: https://ec.europa.eu/info/publications/european-pillar-social-rights-booklet_en (09.06.2021)

⁵ https://ec.europa.eu/info/files/eu-strategy-rights-child-graphics_en (09.06.2021)

⁶ https://ec.europa.eu/commission/presscorner/detail/en/IP_21_1226 (09.06.2021)

⁷ <https://www.unicef.org/eca/european-child-guarantee>

the community to eliminate the need for institutional care.⁸ Along the same lines, the Commission has adopted the Strategy for the Rights of Persons with Disabilities 2021-2030⁹ that called for Member States to include specific targets for persons with disabilities and stressed that children with disabilities should fully enjoy all human rights and fundamental freedoms on an equal basis with others. The Strategy prioritises and promotes the right to live independently and urges the need to support the transition from institutional to community-based care.

2. Host country practices in furthering quality and accessibility of foster care service

2.1. Country context

Deinstitutionalisation of children's care in Croatia began between 1998 and 2001 and was reinforced with Croatia's access to the European Union (2013). In line with the international and European deinstitutionalisation trends, in 2010, the Croatian Ministry of Health and Social Welfare designed the ‘Plan for deinstitutionalisation and transformation of social care homes and other legal entities performing social welfare activities in the Republic of Croatia’ (2010). A year later, the government adopted the ‘Strategy for the Development of the Social Welfare System 2011-2016’ that prioritised foster care over institutional care.¹⁰

In 2018, the government adopted the ‘Plan of deinstitutionalisation, transformation, and prevention of institutionalisation 2018-2020’ that aimed at strengthening the capacity of social welfare centres, social care homes and community service centres, as the main actors in the foster care process. The plan also focused on improving the overall children's care system and in developing care services.¹¹ In 2020, the government approved the National Reform Program for 2020 to address sustainable economic growth and development. The programme also focuses on social exclusion pertaining to foster care.

The Foster Care Act is Croatia's most comprehensive regulatory document on foster care, with three versions – in 2007, 2011, and 2018. Its first version represented a significant milestone in the development and legal regulation of foster care. The 2011 Foster Care Act established foster care as one of the pillars of the social welfare system.¹² The most recent version of the Foster Care Act (2018) contains provisions to reinforce family-based placement and supports a positive family environment tailored to the child's individual needs.

This version of the Foster Care Act introduced three different types of foster care: 1. Traditional foster care; 2. Kinship foster care; and 3. Professional foster care that is subdivided into standard and specialised foster care. Specialised foster care includes the placement of children and young adults with behavioural problems or disabilities to foster

⁸ <https://deinstitutionalisationdotcom.files.wordpress.com/2017/07/guidelines-final-english.pdf> (09.06.2021)

⁹ Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030, available here: <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes> (23.06.2021)

¹⁰ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹¹ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹² European Social Network, *Foster care models in Europe*, <https://www.esn-eu.org/news/foster-care-models-europe> (07.06.2021)

families. Specialised foster parents are educated professionals who can provide specific care in line with children’s and young adults’ needs. The professionalisation of foster care was an important step towards offering quality care, based on clear standards and principles. The 2018 Foster Care Act no longer provides a framework for emergency foster care, but this is supplemented by Article 87 of the Social Welfare Act in Croatia that provides for temporary placement in crisis situations.

Foster care services in Croatia follow an uneven distribution, with a higher prevalence in central and eastern regions where tourism is scarce¹³ and where most non-governmental organisations (NGOs) are concentrated. Social welfare centres, founded by the State, undertake the organisation of foster care services in the country, including professional assistance, support to foster families, and promoting foster care in Croatia. NGOs involved in foster care also provide support services to foster families and advocate to improve foster care conditions in the country.¹⁴

The social welfare centres manage foster care in the country. Foster care regulation stipulates that professional work in the foster care department or unit must be performed by a foster care team comprising one social worker, one psychologist and 0.3 of full-time equivalent lawyer per 100 foster families. Due to the small number of foster families in social welfare centres, professional staff rarely specialise in foster care alone. The Foster Care Act 2018 regulates the obligations of the social welfare centre in relation to foster care. As such, the centre undertakes the following tasks:

1. Recruitment and screening of foster parents;
2. Education of foster parents (40 hours with additional training for temporary foster parents);
3. Individual planning for each foster child;
4. Placement preparation;
5. Monitoring foster care;
6. Support and monitoring of children when they leave foster care;
7. Data collection;
8. Community cooperation and promotion activities with social welfare centres, associations, other civil society organisations, and the media;
9. Work actively in the community through mobile teams to provide services.¹⁵

Foster care in Croatia is mainly financed by the State. However, EU funds are also used to support foster care and the transformation of the child protection sector. Between 2014 and 2020, Croatia only used 38% of the funds from the European Social Fund (ESF) allocated to the country. These funds contributed substantially to the deinstitutionalisation and transition process, as well as to expanding the community-based services network.¹⁶

¹³ It is observed that in areas with high tourism less foster care services exist, which might be related to lack of physical space since areas with intense tourism rent out houses.

¹⁴ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹⁵ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹⁶ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

Box 1. Education of experts in Croatia

Between 2006 and 2008, the Centre for Social Policy Initiatives adopted the Swedish model of providing training sessions for group supervision of foster parents. This was done in cooperation with the Croatian Ministry of Health and Social Care, the Swedish International Development Cooperation Agency, and the University of Gothenburg. This two-year training programme was completed by 27 certified experts in the field of group support and foster care supervision. The training included theoretical concepts, methods, and techniques of group support to provide continuous support to foster parents during the placement of the child in their family.¹⁷

In 2014, Croatia introduced individual planning in foster care and the regulation on quality standards for social services. The regulation established the role of the social worker or case manager in charge of ensuring compliance with all the goals and activities of the individual care plan. The ministry published a foster care manual for professionals that included theoretical concepts alongside detailed practical guidelines on the elements of individual plans in foster care.¹⁸

The process of deinstitutionalisation enabled foster parents to form NGOs and parents' associations. The most prominent of these associations is the Forum for Quality Foster Care of Children, an umbrella for 13 foster parent NGOs. The Forum actively contributes to foster care policies and practice and continuously lobbies for the improvement of foster care in Croatia. Partnerships between public, non-profit, and academic sectors for family empowerment have gained strength through UNICEF Croatia and civil society organisations such as Centre Sirius and the Society for Psychological Assistance. Nowadays, 'For A Stronger Family' (2017-2021) is the most significant partnership initiative on family empowerment between UNICEF Croatia and the Ministry for Demographics, Family, Youth and Social Policy with the support of the Croatian Association of Social Workers. The initiative is an example of a successful and necessary multi-sectorial and interdisciplinary collaboration that takes a comprehensive approach to family empowerment and adequate foster care.¹⁹

Croatia is currently working towards the continuous monitoring of comparable data and indicators of child well-being, particularly for systematic research at EU level and innovation in foster care services. These indicators were developed by leading local experts and monitor children's well-being through the following parameters: health, education, family relationships, subjective and psychological well-being, material well-being and poverty, peer relationships and risky behaviours, participation, child safety, and the risk of vulnerable situations.²⁰

2.2. Success factors and challenges in foster care provision in Croatia

Croatia is working to strengthen and improve foster care. First, the country has a long history of offering foster care in certain regions. Moreover, foster parents have substantial expertise and advocacy power. Experts have noted that the most successful cases of foster care

¹⁷ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹⁸ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

¹⁹ See Host Country Discussion Paper, available here: <https://ec.europa.eu/social/main.jsp?langId=en&catId=1024&furtherNews=yes&newsId=9969>

²⁰ Childhub (2017), *Child well-being indicators (Croatia)*, <https://childhub.org/en/child-protection-news/child-well-being-indicators-croatia> (07.06.2021).

promotion come from local communities in these regions. Foster care was passed down between generations with the support of social welfare centres that shared positive experiences. Second, there are continuous efforts from the Croatian government to regulate this area in line with international and EU requirements in childcare. Third, the country has set up a strong public and non-governmental partnership as a basis for further improvements in foster care. Fourth, Croatia has successfully transformed children’s care institutions into community service centres through government policies and its legislation, namely the deinstitutionalisation plans and the Foster Care Act. Fifth, the country has improved the conditions for developing foster care associations through dedicated measures regulated by the Foster Care Act and ‘For a Stronger Family’ initiative.

However, the country still faces various challenges. Foster care in Croatia is unevenly distributed and insufficiently funded. There is a need to expand the services and the geographical coverage of community welfare centres to reach areas where foster care is scarce and develop community-based services further. Croatia is also confronting a stagnation in the number of foster families mainly due to the strict requirements necessary to become a foster parent and the low income offered to full-time professional foster parents.

The country is facing operational and organisational challenges related to individual planning for children in care, namely due to insufficient human and organisational resources within social welfare centres, particularly in smaller cities where there is little to no expert support. Croatia needs clear guidelines on the implementation of these standards in everyday practice. There are also difficulties in finding emergency accommodation for children in a foster family, as the Foster Care Act 2018 no longer recognises emergency foster care. Moreover, the system of matching children with foster families is based on the availability of foster families rather than on the need of the child. Croatia needs systematic evaluation and to enforce the cross-country exchange of best practices, especially with regards to the care services offered to children with special needs and behavioural challenges in order to better understand and respond to their needs and those of their foster parents. Lastly, the country is facing difficulties in foster care coverage and tools to enlarge the pool of parents are needed.

3. Key Peer Review Discussion outcomes

3.1. Foster Care offer considers the particular needs of each child

3.1.1. Foster Care offer considers the particular needs of each child

Traditional foster care seems not to be able to cover all needs of vulnerable children, especially children with disabilities and children with behavioural challenges. The peer review revealed the importance of an inclusive foster care system to address these needs in a dynamic, inclusive and flexible way. The well-being of the child should be the central goal of foster care provision and guide the way the service is organised and delivered. The type of care and the particular services should be designed around individual needs (as is the case in Hungary). Specific attention needs to be given to circumstances that lead to placing a child in care, such as the situation of trauma or conflict, violence. Foster and biological parents, as well as professionals and the communities should be aware of the needs of the child and sensitised and trained about what support is required. Currently, most care support is provided without much consideration for the individual needs of each

child, which results in insufficient and inadequate support. The specific needs should be considered at the level of the family (foster and biological) as well.

More awareness is needed to tackle foster status stigma and promote a positive attitude towards foster care, which will support foster child integration efforts as well as advance foster care development further. Prevention of separation and the biological family reunification has to be an integral part of the care policies. Early intervention (both for children with disabilities and children with behavioural challenges) is key to better care, both in the biological and foster family. Measures to prevent the foster placement breakdown, the institutionalisation of the child and re-admission into care are elements of a relevant and efficient care policy.

3.1.2. Profiling of foster families and matching process

Better profiling of the foster families is needed to be able to improve care delivery. The personalisation of the assessment of the child’s situation is an important prerequisite for a successful and relevant care service. Issues of religious, ethnic, migration and cultural background should be considered while organising the care offer. Foster care offer should be more diverse, children should understand how the matching decision was made and, when possible, actively participate in the matching process. Comprehensive data and information is needed both for the child that is about to be placed in foster care and for the foster family. More knowledge on successful matching criteria and approaches, as well as sharing of good practices between Member States, are needed.

The design of foster care should require a change in attitude towards child’s behaviour, considering the particular circumstances of the placement. A child might expose “unconventional” behaviours due to trauma and not display such behaviour in a safe environment (i.e. the childcare system in the Netherlands started to account for these circumstances).

The care provision should be offered, ideally, geographically close to the biological family in the light of the possibility of family reunification. When possible, it is important to involve the biological family in the life of the child during foster care. The regulations could set geographical limitations on how far away a child can be moved from the biological family (as in the case of Lithuania where foster children should be placed as close to their place of residence/as possible²¹) and these limitations should be considered while designing and setting up care services.

The professionalisation of foster care brings additional challenges of balancing bringing up and caring for the child in a family environment and treating foster care as a profession. The professionalisation of foster care reveals the conflicting approach of labour regulations and the provision of continuous support/care service (i.e. in Spain, the delivery of professional foster care was not possible de facto in the last years due to conflicting provisions of foster care regulations and the labour code regulations. However, in 2021, the new Law on protection from violence against children introduced a solution). It is also difficult to keep the balance between a ‘prepared professional’ with the necessary skills and qualifications and a dedicated foster parent committed to caring for children with special needs.

²¹ The Law on Fundamentals of Protection of the Rights of the Child (Article 4 Principles for the implementation of the protection of the rights and freedoms of the child) says that one the principles of the protection of the rights of the child is “the permanence of the child’s environment and place of foster care - the choice of the child’s place of foster care must aim to ensure that it is the only placement, and this placement is as close as possible to the child’s place of residence and can only be changed if it is in the best interests of the child.”

3.1.3. Support services for foster children

Support services should be offered to all children in foster care and in particular to children with special needs, including children with disabilities and children with behavioural challenges. Emergency support (available 24/7), individual and group support, peer support, multi-disciplinary support, specialised support services have to be accessible to all children. Services should be offered at the community level, be age-appropriate and offered in an integrated and continuous manner. The gap in community service provision could be covered (like in the case of Czechia and Latvia) through mobile services and/or online support. Table 1 presents the required services identified during the Peer Review.

Table 1 – Required services for children with disabilities and children with challenging behaviour

| Health services | Education services | Social services | Legal service |
|--|---|--|---|
| <ul style="list-style-type: none"> • psychosocial support and therapy • mental health services • support for children exposed to substance abuse • physical rehabilitation services • care instructions | <ul style="list-style-type: none"> • socio-pedagogical services • school personal assistant • individualised education programme | <ul style="list-style-type: none"> • counselling • crisis/emergency support • development of social skills and social integration • therapeutic foster care • domiciliary support • skills-building services | <ul style="list-style-type: none"> • legal counselling • representation |

The continuous support should expand towards aftercare support. For instance, good practices mentioned during the peer review, such as the aftercare peer mentoring in Switzerland and Italy’s mentorship programme, involved former foster children as post-care mentors. Also, there is a need for innovative solutions for aftercare support.

Box 2. Care leave mentoring programme and transition resources in Switzerland²²

The Swiss School of Social Work implemented the Transition to Independence project. The project investigated to what extent foster children were prepared for the transition to independent life. The project looks at individual experiences and also inquired about what support care leavers would have needed during transition. As a result, a mentoring programme was designed and implemented, where former foster children assisted current care leavers in their transition. A website with support resources²³ was created as well.

Care and support services should be offered using an individual/case by case approach and based on a needs assessment procedure. The approach should be easy to apply and understand and also should evolve in reflection to the needs of the child. More research is

²² <https://www.zhaw.ch/en/socialwork/>

²³ <https://www.careleaver.ch>

needed to be able to have suitable procedures to assess the needs of each child. Moreover, the needs assessment should go beyond looking at the needs of the child and include the needs of the family (biological and foster).

The needs assessment should be followed by a good individual care plan, which would ensure the relevance and continuity of the support. The case management should include a pre-placement assessment, a complex needs assessment and a post/during care assessment with the participation of the child, the foster and (if the case) the biological family. The case manager should closely monitor the care delivery and coordinate the efforts of different professionals.

Box 3. Case management, a toll for the childcare reform in Lithuania²⁴

In 2018, Lithuania started the second phase of a broad deinstitutionalisation reform supporting the development of community-based services and better protection of the rights of the child. As part of the reform, the regional child protection efforts were consolidated in a dedicated central child protection institution. The new structure allowed for the introduction of the case management service. Case management is the process of assisting an individual child (and its family) through direct support and consists of four main stages: identification and needs assessment, development of the individual support plan, referral and liaison with support services, monitoring and review.

A multi-disciplinary approach should be applied at the stage of identifying needs, planning the support and providing the service. This is especially important for children with disabilities and children with behavioural challenges. The multi-disciplinary teams should be composed of professionals from at least four sectors: social, education, healthcare and justice. The multi-disciplinary team should benefit from joint training and learn to offer mutual support. The Italian example of improvement the multi-disciplinary work is a good practice example (Box 4).

Box 4. Italy’s approach to enhancing the multi-disciplinary support

Over the past years, the Italian Ministry of Labour and Social Policies started a project aimed at enhancing the multi-disciplinary efforts in providing support services to foster children and foster families. The first step was to educate different stakeholders on the needs of children in care, promote multi-disciplinary work, develop cooperation protocols and train different professionals. The stakeholders came from public, private, non-profit sectors, religious organisations, volunteers, etc. A coordination agreement was discussed and formalised between these various stakeholders. The agreement is an instrument for ensuring that stakeholders are informed and understand each other’s roles and responsibilities, ways of cooperation, available resources and, most importantly, the shared goal..

3.1.4. Foster care quality standards and monitoring mechanisms

All EU member states have quality standards for children foster care, which include delivery requirements, regulating the number of children per foster family/carer and defining the monitoring mechanisms. Foster care delivery undergoes a licencing process followed by a training and capacity/skills-building process. Foster care quality standards should be constantly revised and adjusted to the needs and circumstances of the child. The standards should be produced at national level and homogenous across the country. The revision of the quality standards should be done from the perspective of a medium and long term

²⁴ <https://vaikoteises.lt/protection-of-children/the-lithuanian-child-rights-protection-system/>

development of foster care. Different stakeholders (service providers, researchers, experts, etc.), foster parents’ associations, and foster children should be involved in the design of the quality standards.

Continuous monitoring of service quality is needed and the participatory approach to service quality evaluation should be applied. The transfer of expertise in regulating the care delivery from other social services could be considered, as well as the transfer of good practices in standard development from one country to another. More evidence and data should also be generated while developing the foster care standards.

Guidelines on mitigation measure of abuse in foster care should be available and applied. The procedures to register and react to abuse and ill-treatment in foster care should be improved. The quality monitoring framework needs to ensure that every child in care has a person outside of the foster placement that they trust and speak on a regular basis. It should include mentorship programmes as part of childcare quality monitoring as well as involve local actors (teachers, health workers, community leaders) in the monitoring frameworks.

Along with the quality standards, other various procedures of foster care planning and delivery (licencing, recruitment, multi-disciplinary work, case management guidelines, etc.) should be revised to have a less bureaucratic and more efficient overall process. Support to the regional/municipal level in understanding and applying national level guidelines and regulations is needed. Administrative overload of professionals in the care sector, the mixed responsibilities, contradictory regulations, overlap of responsibilities need to be addressed to increase the overall efficiency of the childcare delivery.

3.2. Foster care delivery and support to foster families and carers

3.2.1. Awareness, recruitment, selection and preparation of foster families and carers

Awareness-raising campaigns are crucial to providing the general public with information about foster care, especially in view of recruiting new foster families. In order to be effective, the communication strategy should be adapted to the regional and local specificities and target potential foster parents (e.g. specific age groups). Awareness-raising and information campaigns should clearly outline the expectations on the role of foster families/carers, and highlight the difference between foster care and other roles (e.g. adoption, guardianship). Sharing experiences and lessons learnt of current foster parents is also a useful tool to raise awareness about foster care and guide those interested in the process.

Member States use screening mechanisms to ensure that foster families/carers meet the requirements for carrying out this role. Different methodologies are used across the Member States to check if potential foster parents meet the criteria. Psychological tests, assessments of the environment and family’s structure, evaluations by social workers are common tools. Standardised tools and indicators for the assessment, including questionnaires and checklists, are used in Latvia and Italy. In many cases, mandatory training is also part of the screening process. The independence of the screening bodies was highlighted by participants as an important element to guarantee the quality of the assessment. For instance, in Croatia, the screening is performed by an independent team of experts. It is important that after the initial assessment and screening, foster families keep being monitored periodically (as it happens in Croatia, Hungary, Italy). Foster parents should be actively involved in the different steps of this process, including the matching with the child.

While it is important to have mechanisms that ensure the quality of foster care, the duration of the screening and preparatory process should not become a barrier or discourage potential foster parents.

Financial support, allowances and benefits (similar to the ones provided to biological parents) are used in all Member States to incentivise families to become foster carers. Participants agreed that the possibility of offering full social insurance coverage (such as paid leave, unemployment, old age pension) to all types of foster parents should also be explored.

Besides recruiting foster parents, retaining them and keeping them engaged in the foster care system is also an important objective. The breakdown of foster families is one of the main reasons for foster parents leaving the system. Adequate support, financial provision and systems of respite are essential for the retention of foster parents. In the Netherlands, a study has been carried out on the reasons for the breakdown and outflow of foster parents (see box 5).

Box 5. Action research on breakdown and outflow of foster parents in the Netherlands

In the Netherlands, between 2020 and 2021, several actors conducted an [action research](#) to determine which factors successfully reduce the breakdown and outflow of foster parents. Based on these research findings (the results will be published in the second half of 2021), foster care providers will work on policies to reduce the outflow of foster parents, such as involving a ‘buddy’ in the process of raising a foster child, interventions such as systems therapy or regular evaluations and monitoring of the situation in foster families.

Focusing on the reasons for the outflow of foster parents can also give insight into the challenges that foster parents face. For instance, Dutch foster parents indicated that they sometimes struggle with the (lack of) help they receive and that they need support also after the foster child leaves their care.

Another issue faced in some countries (e.g. Spain) is that sometimes foster children want to remain with the foster parents also after they turn eighteen, preventing the foster family from becoming available for other children. The pilot project ‘Care leavers’ in Italy addresses the issue by accompanying young adults in foster care towards autonomy (see box 6).

Box 6. ‘Care leavers’ project in Italy

The objective of the pilot project [‘Care leavers’](#) is to accompany young adults in foster care towards autonomy by creating the necessary supporting system to allow them to gradually build a future and become well-functioning adults after they leave the care system.

Young adults are accompanied by an ‘autonomy tutor’ in identifying potential pathways and supported to achieve their goals, which may be oriented towards the completion of vocational training, upper secondary school or university studies, or -instead- directly access the labour market. In order to support an autonomous life, the individualised projects integrate and systemise all the resources available at national and local level in favour of care leavers, including the Citizenship Income, the Youth Guarantee and the Right to Education schemes.

The project lasts three years and supports beneficiaries until they reach the age of 21.

3.2.2. Continuous education and training for foster families/carers

Training for (candidate) foster parents can be provided by public entities or NGOs. In most countries, all foster parents need to complete mandatory preparatory training, organised as part of the screening process for foster families.

Across Member States, specialised training programmes for foster families tend to combine a theoretical module and a practical module (e.g. Croatia, Lithuania, Latvia). In Latvia, the practical side of the training involves volunteering in a childcare institution or in a children camp, under the guidance of other experienced foster families. Ongoing training and follow-up sessions for foster parents are extremely important. Regular (monthly or yearly) training is provided to foster parents in Croatia, Czechia and Hungary. Given the time pressure generally experienced by foster families, the duration of a mandatory training session should be balanced with realistic expectations on the involvement of foster families. The duration of the training varies across countries. For instance, in Hungary, foster carers receive 60 hours of basic training, and 240 hours of additional training (see box 7); in Croatia, the basic training lasts 40 hours and the additional training between 6 and 12 hours, while in most Spanish regions, the training lasts approximately 20 hours.

Box 7. Central Educational Programme for foster parents in Hungary

The Central Educational Programme for foster parents was established in 2017 under the coordination of the Directorate-General for Social Affairs and Child Protection. It aims to enable foster parents to act as foster-care professionals meeting child’s individual needs. The Programme informs parents how to adhere to professional and legal standards as well as cooperate with other professionals with tasks regarding children in care.

The Central Educational Programme provides 240 hours of training for foster parents, including 8 hours of theory and 142 hours of practice, 42 hours of field practice and 30 hours of supervised case discussion. So far, 952 individuals completed the training, while further 1.319 individuals were in training by 30 September 2020, when the training was suspended due to the COVID-19 pandemic.

In Spain, foster families can choose different packages of specialised training, tailored to the type of foster care (e.g. kinship foster care, emergency care, adolescents in foster care etc.). Online training for potential foster parents can be a solution to facilitate the attendance of (potential) foster families living in rural or remote areas.

3.2.3. Support services to foster families and carers

The availability of community-based services for all foster families and children, as well as biological families, is crucial. Specialised support services are offered by different types of actors, such as state-funded foster carer networks and associations, NGOs, professional teams of support and supervision of foster carers within specialised agencies. The main services offered to foster carers include information and training sessions, individual guidance, psychological counselling. Offering different services in a single place, with the involvement of multi-disciplinary teams is particularly useful to provide integrated support to foster families.

An example of an association offering a wide range of services for foster carers is provided by the association Beroa in Spain (See box 8).

Box 8. Beroa: an association empowering foster carers in Gipuzkoa (Spain)

[Beroa](#) is an association supporting foster carers co-funded by the government of Gipuzkoa since 2010. It carries out activities to raise awareness about foster care, recruit future carers and support foster carers. The activities include information sessions, training sessions, guidance and advice for foster parents and regular meetings and conferences for foster families. Beroa also manages the *extegorria* programme, a child-family contact service that facilitates supervised biological family visits for fostered children. Other services also include respite support for weekends and holidays for foster families.

It is important for associations supporting foster carers to closely collaborate with other local service providers and organisations involved in foster care (see, for example, Dobrá Rodina, Box 9) in order to create synergies with the services available.

Box 9. The experience of Dobrá Rodina in Czechia

[Dobrá Rodina](#) is an association that provides information to the general public about foster care. It contributes to the preparation of future foster parents and supports them with services, including expert counselling, and the organisation of training and seminars. It cooperates closely with the authorities of social care services and non-profit organisations involved in foster care. It operates in all regions of Czechia and currently supports more than 860 foster families.

In Lithuania, the model of Foster Care Centres (see box 10) started as an NGO’s initiative in 2015 and, became a nationwide model coordinated by the Ministry of Social Security and Labour.

Box 10. Foster Care Centres in Lithuania

The majority of Foster Care Centres in Lithuania were created in 2018 under the coordination of the Ministry of Social Security and Labour. As of 2021, there are 66 Foster Care Centres responsible for providing integrated services to foster carers and children placed in their families. Foster Care Centres are established in all municipalities, and each foster family is assigned to a Foster Care Centre. These centres provide a wide range of services, including psychological counselling, social counselling, assistance, help with challenges related to child’s upbringing and training.

Moreover, in order to improve the availability and quality of services provided to foster parents, professional foster parents, adoptive parents and people who are interested in adoption, foster care or work of a professional foster parent, an Adoption and Care Call Line was established in 2021.

Other types of services for foster families can include a dedicated phone number (e.g. Czechia and Latvia) to ask for assistance in an emergency situation. Respite care is provided in some countries, such as Czechia. It can be arranged among foster families, family members or with a supporting organisation.

In order to guarantee the quality of the services for foster families/carers, the number of cases allocated to each social worker should be limited, allowing a more focused and personalised support. The preparation and use of specialised material, such as the ‘Handbook for operators and families’ in Italy, can guide both practitioners and foster families by providing practical information about foster care (see box 11).

Box 11. The Italian Handbook for operators and families

The [Handbook for operators and families](#) (*Sussidiario per operatori e famiglie*) was drafted by the Italian Ministry of Labour and Social Policies and the University of Padova in 2014. It was designed as an operational guide used by the professionals of the Fostering Centres and by social workers (e.g. social services, healthcare, schools) and also 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 reasoned 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.

When designing care services, foster parents should be involved from the start. They should be able to share their direct experience and contribute to shaping services that address their needs. Moreover, when receiving support services, it is important that foster parents are well informed and actively involved in all the relevant decisions.

Peer support and mentorship programmes (e.g. Latvia) can also play an important role. For instance, in the Netherlands, care providers and municipalities have established a platform for peer support for foster parents and foster children. By providing peer support, foster parents can help each other, advise each other, and share their experiences.

3.2.4. Formal and informal support network

Formal and informal support networks for foster parents/carers are important to bring together foster parents. They promote exchanges of experiences among them and provide mutual support.

Many Member States, such as Germany, Italy and Latvia, have highly formalised networks of foster parents. The cooperation with the relevant ministries and public services, as well as the support of the State, are crucial elements to provide these networks with adequate resources for organising activities and support services for foster families. Formal networks also play an important role in bringing forward the view of foster parents, by engaging in discussions with the relevant authorities and service providers and contributing to the design of policies in relation to foster care. For instance, in Italy, foster families’ associations are very active at local and regional levels. Most of them are part of the National Forum of Families, which is part of the Observatory for childhood and adolescents and the Observatory for families. These entities participated in drafting the National Plan of Action for Childhood and the National Plan of Action for families and have a consultative role for sector reforms.

Informal support plays an important role in helping foster parents sharing good practices and advice. The involvement of foster parents who do not belong to any foster parents’ network should be a priority. Reaching out to other foster parents/carers can be challenging due to restrictions related to privacy policies. Social media and digital tools can play an important role to identify and meet other foster parents, reaching out also to those living in rural areas. Social media are often used as a tool to gather foster families informally. While it is easy to establish the first contact between foster families in small towns, it can be more challenging in big cities or remote areas. Thus, social workers should act as a bridge by directing the new foster families towards existing informal networks.

4. Foster care peer review, future steps

The ongoing deinstitutionalisation process in Member States, along with the efforts to deliver good quality care for all children, places foster care at the centre of child welfare policy. Member States offer different types of foster care, have different requirements for becoming a foster parent and different quality standards and quality monitoring mechanisms. This diversity creates a ground for the exchange of expertise and good practices and an opportunity to join efforts towards improving childcare services across Europe.

Despite the continuous development of foster care services, access is still limited, especially for children with special needs (children with disabilities and children with behavioural challenges). Foster families struggle to offer relevant support for these children and, often, the support network is missing (relevant and accessible health, educational, social services). A clear medium and long term vision are needed while designing care services (including post-care measures).

At the policy level, the complexity of foster care delivery should be recognised. Clear and flexible regulations which are uniform across the country have to be set. At the same time, a balance between bureaucratic procedures and needed guidance should be found. Authorities need to recognise that foster care policy is an ongoing process and generate evidence for an informed policy decision. Impact assessment is needed to understand how foster care measures, programmes and policies translate into action. It is important to involve foster children, including former foster children, foster parents/carers and biological parents, at different stages of the policy cycle (design, monitoring and assessment).

Foster care policy needs to keep in focus the best interest of the child. While introducing the ‘professionalisation’ of the care provision, it is important to ensure the notion of a family environment. Foster care should be seen as a temporary solution, and reunification with the biological family should be considered in all possible cases. General awareness is needed to reduce stigma, which can be associated with the foster care status of the child. Moreover, protection measures for children in care have to be in place along with complaint mechanisms and mitigation measures. Foster care should be provided alongside a range of other services (education, healthcare, legal) in an integrated, appropriate and continuous manner. Additional specific social services should be offered to foster children, such as skills development, integration services, support to transition to adulthood, etc.

Continuous and pertinent support is needed for foster parents/carers as well. Counselling, respite, home visit, emergency support, day-to-day support are amongst special services to be made available for foster parents. Services should consider geographical specificities, including the difference of access in rural and urban areas. Foster care support structures must be strengthened, capacities of support professionals, in particular of case workers, should be continuously developed. The workload of the social workers should be monitored and reduced depending on the intensity of support foster families need.

Steps are needed to promote foster parenting, make it more attractive. More research is needed to identify innovative reach out solutions and transfer them across EU countries. Awareness-raising and information campaigns should clearly outline the expectations on the role of foster families/carers. Successful foster care cases should be brought forward, as they can be an efficient way to recruit foster parents/carers. Recruitment should be made based on transparent and realistic criteria, which have to be periodically monitored. More research and data is needed to understand and react to cases of foster care not lasting as long as planned and cases when foster parents decide to terminate the service.

Comprehensive, realistic, dedicated and continuous training to foster parents is needed, and it should be delivered in an individual and tailored manner. Financial incentives should

be considered to enlarge and support foster care delivery, full social assistance coverage should be offered to foster parents/carers. Formal and informal support networks should be encouraged to facilitate peer support and mutual learning.

Annex I

| Member State | Types of foster care | Main Actors | Funding |
|--|---|---|---|
| <ul style="list-style-type: none"> Croatia | <ul style="list-style-type: none"> Traditional Kinship Professional: Subdivided into standard and specialised | <ul style="list-style-type: none"> Ministry of Labour, Pension System, Family and Social Policy Social welfare centres Children’s care homes and/or community service centres Non-governmental organisations Forum for Quality Foster Care of Children | <ul style="list-style-type: none"> State EU funds |
| <ul style="list-style-type: none"> Czechia | <ul style="list-style-type: none"> Long-term Temporary (one year maximum) Guardianship with personal care | <ul style="list-style-type: none"> Local authorities (municipalities) Regional authorities Ministry of Labour and Social Affairs Labour Office of Czechia Accompanying organisations | <ul style="list-style-type: none"> State Regional / local |
| <ul style="list-style-type: none"> Italy | <ul style="list-style-type: none"> Inter-familial when children are placed with relatives up to the fourth degree of kinship Hetero-familial when children are placed with families or individuals who are not included in the previous point Family foster care for young children (0-24 months) Family foster care in emergency situations Family foster care for adolescents Family foster care in particularly complex situations Family foster care for unaccompanied foreign minors Parent-child foster care Placement into a foster family belonging to a network of families Professional foster care | <ul style="list-style-type: none"> Institutional Organisations (Ministries, National Coordination of Foster Care Services, the Conference of Regions and Autonomous Provinces, the National Association of Municipalities) Social workers Non-governmental organisations | <ul style="list-style-type: none"> State Regional / local |

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> • Lithuania | <ul style="list-style-type: none"> • Foster care in a family (regular foster care, incl. kinship care) • Foster care in a family-based residential facility • Professional foster care • Foster care in a care institution | <ul style="list-style-type: none"> • National government / Ministry of Social Security and Labour • State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour • Local authorities (municipalities) • Non-governmental organisations • Foster Care Centres | <ul style="list-style-type: none"> • State • Regional / local • EU funds |
| <ul style="list-style-type: none"> • Spain | <ul style="list-style-type: none"> • Emergency for children under six years old with a maximum duration of six months • Temporary with a maximum of two years • Permanent with an indefinite period | <ul style="list-style-type: none"> • Regional authority (Autonomous Community or regional government) • Non-profit organisations • State • Association of Foster Care (ASEAF) | <ul style="list-style-type: none"> • EU grants |
| <ul style="list-style-type: none"> • Hungary | <ul style="list-style-type: none"> • Foster care • Foster care for children with particular needs (disabilities or chronic illness or under the age of three) • Foster care for children with special needs (psychotic symptoms, dissocial symptoms, substance abuse) | <ul style="list-style-type: none"> • County Government Offices • Guardianship Authority • Foster parent networks • Children’s homes • Area Specialised Child Protection Services • Child’s Rights Representatives operated by Ministry of Human Capacities | <ul style="list-style-type: none"> • State • Church • Non-governmental organisations • EU grants |
| <ul style="list-style-type: none"> • Netherlands | <ul style="list-style-type: none"> • Family homes (professional caretakers live with a group of children) • Kinship foster care • Standard foster care | <ul style="list-style-type: none"> • National government • Municipalities, Child protection service • National youth research institute • Organisations for foster families and foster children • Non-governmental organisations | <ul style="list-style-type: none"> • Regional / local |

Source: Data has been collected through the papers prepared by the participants of the peer countries for the purposes of this mutual learning event.

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