Matthew Colton

European trends in foster care
6th EUSARF congress, Paris, 1998

Summary

This article begins by reviewing European trends in the purpose and practice of foster care. In terms of purpose, the increasing emphasis on family support, reunification and normalization is examined. With regard to practice, the growing tendency to place children with relatives whenever possible is discussed, along with the opposite trend towards the professionalization of foster parents. Consideration is then given to important issues concerning anti-oppressive practice. This is followed by a discussion of the contemporary meaning of foster care, which culminates in a definition of foster care that has relevance for most European countries. The concluding section highlights key messages for foster care policy and practice.

Introduction

As we approach the millenium, Paris is the ideal place to review current developments in foster care because its origins are usually traced to the wet-nursing tradition that began here (Triseliotis, 1997). In the Middle ages both abandoned children and those of affluent parents were placed with wet nurses. However, appalling transportation and poor living conditions caused a high death rate. Towards the end of middle ages the circumstances of foundlings further deteriorated as wars and famine hindered the work of charities. Against this background Saint Vincent de Paul forged 'modern' child fostering methods. He changed perceptions of abandoned children, particularly illegitimate children, and in 1638 created an organisation for foundlings in central Paris. Attention was given to the health of children and to their social and occupational integration into society. Foster families were paid for caring for abandoned children up to 6 years of age. There was closer monitoring of nurses or foster mothers who had to be recommended by a parish priest in order to receive payment (Corbillon, 1997).

This paper begins by reviewing contemporary trends in the purpose and practice of foster care across Europe. Major issues concerning anti-oppressive practice are then addressed. This is followed by consideration of an internatonal definition of foster care. In conclusion, key messages for policy and practice arising from the foregoing analysis are highlighted .

Trends in the purpose of foster care

It is now widely accepted that the interests of the child are best served by supporting the natural family and maintaining biological links. Foster parents are no longer 'substitute' parents, but rather are expected to complement the child's own parents. Indeed, the term 'foster carer' was coined to avoid the implication that the child's biological parents have been replaced by the foster parents. The first trend, then, is away from the 'rescue and fresh start' philosophy of the nineteenth-century towards maintaining family links (Colton and Williams, 1997).

However, not everybody supports this trend. In Hungary some professionals are against reuniting children with natural parents. Most Hungarian children grow to adulthood in their foster homes once placed there. In Finland, a recent study showed that children placed in foster care saw cohabiting as the main factor in the development of the child-parent relationship. Many children regarded their foster carers as their real parents. In Germany, the psychoanalytic approach assumes that children who have lived in a foster family for two years or longer develop ties to their foster parents, through which social parenthood is established. Some believe that such newly-emerging ties should be protected by legislation (Colton and Williams, 1997).

Relationships between foster carers and natural parents are often problematic and physical reunification is often unsuccesful. Yet, such failures reflect a traditional mind-set rather than inherent obstacle. In Italy, present legislation provides a commitment to successful reunification. But the Regions and local authorities have failed to provide the tools and measures to implement reunification in reality. In Germany, by contrast, social workers acquaint the foster family and natural family before placing the child into care. This helps to prevent antipathy between the families which impacts negatively upon the child. Successful reunification requires the right spirit, and legislation, resources and systems of service provision which reflect that spirit. Reunification need not necessarily occur in a physical sense. Psychological reunification through letters, telephone calls or visits, may provide a beneficial sense of re-connection in cases where it is impossible for a child to return to the birth family (Colton and Williams, 1997).

A related purpose is normalisation: that is, providing for separated children all the normal experiences - family life, community activities, peer relationships and opportunities for school achievement - which ordinary children supposedly enjoy. Thus, in terms of purpose, we have gone from one end of the 'stigma' spectrum to the other: from the deliberate stigma imposed upon work-house children under the British Poor Law to the idea that all children should be brought up as far as possible in a normal, non-stigmatising way (Colton and Williams, 1997).

Matthew Colton

Trends in practice

We have seen that the current trends in purpose are towards family support, reunification and normalisation. We can now look at the ways in which these purposes are being reflected in practice.

Across the European Union, decreasing numbers of children are being placed in residential care, with increasing numbers placed in foster care (Colton and Hellinckx, 1993). In the UK and Ireland, the vast majority of children in care are in foster homes. Residential institutions are places of last resort. But the balance between foster and residential care varies widely across the EU. In the Southern states - Greece, Spain, Portugal - children in care are overwhelmingly placed in residential institutions. In Belgium, Germany and Italy, the majority of children placed away from home are also in residential care. In Denmark, France and the Netherlands we find roughly equal proportions of children in foster and residential care (Ruxton, 1996).

Children entering foster care tend to be older, less healthy, or more troubled than was formerly case. Moreover, there is growing recognition that many foster children have experienced abuse. The placement of such children follows two diverging paths. First, children tend to be placed with relatives wherever possible. This helps to preserve family links. Also, non-related foster carers are becoming ever harder to find due to increasing number of women in the work force. It may also be noted that relatives often receive little financial or other support (Colton and Williams, 1997).

The opposite trend is towards the professionalization of foster parents. Trained professional carers, supported by other highly trained professionals, try to deal with children whose 'difficult circumstances' have led to the children themselves becoming disturbed. Such professional carers are differentiated from traditional 'voluntary' carers and from other professional carers. In Germany, a nation-wide organization employs pedagogically qualified foster parents, and provides foster parents with counselling, supervision and further education if they take in a child who is developmentally challenged (Colton and Williams, 1997).

However, the move towards professionalization is slow, fragmented, and resisted by many for variety of reasons. First, there is a belief that pay negates love. This view is held by administrators who wish to save money, by foster carers themselves and, most importantly, by the children receiving the service. Second, many foster carers still tend to be treated by other professionals as service recipients rather than service providers. Third, there are a range of issues associated with professionalization of carers: selection processes, pay scales, benefit packages, competency standards, respite, support, and training, supervision and registration procedures. Fourth, carers are variously employed by public and private agencies and look after children who are experiencing various levels of difficulty. Fifth, we have the issue of fairness to other foster parents already caring for children on a voluntary basis and often being paid at abysmal rates. Lastly, there are still healthy babies needing to be fostered, and charitable people who want to help a child but who have careers (Colton and Williams, 1997).

In future, it is likely that specialist carers will work short-term towards the amelioration

of specific difficulties. After that, a child who cannot go home may move to a more traditional foster placement.Moreover, there will still be relatives unwilling to take in a needy child. Hence more traditional forms of foster care must run in parallel with newer forms. There should be no question of which is 'better', only which is better for this particular child (Colton and Williams, 1997).

Many countries are developing innovative methods of service provision along these lines. In Poland it is proposed that professional foster parents should be employed by children's homes or by public adoption and fostering centres. The system would entail the organization of different kinds of foster families according to the child's need: emergency care, assessment care, therapy, rehabilitative care, preparation for moving back with the natural family, or preparation for moving to an adoptive family. A detailed programme would be included for recruiting, training and providing pedagogical support groups for foster parents. Alongside this, the traditional foster family system would continue. In Italy, a new foster project aims to give priority to the development of day-time foster and residential care which would have the consent of birth parents. In Finland the work methods of welfare services have been adapted towards strengthening child rearing by birth parents. Maternity and child health clinics have expanded. Family training has been diversified. Co-operation with families has intensified (Colton and Williams, 1997).

Anti-oppressive practice

Issues of discrimination and oppression represent a significant challenge for foster care policy and practice, particularly in relation to 3 groups of young people: those from black and ethnic minority communities, gay and lesbian young people, and children with disabilities.

It is well known that the number of black children in care is disproportionately high, that black children are more likely to be placed in residential rather than foster care, and stay in care longer than white children. Many consider same race placements as vital for the development of black and ethnic minority children. Yet whilst some progress has been made, it is clear that greater commitment to such placements is required. A 1993 survey of European Organisations by European Forum for Child Welfare showed that few children from ethic minority groups are placed in families of the same ethnic origin. This was despite this fact that in some countries they constitute the largest part of those entering care (Ruxton, 1996).

Sexual orientation is a second area of concern for anti-oppressive practice. In the UK, the special problems of young lesbians and gay men in care have been highlighted. These include: (1) being confronted with the attitude that being lesbian or gay is wrong and requires treatment; (2) having to prove that they are 'really gay'; (3) carers who find it difficult to offer support because they themselves are afraid of being labelled as gay or lesbian (Dalrymple and Burke, 1995). Of late, much controversy has surrounded the issue of whether children should be placed with homosexual carers. Public attitudes in the EU seem in general to be against such placements, despite the fact that the majority of those surveyed in a recent study believed gays and lesbians should have the right to get married, enjoy the same advantages as married couples, and inherit from one another (Ruxton, 1996).

Integrating services for children with disabilities constitutes a further major challenge to care agencies. Children with disabilities are eligible for fostering in most western European countries. However, in practice, much depends on the availability of suitable foster carers. In the UK practice has improved over the last decade. Today many children with special needs are successfully fostered. In Finland, whereas ten years ago, some 2,5000 children with learning difficulties were in institutional care, there are now less than 400. But in Greece and Spain, by contrast, children with disabilities tend to be placed in residential rather than foster care because opportunities for fostering are more restricted (Ruxton, 1996).

The meaning of foster care

Any definition of 'foster care' which is relevant across international borders must be somewhat loose. However, there are five factors which are common to most European countries. First, it would seem sensible, from an international perspective, to include care by relatives in any definition of 'foster care'. Second, the notion of fostering should be restricted to a child who is placed with a foster family through the mediation of a recognized authority. This has a dual advantage: scarce resources are husbanded and the formal system offers some protection to a child whose relatives are more interested in any economic benefits of fostering. Third, the notion of 'foster care' must include placements of any length, short of actual adoption to ensure that foster parents are able to receive any ongoing support that may be required. Fourth, care given while the child is still at home can be defined as 'foster care', given that one of the purposes of foster care is to contribute to family support by preventing the child's removal from the natural home. The fifth, and last, factor centres around the notion of a private home. The criterion for defining a 'private home' is not the number of foster children housed but whether the carers are a single couple, invariably present, who assume a parental role, as distinct from a number of people working shifts in a residential home

Thus, we have now arrived at the following definition of foster care: *'Foster care' is care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognized authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster carers.*

Conclusion

Even given a working definition of what is meant by foster care, the difficulty of integrating the different strands into a coherent system is still acute. There is a need for a wide variety of services at primary, secondary and tertiary prevention levels, to which families and children can be referred. This should include the routine provision of services such as child health clinics and family training. Interventive services should begin with a thorough assessment to identify the least intrusive service which will still support the family and serve the child.

In order for the identified service to be available, we need increased cooperation and interplay between residential and foster care and their alternatives. These must be recognised

as interdependent and complementary modes of child care. Increased co-operation between public and private agencies is essential if families and children are to be adequately served. An integrated range of foster carers is also required. Carers must be trained, supported and paid according to the particular service which each provides.

Appropriate legislation is necessary which is sensitive to the idea of parents as partners, to the need for family support, and to the professional needs and capacities of child care workers and foster carers: legislation, in short, based on a 'both-and' mind-set rather than an 'either-or'.

We also need greater commitment to children's rights. In England and Wales, our much vaunted Children Act 1989 does seem to take children's rights more seriously than previous legislation, and provides new opportunities for advancing the wishes, autonomy and independent actions of children and young people, but does this in a very qualified way (Lyon and Parton, 1995). To begin with, child care agencies should ensure that their services adhere to 1989 UN Convention on the Rights of the Child which recognises that children are holders of a specific body of rights. These include the traditional areas of prevention, protection and provision but also that of participation.

The need for an anti-oppressive perspective seems particularly acute in relation to children and young children from black and ethnic minority communities, gay and lesbian young people, and children with disabilities. For example, we need to collect data across Europe on the extent of, and reasons for, differential rates of admission to care from different ethnic minority groups. Foster carers should be recruited from all ethnic and religious groups, and high quality training should be provided on the implications of a child's racial and cultural background for planning and the provision of services. Equally, attempts should be made to increase the provision of foster care, long-term and respite, for children with disabilities.

An integrated system is far from being a reality in any European country. Turf-and territory jealousies still seem to be endemic. However, attitudes *are* changing slowly. The need for diversity in service is beginning to be accepted. So too is the need for a degree of coherence in policy between European countries. It may well be that in order to meet the challenges of today's Europe - which include the single market and the removal of border controls - there needs to be 'competence' on children at the level of the European Union. This would place greater priority on children's welfare by: (a) facilitating improved information gathering on their circumstances; (b) promoting greater consideration of the legislation, policy and practice that affects their lives. Thus, recognition of the need for exchange of information between countries is increasing, giving us the invaluable opportunity of learning from one another.

References

Colton, M.J. and Hellinckx (1993) (eds), *Child Care in the EC: A country-specific guide to foster and residential care*, Aldershot, Arena.

Colton, M. and Williams, M. (1997) (eds), The *World of Foster Care*, Aldershot, Arena.

Corbillon, M. (1997). Chapter on France, in Colton, M. and Williams, M. (1997) (eds), The *World of Foster Care*, Aldershot, Arena.

Dalrymple, J. and Burke, B. (1995). *Anti-Oppressive Practice: Social Care and the Law*, Buckingham, Open University Press.

Lyon, C. and Parton, N. (1995). Children's Rights and the Children Act 1989, in Franklin, B. (1995), *The Handbook of Children's Rights: Comparative Policy and Practice*, Routledge, London.

Ruxton, S. (1996). *Children in Europe*, London, NCH - Action for Children.

Triseliotis, J. (1997), 'Foster care and Adoption', in Davies, M. (1997) (ed), *The Blackwell Companion to Social Work*, Oxford, Blackwell.