



# ADVANCING THE WELL-BEING OF ADOLESCENTS IN FOSTER CARE

From action-oriented research  
to better policies and practices

*Editors: Nevenka Zegarac and Zora Krnjaic*



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## Executive summary

### Purpose of the study

This project aims at generating knowledge on the well-being of adolescents in foster care and represents a broader initiative implemented in partnership with UNICEF, Department of Social Work at the Faculty of Political Sciences and Institute of Psychology, Faculty of Philosophy, University of Belgrade.

After 2000, various social protection reforms in Serbia included alternative care, such as the training of social workers, development of foster care and recruitment and training of a considerable number of foster families, development of the Institutions Transformation Master Plan (Ministry of Labor and Social Policy, 2009). The system of selection, training and licensing foster families is fully operational. In 2017, there were six regional foster care and adoption centers; they provide services for somewhat less than two thirds of children in foster care, while others are monitored only by CSWs (Zegarac, 2017). As a result of the implemented measures, data indicate that almost four fifths of children under the age of 18 (87.4%) are in foster care, while the number of children in institutions has been reduced by about 70% (Zegarac, 2014, RZSZ, 2017).

According to the available data, there were approximately 3,000 adolescents in foster care in 2018. Most of them were in care for 8 or more years with in-

errupted or sporadic contacts with members of their biological family and social networks from their community of origin; there are incomplete data on their past as well as their future and adolescents are not participating in decisions that affect them. It is necessary to consider perceptions, evaluations and aspirations of the adolescents themselves, as well as important and responsible adults in their lives in order to evaluate favorable and unfavorable aspects of the current fostering system in Serbia.

The well-being of children and adolescents is established in the interplay of their carers and significant others at the micro level, as well as of politics and economy at the macro level, with the theoretical base resting on three pillars: a) the ecological theories of child development; b) the normative concept of children's rights; and c) the new sociology of childhood (Ben-Arieh Ben-Arieh, Casas, Frønes and Korbin, 2014).

The well-being of children and adolescents for this study has been operationalized through meaning, positive emotions, engagement, relationships, perseverance, optimism, accomplishment connected with the four parties in the fostering network: the child, the birth family, the foster carers and the fostering agency. In order to harmonize the existing knowledge with the researching factors that contribute to the well-being of adolescents in foster care, differences between adolescents from foster care and those from general population were considered together with perceptions, evaluations and aspirations of the foster adolescents themselves, as well as perceptions of important and responsible adults in their lives in order to assess favorable and unfavorable aspects of the current fostering system in Serbia.

## Methodology

**The purpose** of the research is to improve the foster care system in Serbia so that it better supports the well-being of adolescents in care. There are two main objectives of this research:

- × To generate robust knowledge about adolescents' well-being with a focus on well-being of adolescents placed in foster-care.

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- × To advocate for advancing the foster-care system through providing recommendations that are evidence-based and related to the well-being of adolescents in foster care.

The main research question was:

***Which aspects of well-being are pertinent for the policy and practice improvement in order to support positive development of adolescents in foster care in Serbia?***

The convergent parallel mixed-method approach was used in this study (Piano and Creswell, 2015). Two different types of research were implemented ‘in parallel’ and then merged in some way in order to generate better understanding of the phenomenon in the interpretation, building from the same logic of triangulation of multiple sources of information.

The quantitative part of the research focused on comparing different aspects of well-being between adolescents in foster care and in the general population and identifying the main obstacles for positive and thriving development, including:

- × adolescents aged 14–19 enrolled in higher grades of primary and in secondary schools, including adolescents from foster families;
- × school counselors (psychologists and pedagogues), since they are expected to act as a resource and support to teachers working with adolescents in foster care.

Based on the list of schools from all over Serbia, which, according to official data from the regional Centers for Foster Care and Adoption (CFCA), are mostly attended by children in foster care 11 vocational secondary and 5 primary schools were selected. However, in a survey performed in full school classes with voluntary and anonymous participation, only 24 out of 1,336 tested children stated that they were in foster care, which is less than the estimated and expected number. Therefore, the pattern is supplemented by purposive and venue-based sample of foster care adolescents. Additional research for 5 target groups of adolescents in foster care was organized in 5 distinct regions in Serbia: Belgrade (municipality Obrenovac),

Subotica, Kragujevac, Miloševac, Čuprija in November and December 2018. 128 more foster care adolescents were surveyed in this way so the total number of adolescents covered by the survey is 1,466.

The qualitative part of the research focused on the well-being of adolescents in foster care and used the methods of in-depth interviews and focus group discussion with relevant social actors: adolescents in foster care by age groups, adults who are responsible for the adolescents' everyday care and well-being and key informant interviews with adults who are accountable or influence the adolescents' general well-being. The core research team developed the research protocol and the joint research report and monitored the whole research process. The Youth Advisory Board was established comprising youth who had actual foster care experience in order to consult and advise on relevant research issues (sampling, data collection and analysis) in addition to dissemination of results.

The sample in the qualitative part of research was planned to include adolescents from urban/rural areas of various regions in Serbia, boys and girls, as well as children from the Roma minority as this group of children is over-represented in care and adults who are in charge on their everyday care and well-being from different regions. An informed consent was sought through the appropriate procedure. The field research for the qualitative part of study was carried out in 4 distinct regions in Serbia (Belgrade, Nis, Novi Sad and Leskovac) and included respondents from more than 15 municipalities. The sample included: 6 foster care adolescents aged 14–19 from the Youth Advisory Board; 51 foster care adolescents: 27 aged 13–15; 15 aged 16–19 and 9 aged 16–23 with previous foster care experience, in a total of 10 focus groups; 34 foster parents in four regions of Serbia (Belgrade, Nis, Novi Sad and Leskovac) with a total of 23 female and 11 male respondents; 24 case managers from the said four regions and 12 centers of social work who included 20 female and 4 male respondents with whom 4 focus groups were organized; 20 fostering advisers from the three regional CFCAs (Belgrade, Nis and Novi Sad), 17 female and 3 of male respondents.

The quantitative part of the research included a composite questionnaire for adolescents based on relevant socio-demographic variables; a ques-

tionnaire on the adolescents' participation in decision-making, in everyday activities and relations to important adults and peers; the EPOCH Measure of Adolescent Well-being, The Benevolent Childhood Experiences (BCEs) scale; AIDA – A Self Report Questionnaire For Measuring Identity in Adolescence and a questionnaire for school counselors. The qualitative part of the research included an interview protocol and a number of protocols for focus groups which were developed and adapted to specific groups of respondents (adolescents of different ages, foster carers, professionals). Ethical procedure was externally reviewed by the Ethics Review Board and adopted as a 077ESER18 in July 2018.

## Main conclusions

The results indicate that well-being is an elusive concept that is difficult to define and that it is a comprehensive, context-dependent construct that includes social, psychological, emotional, economic, environmental and cognitive components. The comparison of adolescents in foster care with their peers in schools they attend does not show striking differences in terms of well-being as measured by the EPOCH scale, except for girls in foster care compared to boys in foster care. Adolescent girls in foster care are also less optimistic (EPOCH scale) and less independent (AIDA scale) than boys so they need to be provided with educational and developmental support that is aimed at strengthening their autonomy and independence. Research findings suggest that adolescents in foster care in Serbia face numerous challenges, from the usual developmental ones brought on by adolescence, to specific ones such as the development of identity in the circumstances of broken ties and relationships, difficulties in articulating one's own voice in a situation which is not supportive of true participation and with discrimination in the environment.

*The focus group discussions* revealed that adolescents in foster care and the adults who care for them see the well-being in a similar way, with the proviso that priority in exercising this well-being differ according to what the adolescents find important in order to feel good; in the way of establishing and maintaining contacts with members of the biological family;

ways in which adolescents deal with their identity and self-image and the ways in which adolescents get involved in decisions related to their life and becoming independent. Main conclusions are presented in Framework 1.

The research findings showed that adolescents in foster care seem well-integrated and have distinct experiences of discrimination. Refusal of adolescents to opt for living in foster families in the survey and difficulties in recruitment in the focus groups indicate a strong experience of discrimination that leads to a mimicry behavior and intentional 'blending' in with the environment. In addition to adolescents, foster parents also seem to bear a portion of the stigma of being foster parents (someone who brings up children 'for money'), and specifically in situations in which they care for children who are additionally discriminated against because of a distinctive feature (nationality, disability, etc.).

The well-being of adolescents in the sample appears to depend on the 'element of luck',

### Framework 1. Main conclusions

- × Adolescents in foster care seem well-integrated, but have a strong sense and experience of discrimination.
- × Adolescents do well when they have a good relationship with their foster parents, and if it is absent, their problems can remain unrecognized.
- × Foster parents act confused with adolescents and are under-supported due to the transfer of responsibilities among the actors in the system.
- × The lack of system capacities jeopardizes the well-being of adolescents in alternative care in Serbia.
- × Adolescents are generally unwanted in foster care and in the alternative care system.
- × Alternative care system is not sufficiently responsive to the needs of kinship foster parents and biological parents.
- × Professionals occasionally work on the adolescents' contacts, but not on relationships.
- × Foster care in Serbia was designed as a solution for the lack of permanent options for children.
- × No systematic work on the life story of adolescents in foster care.
- × Participation is not recognized as a right and a vital interest of adolescents in foster care.

or on how a specific foster parent copes with a specific adolescent so if he/she is doing well, all participants in the system are satisfied, but if not, there is little possibility that the adults responsible for adolescents in care would recognize the difficulties. The results indicate that these young people generally have no impression that professionals care for them and that they are there for them, professionally, sincerely and with dedication, nor that they really control the foster parents, because not only many problems, but also abuses remain unrecognized.

It seems that adolescents in foster care are in a situation that they are mostly alone, while some face the challenges with the support of their foster parents. Foster parents are confused in front of adolescents and under-supported due to the transfer of responsibilities among the actors in the system. Transferring responsibility to other people in the system of social protection does not contribute to the well-being of young people, but to the syndrome of divided (ir)responsibility, which leads to the absence of interventions.

The system of alternative care in Serbia is facing numerous challenges, which threatens the well-being of adolescents in alternative care in Serbia. The lack of territorial coverage with Centers for Foster Care and Adoption leads to the use of mostly crisis interventions, without continuity and a clear goal. This is aggravated by the essential lack of permanency planning for children in alternative care in Serbia.

The alternative care system is inflexible to the needs of adolescents and does not recognize that they need to adapt and adolescents who cannot fit in *one-size-fits-all* services become marginalized or rejected.

Research has shown that adolescents in kinship care have better school achievements, but at the same time kinship fosters are described as non-responsive and uncooperative while the support to biological parents to reunify the family is missing. It seems that partnering with users, children and families and with colleagues has not become an established practice, which is a particularly sensitive issue in ensuring the well-being of adolescents in foster care. Systematic work on the relationships of adolescents with their biological family and other significant persons are reduced



to sporadic support to making contacts around which there is no consensus between the foster parents, fostering advisers and case managers. The results point to the construct of foster care in Serbia as a solution for the lack of permanent options for children in the absence of a family support program, underdeveloped services and practice of adoption, of especially older children and due to the unadjusted forms and the lack of residential care capacity for adolescents. There is an absence of systematic work on the life stories of adolescents in foster care and on the preparation for the emancipation of these youths. This approach contributes to the accumulation of unresolved problems and the rupture of ties with the environment rather than the encouraging and improving these links.

A sense of identity, integrity and basic security of young people in alternative care is underdeveloped and unstable, making them increasingly vulnerable and fearful of the challenges involved in becoming independent. This study strongly suggests that there is room for the creation of mechanisms for successfully becoming independent in working on the life story and the emotional stability of young people leaving alternative care.

## Recommendations

The recommendations based on the obtained results suggest the need for thorough reviews of the alternative care policy in Serbia and the introduction of stronger mechanisms of control and work on strengthening the human and technical capacity in order for the existing standards and legal regulations to be complied with and strictly implemented.

The following is required in the alternative care practice:

- × Provide children in foster care with continuous support in mastering the school curriculum in order to ensure functional literacy and basic competences;
- × Protect the girls in foster care from abuse involved in early marriages and from dropping-out from school;

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- × Provide continuous support to foster parents to be able to respond to the needs of children and adolescents at different developmental periods;
- × Establish a clear division of roles and responsibilities between foster parents, fostering advisers and case managers, with appropriate channels of communication and cooperation; develop services to support the family;
- × Establish clear procedures for monitoring and evaluation of services for adolescents in foster care;
- × Develop flexible mechanisms and training and support programs for treating participation and emancipation as processes that begin with the child's entry in alternative care;
- × Develop an independent and operational complaints mechanism and independent resources for support, which will enable the adolescents in alternative care to exercise their rights efficiently.

The research into the well-being of adolescents in foster care showed considerable results but also opened the questions for subsequent research in which it would be important to consider the perspective of the biological parents and siblings when it comes to the well-being of adolescents in alternative care. We would get more reliable findings on the well-being of adolescents in longitudinal studies, particularly those that explore the outcomes of the process of emancipation and the life story from a gender perspective.





# 1. Background and rationale

## 1.1. Introduction

The UN Convention on the Rights of the Child (CRC) promotes a holistic view of the child and child rights are unconditionally understood as creating well-being or opportunities for it. Well-being is directly related to the perspectives and needs of the individuals understood within their social milieu. But children's and adolescents' own perspectives and voices have often been forgotten and neglected. Child- and adolescent-centered focus should be incorporated in the studies of well-being. This is particularly important for disadvantaged, vulnerable and/or marginalized adolescents (DVMAs, according to Auerswald, Piatt and Mirzazadeh, 2017), which includes adolescents in alternative care.

This project aims at generating knowledge on the well-being of adolescents in foster care and represents a broader initiative implemented in partnership with UNICEF, Department of Social Work at the Faculty of Political Sciences and Institute of Psychology, Faculty of Philosophy, University of Belgrade. The generated knowledge should help formulate recommendations for advancing the roles of the guardians, case managers, fostering advisers and foster-parents when it comes to securing the well-being of adolescents in care.

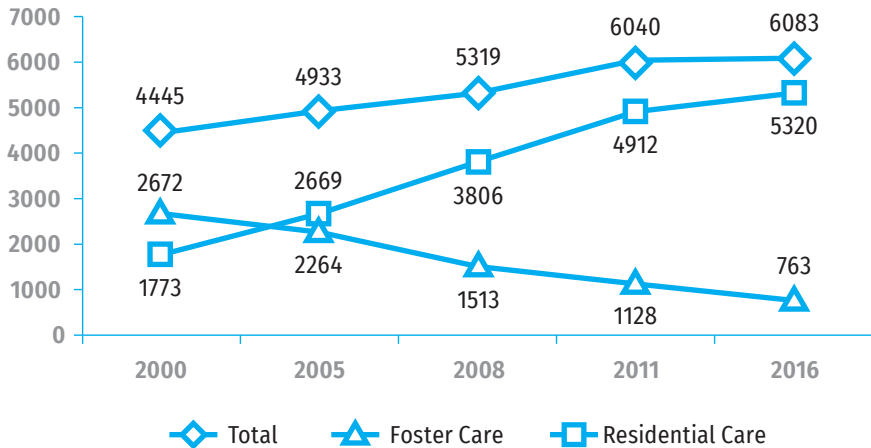
## 1.2. Context

After 2000, Serbia as a middle-income South East European country created strategic documents on the *deinstitutionalization of child care facilities* and started working on the reforms of the social protection system. Priority reform areas included issues such as development of alternative forms of care, establishment of standards for the gate keeping mechanism, development of community services and inclusion of the non-government sector in service provision.

Various efforts and measures provided significant support to the deinstitutionalization process in Serbia, together with parallel application of other mechanisms, such as training of social workers, development of foster care and recruitment and training of a considerable number of foster families, creation of the Master Plan for the Transformation of Institutions in 2009 (Ministry of Labor and Social Policy, 2009), etc. The effects are obvious, as in the period from 2000 (when the first reform projects started) until 2011, the total number of children in residential institutions was reduced by 48%: from 3,554 in 2000 to 1,854 in 2011. Centers for Social Work (CSW) play a key case management role and represent the guardianship authority. Regional Centers for Foster Care and Adoption (CFCA) have been set up and play a key role in supporting foster families. A system of selection, training and licensing of foster families is fully operational. In 2017, there were six regional CFCAs which provide services for somewhat less than two thirds of children in foster care, while others are monitored only by CSWs (Zegarac, 2017).

After a strong policy and practice shift toward foster care, the number of children in foster and residential care stabilized around 2012, with a tendency of moderate growth of the number of children in foster care and a decrease in the number of children in residential care. Data on children aged 0–18 years in formal (public) care in Serbia from 2000 to 2016 indicate that, since 2005, there has been a progressive increase in foster care, so that in 2016, almost four fifths of children under the age of 18 (87.4%) were in foster care, while the number of children in institutions was reduced by about 70% (Figure 1).

**Figure 1. Children (0–18) in formal care in Serbia, 2000–2016**  
(Source: Zegarac, 2014, RZSZ, 2017)



Serbia has thus become a champion of deinstitutionalization and development of policies and practices that support family-type care. Nevertheless, when many changes are being simultaneously or successively introduced over a short period, some of them may produce unexpected effects (Munro, 2011). A study that followed the trends and achievements of the child protection reform in Serbia in its most intense period – between 2006 and 2011 (Zegarac, 2014)<sup>1</sup>, indicated:

- × The increasing trend of the number of children in public care (a ¼ rise in the number of children) and especially young children.
- × A quarter of the children in care entered formal care at a very young age – up to two years old.
- × Once children have entered the system, they stay in it for a very long time.

<sup>1</sup> The study was conducted on a random, representative and stratified sample of 347 children and youth referred to alternative care in that period.

- × Almost 60% of sampled children have changed the first placement.
- × A very low number of sampled children (N=38, or about 11%) returned to their parents after care, which is much lower than in the available comparison data, and an exceptionally low number of sampled children was adopted (N=11 or 0.3%).
- × For more than one half of the sampled children contacts between parents and children are neither maintained nor encouraged in an appropriate manner and for most children there is no permanency goal, and no 'exit strategy' for leaving care.
- × The plan for independent living, i.e. for leaving care, is the least updated document in the children's records kept by the authorized CSWs (updated for 9.1% of children in care over 14 years of age).

Given that adolescence is a critical period of cognitive, emotional, physical and sexual development with consequences across the life course of the individual, foster care adolescents are considered to be a particularly disadvantaged and vulnerable group. Insights into the state and well-being of children and adolescents in foster care in Serbia on the basis analysis of the available official and anecdotal data and research from more than 5 years ago indicate that, as at the beginning of 2018 in Serbia:

- × there are approximately 3,000 adolescents (age 10–19, according to the UNICEF classification, Santelli, and Balvin, 2017) in foster care,
- × most of them have been in care for 8 or more years,
- × they have interrupted or sporadic contacts with members of their biological family and social networks from the community of origin,
- × they have insufficient data on their past as well as their future,
- × adolescents in foster care are not involved (or hardly involved) in decisions that affect them.

What the social protection/welfare/alternative care system is or is not doing for their well-being and rights and whether they enjoy the same social, economic and educational opportunities as other adolescents in their environment is not fully known. The role of different actors (social workers and other child protection practitioners, foster carers, teachers) in practice is also an area which has not yet been explored. It is necessary to consider perceptions, evaluations and aspirations of the adolescents themselves, as well as important and responsible adults in their lives in order to evaluate favorable and unfavorable aspects of the current fostering system in Serbia. In addition, service standards and procedures do – to an extent – oblige actors to safeguard the well-being of adolescents in care, but the level of implementation of these is questionable. A better understanding of the vision held by policy makers is also needed so as to be able to propose recommendations to improve the practice.

The guiding light in securing the quality of care for this research is the UN Guidelines on Alternative Care (2009). This document puts focus on a range of key issues that need to be taken into account when children are placed in foster care, that are central to their well-being in accordance with the child's rights framework.

### 1.3. Theoretical background

The theoretical background for the research methodology is based on three pillars: a) the ecological theories of child development; b) the normative concept of children's rights; and c) the new sociology of childhood (Ben-Arieh et al, 2014). Children's and particularly adolescents' development is related to their immediate and broader environment and characteristic at the societal level. The well-being of children is established in an interplay of their carers and significant others at the micro level, as well as of politics and economy at the macro level. Additionally, The UN CRC is a legally binding normative instrument which sets out the standards for children's well-being in different domains in life. The new sociology of childhood, as well as the current advocacy of the children's rights, underlines children as citizens of the present, not only as beings on the way to



adulthood (Qvortrup, 2011; Sommer, Pramling Samuelsson, and Hundeide, 2010). Hence, well-being encompasses children's present lives, as well as how the present influences their future and development.

A major shift in thinking about well-being is the change of focus from the absence of risks and negative traits to the presence of positive traits, recognizing a need for a more balanced knowledge about what is optimal. The concept of Positive Youth Development (PYD) emphasizes a need to attain a deepened understanding of youth's strengths "in the contexts in which young people live, with the goal of learning how particular individual context interactions lead to an optimal development and an improved transition to adulthood (Lerner et al, 2011, in Ferre-Wreder, 2014:3026). The PYD concept is particularly suitable for children in foster care because it highlights that it is not sufficient to replace the child's immediate environment (birth family, community) but it is necessary to help families and caregivers to increase the quality of their nurturance and to support positive child and adolescent development.

In their comprehensive compendium on children's and adolescent's well-being, Ben Arieh, Casas, Frønes and Korbin (2014) claim that it is a multifaceted concept that includes: a) objective measures of children's and adolescents' well-being and their living conditions; b) children's and adolescents' subjective well-being, perceptions, views, evaluations and aspirations; c) the perceptions, evaluations and aspirations of other relevant social agents (e.g. parents and/or other carers, teachers, social workers) regarding children's and adolescent's well-being. Contemporary research puts particular focus on subjective perspectives on well-being, especially within eudemonic approaches that conceptualize well-being as fulfilling one's potential, functioning at an optimal level or realizing one's true nature (Axford, Jodrell and Hobbs, 2014) and thriving. Therefore, well-being is operationalized through meaning, positive emotions, engagement, relationships, perseverance, optimism, accomplishment. In foster care, as Sellick, Thoburn and Philpot (2004) pointed, 'indicators of success' or well-being are connected with the four parties in the fostering network: the child, the birth family, the foster carers and the fostering agency (p. 35).

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A recent research of the everyday life of adolescents in Serbia considers their activities and relationships (Pesic, Videnovic and Plut, 2012) from the PYD perspective (Hunter & Csikszentmihalyi, 2003; Larson, 2000; Seligman & Csikszentmihalyi, 2000). According to its results, secondary school students in Serbia (aged 15–19) require much more socio-cultural support for developmentally enriching the way they spend time, in the form of organized activities at school and in the community.

Research data and practice insights indicate that children placed in foster care have experienced different kinds of trauma whilst growing up (Sinclair, Wilson and Gibbs, 2004; Sinclair, Baker, Wilson and Gibbs, 2005; Schofield and Beek, 2005; Holland, Renold, Ross and Hillman, 2008). They are often separated from their families as a consequence of abuse or neglect or due to the fact that their parents are no longer able to care for them. The very placement of children in care is in itself traumatic, because children often lose their social support network and ties within their community that they had relied on emotionally and socially (Stanley et al, 2013).

Research evidence indicate higher levels of mental health problems, adolescent crisis, depression and lower levels of self-confidence and self-worth among adolescents growing up in foster-care (e.g. Sinclair et al, 2005). Research on the welfare of the children in alternative care in Serbia points to some differences between children in institutions and foster children (Krnjaic, 2002; Kuzmanovic, 2002; Pesikan and Stepanovic, 2002), even though scientific evidence of differences between adolescents from the general population and adolescents in foster care in Serbia is missing.

Some knowledge on foster care adolescents gathered through in-depth interviews (age 13–18), and their social workers (Burgund and Zegarac, 2016) shows that young people claim that they are not sufficiently involved in the decisions which concern them (e.g. selection of school, consideration of care options). Some of the interviewed youths stated that they had no memory of separation, because it had been a long time ago, and that they did not speak with anybody about those experiences. The adults agree that youth have little participation in the decisions that concern them, but they also think that this is in their ‘best interest’, because they are either

not 'mature enough' to take a decision or 'realistic enough' in estimating their possibilities. Thus, it seems that in this relationship there is a mutual '*omertà*' – a code of silence, and it would be difficult to assume that it contributes to development, well-being, safety and exercise of the rights of the child.

Given the importance of understanding how policies and practices affect the well-being of children in alternative care, it is important to harmonize the existing knowledge by researching factors that contribute to the well-being of adolescents in foster care. For that, it is necessary to:

- × consider the differences between adolescents from foster care and those from the general population;
- × perceptions, evaluations and aspirations of the foster adolescents themselves, as well as
- × perceptions of important and responsible adults in their lives in order to assess favorable and unfavorable aspects of the current fostering system in Serbia.

Even though these questions are increasingly entering the agenda at the international and the national level, research on them is still quite rare and challenging in the methodological sense.



## 2. Purpose and scope

The **purpose** of the research is to improve the foster care system in Serbia so that it better supports the well-being of adolescents in care.

Two **main objectives** of this research are:

- × To generate robust knowledge about adolescent well-being with a focus on well-being of adolescents placed in foster-care;
- × To advocate for advancing the foster-care system through providing recommendations that are evidence-based and related to the well-being of adolescents in foster care.

The **specific objectives** of research are the following:

- × Getting an insight into different aspects of well-being of adolescents in foster care in relation to adolescents from the general population.
- × Better understanding of the views of adolescents in care about their well-being.
- × Identifying how different social actors (foster carers, parents, case managers, fostering advisers, teachers, and policy makers) understand what contributes to the well-being of adolescents in foster care.

- × Mapping and cataloguing activities and factors that contribute to the well-being of adolescents in foster care, especially what different actors in the system are doing or not doing for the well-being of adolescents in foster care.
- × Formulating recommendations for improving the policy and practice of foster care provision in Serbia.

The **main research question** is:

Which aspects of well-being are pertinent for policy and practice improvement in order to support positive development of adolescents in foster care in Serbia?

The **specific research questions** are:

- × How well are adolescents in foster care families doing, do they have opportunities to flourish – to feel good and function effectively in a similar way as their peers in parental families (Hone, Jarden, Schofield and Duncan, 2014; Huppert and So, 2013)?
- × How do different actors (case managers, fostering advisers, foster parents, adolescents, birth parents, policy makers) understand what constitutes well-being of adolescents in foster care?
- × What is the social protection system doing or not doing for the well-being of adolescents in foster care?
- × What are educational system and other environments (which are out of the focus of the social protection system) doing or not doing for the well-being of adolescents in foster care?

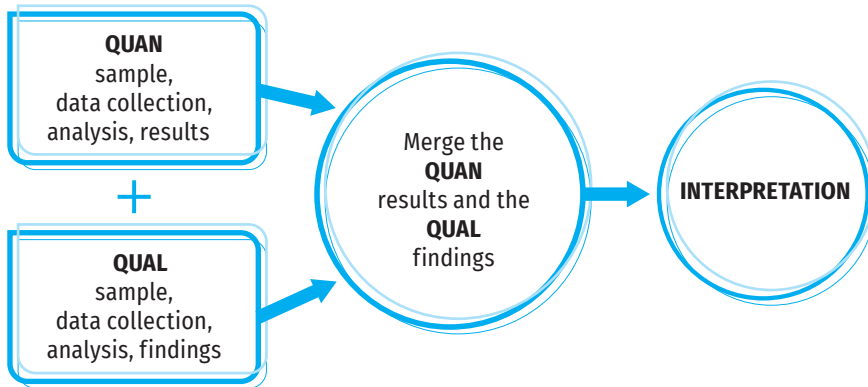


### 3. Research methodology

The proposed main and specific research questions require a mixed-method approach. The **Convergent Parallel Mixed Methods Design** (Piano and Creswell, 2015) has been chosen as the most appropriate due to the complexity of the phenomenon in order to combine the strengths of quantitative and qualitative research. Furthermore, the current pool of knowledge allows this advanced design, since it concurrently collects both quantitative and qualitative data, analyzes the two data sets separately, compares and/or synthesizes the two sets of separate results, and makes an overall interpretation as to the extent to which the separate results confirm and/or complement each other (Figure 2). Two different types of research are implemented ‘in parallel’ and then merged in some way to generate a better understanding of the phenomenon in the interpretation, building on the same logic of triangulation of multiple sources of information.

The cumulative interpretation of the research results is being built through a harmonious development of research tools (common theoretical frame, research objectives, questions, procedures and quantitative and qualitative instruments), team and Youth Advisory Board consultations during analyses and in the consultative process with stakeholders. In order to share ownership, the final interpretation and recommendations will be created in a joint effort of relevant actors (adolescents, professionals, policy makers, etc).

**Figure 2. Convergent Parallel Mixed Methods Design**  
(Piano and Creswell, 2015:392)



**The quantitative** part of the research focused on comparing different aspects of well-being between adolescents in foster care and in the general population and identifying the main obstacles to a positive and thriving development, including:

- × adolescents aged 14–19 enrolled in higher grades of primary and in secondary schools, including adolescents from foster families;
- × school advisers (psychologists and the pedagogues), since they are expected to act as a resource and support for teachers working with adolescents in foster care.

**The qualitative** part of the research focused on the well-being of adolescents in foster care and used the methods of in-depth interviews and focus group discussion with relevant social actors: adolescent in foster care according to age groups, adults who are responsible on adolescents' everyday care and well-being and key informant interviews with adults who are responsible for or influence the adolescents' general well-being.

### 3.1. Management and carrying out of the research

The research was guided by the **Research Steering Committee** which is made up of representatives of the following institutions in Serbia:

- × Ministry of Labor, Employment, Veterans' and Social Affairs
- × National Institute of Social Protection
- × Ministry of Education, Science and Technological Development
- × Institute of Mental Health in Belgrade.

The Research Steering Committee guided and advised the research on adolescents in foster care. A core research team was set up consisting of two representatives of the Institute for Psychology, two representatives of the Department of Social Work and two UNICEF representatives. The core research team was responsible for developing a joint research protocol, coordinating research implementation and overseeing that it is in line with the research protocol, developing a joint research report and developing and implementing a joint communication and advocacy plan.

Recognizing the importance of subjective perspectives and utilizing research *with* children (in this case adolescent) as a specific research methodology which acknowledges that a child's and an adolescent's insights are important in generating knowledge (Clark, 2011), the research team engaged the **Youth Advisory Board (YAB)** with 4 boys and two girls aged 14–20 who have actual foster care experience (current or former) in order to consult and advise on relevant research issues (sampling, data collection and analysis) in addition to the dissemination of results. Adolescents were recruited and guided in a specific process as advisers during the research process: in pre-testing of the research approaches and instruments, the method of recruiting respondents, the organization of data collection, the interpretation and dissemination of research findings. It was a challenging and an active process of communication, involving listening, hearing, interpreting and co-constructing meanings. This experience enables researchers to re-examine and redefine their approaches, improve strategies both



in the field and towards research commissioners and users. Young advisers gave very useful inputs regarding a gift voucher as an incentive for foster care adolescents. This proved to be a very good and empowering strategy. The partnership with YBA which met 8 times in the period June 2018 – June 2019 was (and still is) an excellent and inspiring experience for the research team.

Starting from the position that children and young people can offer new perspectives as they are ‘insiders’ to the peer culture in which adults are ‘outsiders’, the Youth Advisory Board (YBA) was set up as a “counterpoint” to the Research Steering Committee.

The Project team was led by the Research Coordinator and included a team of senior researchers from the Institute of Psychology, Faculty of Philosophy (3 persons), professors (2 persons) and junior and senior researchers and graduate and PhD candidates (12 persons) from the Faculty of Political Sciences, Department for Social Policy and Social Work.

As this kind of research requires proper training on the technique and ethics, personal sensitivity and adaptability as well as the ability to stay within the boundaries of the designed protocol, field researchers were carefully selected, trained and monitored. They were MA and PhD social work students, with experience in working with children who were personally and professionally neutral toward different groups of respondents. Field researchers (13 MA and PhD social work students) were engaged in the organization and the carrying out of interviews and focus groups in the field, field reports and transcription of data, while 4 of them were also engaged in analysis and report writing<sup>2</sup>.

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2 List of field researchers is on the end of this report.

### 3.2. Experiences from the field research phase, sample and post analysis discussions

Preparations for the quantitative part of the research, including the questionnaire design, cooperation with institutions and colleagues, the choice of schools and complete preparation for the field – were carried out during the summer and in early September. At the same time, consultations were held with the Research Steering Committee and the Youth Advisory Board (YAB) and instruments were developed for the qualitative part of the research work which were tested with adolescents from the YAB.

Initially, a list of adolescents in 10 locations in Serbia was made that included all six regional CFCAs – Belgrade, Novi Sad, Kragujevac, Nis, Milosevac, Cuprija and 3 more regions (Subotica, Leskovac and Novi Pazar) where there are no such regional centers and where there is a large number of children in foster care. In this way, a large part of the Republic of Serbia was geographically covered, and a list established of 1,392 adolescents aged 13–19, who were regionally distributed throughout the Republic of Serbia. Meanwhile, these regional centers sent a list of schools (primary and secondary) which the adolescents in foster care were attending. There are 77 schools – 25 primary, 45 secondary and 7 mixed schools.

The first decision in the organization of the qualitative part of the field research was related to the choice of schools. Data on the distribution of adolescents in foster care in schools indicated that they were not concentrated in terms of location. This is certainly a favorable indicator, which indicates that adolescents in foster care are not segregated, but complicates the organization of the field research. The **schools sample** was selected based on the largest representation of adolescents in foster care in schools in these regions and towns in Serbia. It was decided to carry out testing in a small number of schools, but in more classes. Instead of the originally planned 40 schools, 16 were selected (11 secondary vocational secondary schools and 5 primary schools) with one class in each grade (eighth grade in primary schools and one each in the four grades of the secondary school). It was noted that adolescents in foster care were concentrated in secondary vocational schools and then often in those in which there is a high interest among students.

School counselors from 16 selected schools (12 psychologists, 3 pedagogues and 1 teacher) were trained in September 2018 and they conducted the research with students in schools in October of the same year. In addition, associates filled a specially developed questionnaire in which they gave their assessment of students and educational and cultural conditions of their school.

Survey in schools was conducted so that it would in no way bring the adolescents who are in foster care in focus, to avoid them feeling discriminated against. Therefore, complete classes in selected schools were tested, one class from each grade, and research associates had the instruction, not to 'walk around' the classroom during the filling out of questionnaires, not to supervise the students and not to watch what they were writing to ensure that adolescents could fill the questionnaires freely and without pressure in accordance with the guaranteed anonymity. In the end, the research associates put all the questionnaires in an envelope and sealed it in front of the children. However, even in such an ecologically validly created research context, in familiar surroundings and ordinary conditions, a very small number of children declared that they were in foster care: out of 1,336 surveyed children, only 24 declared to be in foster care, as follows: 9 in primary schools (out of 30 expected according to the data among the 236 surveyed students) and 15 in secondary schools (out of expected 40 among the 1,100 surveyed students). This means significantly fewer respondents than expected on the basis of the obtained data on the number of children in selected schools. In 5 schools not a single child declared that he/she was in foster care.

This data clearly indicates the sensitivity of adolescents in foster care, because it is obvious that a number of them did not declare so, although the completion of the questionnaire in schools was voluntary and anonymous, and nothing in the organization of the research suggested that the research was about foster care. All students in a class filled out the same questionnaire in the usual school setting, in a regular class and their participation was anonymous and voluntary. Although we cannot claim or know how many children avoided declaring that they were placed in foster care, we

can isolate the declaration as an issue. Several respondents crossed out the answer indicating living in a foster family and later entered that they lived with their parents. In the primary school in Milosevac, a place where there is a long tradition of fostering, according to data there are 16 students who live in foster care in the eighth grade after, but only 6 children out of all of the students of the eighth grade (22) declared so.

The questionnaire survey was carried out without difficulty in both the selected 16 schools with trained research associates and in additional groups. Students were cooperative and were mostly motivated. The questionnaire proved to be demanding for three-year vocational school students (children in foster care mostly attend these schools). Respondents from these schools needed time to complete the questionnaire than those from the four-year secondary schools. The questionnaire was more difficult for younger adolescents (14–15 years), whereas resistance and a few rejections emerged among the oldest respondents, the graduates. Responding to the questionnaire required a little longer than one school class. In some schools, research associates read the questions out to the student and thus guided them through the questionnaire while giving additional explanations along the way.

The small scope of respondents who declared themselves as adolescents in foster care required supplementing the sample with a purposive<sup>3</sup> and a venue-based<sup>4</sup> sample of foster care adolescents. Subsequent research of the additional target group was organized in five locations with selected targeted adolescents in foster care in November and December 2018. They filled out a questionnaire outside of school in mixed age groups in settings and conditions the children were familiar with. The associates from the CFCA invited the children and the response was very good. In this way, 20 adolescents were surveyed in Milosevac, 40 in Cuprija, 39 in Kragujevac, 15 in Subotica and 14 in Obrenovac as a Belgrade municipality (a total of 128 adolescents).

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**3** A non-probability sampling method based on the recruitment of participants with specific characteristics within a population.

**4** Based on sampling DVMA's from places where participants live.

The response was excellent and associates very forthcoming. There were no problems, gatherings were well organized in settings and conditions the children were familiar with. Students were given the questionnaire by the person who was part of the research team and highly versed in all aspects of the survey. Adolescents accepted the test, the atmosphere was pleasant, they were in a mood for communication and interested in what they were doing. For two groups the survey was organized over the weekend (they did not have to lose classes or be absent from school).

In this way the target groups managed to gather “positively selected children”, i.e. motivated, obedient and adapted adolescents. This group of adolescents had a problem with verbalization and maintaining attention during questionnaire completion, rather pronounced difficulties in reading comprehension and understanding of how to respond. Therefore, the method of guidance through the survey was applied. The coordinator thus read the questionnaire to all the thus surveyed groups of adolescents in foster care and guided the whole group in answering it, question by question.

All respondents from the thus organized groups of foster care adolescents later received a voucher (worth about \$ 10) which they were able to spend in a well-known drugstore chain in Serbia. The respondents were very happy to get the vouchers and professionals were pleased that they were acknowledged in this way. So, we managed to reach:

- × 1,464 adolescents: 152 foster care adolescents (24 surveyed in school and 128 in target groups) and 1,312 adolescents (reference group) from general population
- × 16 school counselors (psychologist and pedagogies)

The sample in the **qualitative** part of research was planned to include adolescents from different regions in Serbia’s urban/rural areas, boys and girls as well as children from the Roma minority as this group of children is over-represented in care, as well as adults from different regions who are in charge of their everyday care and well-being.

In order to ensure the inclusion of all sub-sets of the population, the sample of all groups of respondents was **purposive** and **venue-based**. It is a sampling method of recruiting participants with specific characteristics within a population. According to it, in the selected venues the lists of target populations were formed in the selected venues with coded names and around 30% more than the required number of respondents of certain characteristics was randomly selected for research (Creswell, 1994). Then, an informed consent was sought through the appropriate procedure. The field research for the qualitative part of study was conducted in 4 distinct regions in Serbia (Belgrade, Nis, Novi Sad and Leskovac) and included respondents from more than 15 municipalities.

Numerous authors stress that the inclusion of foster care children in research is complex, demanding and unpredictable. During the organization of 10 focus groups with foster care adolescents and young people in 4 distinct regions in Serbia (Belgrade, Nis, Novi Sad and Leskovac), various strategies of sampling and recruiting were carefully developed. The literature lists the multiple gatekeepers that need to be negotiated with as the main obstacle to the inclusion of foster care adolescents in research.

Our experience has shown that there are also a number of other obstacles to involving foster care adolescents in research. More than half the adolescents from the sample automatically refused to be included in the research even in the carefully designed first contact, only to have some of them change their minds after additional efforts had been made. Also, about one third of adolescents who agreed to participate used specific non-inclusion strategies despite the initial acceptance. Foster care adolescents have multiple reasons for active or passive resistance to involvement in research and other activities (e.g. stigmatization, difficulties in developing the identity, inclusion of a large number of adults in their growing up with whom they need to negotiate individuation, mistrust of the system and adults, fear of the consequences, discomfort caused by contradictory feelings for adults of whom they are dependent).

There were no problems in recruiting participants among adults. The response of professionals and foster parents was excellent. We managed to

reach the planned structure and number of research respondents primarily because of the excellent cooperation of the professionals from the CSW and CFCA. All professionals we contacted were very interested in the research process and the future results. They stressed that the practice showed an evident need for this research. Foster parents were also very interested in having their voice heard.

Despite all the obstacles, thanks to the excellent cooperation of social protection professionals, as well as enthusiasm and commitment of the field researchers (social work MA and PhD students) we managed to reach:

- × 6 foster care adolescents aged 14–19 for the Youth Advisory Board
- × 51 foster care adolescents: 27 aged 13–15; 15 aged 16–19 and 9 aged 16–23 with previous foster care experience, a total of 10 focus groups
- × 34 foster parents in four regions in Serbia (Belgrade, Nis, Novi Sad and Leskovac), with a total of 23 female and 11 male respondents;
- × 24 case managers from the above mentioned four regions and 12 centers for social work, i.e. 201 female and 4 male case managers with whom 4 focus groups were organized
- × 20 fostering advisers from three regional CFSAs (Beograd, Nis and Novi Sad), i.e. 17 females and 3 males.

In agreement with YAB, the preliminary research results were discussed in three round tables in three regions in Serbia (Nis, Kragujevac and Belgrade) in late May 2019. The research team members and YAB youth gathered the professionals from CSW and CFSA, foster parents, adolescents and professional associates from schools, as well as other interested professionals (representatives of the academia, civil society organizations, etc.). At these meetings, preliminary results were presented, followed by a discussion and activities which generated the recommendations for the Ministry of Labor, Employment, Veterans' and Social Affairs, CSW, CFSA and schools. The results of the discussion and the recommendations received have been incorporated in the report's final draft.

## 3.2. Instruments

### A. The composite questionnaire for adolescents includes:

- × **A questionnaire** on relevant socio-demographic variables (adolescent's age, gender, type of school, school class, school grade, socio-economic level of parents/foster care givers etc.)
- × **A questionnaire** on studying and extracurricular activities, leisure time activities, going out and how happy they are with how they spend their leisure time.
- × **A questionnaire** on the adolescent's participation in decision-making, in everyday life activities and relations to important adults and peers.
- × **The EPOCH Measure of Adolescent Well-being** (20 items) (Kern, Benson, Steinberg, and Steinberg, 2016). The scale consists of five different positive characteristics that collectively support higher levels of well-being: *engagement* (absorbed, interested, and involved in an activity or the world itself), *perseverance* (having the tenacity to stick with things and pursue a goal), *optimism* (having a sense of hope and confidence about the future), *connectedness* (refers to feeling loved, supported and valued by others) and *happiness*.
- × **The Benevolent Childhood Experiences (BCEs) scale** (10 items) (Narayan, Rivera, Bernstein, Harris and Lieberman, 2017) adapted for the purpose of the study. The scale is based on several identified key favorable benevolent early experiences including healthy attachment bonds, effective parenting behaviors and other resources within communities and societies.
- × **AIDA – A Self Report Questionnaire For Measuring Identity In Adolescence** (58 classical items and 6 open questions) (Goth, Foelsch, Schlüter-Müller & Schmeck, 2012). The questionnaire for adolescents measures identity development in order to differentiate a healthy identity from identity crisis and identity diffusion. It comprises the “Discontinuity” and the “Incoherence” scale with 58 classical items in a 5-step format



plus three semi-open questions identical for the self-rating and the rating of the best friend. The “Discontinuity” and the “Incoherence” scale consist of three subscales. The reliability of the scale and examples of items are presented in Table 1.

**Table 1. Scale reliabilities  $\alpha$  for the primary scales and the subscales of AIDA**

Scale	No. items	Alpha	Item-total-correlation range / marker item
1. Discontinuity	27	.86	rit = .30 – .66, $\emptyset$ .45
1.1 Attributes	9	.73	I could list a few things that I can do very well.
1.2 Relationships	11	.76	I feel I don't really belong anywhere.
1.3 Emotional self-reflection	7	.76	I often don't know how I feel right now.
2. Incoherence	31	.92	rit = .39 – .72, $\emptyset$ .54
2.1 Consistency	11	.86	I feel that I have different faces that do not fit together well.
2.2 Autonomy	12	.84	When I'm alone I feel helpless.
2.3 Cognitive self-reflection	8	.76	I can't keep track of what, when and why I did things.

**B. Questionnaire for school counselors** (psychologists and pedagogues) regarding assessments of the student's family and school experiences: student's social and economic background, student's studying and extra-curricular activities and, particularly for students from foster care, the families' assessments of their relationship with teachers and peers. The questionnaire was constructed for the purpose of the survey in order to get an insight into the students' educational needs and the support for teachers working with adolescents in foster care.

C. For the **qualitative** part of the research proposal an interview protocol and a number of protocols for focus groups were developed and adapted to specific groups of respondents (adolescents of different ages, foster carers, professionals). The protocol defined the procedure, the proposed timing (60–90 minutes), ethical issues, pitfalls, thematic areas to be explored and different types of mainly open questions (recall, process, ranking, funneling) the role of the interviewer or focus groups facilitators, closing issues, etc. Interviews and focus groups discussions were recorded, transcribed and data processed through thematic analysis (Braun, and Clarke, 2006) in order to identify trends in the meaning conveyed by language in narratives of different groups of respondents. Relevant strategies will be used to provide rigorousness of the procedure and credibility and transferability of findings (Creswell, 1994).

All instruments were discussed and finalized in consultation with the Youth Advisory Board and with the Steering Committee. In addition to the basic demographic data on age, gender, education, family/foster care status or role etc., other personal information about the participants were not collected. The names of the participants were used exclusively to obtain informed consent, and each of them received his/her code to be used in questionnaires, transcripts, data processing and the findings report.

To present the focus group narratives, we used randomly selected (typical) names and the actual age of the adolescents in the form of the number of years, while key informers were marked using the code KI, plus number (1–8). Focus group participants were presented in the following way: the focus group ordinal number (I-IV), than underscore, followed by the respondent subgroup according to their role in the system (CM for case managers, FA for fostering advisers and FC for foster carers), the sex identifier (F for female and M for male) and the number of the person in the focus group.





## 4. Ethics

The ethical safeguards were put in place in line with the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis and in accordance with the UNICEF Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research. The ethical procedure was externally reviewed by the Ethics Review Board and adopted as 077ESER18 in July 2018.

Conducting research with and about adolescents presents a number of ethical challenges, particularly relating to decision-making, cognitive capacity, informed consent, privacy and confidentiality. A research should allow all parties involved to articulate their views freely and anonymously, without fear of the consequences if they express less desirable attitudes.

The confidentiality and privacy of all participants was carefully considered in this study in order for it to be guaranteed to participants who received all the necessary information about the potential risks and benefits of participating in this research before being involved in testing (by questionnaires in school), interviews and focus groups, so that they could individually make a decision about participation in this research. For testing in school, the school principal's approval was obtained.

The participants were requested to sign consent forms prior to the interview and a copy of the form was handed over to them. The second signed copy was stored at the Center for Research of Social Work and Social Policy

at the Faculty of Political Science, University of Belgrade in a locked cabinet with access allowed only to members of the research team. Signed consent forms were planned to be stored for one year after the completion of field-work whereupon they will be destroyed using a shredder.

Informed consents from legal guardians of all the involved minors (under 18) – foster care adolescents was obtained in line with the national legal postulate. The research team strongly believes that children aged 10 or more are capable of expressing their views and giving an informed consent to participation in the research if they are properly and meaningfully involved in deciding and that the question is not *'do we'*, but *'how do we'* involve children and adolescents, in accordance with their best interests and their evolving capacities to make independent decisions and to participate in protecting their own welfare (Ergler, 2017; O'Kane, 2013; Morrow, 2008; Lansdown, 2005). Legal guardians of foster care adolescents are mostly social work professionals in CSWs from the municipality of adolescent's origin. They were approached for initial consent to the letter with information about the potential risks and benefits for the adolescents' participation in the research with a concluding statement in accordance with the child's rights on participation (CRC Art. 12):

*"As parent or legal guardian, I give permission to the research team to approach adolescent (name) and to ask if he/she wishes to participate in your project."*<sup>5</sup>

Following consents obtained from the responsible adults, adolescents were approached in an age-appropriate and ethical way in order to create an opportunity for their authentic informed consent, not just an 'assent'. The ways of approaching adolescent respondents was carefully discussed and agreed with the YAB and with adults who are in charge of their everyday care and well-being, in a manner which safeguards the adolescents' best interest, safety, privacy and meaningful participation. The final authority to decide whether he/she wants to participate in the study, to what extent and in what manner was in the hands of adolescents.

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5 Maggi, S. A small change with great implications, Posted at June 7, 2016 <https://childethics.com/category/forum/>

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Since this is a non-commercial study which involves relevant stakeholders, participants did not receive any incentives, except appropriate refreshments. In consultation with the YAB, after the testing, adolescents in foster care who participated in the study were handed a voucher (worth about \$10) for a well-known drug store chain in Serbia, of which they had not been notified prior to the survey.

The imperative was to treat adolescents with respect and dignity, with an aim of creating an environment in which protection from harm does not also prevent decision-making, and also to develop ways that adults in charge of adolescents can hear and consider their voice.





## 5. Research results

### 5.1. The construction of the well-being of adolescents in foster care in Serbia

Well-being is an elusive concept that is difficult to define, while there is no agreed cross-disciplinary definition of the construct of well-being in itself (Gillett-Swan and Sargeant, 2015; Minkkinen, 2013, Dodge, Daly, Huyton and Sanders, 2012; Crivello, Camfield and Woodhead, 2009). O'Hare and Gutierrez's (2012) indicated as many as 61 unique domain names used in 19 studies, combining domains into indicators of child well-being. Still, there is a consensus that well-being is a comprehensive, context-dependent construct which includes social, psychological, emotional, economic, environmental, and cognitive components.

Perceptions of child well-being evolved from focus on survival and basic needs to a recent focus on flourishing and *optimal* development, which Ben-Arieh (2008) summarizes within several overarching themes of contemporary research of this construct:

- a) From well-becoming to well-being: the child as a unit of analysis in accounts of their well-being;
- b) From objective to subjective: the importance of children's current subjective experiences;



- c) Well-being is multidimensional in nature, covers indicators deriving from traditional domains to emerging indicators from new domains, while summary indices may be useful in some circumstances; and
- d) From negative to positive, since well-being requires positive indicators that reflect personal strengths and environmental considerations, not simply the absence of problems or deficiencies.

These topics stem from the United Nations Convention on the Rights of the Child, hereinafter referred to as the Convention), to promote the best interests, participation and optimal child development.

Based on the initial analyses of the quantitative research for the purpose of comparison of adolescents in foster care and their reference group with respect to the environment in which they live and the schools they attend, it is striking that there is no remarkable differences between the two compared groups. The interpretation of results from the qualitative part of the research is colored by the fact that a number of adolescents in the sample who were in foster care did not declare so although the filling out of the questionnaire was anonymous. We note here that two groups of adolescents were separated and compared on the basis of answers to the question in the questionnaire about who they lived with. The results are shown through the comparison of adolescents who live in foster families (including professional foster and kinship foster families) in relation to their reference group of adolescents in general population who live in families with one or both parents, those who live in the same places and those who go to the same school.

The well-being of adolescents was examined by the questionnaire through five dimensions that make up the EPOCH scale.

On the EPOCH scale, there are no significant differences in any of the five aspects between adolescents in foster care and adolescents from their reference group from the general population.

**Table 2.** Differences between referent group of adolescents from general population and foster care adolescents, in the EPOCH scale dimensions

EPOCH scale dimension	Group of adolescents	N	M	SD	t	p
ENGAGEMENT	General population	1200	14.43	3.54	.081	.936
	Foster care adolescents	138	14.41	4.04		
PERSEVERANCE	General population	1197	15.51	3.78	-1668	.096
	Foster care adolescents	146	16.06	3.51		
OPTIMISM	General population	1184	16.16	3.33	-.638	.523
	Foster care adolescents	145	16.35	3.55		
CONNECTEDNESS	General population	1225	17.82	3.01	.897	.370
	Foster care adolescents	149	17.59	3.43		
HAPPINESS	General population	1198	16.92	3.47	.129	.897
	Foster care adolescents	147	16.88	3.86		

\* Since we could not control if all respondents answered all the questions, differences in the number of responses to certain questions or dimensions (missing data) were recorded in this and the following tables.

We assume that adolescents in foster care gave desirable replies on this scale which comprises positively formulated claims in order to show themselves closer to their peers, that is, happier, more involved in events and more connected with the environment. When you look at the arithmetic mean obtained in these dimensions, it is acknowledged that high scores prevail. The maximum value of each dimension was 20. Based on Table 2, we see that the lowest values are in the **Engagement** dimension. This dimension means that the teenager is involved in activities that occupy him/her fully, enough to lose track of time and forget about everything else. So, this way determined the Engagement dimension is the least expressed dimension.

On the other hand, the highest scores were obtained on the **Connectedness** scale, which means that in the life of an adolescent there is someone he/she can turn to when there is a problem, that he/she has a friend he/she cares about and that there is a person who takes care of him/her. In order to get a more comprehensive insight into the well-being of children in foster care, Table 3 provides an overview of the percentage of children in the general population and children in foster care who achieved scores in the EPOCH scale dimensions that are below a standard deviation. As can be seen from the table, for each EPOCH scale dimension, there are more children in foster care who achieve average scores below a standard deviation, than is the case in children from the general population, although these differences were not significant.

**Table 3. Percentage of adolescents who scored below a standard deviation on the EPOCH scale dimensions**

EPOCH scale dimension	Category	% of adolescents
ENGAGEMENT	General population	14.5%
	Foster care adolescents	17.4%
PERSEVERANCE	General population	13.7%
	Foster care adolescents	14.4%
OPTIMISM	General population	14.4%
	Foster care adolescents	16.6%
CONNECTEDNESS	General population	13.1%
	Foster care adolescents	20.1%
HAPPINESS	General population	15.9%
	Foster care adolescents	18.4%

In EPOCH scale dimensions within the group of adolescents in foster care (152 adolescents aged 14 to 19) a statistically significant difference between boys and girls in the dimension of optimism was established, in terms of a higher score in boys.

**Table 4. Sex-disaggregated variations in the EPOCH scale dimensions within the group of adolescents in foster care**

EPOCH scale dimension	Sex	N	M	SD	t	p
ENGAGEMENT	M	68	14.76	3.61	1.007	.316
	F	70	14.07	4.42		
PERSEVERANCE	M	72	16.25	3.35	.544	.587
	F	73	15.93	3.67		
OPTIMISM	M	72	16.94	3.33	2.110	.037
	F	72	15.70	3.68		
CONNECTEDNESS	M	72	17.88	3.45	1.083	.281
	F	76	17.27	3.43		
HAPPINESS	M	74	17.39	3.59	1.683	.095
	F	72	16.31	4.09		

Within the qualitative part of the research, in order to understand the deeper meanings associated with complex phenomena and processes in the social work practice, **consensus methodology** was used in 21 focus groups. A consensus building activity was used to explore and establish agreement on the description of well-being of adolescents in foster care and its constituent characteristics. The consensus methodology involves the “use of a structured approach to arrive at a single statement, or set of statements, that all participants accept; or to identify any central tendency and spread of opinion regarding an issue” (Murphy et al., 1998, cited in Duncan, 2006:401). It is based on other special methodologies:

- a) Delphi studies,
- b) nominal group techniques (NGTs),
- c) consensus conferences, and
- d) meeting facilitation methods of Doyle and Straus (1976).

The findings of consensus studies are constructions of participants' own experiences, and provide the researchers access to unique experiences of the population under study. The application of this methodology limits the influence and potential bias of the researcher and avoids the pressure on group participants to conform to other members' opinions. The advantages of both qualitative and quantitative techniques are used and information on the complex and relevant constructs can be collected efficiently and economically (Slocum, 2005; Duncan, 2006; Aekesson and Canavera, 2017).

This technique was applied in order to understand the construction of the well-being of adolescents in foster care and to determine the perceptions and variance in the perceptions of different groups of respondents on what the adolescents in foster care need to feel good. Differences in perceptions of professionals (case managers and foster care advisers) direct foster parents and adolescents (divided into three groups – younger adolescents group aged 13–15, older adolescents group 16–19 and an group of adolescents and young people aged between 17–23 who have a previous experience of foster care), may affect the specific behavior of different actors and professional and personal decisions.

The process of consensus building in all 21 focus groups was challenging and time consuming (it lasted between 40–55 minutes and took about 35–50% of the focus group duration), and, at times, frustrating for the participants and facilitators because 'all is important' and 'connected'. Consensus was usually achieved suddenly, as the 'aha!' experience, which is experienced when problems are solved by insight, when "the intrinsic reward associated with sudden comprehension and the detection of schema-consistency" is reached (Kizilirmak, Galvao Gomes da Silva, Imamoglu, and Richardson-Klavehn, 2016:1059).

The consensus building technique in this study proved to be fruitful and stimulating, because it guided the thinking and discussion of focus group participants towards rethinking from their single perspective and conceptualizing the specific meaning of the welfare of adolescents in foster care. As stressed by Belzile and Öberg (2012), the researcher can contextualize the content of data if he/she follows the dynamics of agreement and disagreement during the discussion, as well as the processes of social influence, be-

cause the opinions and attitudes of participants of focus groups from their unique perspectives as professionals, foster parents or adolescents are not static and 'brought' into the focus groups, but already built in a particular social situation. All disagreements, different and isolated voices were carefully considered in group discussions through the dialogical consensus approach. The process in which adolescents, foster parents, case managers and foster care advisers analyzed the categories related to well-being provided an additional layer of insight and context in the analysis for researchers.

A four-step approach was used:

- I. **Item generation.** After the introductory activities related to getting consent on the basis of complete agreement, participants of each of the 21 focus groups were asked to write 3–4 qualities that contribute to adolescents in foster care to feel good. The products were then displayed on the board in front of the group,
- II. **Modifying and refining statements through negotiation of meaning** (supported through the assistance of the focus group facilitator). The facilitator directed the discussion so that the participants could clarify their ideas, to enable grouping of the related statements around a broader, more inclusive theme, whereby the group was directed towards eliciting, refining, reviewing, and confirming the answers into piles. The process of sorting and negotiating was repeated to the group participants until the consensus was reached on how to name a particular category.
- III. **Consensus process in ranking the importance of well-being categories.** Through discussion, the participants were encouraged rank the constructed categories of well-being for adolescents from 1 to 10 according to the importance of the topic. The sequence was repeated for a specified number of rounds until the moment when consensus among the group members was reached.
- IV. **Grouping of results of consensus building in clusters based on thematic analysis.** This last step was done after the focus groups in three steps. Two researchers separately reviewed all individual statements and categories obtained based on them during consensus building in the fo-

cus groups. The thematic analysis was then used to code the answers and for their clustering into the original 14 categories, which were then compared and during the negotiation of the two researchers and which were finally modified into the final 10 more compact categories. These groups were the basis for a further thematic and QCA analysis.

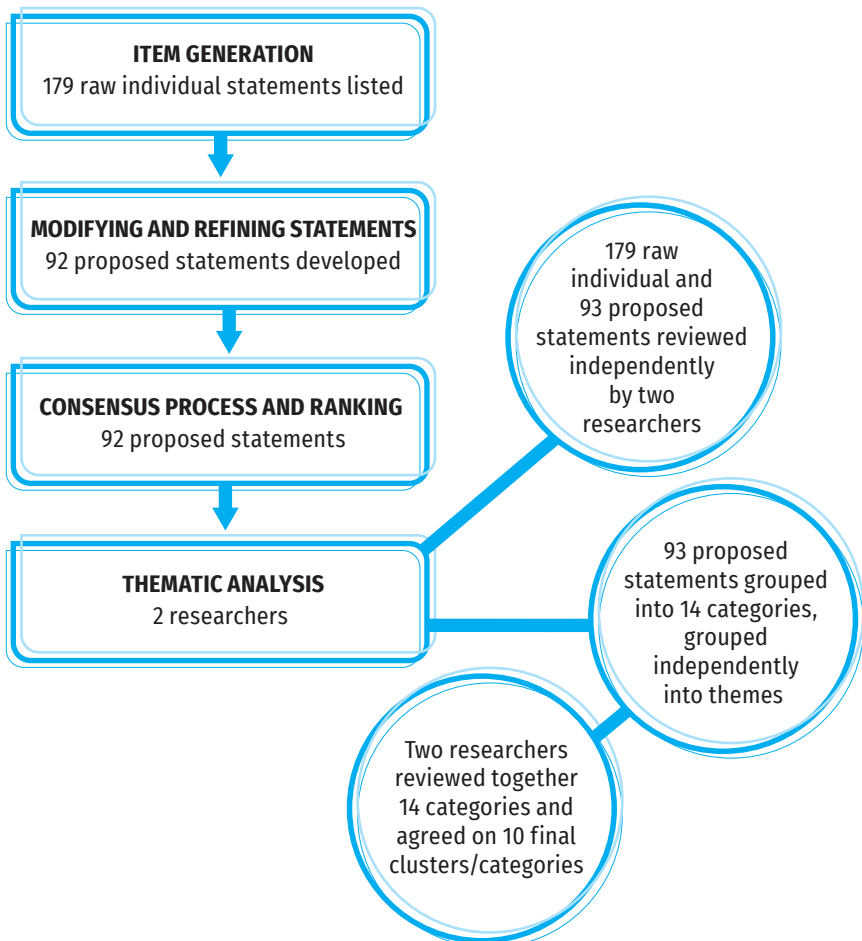
All focus groups were transcribed based on the recorded audio material and focus group facilitators developed written reports about the course, the dynamics and the process immediately after the focus groups. This rich material was then analyzed, in such a way that two investigators independently reviewed, coded, consolidated and formulated the results. The analysis of the results from the 21 focus groups indicate that adolescents, case managers, fostering advisers and foster parents stated 179 different elements of well-being of adolescents in foster care which were reduced, in the process of modifying and refining statements through negotiation of meaning, to 92 qualities which found their place in the focus groups rankings. The most frequent statements in the rankings were related to love (16/21), understanding (9/21), safety (9/21), support (8/21) and attention (7/21).

**Table 5.** Ten most common elements of well-being of adolescents in the rankings of 21 focus groups

No.	Well-being elements	N
1.	Love	16
2.	Understanding	9
3.	Safety	9
4.	Support	8
5.	Attention	7
6.	Trust	6
7.	Respect	6
8.	Education	6
9.	Material conditions	5
10.	Health	5

Through thematic analysis, the two researchers independently constructed 14 clusters, out of the sum of 92 elements that appeared in the rankings, and then, following examination and consolidation, adopted ten composite clusters of well-being of the adolescents in foster care: *Connectedness, Personal Relations, Participation, Guidance and Boundaries, Self-satisfaction, an Adequate Standard of Living, Education, Identity, Security and finally Leisure*. The stages of consensus building and thematic analysis to identify consensus statements about the elements of well-being of adolescents in foster care are shown in Figure 3.

**Figure 3. Stages of consensus building and thematic analysis to identify consensus statements**





When naming a cluster, we tried, as much as possible, to maintain the original language used by participants when crafting their statements. Elements that were grouped into clusters are shown in Table 6.

**Table 6. Elements of well-being of adolescents in foster care**

<b>Connectedness</b>	Love; Honesty; Support; Understanding; Attention; Care and Protection; Reliability (keeping promises); Trust; Closeness;
<b>Personal relations</b>	A good relationship with foster parents; Contacts with close people; Contacts with the biological family, Brothers and sisters; True friends; Good foster parents; Acceptance in the foster family and the community; Acceptance in the school community; Boyfriend/Girlfriend;
<b>Adequate standard of living</b>	Material living conditions; Personal/living space; Good placement; Hygiene; Health care; Appropriate clothes; Toys and learning aids; Resources;
<b>Guidance and boundaries</b>	Discipline; Respect; Rules; Semi permeable boundaries; Praise/Reward; Obedience; Permission for individuation; Respect of limits (mutual);
<b>Identity</b>	The sense of belonging; Continuity; Security;
<b>Participation</b>	Voice and choice and power in their own lives; Respect for opinions; Individuality; Freedom; Freedom of speech; Communication; The rights of the child; Participation in making decisions; Autonomy; Respect of person;
<b>Education</b>	School; Academic achievement;
<b>Leisure and participation in the community</b>	Hobby; Sport; Sleeping; Games; Faith and the need to help others;
<b>Self-satisfaction</b>	Happiness; Peace of mind; Self-confidence; Emotional stability; Courage;
<b>Safety</b>	No domestic violence; No bullying; Protection and support of professionals;

Thematic analysis and QCA (Qualitative Comparative Analysis<sup>6</sup>) have shown that adolescents in foster care and adults who care for them (advisers, case managers and foster parents) generally indicate similar things as important for the well-being of adolescents, but there are striking differences in their views of the ranking or priority of certain categories. Frequency analysis shows that the three most significant clusters are **connectedness, personal relations, and an adequate standard of living** (Table 7).

**Table 7.** Frequency analysis of the presence of well-being clusters in the rankings by focus group participants

Well-being category	Adolescents	Foster parents	Case managers	Fostering advisers	Total
<b>Connectedness</b>	29	15	9	6	59
<b>Personal relations</b>	18	5	8	4	35
<b>Adequate standard of living</b>	14	3	4	4	25
<b>Guidance and boundaries</b>	8	4	1	/	13
<b>Identity</b>	3	3	3	3	12
<b>Participation</b>	4	/	4	2	10
<b>Education</b>	6	3	/	1	10
<b>Leisure/community participation</b>	8	/	/	/	8
<b>Self-satisfaction</b>	2	2	1	1	6
<b>Safety</b>	1	/	1	1	3

6 Qualitative comparative analysis (QCA) is an analytical technique which applies the principles of comparison on smaller samples. Since qualitatively oriented research includes a smaller number of cases (small-N), the QCA analysis on the basis of Boolean algebra allows the researchers to make comparisons and conclusions. To make this possible, different softwares are used, and we used the fs/QCA software in this research.

The cumulative frequency analysis shows that the three most important clusters are **connectedness, personal relationships** and **an adequate standard of living** – because these categories are the most likely to appear. However, the ranking analysis shows that the most significant clusters are **connectedness, identity** and **an adequate standard of living**. In the analysis of all focus groups together (21 FG), we selected the most important clusters based on how often they are ranked among the top three in the consensus building activity.

The ranking analysis shows that, in the consensus activity **connectedness**, appears among the top-three ranking activities 25 times, **identity** 13 times, and an **adequate standard of living** 10 times (followed by **personal relationships** which appears 8 times). Through the fs/QCA analyses, we separated the sample and completed a comparative analysis of the activity of consensus building, depending on whether the participants in focus groups were adolescents, case managers or advisers (which we ‘connected’ in this analysis as professionals, representatives of the social protection system), or foster parents. The results show that there are differences between the three groups in terms of ranking the importance of clusters relating to the welfare of adolescents in foster care.

- × For adolescents, the three top three ranking answers, after consensus building, are connectedness which occurs 14 times, personal relationships 6 times and an adequate standard of living 5 times (in 10 focus groups).
- × When it comes to case managers and advisers, the three top three ranking answers after consensus building are identity which occurs 7 times, connectedness 6 times and an adequate standard of living 4 times (in 7 focus groups).
- × For foster parents, the three top three ranking answers after consensus building are connectedness which occurs 5 times, identity – 3 times and personal relationships, an adequate standard of living, education and self-satisfaction once (4 in the focus group).

The most common clusters ranked among the top three as a result of consensus building are shown in Table 8.

**Table 8.** The top three categories of well-being by groups of respondents

ADOLESCENTS		CASE MANAGERS AND F. ADVISERS		FOSTER PARENTS	
1. Connectedness	14	1. Identity	7	1. Connectedness	5
2. Personal relationships	6	2. Connectedness	6	2. Identity	3
3. Adequate standard of living	5	3. Adequate standard of living	4	3. Personal relationships	1
				Adequate standard of living	
				Self-satisfaction	
				Education	

A separate analysis of 10 focus groups with **adolescents** in foster care indicates that the **connectedness** cluster that includes *love; sincerity; support; understanding; attention; care and protection; reliability (keeping promises); trust and closeness* in three out of ten cases, occupies the most important place, as well as the cluster of personal relationships. **Love** appears as the most frequent isolated item within the connectedness cluster and among all other statements. Love appears as a distinctive category that defines the well-being of adolescents in foster care: in as many as 30 of the originally listed 179 items and in 15 out of the 21 rankings, while in 6 focus groups it was ranked first, as the most important. The **identity** cluster was ranked first twice, whereas education and an adequate standard of living emerge once each in the first place as a result of a consensus.

In the analysis of seven focus groups with **case managers and foster care advisers**, **identity** ranks as the most important in three out of seven cases, while the statements grouped into the category of an **adequate standard of living** appear twice as the first choice. Apart from these two clusters, **connectedness** and **self-satisfaction** emerge once each in the first place as a result of consensus building.

With **foster parents**, **identity** is highly ranked, in 4 focus groups with foster parents identity was first ranked twice (constructed as *stability*), while **connectedness** and **personal relationships** are also first ranked once in two focus groups.

Overall, adolescents of different ages give greater importance to the category of **connectedness** (*love, sincerity, support, understanding, trust*) and **personal relationships** (*good relationship with foster parents, contacts with close people, true friends, contact with biological family, brother and sister; acceptance in the school community; boyfriend/girlfriend*), followed by **identity** (*the sense of belonging, permanency, stability*), but rank the importance of the categories **adequate standard of living** and **self-satisfaction** lower than the adults who care for them.

Also, adolescents in foster care rank somewhat higher the importance of their own **participation**, that is, the voice and choice in power in their own lives to achieving their own well-being than adults. It was noted that the foster parents, like adolescents, ranked high the importance of **connectedness and personal relationships** for the benefit of adolescents, while they valued **identity** and **participation** significantly less. Fostering advisers and case managers ranked **an adequate standard of living and self-satisfaction** higher than adolescents and foster parents, and emphasized the importance of **identity** and **participation** more than foster parents and somewhat less than adolescents.

These results are comparable with other studies that dealt with the views of looked-after children and young people. A review of 35 studies which dealt with the views of these children and young people pointed to the nine major outcomes that are important for them (Dickson, Sutcliffe and Gough, 2009). The first on the list is the **love**, which they need, and is often missing in their lives, which has a significant impact on their emotional well-being, then a **sense of belonging** that they need and that their sense of identity is compromised by a lack of sense of belonging (among other things, due to frequent relocation but also because of the conflict of loyalty towards parents and foster parents). **Being supported** ranks third, this is important for children and young people in alternative care in the form of emotional support, with encouragement to achieve in education and other aspects of their life and like a practical support. **Having someone to talk to** ranks fourth because it is important to have opportunities to talk to someone about their concerns, while they are at the same time often mistrustful of talking to professionals and concerned about confidentiality of what they say. **Contact with birth**

**parents** as a key issue occurs in one third of the reviewed studies that considered the views of children and young persons in care, because many of them have a strong desire to maintain contact with their birth families, which supports their self-identity, while the professionals and foster parents are often seen as adults who can compromise these contacts. Other evidence statements from this review refer to stigma and prejudice, education, professionals and preparation and support for leaving care.

A recent review of the literature on the basis of ninety-seven UK studies of the voices of looked after children and young people (Selwyn, Wood, & Newman, 2017:9–10) pointed out four main topics:

- × **Relationships**, as trusting relationships with family members (siblings, parents, and relatives), friends, teachers, carers, and social workers were of central importance.
- × **Respect**, since children and young people wanted adults to challenge the negative stereotypes associated with care and his/her personality, privacy and confidentiality to be respected by carers and professionals.
- × **Rights**, given that children and young people wanted their views to be listened to, to be involved in everyday decisions and their care planning, to be given information and choices.
- × **Responsibility**, since they wanted to be given the opportunities to be and to practice becoming responsible and have the opportunity to take on roles and identities other than that of a 'looked after child'.

The first five evidence statements that are based on Dickson, Sutcliffe and Gough (2009) and the first two topics from Selwyn, Wood, and Newman (2017) review which are important to children and youth in care are largely consistent with the composite clusters of **connectedness** and **personal relationships** from our research, which are overwhelmingly the most important for the adolescents' subjective experience of well-being both in terms of frequency and ranks they assigned to them.

## 5.2. Similarities and differences in well-being of adolescents in foster care according to gender, ethnicity and age

Both adolescents and adults who care for them assess that there are **gender differences** between boys and girls in foster care when it comes to their well-being there, in the sense that adults control the behavior of girls more easily and directly than that of boys (girls are more obedient). On the other hand, the professionals perceive that girls in adolescence “talk more and fight more and demand their rights” (III\_CMF3). This indicates the two contrasting pictures of ‘obedient’ and ‘rebellious’ girls whom adults who take care of them tend to direct towards the desired behavior. At the same time, more focus groups emphasized that adolescent girls dropped out of school and foster care early because they often got married before coming of age or immediately after it.

There are no official figures on **getting married** directly or immediately upon coming of age as a strategy for abandoning care for girls in alternative care in Serbia. It is important to further investigate this phenomenon, because different respondents in several focus groups of case managers quoted examples that are a cause for concern regarding the well-being of adolescents who opt for marriage in this context. The observation that the girls from foster families marry violent partners figures prominently in the focus group discussions of the case managers from CSWs and older adolescents. Case managers (interestingly, not the fostering advisers) do not present this phenomenon as a symptom of ‘lack of love’ during childhood and in growing up, before which they were powerless, as illustrated by the excerpt from a discussion that started spontaneously in one of the focus groups:

“...they always get married ... They have been given everything, but in vain... but they do not see it that way, they do not acknowledge that” (II\_CMF3)

“...this parental care ... It’s missing and no one can replace that.” (II\_CMF1)

“But they have a prevailing sense of abandonment” (II\_CMM2)

*“And then they look for that in a partner, and then they find a wrong partner and then the violence and then one partner replaces another...”*  
(II\_CMF3)

There were observations that people in the villages were ‘aiming at’ girls from foster care as suitable brides for elderly village grooms who had difficulties to marry:

*“Girls simply find older guys, in villages, often single men who are only too willing... Our experience has been that girls generally make that big shift, but we also see that men in the villages are aiming at these girls. We have villages where there are really no girls, they are going away and we have boys who stay in family homes, on farms and do have no one with whom they could start a family. And then they follow them through their education if they are in that place, they follow them up until they complete the eighth grade of primary school...”* (IV\_CMF5)

The Roma population is specific in this regard, because they marry at an earlier age. Case managers and fostering advisers argued that Roma children who were in foster care, similarly to the general population of Roma, dropped out of school and got married. Professionals verbalize that they were powerless, that they were trying to “...make them at least graduate from secondary school. We can rarely affect this.” (III\_CMF1)

Professionals usually present marriage as a strategy for adolescent girls to leave the foster care situation as a set of circumstances which is beyond their control because they acknowledge several important factors:

- × uncertain future that awaits young girls after leaving care, due to the incomplete support networks, so it is difficult to determine what is really better – marriage as a (possible) shelter for adolescent girls or an uncertain, unsupported process of becoming independent;
- × the need for love, belonging and acceptance among adolescents in foster care which the professionals observe but cannot find ways to satisfy those needs;



- × agency and power of a young person ('you cannot do anything about it'), which was once understood as the (expected) immaturity of the adolescent (and a threat to the authority of professionals), and sometimes as a result of the participatory rights of children which are 'imposed' on professionals ('when we estimate that the decision is in their interest, then we agree, the problem is when it is not in their interest and you're unable to react.' (IV\_CMF5))

Adolescents who participated in the focus groups also spontaneously initiated this topic in 3 out of 4 focus groups with older adolescents aged 16–19 years, and two focus groups with adolescents and young adults aged 17–23 who had had previous foster care experience (the so-called 'care leavers'). During our focus groups, three adolescents 'announced' they were getting married and one young person (20 years) who participated in the care leavers group married and became a mother. The topic of insufficient care by professionals for girls who marry early was initiated in two focus groups with older adolescents:

*"I think that social workers generally need to change that perception of these girls who get married as soon as they turn 18 or graduate from school. I think they should help them a little, because I think they are not informed enough that they can continue their education and that they can attend it regularly, that it is not all about marrying and having children and nothing more." (Aleksandra, 17)*

Respondents in almost all focus groups also state that it is more difficult for the **older adolescents** than the younger ones (who themselves say they are more carefree) because they are confronted with imminent leaving of care and an uncertain future. They also observed a disadvantaged position of the **disabled and Roma children**, for whom it is much more difficult to find a foster family and who are facing increased discrimination in the community.

**Discrimination** is one of the topics that constantly appeared in the narratives of adolescents of all ages and those of the foster parents, and much less in those of experts, who mainly presented the adolescents in foster

care as well-integrated into their environment, and as people who were given 'all the conditions' the other children in the society had. By contrast, adolescents of all ages reported stigmatization and discrimination they faced because they were in foster care. This finding is echoed in other research experiences of children in alternative care (e.g. Martin and Jackson, 2002; Luke and Coyne 2008).

It seems that stigmatization affects younger adolescents more (10–15 years), while the older ones (usually when they start secondary school) learn mimetic behavior by then (so that others in their environment do not know that they are in foster care), invent a narrative explaining their situation ('my aunt cares for me', 'I live with my grandmother', etc.). In the latter case, adolescents come out about their foster status when they assess that they have to (in order to regulate numerous formal rights) or that it is safe (to their best friend, boyfriend/ girlfriend). It seems that adolescents are especially affected by **stigma** and **discrimination at school**, by their peers and by teachers. Their tactless labeling as children whose parents do not take care of them saddens them, and provoke their jealousy and rage, especially in contact with peers ("*...that starts a fire in me, I want to show him my true face ... He has parents and I do not... and anger... sorrow*" Jova, 13). Many adolescents reported that negative attitudes towards children in foster care were common and widespread. It affects them when they have the experience that others pity them or are being unduly curious about their status, and when they separate them in circumstances when they want to feel 'normal':

*"She was yelling (the teacher) so that the whole school could hear: 'I'm going to call your guardian'. Why that way, she should not have done it that way." (Milan, 14)*

Also, in overcoming the problem of discrimination, adolescents mainly rely on their own powers and they do not seek help from adults. Other studies of young people in alternative care in Serbia have also shown that they rely on their own powers, by creating a *heroic script* that helps in maintaining and raising self-esteem, but which is unsustainable without proper support (Burgund, 2017).

Foster parents perceive that they are stigmatized in the community as foster carers – they believe that there is a negative image of them as someone who cares for kids ‘only for money’. They list a number of situations in which they have encountered judgment of the community, as well as that of experts (“*The pediatrician says to me: ‘So why on earth did you need this?’*” (IV\_FCF4). Also, part of the discrimination that accompanies the adolescents in foster care in the community affects them as well – this is especially pointed out by foster parents of Roma children and children with disabilities.

Case managers highlight, somewhat more than fostering advisers, the discrimination faced by the adolescents in foster care in school when they are involved in incidents or when they display behavioral problems. They believe that the professional psychological and pedagogical service and teaching staff in school are much less tolerant of adolescents in foster care compared to other students, that their offenses are exaggerated and qualified more severely and that they opt much more easily to expel them from school than it is the case with other students.

The differences that some groups of respondents see between **kinship** and **non-kinship foster families**. In all 10 focus groups with adolescents, they emphasized that growing up in kinship foster care has many advantages for adolescents. The advantage is reflected in the following:

- × **Ability to adapt more easily:** “*It is harder for those who are not with relatives. It takes time for them to loosen up in that family. And those who grow up with relatives, it is easier for them, they can rely more on them in the beginning.*” (Marko, 13);
- × **The sense of belonging and being supported:** “*I do not know of any girl in kinship care who has not enrolled university ... when you are in a kinship family, you are with your own folk. This is a big difference*” (Lara, 17);
- × **Familiar surroundings and continuity of relationships:** “*It seems to me that we who are in kinship care have this sort of life continuity. Of course, everything changes for us, but it is still a bigger change for people who are not in kinship care*” (Jovana, 16).

Adolescents from focus groups who are in kinship foster families generally stressed they ‘could not imagine’ themselves in another family. They, however, stated that there certainly were relatives who ‘harassed kids’, as well as foster parents who took good care of the children with whom they were not related.

Kinship foster parents also reported benefits for children who lived with relatives. They see the benefits in familiar surroundings and continuity of relationships. It is believed that children find it easier to be among kinship foster parents because of the specific affiliation enabled by blood ties and that the community also sees it in a special way. A female foster parent taking care of two girls, one of whom is her relative, stresses that other girl feels this, despite her efforts to make them feel ‘equal’:

*“...and she already knows that the other one is my niece and sometimes withdraws, she just says – she is her niece. Although I did not allow this ...but the child feels that this is the niece who is part of us and part of our blood and that she is not.” (II\_FCF2)*

Fostering advisers in all three focus groups stressed some advantages of kinship foster families (familiar environment and easier adaptation for the child, ensured future, etc.) But they gave significantly greater weight to the difficulties encountered in working with them. It seems that it is difficult for them to find ways of establishing collaborative relationships with kinship foster parents, so they evaluated them as non-responsive, which is illustrated by the following excerpt from the discussion:

*“For relatives we are not associates, we are someone who is imposed on them, who controls them. And for the standard fosters we are associates and assistants, their support...” (II\_FAM2)*

Case managers have similar observations regarding lower collaborative-ness and ‘disobedience’ of kinship foster parents and they believe that the fact that relatives do not follow their advice interferes with the development of behavior and emotion in children:

*“Like, that’s my kid ... I know how to take care of him. Now who are you to preach to me? To foster parents, those different ones, we just say so... and it works differently. So there are more opportunities for correction, for improvement and for acknowledging the problem.” (II\_CMM2)*

Some fostering advisers suggest that they selectively intervene in kinship foster families – where it is estimated that they need support ('if there are problems'), while others see relatives as a constant source of problems and dilemmas. They state that the criteria for the assessment of kinship foster parents are 'somewhat lower', and that the effort to preserve the family produces short-term benefits for a child (familiarity, loyalty, preserving identity). They opt for relatives as a compromise solution for the child, despite the belief that the child remains exposed to a 'negative transgenerational model' and 'reduced capacity' grandparents who usually care for them. They state that adolescence is especially challenging for kin foster carers because there is a 'generation gap' and because conflicts escalate during this period. Since fostering advisers generally describe their cooperation with kinship foster parents as 'insufficient' (because they "do not listen to them"), these circumstances are seen as complex and demanding. Relatives are considered 'more difficult' because the advisers are aware that they cannot control some of the circumstances in these households (e.g. unhindered visits to parents which destabilize the child, the triangles between the grandparents and their descendants who are the children's parents and the children themselves), which produces numerous dilemmas:

*"...you get a clearer picture in standard foster care where everyone knows their roles. But here, everything is mixed up, this one comes, that one goes and then there are the family ties." (III\_FAF8)*

It seems that fostering advisers see relatives as 'incomplete' foster parents who spoil a constructed image of 'real' foster care in which the roles of the professional (who has the expertise and knows what to do) are known and the foster parent who is open to his/her intervention and suggestions. Kinship carers who are not 'obedient' are marked as "*lacking the fifth competence*" (III\_FAF3), that is, the willingness to cooperate as one of the proclaimed standards for foster parents in Serbia. On the other hand, relatives in the foster role are offered the same as other foster parents. Interventions are not adapted nor individualized, so their lack of readiness to receive such assistance and support is referred to as 'uncooperativeness' and 'lack of capacity'. There is a noticeable lack of readiness among fostering advisers to adapt their activities and services to the specific needs of the kinship carers, to build partnerships

and learn from their unique experiences. Tensions with kinship carers are not specific for Serbia, they have been identified in different countries and alternative care systems (Richards, 2001; Messing, 2006; O'Brien, 2012).

Case managers from the centers for social work put considerably more emphasis on the benefits of kinship foster families than fostering advisers. Relatives are (automatically) referred to as the 'first choice', indicating that these families should meet "all the requirements" as well as other foster families. Another difficulty is that extended families that care for children without parental care mostly have a lower socio-economic status. The practice of CSW in this respect is unclear, what exactly, how and when is going on with children who live with kinship carers in a foster arrangement, at which point, how and why these relatives become foster parents, and is their lower material-economic status an advantage or a disadvantage in caring for the child in a foster arrangement:

*"We always weigh the benefits of children who are in foster care... Sometimes the kinship families are of modest socio-economic status. When they are not, then it is of course ideal for the child to stay with relatives, in a familiar environment..." (III\_CMF 2)*

Case managers report that, despite all the challenges (advanced age, unresolved family relationships, lower collaborativeness of relatives with professionals) adolescents find life easier in kinship than in standard foster care and this image is tinged by the fact that they usually intervene in complex situations:

*"...the negative examples are where we have to work a lot more. And then it's more present in your head." (II\_ CMF3)*

The perspective of case managers who have a unique position in the social protection system in Serbia to coordinate care for children in foster care for many years, indicates that despite numerous problems (among other things, also situations that children placed in certain kinship foster families do not even know who their biological parent really is – "So he thinks his aunt is his mother, or something like that"), it is overall more favorable for children and adolescents to be in a kinship foster family.

### 5.3. Adolescents in foster care and their relationships with important adults: foster parents, biological families and professionals

| *“Sounds nice as a standard” (K12)*

#### 5.3.1. Social environment of adolescents in foster care in Serbia

Between adolescents from foster care and referent group of adolescents from general population who live with one or both parents there are statistically significant differences in the estimates of the socioeconomic status of families in which they live. As can be seen in Table 9, the results of non-parametric analysis (Mann-Whitney U test) indicate that in the questionnaire adolescents in the general population, that is, the reference group of adolescents and adolescents in foster care assess differently the amount of money at the disposal of the family in which they live). Adolescents who live with one or both parents and adolescents in foster care in Serbia, in most cases choose a response that indicates that they have enough money for a normal daily life, to go out, have modest vacations and so on. This result is similar to the average for the representative sample of secondary school students in Serbia.

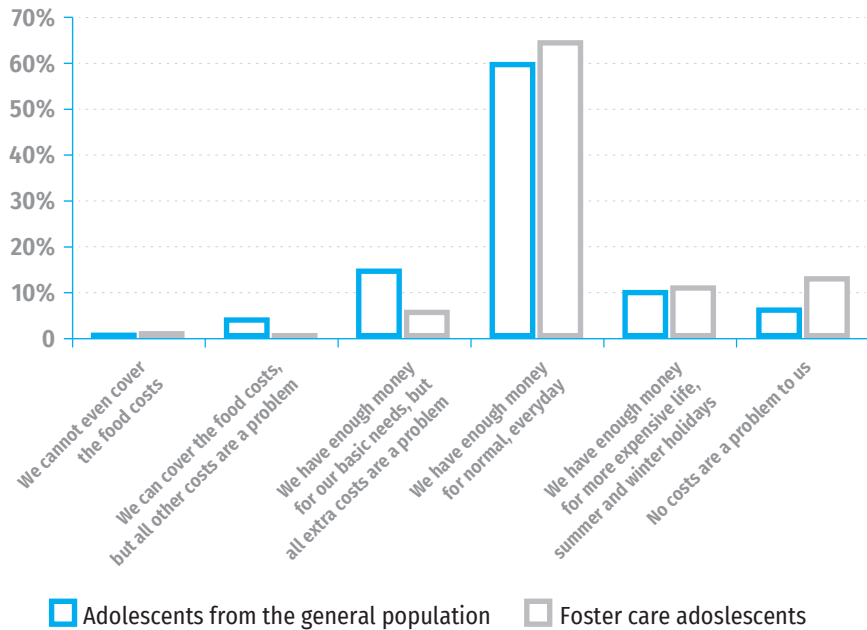
**Table 9.** Differences between referent group of adolescents from general population and foster care adolescents in assessing the socioeconomic status of families in which they live

	Group of adolescents	N	M	Mann-Whitney U	p
SES	General population	1242	681.00	103,710.00	.000
	Foster care adolescents	143	797.24		

Adolescents in foster care incline towards response 5 that corresponds to the most comfortable conditions, while adolescents from their reference

group incline towards response number 3 which corresponds to more modest living conditions (Figure 4). This finding was not expected and potentially reveals the need of children in foster care to appear in a better light, that is, to present themselves as more similar to their peers.

**Figure 4.** How do the referent group of adolescents from general population and foster care adolescents estimate the financial status of the families in which they live?



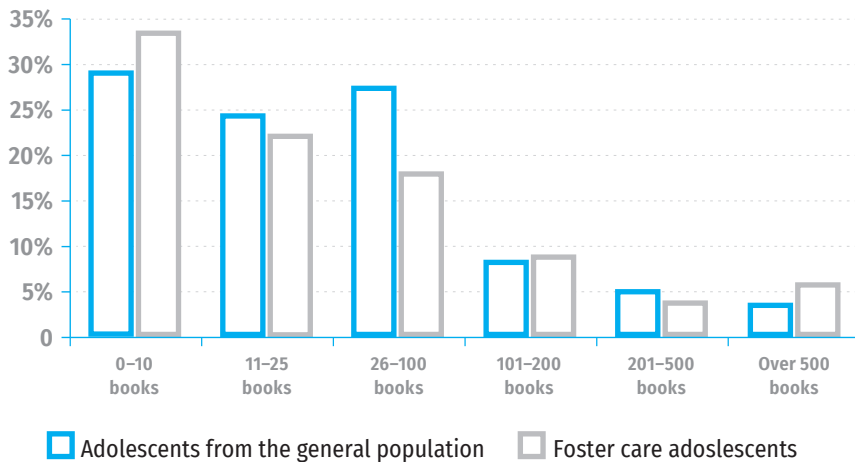
Adolescents in foster care and adolescents in the general population do not differ significantly according to the estimated **number of books in the house** (Table 10). The highest percentage of adolescents in foster care reports that they have between 0 and 10 books, while much fewer of them estimate that they have between 11 and 25 books or more. In the reference group, the highest percentage of adolescents report that they have between 26 to 100 books in the family home (Figure 5).



**Table 10.** Differences between referent group of adolescents from general population and foster care adolescents in assessing the number of books at home

	Group of children	N	Mean Rank	Mann-Whitney U	p
Number of books	General population	1287	724.29	88,427.50	.109
	Foster care adolescents	149	668.47		

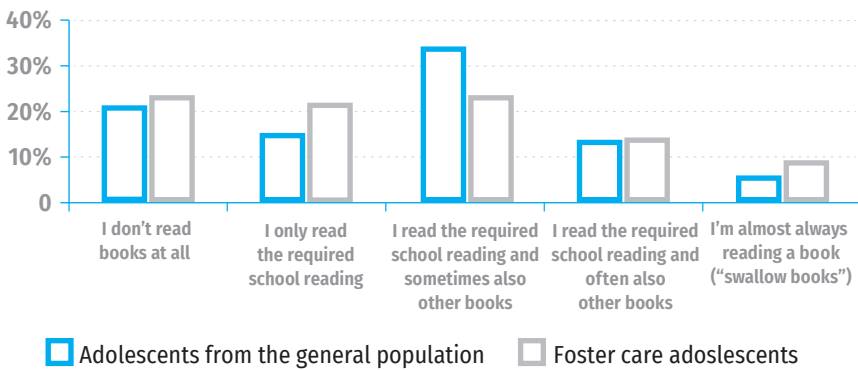
**Figure 5.** Estimates of the referent group of adolescents from general population and foster care adolescents about how many books they have in the house in which they live



The two groups of adolescents do not seem to differ in **reading habits** either. No statistically significant differences were obtained between adolescents in the general population and adolescents in foster care in terms of frequency of reading. Children in foster care do not read at all in 24.5% of cases. It is similar in the group of adolescents in the general population – 22.7%. When it comes to required school reading, children in foster care report that they only read the required school reading in 23.8% of cases,

while children from the general population do it in 17.7% of cases. Children from the general population in 35.9% of cases also read books that are not required in the school reading literature, while the percentage of children in foster care is 24.5% (Figure 6).

**Figure 6. Reading habits of the referent group of adolescents from general population and foster care adolescents**



### 5.3.2. Relationships of adolescents' in foster care with people in their environment

Developing and maintaining positive relationships is one of the key aspects of the well-being of adolescents in foster care. Adolescents in foster care (including kinship foster care and professional foster care) compared to adolescents who live with one or both parents, expressed in the questionnaire that they were more satisfied with the relationship with adults who cared about them and with whom they were in daily contact. Also, in the category of those who live with partners, adolescents in foster care estimated that they were more satisfied with their relationship with their girlfriend or boyfriend than the adolescents from the reference group. In assessing the satisfaction with the relationship with close friends, no statistically significant differences were obtained (Table 11).

**Table 11.** Differences between referent group of adolescents from general population and foster care adolescents in relation to the satisfaction with relationships with important people

	Group of adolescents	N	Mean Rank	Mann-Whitney U	p
Relationship with adults who care about you	General population	1242	681.00	103,710.00	.000
	Foster care adolescents	143	797.24		
Relationship with close friends	General population	1288	721.31	91,693.00	.330
	Foster care adolescents	148	694.05		
Relationship with the partner	General population	900	486.19	43,483.00	.012
	Foster care adolescents	84	560.15		

When it comes to monitoring and **how much the adults with whom they now live and who are caring for them know** about the different segments of their lives, adolescents in foster care assess very differently only the aspect that relates to **the time that they spend on the Internet and social networks** assessing that adults monitor them more in the mentioned activities (Table 12). It seems that the foster parents, in their professional role, are more informed and prepared than parents in the general population in Serbia when it comes to the safety of children in contact with the modern technologies and the Internet in general.

**Table 12.** Differences between referent group of adolescents from general population and foster care adolescents with regard to the monitoring

How much do adults who care about you really know about...	Group of adolescents	N	M	Mann-Whitney U	p
Who your friends are	General population	1293	723.65	93,543.00	.406
	Foster care adolescents	149	702.81		
Where you are when you're not in school	General population	1290	722.10	93,392.00	.455
	Foster care adolescents	149	701.79		
	General population	1288	714.56	100,388.00	.184
	Foster care adolescents	148	752.80		
How you spend money	General population	1286	717.45	96,511.50	.830
	Foster care adolescents	149	722.73		
Where you go out in the evening	General population	1289	717.53	98,570.50	.508
	Foster care adolescents	149	736.55		
Total	General population	1294	714.16	106,543.00	.023
	Foster care adolescents	149	790.05		

\* Since we could not control that all respondents answer all the questions a difference in the number of responses on individual questions appeared (missing data)

To consider this result in the sub-sample which included only adolescents in foster care (N=151), three age groups were identified:

- 1) primary school students (N=41; the sixth, the seventh and the eighth grade, which in Serbia corresponds to the age of 13–15 years),
- 2) junior secondary school students (N=55; first and second year of secondary school, age 15–17) and
- 3) senior secondary school (N=35; the third and the fourth grade, age 17–19)

In reviewing the results on relationships and how much the adults who care for them (foster parents) are aware of different aspects of life of these ado-

lescents significant differences were established in terms of monitoring the use of leisure time on the Internet and social networks. Indeed, the youngest group, that is, primary school students, as expected, was significantly more monitored by adults than adolescents in both older groups (Table 13).

**Table 13.** Differences in monitoring in relation to the age of adolescents in foster care

How much do adults who care about you really know about...	Group of foster care adolescents	N	M	SD	SE	F	p
Who your friends are?	Primary school students	41	2.8537	.35784	.05589	1,382	.255
	Junior secondary school students	54	2.7037	.46091	.06272		
	Senior secondary school students	35	2.7143	.57248	.09677		
Where you are when you're not in school?	Primary school students	40	2.7000	.64847	.10253	.474	.623
	Junior secondary school students	55	2.5818	.68559	.09244		
	Senior secondary school	35	2.6857	.58266	.09849		
How you spend money?	Primary school students	39	2.8205	.45142	.07228	1,505	.226
	Junior secondary school students	55	2.6545	.58431	.07879		
	Senior secondary school students	35	2.6000	.69452	.11739		
Where you go out in the evening?	Primary school students	41	2.7317	.59264	.09255	.255	.775
	Junior secondary school students	53	2.8113	.52097	.07156		
	Senior secondary school students	35	2.7714	.49024	.08287		

What you are doing in your spare time?	Primary school students	40	2.6500	.57957	.09164	1,083	.342
	Junior secondary school students	55	2.7273	.52545	.07085		
	Senior secondary school	35	2.5429	.65722	.11109		
How you spend time on the Internet and social networks?	Primary school students	39	2.4872	.68333	.10942	4,830	.010
	Junior secondary school students	55	2.5455	.66160	.08921		
	Senior secondary school students	35	2.0857	.81787	.13824		

Compared to adolescents from reference group, according to assessments, the adolescents in foster care had less **disputes** and **quarrels** with parents/ foster parents in the past months, as they report in the questionnaire (Table 14). The question is, whether disputes occur because there are specific mechanisms of functioning of the family: the division of responsibilities, decision making, communication etc, or there are other mechanisms of resolving conflicts in foster care families.

**Table 14.** Differences between referent group of adolescents from general population and foster care adolescents in relation to disputes and quarrels with parents/foster parents

	Group of adolescents	N	M	Mann-Whitney U	p
I had disputes and quarrels with parents/ foster parents	General population	1288	730.73	83,422.00	.003
	Foster care adolescents	151	628.46		

When considering the relationship of adolescents with adults who take care of them, we get a statistically significant difference between adolescents in foster care and those in the referent group of adolescents from general population when it comes to talking with adults about various subjects – adolescents in foster care report that they talk with adults more often. This reopens the question of performance of foster parents – whether in performing their role they are better informed about the importance of talks on various topics during the period of adolescence than other carers? The results obtained with the other relationship dimensions set forth in Table 15 indicate that there are no statistically significant differences between the two groups of adolescents.

**Table 15. Differences between referent group of adolescents from general population and foster care adolescents in different dimensions of relationships with adults**

Dimension	Group of adolescents	N	M	Mann-Whitney U	p
I have good relationships with adults who take care of me.	General population	1294	718.93	101,674.00	.226
	Foster care adolescents	150	753.33		
Adults who take care of me give me help and support when I need it.	General population	1293	720.07	100,760.00	.372
	Foster care adolescents	151	743.28		
Adults who take care of me often tell me that they love me.	General population	1291	718.64	98,584.00	.583
	Foster care adolescents	149	736.64		
I often talk about various topics with adults who take care of me.	General population	1290	709.82	109,235.00	.003
	Foster care adolescents	149	808.12		

A closer look at the differences that emerged within the group of adolescents in foster care (152 adolescents aged 14 to 19) indicates that statistically significant differences were established in the area of relationships. The girls are more likely than boys to talk with adults about important and serious topics (Table 16). These findings are consistent with those from the research in the field of gender-based differences in communication, which confirms the finding that girls are more open to communication with parents (McNaughton & Niedzwiecki, 2000).

**Table 16.** Differences between boys and girls in foster care in terms of willingness to talk with the adults with whom they live about important issues

Dimension	Sex	N	M	SD	t	p
Would you talk to adults with whom you currently live, your parents or foster parents about drugs, alcohol, sex or any other serious topic	M	74	3.42	1.58	-2447	.016
	W	74	4.01	1.35		

Regarding relationships with adults who take care of them, that is, foster parents, the youngest group of respondents in the foster care adolescent's subsample assesses that they are the most satisfied with the relationship (Table 17). Also, the youngest children in foster care are the ones most bored ( $F(2,127) = 3.189, p < .05$ ) and more closed than the secondary school students ( $F(2,125) = 4.186, p < .05$ ).



**Table 17. Age differences in satisfaction with relationship with foster parents**

	<b>Group of foster care adolescents</b>	<b>N</b>	<b>M</b>	<b>SD</b>	<b>SE</b>	<b>F</b>	<b>p</b>
Satisfaction with the relationship with adults	Primary school students	40	4.95	.22	.03	3,125	.047
	Junior secondary school students	55	4.78	.49	.06		
	Senior secondary school students	35	4.65	.72	.12		

The finding that younger children are more satisfied with the relationship with foster parents can reflect an actually better quality relationship that foster parents establish and maintain with younger children and greater obedience (less critical towards foster parents) of younger adolescents compared to older groups.

In the qualitative part of the research, the consensus-building activity in all 10 focus groups with adolescents as well as in 11 focus groups with adults who take care of them confirmed the vital and over-riding importance of having trusting relationships with adults, friends and family members. Relationships in which they are connected include the experience of love, sincerity, support, care and attention, as well as reliability, trust and closeness. Other studies also emphasize the importance of relationships for these children and young people (Sinclair, Wilson and Gibbs, 2001; Timms and Thoburn, 2003; Selwyn, Saunders and Farmer, 2010; Duncalf, 2010; Morgan, 2014; Selwyn et al, 2017).

### **5.3.3. Relationships and contacts with members of the biological family**

The importance of contacts and nurturing relationships with children in foster care with parents and relatives has been recognized in international and national legislation, where it is particularly specified as a child's right

(Convention on the Rights of the Child, 1989, The Family Act of the Republic of Serbia, 2005, UN Guidelines on Alternative Care, 2009).

The legislation in Serbia also regulates this area. The Family Act (2005) defines maintaining personal relationships as a child's right (Art. 61) with the parent with whom they do not live, relatives and other persons with whom they have "particularly close ties" (Para. 5). According to the Rulebook on Foster Care, one of the criteria for the selection of foster families is that they live in an environment that will enable the preservation of the established relationship with the child's relatives and other important persons (Art. 33, Para. 5). Maintaining ties with the family of origin and important persons is one of the items that are monitored and evaluated during the monitoring of foster families and a review of the implementation of standards for the protection of the child in the family (Art. 39, Para. 5). The Family Act (Art. 113, Para. 4), and the Rulebook on Foster Care (Art. 6, Para. 3) provide that the siblings, as a rule, are placed in the same foster family. The Rulebook on Foster Care allows an exception with regard to the number of children who can be placed in one foster family when it comes to siblings (Art. 6, Para. 4), but does not regulate the sibling contacts if they are separated. The Rulebook on the Organization, Norms and Standards of the Center for Social Work (2008) (hereinafter referred to as CSW Rulebook), provides that the Plan of Parents' Visits to the child is an integral part of the Family Service Plan with a Permanency Plan for the Child in situations in which the child does not live with his/her parents. This Plan of Parents' Visits regulates, among other things, the mode and frequency of contacts with their parents, siblings and other family members (Art. 73, Paras. 1 and 2). This regulation requires that an appropriate, joint placement be found for all the siblings separated from their families, without specifying what kind of placement. If joint placement is not in accordance with the best interests of one or more children from the sibling group, it is necessary to specifically justify this decision in a relevant document (Art. 72, Para. 4).

The regulations that govern the standards of foster care in Serbia in the part of maintaining relationships are only partially complied with. According to earlier studies of family and residential placement in Serbia (Zegarac, Burgund and Milanovic, 2014), half of the children are in their first

placements along with their siblings (out of whom one half with all siblings and the other half with part of the siblings). Meanwhile, for about 10% of cases, the file does not explain why children were not accommodated together with their siblings. About 60% of children do not have a regulated plan of contacts with parents, relatives and other significant people. Approximately the same percentage of children still maintain these contacts mainly with some of the relatives, while court decisions on regulating or prohibiting contact are rarely present.

### 5.3.3.1. Relationships and contacts with parents

During the focus group discussions, adolescents of different ages as well as adults who care for them emphasized the importance and complexity of maintaining relationships with parents of adolescents in foster care. Adolescents say their contacts with their biological parents are important because they:

- × **Help the adolescent feel good** (“100%, for me it’s all about that” Darko, 13) confirm the parents’ love and belonging to the biological family (“because after all we are theirs” Voja, 21).
- × **Reduce worry and anxiety over how the parents are** (“I worried a lot about my dad when he did not answer, he has cancer, you know...” Valentina, 16).
- × **Support good behavior in children through advice** (“when they give you good advice to correct a mistake” Milica, 15).
- × **Satisfy the adolescents’ need to know their origin** (“When you go to school, when you write an essay that you have the information” Nenad, 14).

When the expected or desired contact does not happen, then sadness emerges as the dominant feeling (“We do not see each other and then when we hear that they will come and when we see each other we rejoice and cry” Jovan, 14) and concerns (“She said to me, have they forgotten me or has something happened to them,” II\_FCF3). Adolescents emphasize the need for predictable and regular contacts, whether they are meetings, contacts

by telephone or through social networks (*"at least to hear from them once a week"* Mila, 13). Adolescents link maintaining contact with the parents with the conditions of placement and previous experiences and the characteristics of the parents. Some accept and explain the lack of contact with parents with bad past experience (*"Well my mother abused me so ... It's OK that I do not have contacts."* Vitomir, 17), they take the position that their parents are not needed or refuse to talk about it (*"Leave me out of this question" ... Jelena, 15*).

Some adolescents see one but not the other parent (*"My mother is more important to me than my father because I do not communicate at all with my father"* Jelena, 15), which can be related to the fact that some of the parents have been deprived of parental rights, or to the refusal of parents to establish contact:

*"...I want to hear from my father, but he does not want to hear from me, he does not accept me as his daughter..." (Sanja, 16)*

Those who live in kinship foster families have reported that they had no difficulties in maintaining contact with parents and relatives.

According to their experiences, contacts are facilitated by legal guardians and social workers, *"when we ask them if we can see them"* Miki, 13). Adolescents perceive to have a relative power to decide on how to maintain contact with their parents, and that it is important to them to be asked about it. Some want to retain full autonomy in decisions as to with which family members and how to maintain relationships, according to their 'merits':

*"We should decide if someone is already in such a foster family, that is not a kinship family which means that, somehow, their relatives gave up the rights to them, and then that person should certainly decide about his/her relationship with them. (Theodora, 16)*

Adolescents and young people with previous experience of fostering interpreted contacts with parents through facilitation (support from social workers and foster parents that the child has contacts) and information

and explanations (what is happening and why and what will happen in the future), and support to the child's choices:

*"...no foster parent, or case manager should hinder them, but give them the explanation, we think that it is not ok for you, but if the child has this desire and need I think they should not hinder him/her, but say, ok, we're going to meet the parents." (Jana, 19)*

*"And not lie to him/her." (Andjela, 21)*

All focus groups with adult research participants and key informers in interviews recognize the importance of adolescents' contacts with members of their biological families and quote examples from their own experience when they were surprised by the power of relationships between parents and children. Contacts with parents, according to foster parents, professionals and key informers are:

- × **The ultimate impression of adolescents when thinking about fostering** (*"What remains is what the contact with their biological parents was like and whether it existed and it is really amazing" I\_CMF5*).
- × **Opportunity to clarify the circumstances, get answers and mourn losses** (*"Somehow this sorrow and contact, why he ended up in such a situation, to get answers to these questions, to clarify in his mind what it is that led to such a fate" IV\_CMF3*).
- × **Facilitate the care of children in foster care because those who have contacts are more satisfied** (*"...these children are somehow more satisfied..." III\_CMF1*).
- × **The basis for building a favorable image of themselves and self-respect** (*"...they will always have their parents in the back of their mind, these parents, I can tell you that they will accept even their parents' flaws" III\_FCF4*).
- × **The ability to-establish continuity, a key to long-term stability** (*"...in the short term, these contacts destabilize these kids while in the long term, it is important for their stability that there be some continuity" I\_FAM1*).

- × **Opportunity to ensure a ‘safety net’ after exiting foster care** (“...and everyone has to leave foster care at some point” IV\_FAF4).

Case managers and fostering advisers recognize the specific importance of the contacts in adolescence, because of the developmental tasks at this stage, since adolescents anyway, and those who grow up in alternative care in particular, intensively think about their origin, trying to fill in the ‘gaps’ in information on their past and seek to overcome the ambivalent feelings:

*“...children often have some ambivalent attitude towards parents. On the one hand, they are angry with them, on the other hand, they feel sorry for them “(II\_CMF3)*

The importance of contacts is undoubtedly emphasized in the narratives of adults who care for children in foster care, but their impact on the well-being of adolescents (positive or negative) is linked to factors related to the parents, adolescents, foster parents and foster family and the center for social work.

Factors related to **parents** in relation to maintaining relationships and contact indicate the level of their (dis)engagement and motivation and the development of parental competences. It was observed that adolescents and adults who care for them have difficulties when parents fail to fulfill promises and betray the expectations of children, and that there are serious challenges in responding to the contents of messages that adolescents receive from their parents, which are different from those they get from foster parents or professional workers:

*“...he saw them maybe twice in 6 years, they called him, but he just did not even want to talk to them because when they call him Mom tells him Oh, I’ll die because you, and then ... they disappoint him, they lie to him that they will come and then don’t show up for 2 years and then he probably gets disappointed ...” I\_FCF2)*

Factors related to **adolescents** in care in adult narratives are associated with age and maturity, the way in which a particular child accepts and understands events in the biological family, but also with reasons for placement in foster care, behavior and decisions of parents.

*“Well, more negative, because the child is then aware that he/she lives in another family, he/she cannot understand this parent who does not care about him/her, and then this parent has other children and this creates discontent in terms of how he/she can take care of these children and not of him/her” (III\_FAM3)*

Case managers see the work with adolescents who refuse contacts as a challenge in this area (due to the abuse in the family, feeling ashamed of the parents who have mental health problems), and work with those who want contacts in spite of the decisions of the centers for social work and who find ways to make them. Some of the participants acknowledge the adolescent’s age, views and decisions that adolescents take in this area. They also acknowledge that you *“can’t behave restrictively with adolescents, because they can do things bypassing us” (II\_CMF2)*.

Factors related to the **foster parents** and **foster families** are related to the ways in which its members treat contacts of children with their biological parents. Case managers, like adolescents, emphasize that when the topic of contacts with children is adequately approached and supported in a foster family, then they have a positive impact, even if they do not meet the relevant criteria like continuity and predictability:

*“Families who address this subject, who talk about parents, who share the grief why parents may not have been able to, not to take it against them... In these families, children like the contact even if it is irregular and it somehow does not destabilize them, it is somehow a contributive factor.” (IV\_CMF4)*

Fostering advisers recognize the engagement of foster parents in maintaining the adolescents’ contacts with members of their biological families as ‘a very serious fostering task’. Case managers as well as advisers recognize the obligation of foster parents and the importance of their role in connection with the contacts, but unlike advisers (who are in a more intense relationship with the foster parents), they point to the behaviors of some foster parents that adversely affect the contacts. They believe they have no power, or the ability to correct the inappropriate actions of foster parents, and that advisers sometimes do not give enough attention to these issues:

*“Some interfere, and some are too lazy to organize it and work on it because it requires organization, some control and it must be done by them. For them it’s extra work” (II\_CMF1)*

Factors related to the **Center for Social Work** affecting the quality of contacts relate to continuous assessment, planning and maintaining the link between the child in foster care, parents and other family members. Fostering advisers in several focus groups presented arguments that sometimes these contacts ‘destabilize the child’, because they believe that the case managers and guardians from the CSW put the child’s right to contacts first, without a good assessment of whether these contacts are useful:

*“It is not good when these contacts occur without any control or because the guardianship authority, the guardian in particular, has a soft spot so they allow contact, regardless of whether it is the wish and the interest of the child or not.” (I\_FAM2)*

Foster parents stressed that the centers for social work were sometimes not doing their job properly in relation to the maintenance of contacts, as well as the need for better assessment as to who and which contacts are good for the child. It seems that some foster parents are left to their own devices regarding the organization and maintenance of contacts, which they devise on the basis of their own insights and experience as to what is good for the child.

Sometimes the foster parents are puzzled by the affection that children show towards their parents who repeatedly failed them, fearful of the unstable behavior of parents and they recognize the suffering of the child. In several narratives, the foster parents described that children ‘do not want to see their parents’ or do not want to hear about them’, because of anger, a sense of shame (especially when parents are mentally ill). Also, foster parents sometimes have a sense of ‘resentment’ when faced with the child’s tantrums after contact with the parents. Then they are convinced that a parent *“denigrates the foster parents and the child then gets restless and the foster parent cannot overcome them. But they do not want the child back.”* (II\_FCF4), and that they often do not have enough support to



maintain these contacts. To sum up, we note that the contact with parents and other adult members of the biological family was reported in the most complete and illustrative way by foster parents in the focus groups.

Adult respondents also presented observations and experience that was important to connect adolescents with other relatives, especially when contacts with parents were not possible or appropriate (*"If you cannot organize it with everyone, you can do it with someone."* III\_CMF2)

Based on focus group discussions it was unclear in which cases and how the system of alternative care in Serbia is using mechanisms for establishing and maintaining contact with the child's parents. Continuity, certainty and predictability are listed as contacts' features that contribute to the well-being of the child, and good preparation, planning, organization, cooperation of adult actors and adding content are quoted as its prerequisites. At the same time, all groups of respondents see themselves as primarily responsible for contacts between parents and children in care. In several focus groups with adults discussions revolved around the inadequate quality of contacts, which is attributed to incompetence of parents to interact and devise meaningful activities.

It is unclear what the system is doing to make the contact with the parents frequent and regular, since in those cases they have been perceived to be good for children. Although the tested adolescents did not report on this, the adults who take care of them stated that these contacts were often unsupported and unplanned, and that there existed a more or less covert mutual blaming between foster parents and fostering advisers on the one hand, and case managers from the CSW on the other hand. There is a widespread view that the social protection system is working on contacts ('pushes for them'), but that it is a declarative understanding of their purpose and significance and that not enough is done to make the contact such as the children need. The needs of children who refuse contacts with their parents seem to remain unrecognized and adults often use this attitude of the child as a solution for not opening 'difficult' topics. Meanwhile, foster parents and professionals are willing to recognize the 'inadequate' behavior of the parents in contacts as negligence, unreliability and irre-

sponsibility when there are no contacts, and to blame them for the inadequacy and the lack of planning when there are contacts. It seems that the planning of contacts is left to parents, and when they do not know how to plan the interaction during these periodic and monitored meetings, then parents are accused of lack of capacity. Relationships of adolescents in foster care with parents are certainly a complex and a sensitive issue that significantly affects their well-being, for which there are no easy or universal solutions.

### 5.3.3.2. Relationships with siblings

Practitioners, researchers and theoreticians agree that for children who are separated from their parents, relationships with siblings can be vital for maintaining the sense of security and emotional continuity. In an unknown and potentially frightening situation of separation, these relationships can provide a sense of stability and belonging (Shlonsky, Webster, and Needell, 2003; Smith, 2009). The continuity in these relationships helps children preserve the identity and knowledge of personal, family and cultural history. By developing stable and close emotional ties of children in alternative care with their siblings gives significant support to their overall development and mutual support both in the present and in the future.

According to the adolescents in this study, relationships with siblings are the most important in their life for the majority of them. When you're in placement with the siblings that is like *"half the family"* (Slavko, 17). Adolescents almost entirely agree that it is better for them when they are accommodated with siblings, it:

- × **Contributes to the feeling of security** (*"We have someone who is there for us if we can't have parents," Marija, 14*).
- × **Alleviates uncertainty and daily functioning in a foster family** (*"I did not care if we were on the street or in a foster or home, it simply mattered that we were together" Katia, 19*).
- × **Reduces worry and anxiety** (*"When we are separated then there is this concern how she is, if she is feeling good" Ivana, 14*).

- × **Is a resource for the future** (“You grow up knowing that you can call on your brothers and sisters, one you call about this problem, the other about another ... somehow the world is much more open.” Voja, 21).

Adolescents who participated in this study mainly have a sibling, but only some of them are placed together with them. Most of them openly express that they would like to be together with their siblings, although many of them do not see why it is not so, nor dare to open this topic:

*“...two of my sisters were together in foster care in the neighborhood and I was in another family. I don’t know what happened that they split up, so I moved into the foster family where one of the sisters remained. And then after some time, after two and a half years, she moved to another foster family... (How did you feel?) Well, of course I felt bad. I also wanted to be together with them... I wondered, but I never asked them why.” (Djole, 17)*

Some adolescents recognize that siblings are more likely to stay together if the kinship family accepts them because other foster parents are “reluctant about it” (Jelena, 15). Situations in which information about their siblings are kept from them affect them particularly.

*“My foster parents were hiding me from how many brothers and sisters I had, where they lived, where they are now. Only after five years in foster care was there talk about my going to residential care ... only then I found out about everything. That my brothers were also in residential care, that my sister was also there, that I would also go there, all kinds of stuff.” (Vladan, 22)*

They point to the difficult experiences of separation and difficulties of reunification and integration with the siblings for which they find adults in the system responsible because they did not inform them or supported cohabitation or regular contacts:

*“...It was very difficult for me, the separation and the reunification now, it is difficult to harmonize, to know each other, I have come to know my brother, me and the other brother, we need to adapt and I don’t*

*like that it's happening now, I wish it happened before, when we were children. (Katia, 19).*

*"I would have given anything not to have been separated. Me and my sister have not seen each other for five years, I raised her from when she was born until she was three, changed her diapers, fed her... I get on the bus and see a child that looks like her, I ask if it's her, I start to cry in the middle of the bus..." (Kosta, 20).*

There is a general agreement of the adult research participants that joint placement of siblings positively contributes to the well-being of adolescents in foster care. Key informers and professionals see the joint placement as something that should not 'be called into question', while foster parents describe this link as, 'a must', 'very positive' and 'important'. The contribution of joint placement with siblings to the well-being of adolescents is recognized in the support during the adaptation and the duration of placement (they stick together), identity formation, the development of positive self-image and the integration of the life story. Also, siblings are considered as a lifelong resource and the most reliable support. A number of foster parents say that it is easier for the sibling group to be in joint placement, but that it is harder for the foster family to take care of a group of siblings:

*"...they should not be separated, but I can honestly say that when you get three children it is a lot harder than one child" (I\_FCF3)*

Some foster parents see sibling association as a special challenge, which is then difficult to control because they feel 'strong' and *"...in some cases they get a lot of power, they literally make a clan, and it is not good for a family to have clans" (III\_FCM3).*

Although the importance of joint placement has been acknowledged and professionals claim that they insist on it, adults also agree that it is not always possible and that it must take account of the 'reality'. The reality is related to the lack of resources, because the available foster families often do not have the capacity to meet the demands of larger sibling groups, especially when there are challenges related to the (health and developmen-

tal) needs of children. Also, poor relations between brothers and sisters are seen as obstacles to a joint placement. Some fostering advisers quote the existence of a 'negative effect' of one or more siblings on the other as reasons for separation which they consider justified. On the other hand, there are also perceptions that these difficulties require a response and need to be overcome in order to enable a joint placement of the siblings. Key informers and case managers often quote the situations in which the interests of available foster families who are reluctant to accept the sibling group are monitored. The case managers find it challenging to provide joint placement for children of different ages, which they sometimes solve by connecting the sibling groups that are close in age ('two by two'), or look for a location solutions: "*All are placed in the same town, they go to school together*" III\_CMF6). Case managers see the meaning of their coordination role for children in alternative care precisely in this area:

*"...this case manager who follows the case knows where each one of them was accommodated, how many sisters or brothers he/she has, where they are and that this is a really important role of the CSW, the case manager and the team to organize contacts perhaps between siblings who are in different placement, I think it's really our role, perhaps even the most important role." (I\_CMF4)*

When the joint placement of siblings was not successfully completed, participants recognized that establishing and maintaining contacts was a way of preserving this important relationship. There are obstacles in maintaining contacts and key informers and case managers link them to the performance of professional workers from the CSW, whether it is due to their insufficient engagement or work overload or lack of time. The obstacles to maintaining contact of siblings in alternative placement are certainly complex and numerous, and the many narratives of respondents make it evident that lots of children face the interruption of contacts, that sometimes several months would pass before the re-establishing of sibling contacts comes into the focus of practitioners. From the perspective of the child's sense of time (Fahlberg, 2012), children (depending on the developmental age) could perceive separations that seem short to the adults, as a permanent loss.

Foster parents quote their hard work and dedication to support contact with siblings who are placed in another family to arrange for them to meet and socialize. Others point out that they often have no information or only partial information as to what is going on with the brothers and sisters of children they care about. Other respondents also recognize that maintaining a sibling group is a demanding task also for foster parents:

*“But these are difficult tasks; it sounds nice as a standard. There are some additional tasks, it involves a really big commitment and understanding and effort from the foster parents.” (K14)*

Key informers and case managers stress that sibling issues are important in the assessment, planning and decision-making on achieving identical or different objectives of permanency for children, especially with the adoption, where the connection with the siblings appears as a factor that hinders the adoption of children:

*“...We could perhaps find some other and better option for this girl but we really have not had the courage to take her out from being a really good sibling and from the good functionality of two foster families who met regularly during weekends, to take this child and say: ‘Now it’s her that is going to be adopted’.” (IV\_CMF5)*

### 5.3.4. Relationships with foster parents

Since love, affection and care are important qualities for adolescents in care, foster parents, as care givers, are important figures. If the foster parent is a trusted adult to the child, placement is logically seen as safe and stable. In numerous studies, adolescents quote the importance of feeling welcome in a foster home and the desire to be treated like other children in the family, including the biological children of foster parents (Timms and Thoburn 2003; Skuse and Ward, 2003; Morgan, 2009; Selwyn et al, 2010). Adolescents feel good when foster parents:

*“Treat us the same as their own children. We get the same as they do. We share everything.” (Lena, 14)*

Some adolescents call their foster parents just parents, especially those who have long since severed contacts with the family of origin (*"Because I was raised by them"* Mila, 13; *"Mother is one thing, Mom is another,"* Miki, 13), and some consider both the biological parents and foster parents to be their parents (*"...it's the same ... the only difference is in the blood"* Ivana, 14). For some adolescents, foster parents are persons of trust, people they can turn to when they need help and support, people who facilitate their contacts with professionals, and sometimes complex relationships with their biological families. Many of them emphasize that it is of the utmost importance for them to communicate well with foster parents. The foster parents are expected to provide love, respect and support for the right choices. Another group of adolescents emphasizes the importance of care and protection they receive from the foster parents (*"They buy us things, give us things, help us with the school"* Nenad, 14; *"They prepare our clothes, what we will wear and eat"* Marinko, 13).

There are adolescents who actively stress that the foster parents are a 'nuisance' and that they are too controlling (*"They impose some stupid bans"* Misha, 16; *"She just barges into my room like a policeman every 5 minutes, pressuring me"* Slavko, 17). The youngest respondents (13–15) expressed a desire for less control when using social networks, going out with their peers and pressures regarding academic achievement (*"We want them to stop constantly telling us to study..."* Marinko, 13).

Young people who are leaving care, in addition to the role of case managers and the CSW recognize the power and the key role of foster parents to influence the quality of relationships between parents and a child in care:

*"The center for social work, who is competent in this issue, they are only there to contribute ... Foster parents are the ones who are the key to everything ... They simply hold the entire case in hand, they run the process... the foster family needs to adapt to rapid changes, to accept this child as if it were their own and just do their job sincerely, out of love."* (Vladan, 22).

Adolescents and young people with previous experience of foster care have stressed that there are dedicated foster families, and that those who do not want or do not know how to show love should not be foster parents. This group indicated more often than others that foster parents did not give children love and support but took care of them because of financial interests (*"I've had such a family, there was not a shred of love expressed there."* Jana, 19). This is described, inter alia, as *"classical foster parent-child relationship"* (Kosta, 20), wherein each side fails to feel love and respect for the other.

This situation seems to be unmistakably recognized by the adolescents (*"you can feel that"*, Teodora, 16), and articulated through various behaviors of foster parents they quoted from direct experience (which occurs mainly in the focus groups of care leavers). Other adolescents said that they knew about such cases (from peers, siblings) or that they 'heard' about it, whereby it is unclear whether it is about them, and if not, how such narratives reached them and whether adults use such stories to send some messages. A foster parent who does not provide love and attention is the one that:

- × **Shows disregard for what happens in school** (does not protect children from bullying, does not ask about how they are accepted, does not advocate for them in school, shows no concern for their academic achievement).
- × **Pretends before the others to take good care of the child, while putting his/her needs before theirs** (does not want to dedicate time to a child when the child needs it, does not recognize what's important, creates a feeling that the child is a 'second-rate' family member, treats their natural children and children in care unequally, does not create an atmosphere in which other members of the extended family accept the child, does not protect against injustice, creates an atmosphere of fear in the house before the arrival of professionals).
- × **Denigrates the child's individuality** (disparages or criticizes the child's parents, forbids or actively hinders contact with their parents and others siblings, brings the child 'down to earth' or discourages him/her, does not support the wishes and interests of the child).



- × **Does not understand the difficulties of the child and gives up on him/her** (does not realize that children’s adaptation is difficult, does not recognize or ignores signals of difficulties, ‘gives up on a child’ when a child has a tantrum, asks for unquestioning loyalty and obedience, etc.).
- × **Physically neglects a child** (inadequate placement, not providing food, neglecting hygiene and clothing of the child).
- × **Abuses the child** (physical, emotional or sexual abuse, labor exploitation).

Some foster parents also stated that they are the most important persons in the life of adolescents (“*she attached to me because she misses her mother. I am more important to her than anything.*” II\_FCF3; “*Children in its foster families have no grandmothers or aunts, so foster parents are their shelter.*” III\_FCF4). Similarly to adolescents, they believe that their role is crucial to their well-being. At the same time, they recognize the circumstances regarding the child and ‘genetics’ as something inscrutable and incorrigible, and then traumatic experiences, and especially ‘adolescence’ as disruptive factors with which they do not know how to cope:

“*She was my favorite before adolescence, then she changed by 360 degrees and we could no longer recognize her, nor influence her although she was given all the love, attention, virtually everything.*” (II\_FCM5)

Foster parents in all four focus groups emphasized that ‘adolescence changed children’ and described their attitudes and reactions in the range between normalization (“*This happened with my own kids, and with us*” II\_FCF3), through humor and making connections (“*I am so long in adolescence, my two daughters and his brother and the two of foster kids...*” III\_FCM1) to experiences of helplessness and abandonment (“*I survived adolescence three times with my own children, now I can’t make it one more time...*” IV\_FCM2).

Case managers and fostering advisers also focus on foster parents as a key link in the system that ensures the well-being of adolescents. They often state that “*Foster parents above all. They are with them 24 hours*”(III\_FAF5).

The belief that a foster family should be allowed to do their job without interference of social services emerged in several focus groups with professionals:

*“...they need normalization ... we are a clear evidence that he is not a typical child who grew up in the family and we constantly remind him of this”. (I\_CMF5)*

Foster parents are criticized because they sometimes ‘overprotect’ the adolescents, or in other cases, expect the adviser to be the ‘judge’:

*“When the foster parent has some problem he/she tries to involve the adviser and invite us to solve the problem. And then you sometimes fall for it”. (III\_FAF1)*

Professionals emphasize that adolescents are difficult and challenging for foster parents. They find that they have difficulty to identify the needs and understand the needs hidden behind challenging behavior and to adapt to the requirements. They particularly note the intensified care and a sense of responsibility of foster parents, which are often based on fear, lack of confidence and not knowing the adolescent well. Foster parents in these circumstances react by setting new and stricter rules and boundaries and adolescents react by rebellion and resistance. Advisers emphasize that in this period foster parents need additional support and training. However, the responsibility and fear of the foster parents can be reinforced by the reactions of professional workers.

*“I think that we intimidate them too. We continuously reprimand them, tell them to report, to ask for help. So they think, If I need to ask for help, what is it that I'm not doing well, if they need to intervene.” II\_FAF3).*

There is conviction among professionals that problems should be solved primarily within the foster families. This probably explains their beliefs that fostering is ‘the best option for the child’ and the unsubstantiated optimism that a ‘good’ environment can independently compensate previous traumatic experiences and current challenges, and that the role of professionals is to respond when the symptoms are obvious.

### 5.3.5. Relationships with case managers and fostering advisers

*“I think case managers don’t have time for children and I think that is why children fail a bit more and get sidetracked.” (Andjela, 21)*

Numerous studies stated the importance of relationships between children and adolescents in care and their social and care workers (e.g. Morgan, 2009; Gaskell, 2010; McLeod, 2010; Oliver, 2010; Munro, 2011). Children stated they wanted positive long-term relationships with social workers, stressing the desire for more contact with them. They need it in order to develop trust and have perception that someone is taking care of their safety and needs in a responsible and professional manner, but also with respect and empathy.

In the period 2005 through 2008 reforms were carried out in Serbia to enable de-institutionalization and development of foster care, as well as development of new services to support children in care. The social protection system has at its core the center for social work (CSW), a basic, polyvalent social service for children, youth and adults, and a social protection entitlement decision-making authority. The CSW also has important roles in the area of guardianship, performing activities of the guardianship authority in a municipality which makes it automatically responsible for the guardianship of all children placed in alternative care. Every client at a center for social work, hence every child in alternative care, is assigned to a relevant case manager (they are social workers, but also some are psychologists and pedagogues), who has responsibility to manage initial assessment and organize further targeted and specialist assessment. Case managers also have a task to make an individualized service plan, set up a multidisciplinary team for the beneficiary, arrange access to services, monitor the course and schedule of services, evaluate outcomes and review, on a regular basis, the necessity for and appropriateness of care, in collaboration with the child and persons close to the child.

Case managers are often responsible for more than one family member, and in case of children in care, they take particular care of sibling relationships; are responsible for dealings with parents and members of birth

family; plan and organize reunification with parents or other permanent solutions for the child in accordance with the defined permanency goal. Being in the position to manage the decision-making process and processes related to guardianship (appointment of a guardian, initiating court proceedings to deprive parents of or restrict their parental rights, initiating proceedings to protect the rights of the child, and filing of criminal reports (Family Law, 2005, Articles 81–83, 124–125, 261–273; Criminal Procedure Law, 2005, Article 232), case managers are important for children in the alternative care system in Serbia.

The legal guardian of a child in alternative care is a person designated by the CSW as a Guardianship Authority as responsible for legal representation of the child. Guardian is thus made responsible for taking care of the child's personality (which does not necessarily involve live-in arrangements with the child); advocacy and representation; procuring funds to support the child; managing and disposing of assets until such time as the child is capable of independent living (Family Law, Articles 35–140). More often than not next of kin is appointed to be a child's guardian, although foster carer may also be appointed guardian if it is in the interest of the child. However, for a large number of children without parental care in Serbia the guardianship authority is directly discharged by the CSW, i.e. by a professional who is assigned this role. According to the available data, 45% of children without parental care were in the direct care of CSW as a Guardianship Authority in 2017.

Under the CSW Rulebook, case managers cannot be appointed guardians of children whose cases they manage (Article 32, paragraph 4). The same rulebook defines the requirements with respect to case managers' contacts with service users (Article 76). This article specifies that contact with a child in alternative care means at least one direct contact in the first month after separation from family, and at least three times a year thereafter. It is further laid down that some of the contact with the child takes place in private and, at least once a year, it involves observation of the place where the child lives; notes of all case worker's contacts with the child are kept in an appropriate place in the service users' case file. The data from a study that followed 347 children placed in residential and foster care in Serbia in

the period 2005 through 2011 showed, however, that a visit by professionals to children in care in the first year of placement was reported only in 60.5% of cases or, in other words, that such visits did not take place in case of 39.5% of children (Zegarac et al, 2014).

Children placed in foster families are also visited by fostering advisers, as required by the Foster Care Rulebook (2008, Articles 38–40). These professionals became part of the system with the establishment of the first three regional Centers for Foster Care and Adoption in 2008. In the meantime, with the establishment of more regional centers, their number has reached 6 and they monitor about two thirds of foster families in Serbia. The standards set out that fostering advisers visit foster families and monitor whether the purpose of foster care is being achieved minimum 12 times per year; they do so by observing the child's living conditions during the visit, conducting a private conversation with the child, having telephone contacts with the child, talking to members of foster family, meeting with teachers and having contacts with other significant persons. Fostering adviser is responsible for looking into and supporting the needs of the child with respect to safety, health, education, emotional development, behavior, integration in the community, self-care skills, fostering one's identity and maintenance of contacts. While fostering adviser is expected to visit a child in foster care at least once every two months, the actual schedule of visits and whether they are sufficient and of appropriate quality to ensure well-being of the child remained unclear.

This practically means that a large share of foster-care children in Serbia have at least two, even three, professionals assigned to monitor their development and how they exercise their rights. Also, children who have CSW professionals as appointed guardians need to seek approval of their guardians in many practical situations in life (going on a school trip, getting a passport, certification of health care card). Judging by the testimonies of adolescents in 10 focus groups, the experiences with and expectations from professionals are mixed; they do not distinguish between roles and functions in the system and, hence, do not know what to expect from whom. Adolescents from the regions where CFCAs have been present for more than 10 years, recognize fostering advisers, but in most cases do not recognize

case managers (the Belgrade and Nis regions), whereas those from regions where these centers were established as late as 2017 (Novi Sad) or where there are no such centers (Leskovac) do not understand who advisers are. As expected, care leavers, due to age, but also due to experience with the system, distinguish more precisely between authorities and roles.

In focus groups with young adolescents, case managers were described as:

- × **Persons who placed them in a foster home** (*"They pulled us out of the mud we were in"* Darko, 13)
- × **Someone who provides pocket money organizes summer holidays and does other similar things.**
- × **Someone who has information about birth parents and facilitates contacts** (*"so that the child has a place to go back to"*, Lena, 14)

Many, however, do not know the name of a case worker who is responsible for them or do not know how to get in touch with him; *"I know her name, but I don't know how I would reach her"* (Lena, 14).

Older adolescents and care leavers have more diverse experiences, so for them case managers (and guardians in the CSWs) are:

- × **Persons who impose restrictions on an adolescent** (*"...because they go... like... hey, twerp, you will dance to my music... I wanted to have a tattoo, but they said no; you have to do this and to do that, and to spite them, I..."* Djole, 17).
- × **Responsible for 'paperwork' and disorganized** (*"I talk to them over the phone once in three or four months when they need to do paperwork"* Rade, 18; *"...when you want to have your health care card certified, you have to wait a few days, which shows that they are not organized."* Voja, 21)
- × **Disinterested in children and do not think attentively about their problems and needs** (*"they ask what you did, blah-blah, and you literally tell them, then they note it down and that's it...They ask how you are, this and that, only because they have to, otherwise they wouldn't."* Jana, 19)

- × **Persons who need to check how really children are doing** (*"I don't know what their contracts say; they should check how we are doing and not only to ask us how we are, and then we say 'I'm fine'. Because sometimes we say things that are not, only to be left alone, and sometimes they should not leave us alone just like that"*, Teodora, 16)
- × **Persons who need to stand behind the adolescent in every situation** (*"...to intervene on our behalf, to be engaged and monitor our lives, and that is what they don't do at all"* Jelena, 15; *"Perhaps they needn't be the best friends, but to be our friends"* Danica, 15)

Adolescents described the fostering adviser as:

- × **A person who visits the family and talks to foster parents** (*"...she comes, talks to the foster mother and that's it"* Nenad, 14)
- × **Someone who checks wardrobes and asks questions about school** (*"they ask how you are, about school and that's it"*, Miki, 13)
- × **A professional who can support an adolescent facing dilemmas** (*"You can talk to them on any topic. And there are topics, for example, that I would rather discuss with advisers, because they are psychologists"*, Jana, 19; *"It is much better when you talk to them then with a school psychologist"*, Valentina, 16).

Actually, adolescents from foster homes who took part in the research do not clearly distinguish between positions and responsibilities in the system, but they expect of professionals to be accessible and on their side, although that is often not the case, as many have a perception that *"no one does anything for me, so I don't know who is who"* (Milica, 15).

Adolescents expect both case managers and fostering advisers to be professionals who know their job (*"I think that advisers can see when one lies. And such people shouldn't be foster parents"* Katia, 19). They need to be able to properly assess foster homes where children are placed, to visit families on a regular basis, much more often and with more keen interest, (*"They must visit families more. Especially if they come once a year, that day everything is as it should be"* Ruzica, 14), to show they take authentic in-

terest in the child, and not to change often (“...when the third social worker came I didn’t care to know her name” Jana, 19).

Situations when they do not feel free to say they are not doing well and to voice complaints of the conditions and treatment they receive in a foster home are of particular concern for adolescents. It is especially difficult to do so when case managers and fostering advisers change often and fail to make themselves available to the child that is left ‘at the mercy of’ foster family, without checking what really is going on:

“And he will leave and I’ll stay, and I again dare not say anything”  
(Lola, 18).

This is partly related to the frequency of contacts and visits. While standards for professionals in Serbia are clear in this regard, numerous data indicate that they are only partly adhered to. The experiences of adolescents taking part in this research vary from fostering advisers who visit once in two months to those who visit a couple of times per year. Adolescents who are well ‘covered’ with their visits, in most cases do not have contacts with case managers and describe them as someone who ‘works with papers’, having no idea that they are professionals who can have vital influence over decisions affecting their lives. Those having no support of fostering advisers, who are monitored only by case managers and CSW guardians, are in the most unfavorable position. Some adolescents stated that their foster families had not received visits for years or one visit per year at best.

Foster carers who had experience of working with both the CSWs and the CFCA stated that support of fostering advisers was valuable for them (“I always feel protected, as if she kept a close watch over us...” IV\_FCF3), while CSW professionals were often regarded as unresponsive and bureaucratized. They believe it would be easier for them if all work related to foster children were performed by the CFCA advisers (“fostering advisers need to coordinate it more, people from CSWs don’t have time and don’t know half of the things” I\_FCF1; “When we have visits, some of the CSW staff get a little confused” III\_FCF5). Foster carers appreciate reliability, flexibility, promptness and availability of fostering advisers:



*"It's good when you call an adviser and tell him, 'Listen, I have a problem' and he resolves it immediately, rather than saying 'I'll come by in 15-20 days' and then they don't come for two months"... (I\_FCF5)*

Foster carers perceive CSW case managers in the similar manner as adolescents; they were described as lacking promptness and being disinterested in both children and the needs of foster carers:

*"When I need to have a health care card certified I send it to them and they send it back; if I need a certificate for him to go on a school trip, I call and they say 'Just send it over' ...I am not sure whether we talk on the phone once a year or, possibly, two times... They are not at all interested in seeing him (the adolescent, author's note,)..." (IV\_FCF3)*

Contacts with the CSW are more intensive when an adolescent is facing a problem (school, health, behavior) or when interventions are needed to regulate contacts and relationship between parents and children (situations when contacts that have long been interrupted need to be re-established; supervised contact; situations when a child refuses to see parents, but parents or professionals insist; and other). Also, foster carers expect case managers to provide more detailed information about a child placed in their care: his/her past (events, family history, health and development) and current circumstances (mainly current information about members of birth family).

Sometimes foster carers have serious difficulties due to case workers' not being prompt to arrange for parental contact:

*"The center for social work, they are obliged to call a meeting with parents...I mean, they have a court decision that says so... And now, they are obliged to call the parent... To provide conditions. And there is none of that here." (IV\_FCF1)*

Also, foster carers distinguish between competencies, which can be phrased as follows: 'case managers are accountable for children and fostering advisers for foster carers'.

Collaboration seems different in communities where foster carers rely on case managers rather than on fostering advisers, as they are not available. Foster carers appreciate being praised by case managers (*"When they see them (children, author's note), they ask 'what do you do to them; what do you feed them'"* III\_FCF4; *"They say that I am most compliant when it comes to keeping and bringing the books to them once a month; those reports, I mean"* III\_FCF2). Case managers sometimes act to support foster carers in giving direction and setting boundaries to children and adolescents; even children's good contacts with case managers are used to discipline the children:

*"...children really adore the case manager. For example, a boy promised not to cause trouble, but when he failed to deliver on the promise, he asked us not to tell the case manager; he was embarrassed. (II\_FCF2)*

It is interesting to note that foster carers perceive professionals from the system, primarily advisers, as their support (*"I don't want to do without my adviser; they are here for foster carers"* II\_FCM3), and conviction seems to prevail that children and adolescents do not need a person of trust other than foster carer. Professionals from the system share the same conviction and seem to transmit it to all parties involved, which is explained by expectations that children are properly taken care of in foster homes, that problems should be first resolved within the foster family and that children need normalization:

*"...We need not be very important persons in the lives of children; we do our job, but relations develop, primarily within the family, with people who provide care" (IV\_CMF1).*

Such views, coupled with objectively excessive caseload that CSW professionals have to cope with, result in case managers' engaging with foster-care adolescents only when there is a manifest and burning issue:

*"Call me only when there is a fire, I don't have time for anything else" (III\_CMF5).*

It remains unclear what happens with adolescents and foster families whose problems are concealed and call for professional detection of symptoms (abuse, identity related difficulties, mental health problems), and with adolescents in foster families who remain 'invisible' for the system, in the absence of the support from a regional CFCA.

Most of the case managers who took part in the research believed, however, that different roles of the actors in the system were important and that the fact that they could not (physically) devote themselves to foster-care children and adolescents was highly disadvantageous. They understood it is important for children and adolescents to have confidence in case managers in order to develop perception of being protected and supported, to be able to say things that bother them and to be informed about things that concern them. In focus groups, case managers openly and in detail reported about being unable to make themselves available to adolescents in an appropriate manner due to a high number of (diverse) cases they work on. They further reported feeling bad about and responsible for the fact that these adolescents were (systemically) neglected:

*"...we don't feel good about it, because we are not involved as much as we would want to be. For us, those children are in a safe place and on a day-to-day basis we have, let's say, (SMILES) more pressing things to do and that is somehow put aside" (I\_CMF3).*

At the same time, they were aware that adolescents did not perceive them as support. They recognized that some adolescents were afraid of them, some felt ashamed and some 'disliked them' and did not like coming to the center for social work. Speaking about adolescents' attitude towards them, case managers pointed out that they had understanding for such feelings and behaviors. They recognized being 'a reminder' to adolescents of a difficult period in life, of the fact that they were 'different' and part of the care system. Relations of different nature where they are perceived to be a part of family ('aunts from the center') were also noted between adolescents and case managers.

This relationship may be associated with the behavior of foster carers. Foster carers stated that sometimes they referred to professionals to threaten or warn adolescents. Having to leave foster family is 'the ultimate sanction', while threats to make a call to case manager or fostering adviser are a tool foster carers seem to easily resort to in order to discipline adolescents (*"You have no idea of the things we need to come up with"* IV\_FCF2). Professionals understand such behavior as a reflection of helplessness and believe it undermines their relationships with adolescents.

Actually, adolescents placed in foster care in Serbia are in most cases left to foster carers, who in some cases perform their role with the support of advisers and in others are left to their own resources and interests. The social protection system has failed to provide the required support to a large number of adolescents in foster care. Case managers give them 'important but not urgent' treatment, while fostering advisers direct their interventions towards foster carers. Foster carers feel supported by fostering advisers, stating that it is themselves that are important for adolescents. Adolescents rely on foster carers when they are well integrated in the foster family and, when that is not the case, they recognize they have no one to rely on or at best have the support of professionals *"here and there, and depending on a person"* (Slavko, 17).





## 6. Identity of adolescents in foster care

*"I mean, it is not OK that now you hide one's past and why things turned out the way they did." (Kosta, 20)*

### 6.1. Specificities of adolescent identity development in alternative care

Identity has individual and collective dimensions, with people being identified as unique in certain personal aspects and as members of social groups in other contexts. Identity is created in a social context, as a process encompassing perception and differentiation. Individuals and groups may deem themselves similar to or different from others; this perception changes over time, making identity a complex and fluid construct. Identity formation is a continuing process that rests on all other developmental tasks. The relationship between early and new (or emergent) self-perception is particularly important in adolescence, as past self-perception is incorporated and modified while creating new quality with newly emerged identifications, roles, needs, expectations and goals. In this developmental period, new identity configuration assimilates and absorbs mental picture of oneself from childhood, which is characterized by a perception of wholeness, sameness and continuity.

As adolescence is a period of turbulent physical and psychological changes and divergence in search of new people and ideas, an adolescent needs time to experiment with self-perceptions, roles and goals formed in the earlier period in an effort to find self in some of them. This is the time when an adolescent distances him/herself from parents or carers to experiment with other persons and roles. Social support is very important in this period, as it assists the adolescent in making final choices, taking decisions and gradually assuming responsibilities the society expects him/her to assume.

Satisfactory relationships with others (Walsh, Harel-Fisch and Fogel-Grinvalds, 2010) and formed identity (Dumas, Lawford, Tieu & Pratt, 2009) are closely related to adolescents' mental health and their overall well-being. Positively formed identity as opposed to crisis and or confusion of identity helps to integrate one's self-perception and strengthen the performing of different roles and responsibilities (Erikson, 1968, according to Kools, 1996). Chances of psychosomatic symptoms, anxiety, depression and suicidal tendencies decrease when a person has a formed identity (Chen et al, 2007; Crocetti et al, 2008). The formed identity is further in correlation with psychological well-being, emotional adjustment and greater emotional stability.

Problems with identity development appear in children who did not grow up in an environment where they could have contacts with their culture, religion and language (Marcia, 1980). It is important to take into consideration the quality and quantity of information an adolescent has about his roots and legacy and how the lack of information can be overcome; specificities of family structure a child lives in; attachment patterns, including important persons who may not be blood relations; the impact of migrations, separation and trauma on a child and broader family network.

## 6.2. Adolescent identity: Results obtained on the AIDA scale

### 6.2.1. Identity discontinuity and incoherence

In the quantitative research, adolescents in foster care and in referent group of adolescents from general population were compared *inter alia* on the **AIDA scale – A Self-report Questionnaire for Measuring Identity in Adolescence** (Goth et al, 2012). The questionnaire for adolescents measures identity development in order to differentiate healthy identity from identity crisis and identity diffusion. ‘**Discontinuity**’ and ‘**Incoherence**’ scales consist of three subscales each. A distinct feeling of Discontinuity and Incoherence can be an indicator of future personality disorders. The AIDA tool, as described in the introductory part of this study, was used to investigate these two dimensions of identity. The reliability of the scale and examples of items are given in Table 1.

Results point to the fact that adolescents who live in foster families (including kinship families) compared to adolescents who live with one or both parents significantly differ on the AIDA **Discontinuity scale, in the domain of relationships** (Table 18). While the differences between these two groups are not great, the research results suggest that **adolescents in foster care more frequently have issues with: no feeling of belonging, lack of social roots and integration.**

The values of T score on these two scales are not so high (T value is 50 in the reference group and standard deviation is 10) as to indicate disturbingly high scores either in the sample of foster-care adolescents or the sample of non-foster care adolescents. All obtained values are around 50, which points to the fact that the scores obtained for either Discontinuity or Incoherence do not suggest adolescents in Serbia being more prone to develop personality disorders.



**Table 18.** Differences between referent group of adolescents from general population and foster care adolescents on the AIDA scales

	Group of adolescents	N	M	SD	t test	% below 1 SD
Diffusion_t	General population	1235	49.41	10.064	-.220	15%
	Foster care adolescents	140	49.61	10.378		18%
Discontin_t	General population	1235	51.12	10.097	-.437	20%
	Foster care adolescents	140	51.51	10.267		22%
Discontin_attributes	General population	1235	54.09	11.035	1.418	28%**
	Foster care adolescents	140	52.70	10.225		18%
Discontin_relationships	General population	1235	50.08	10.153	-2.070*	18%
	Foster care adolescents	140	51.97	10.865		23%
Discontin_emotional self-reflection	General population	1235	48.96	10.141	-.066	16%
	Foster care adolescents	140	49.02	10.485		15%
Incoher_t	General population	1235	48.39	10.232	.042	15%
	Foster care adolescents	140	48.35	10.507		12%
Incoher_Consistency	General population	1235	48.97	9.990	-.470	15%
	Foster care adolescents	140	49.39	10.530		18%
Incoher_autonomy	General population	1235	47.85	10.322	.447	14%
	Foster care adolescents	140	47.44	10.207		9%
Incoher cognitive self-reflection	General population	1235	48.61	10.210	-.001	15%
	Foster care adolescents	140	48.61	11.091		16%

\*P<0.05 \*\*P<0.01

The percentage of students with the score above 1 of the standard deviation on the discontinuity and incoherence scales was explored. The percentage ranged between 15% and 28%. It was the highest in the Discontinuity domain, and specifically, in the discontinuity of attitudes, where almost one third of students in the general population had values higher by at least one standard deviation from the average obtained on the sample on which the tool was standardized. The high score in this domain suggests a lower capacity to invest in life goals and to dedicate oneself to the development of own interests and talents. The high score, further, indicates the lack of feeling of personal continuity and stable moral principles. It is interesting to note that this group included statistically significantly more non-foster care adolescents. Ability to notice discontinuity requires developed introspection and an ability to verbalize internal states, so the question of whether children in foster care can report about it is a matter for further research.

Also, a relatively high percentage of students, especially those in foster care, reported the feeling of discontinuity in relationships, which is in line with the finding that that domain is more pronounced in this group.

**Differences** with respect to sex **were obtained within the group of foster-care adolescents. Girls more frequently experience incoherence related to autonomy.** As a result, intervention programs intended for girls should focus on strengthening their autonomy and independence.

### 6.2.2. Identity and feelings

Two groups of adolescents – those living with foster carers and those living with one or both parents – were compared with respect to the extent to which in the past month they had experienced feelings often associated with adolescence. They were the feelings of boredom, loneliness, dissatisfaction with oneself, depression, i.e. sadness, dispiritedness and listlessness. We also asked adolescents whether they liked themselves and whether they felt comfortable in their own skin.

The finding that surprised us – only at first – was that adolescents who lived in foster families felt less insecure and were less dissatisfied with

themselves compared to adolescents who lived with one or both parents (Table 19).

No differences in other feelings were expressed. In interpreting these results, one should bear in mind that, for these feelings to be revealed, a person needs to have to-a-certain-extent developed capacity for introspection and a ‘license’ to feel that way. It is questionable whether that threshold was reached in the subject group of adolescents, and to what extent their answers reflected authentic experience and to what extent they were aligned with expectations and reflected gratitude expected from adolescents in foster care.

**Table 19. Differences between foster care adolescents and referent group of adolescents from general population in feelings characteristic for adolescence**

	Group of adolescents	N	M	SD	t test	Sig.
I felt bored.	General population	1285	2.69	1.40	1.90	0.06
	Foster care adolescents	151	2.45	1.47		
I felt lonely.	General population	1286	1.8725	1.25660	1.84	0.07
	Foster care adolescents	150	1.6733	1.21233		
I was depressed (I felt sad, dispirited, listless).	General population	1292	1.9837	1.32036	1.55	0.12
	Foster care adolescents	151	1.8079	1.29468		
I felt insecure.	General population	1285	1.9463	1.17386	2.77	0.01
	Foster care adolescents	150	1.6667	1.12725		
I did not want to spend time with anyone; I became withdrawn.	General population	1286	1.4362	.99503	0.00	1.00
	Foster care adolescents	149	1.4362	.97483		
I was dissatisfied with myself.	General population	1273	1.8947	1.26451	2.15	0.03
	Foster care adolescents	152	1.6645	1.10953		

In addition to differences concerning the fact whether an adolescent lives with foster carers or parents, the questionnaire investigated the differences in experiencing certain feelings with reference to sex. They were notable and showed that in the past month girls, as opposed to boys:

- × more frequently were bored
- × more frequently were depressed, sad, dispirited, listless
- × more frequently felt insecure
- × more frequently felt dissatisfied.

**Table 20. Foster care adolescents' feelings with reference to sex**

	Sex	N	M	SD	t test	Sig.
I felt bored.	M	75	2.2133	1.36850	-2.13	0.03
	F	75	2.7200	1.53834		
I felt depressed (I felt sad, dispirited, listless).	M	75	1.5600	1.01662	-2.21	0.03
	F	75	2.0133	1.45652		
I felt insecure.	M	73	1.4658	.88321	-2.20	0.03
	F	76	1.8684	1.29966		
I was dissatisfied with myself.	M	75	1.4800	.92063	-2.21	0.04
	F	76	1.8553	1.25117		

This finding suggests that in planning interventions it is important to take into account the fact that it is more common for girls from foster families to express negative, typically adolescent, feelings.

### 6.3. Identity of adolescents in foster care:

#### Focus group findings

In building consensus on the well-being construct, adolescents who took part in the research stressed the importance of personal relationships and of staying connected for their well-being. They are well if they have an experience of love, trust and acceptance, “...and if we have all that, in the end, we’ll have identity” (Aleksandra, 17). When asked how important it was for a child to know his/her roots, to know his/her origin, a large number of children pointed out that all should know who their parents were and that it was very important. The answers suggest four typical positions:

- × **It is important for me to know** (“It is important that you know who your birth father and mother are. It is important that you find out what they looked like. It is important in any case.” Ranko, 16).
- × **It is difficult for me to know** (“And then they want to lie to you because it is not easy to know.” Vitimir, 17).
- × **I do not want to know** (“It is very important for some. But not to me.” Jovana, 16)
- × **I do not need them when they do not need me** (“Well, I don’t understand why they would be important to me now that I have grown, if she wasn’t around when I was little.” Aleksandra, 17).

Between ‘I do not want to know’ and ‘it is difficult for me to know’, a position that was pointed to by several adolescents: ‘**I do not know how to know**’ (“Well yes, but not too much about that”, Djole, 17; “It would simply be easier for me not to know certain things; it’s just torture for the brain.” Valentina, 16) can be discerned. The section dealing with adolescents’ relationships with important adults stressed that a large number of them had interrupted or unclear relations with their families of origin, and that foster carers and professionals were unsure which position to take in that respect and, hence, did not create climate for these issues to be raised.

Sharing the opinion of adults, some adolescents voiced concern that there were parents who could “...*be bad influence for the child and pull him to that side*” (Danica, 15). In discussions, however, the view prevailed that it was important to know the truth, no matter what the truth was. The narratives suggested that the consequences of secrets, lies, disinformation and silence were painful and, in the long run, disruptive for a range of relationships adolescents establish with others, and could brutally disrupt self-image:

*“You lie to a child, but one day he will understand certain things and he will realize that the foster parent lied and then there will be some – how should I put it – there will be a chaos; the child will no longer trust the foster parents because they lied.” (Andjela, 21)*

The focus groups with care leavers discussed the failure to understand children’s need for information about their origin and personal history and the lack of a comprehensible explanation of past events as reasons why children engaged in a wide range of behaviors, signaling to adults around them that they were having a hard time, which often went unrecognized:

*“...the child shows that in a different way; he becomes withdrawn and starts causing troubles, and then they ask themselves why the child is making problems; well, that is exactly the reason...” (Voja, 21)*

Finally, accurate and complete information about one’s origin was recognized as an unalienable right of the child, while deception was perceived as harmful and unfair treatment:

*“...to live in a delusion for many years and let it ripen within you for a long time, until you become off-age, that really doesn’t seem OK.” (Lola, 18)*

Experiences of coping with difficult events kept secret are reflected in the words of this young man who was not told of his mother’s death for several months:

*“My mother died when I was 9 years old. I sang in a church choir and I lit candles for my mother. She was unwell, she suffered from a really serious illness... she had died several months before and I didn’t know; neither I nor my sister nor anyone knew; they let me know only afterwards. I broke amidst that chaos and chaos ensued...” (Kosta, 20)*

Although foster carers generally take an ambivalent attitude towards birth parents of children placed in their care, some have the understanding that it is important to adolescents to know truth about their origins and past, to be able to continue to develop:

*“To accept their situation they need to know where they came from, in order to know where they need to go... Only truth should be told to children, and not a toned-down version of it, wrapped up in shiny foil. Rather than doing that, we need to say, ‘Darling, this is how the things stand and that is it’.” (III\_FCF3)*

They observed that stability was important to adolescents (*“It is important to him to stay with me and to not have to move” I\_FCF2*) in order to feel well. At the same time, they were unsure how to deal with identity issues, although they stated they had been ‘trained’ never to mention parents in a negative context.

Case managers and fostering advisers stressed the importance of identity, stating theoretical constructs, with little explanation as to what it exactly meant for adolescents in foster care and what its implications were for their interventions. Identity was presented as ‘important’, ‘part of needs’ and challenging in a specific manner for this group of children:

*“...it is definitely more difficult for adolescents in foster care because they always have stories about their birth families to process, especially in the period when identity crisis is present...” (IV\_CMF3)*

Adolescent identity issues in foster care in Serbia are complex for a number of reasons. Contradictory standards and unclear roles and responsibilities of professionals create ‘noise’ in the system. It remains unclear who, how and when talks to adolescents about their roots and legacy. Professionals

make effort to 'follow standards', foster carers try to make use of the support they have and, it seems, of their common sense, while adolescents appear to have perception of being unsupported in developing identity due to:

- × Incorrect and untimely information about origin, personal and family history;
- × Loyalty conflict between foster carers and members of birth family;
- × Unavailability of professionals to tend to their needs, so that many are left to rely on their own strengths, and
- × Discrimination and stigmatization they experience in community.

At the same time, systematic work on life story is lacking, whereby the basis is laid for new developmental tasks to remain unaccomplished, connections with the environment to be interrupted and uncertainty with respect to the future to intensify.







## **7. Systems and institutions: school, social protection and community-based organizations**

A large number of children in alternative care have in the course of their lives come across hostile, unsafe environments that did not allow their developmental needs to be satisfied. In some cases traumatic experiences of sexual, physical or emotional abuse, neglect, domestic violence, violence in the community or in school coincided and spanned protracted periods of time. Some children were additionally exposed to other disadvantageous circumstances such as prenatal exposure to alcohol, poverty, crises in family life, placement of residence changes, and other (McLean, 2016; Borjanic Bolic, 2017).

Such experiences are considered to be ‘a complex trauma’, which, if left untreated, causes a range of (short-term and long-term) consequences for the health and well-being of children on the behavioral, emotional and cognitive levels. Early traumatic experiences sabotage proper development of neural structures necessary for information processing, emotional regulation and experience categorization (Peri, 2009). The consequences of complex trauma in children and adolescents in alternative care often remain unrecognized or are treated in isolation. They are most noticeable in school environment, where a child is exposed to academic requirements

and social interaction with peers and teachers. In school environment, attention is drawn to symptoms such as poor impulse control, aggressive behavior, difficulties in establishing and maintaining relationships with others, poor school achievements due to poor focus, and low academic achievement (Borjanic Bolic, 2017; Ringel and Brandell, 2013, Chadwick Trauma-Informed Systems Project, 2013). As reported by Panlilio, Ferrara and MacNeil (2019), abused and traumatized children have lower marks, less frequently do homework, more often miss school, and are more likely to drop out of school or repeat a grade. Situation becomes more complex with frequent changes of placements, schools or social workers, while it is unrealistic to expect progress without stability in relationships (Peri, 2009).

## 7.1. Foster-care adolescents and school

### 7.1.1. Description of schools attended by adolescents in foster care

As described in the methodology section of this report, schools attended by adolescents in foster care across Serbia were specifically targeted in selecting schools for the survey. Information about schools selected in such a manner was then collected in a specially constructed questionnaire to be filled in by school counselors or, more precisely, by 16 of them. Schools had 880 students on average (5 schools had more than 1,000 students, while others were medium-sized and small schools) and were relatively well equipped (had required rooms for proper operation).

Considering extracurricular activities, schools had between 5 and 12 clubs (literary, music, drama, journalistic, and recitation clubs, and clubs dealing with school subjects). Primary school students attended the clubs in somewhat higher numbers (40–70%) than secondary school students (5–30%). Most schools organized remedial classes (For students with learning difficulties) and extra classes (for advanced students), which were attended by 2–20% and 20–60% of students, respectively.

Secondary schools covered by the research, which were selected applying the criterion of the number of foster children predominantly attending

these schools, were in most cases vocational schools less successful in terms of students' achievements. Namely, the minimum score for admittance ranged from 32 to 55, with the exception of the best ranking among these schools (the Legal and Business School of Nis, where this score was 76.84). This data can be understood in the context of secondary school admittance criteria in Serbia, generally. Maximum score for admittance to a secondary school in Serbia is 100, or a few points above 100 if a student had all best marks at the end of every year, maximum score at the enrollment examination and received additional points for competition achievements. By way of illustration, we will give examples of some of the best and worst ranking vocational secondary schools in Belgrade and Kragujevac. For example, admittance to a chemical engineering and food processing school in Belgrade (included in the sample of schools attended by adolescents in foster care), in the program for food processing technicians, required a minimum score of 52.60, while the minimum score for a similar, but popular program for pharmaceutical technicians offered by a medical school in Belgrade was 86.65. In Kragujevac, a school of tourism and catering from our sample and a school of economics were singled out for comparison purposes as a school attended by foster-care adolescents and as a popular vocational school offering similar programs, respectively. The minimum admittance score for the former, depending on the program, ranged from 46.96 (program: salesperson) to 62.71 (program: tourism and hotel technician). Minimum admittance score for the latter ranged between 70.01 (program: sales specialist) and 81.34 (program: banking and insurance officer).

According to school counselors, about 40% of children from the selected secondary schools continued education, while in 7 schools they believed it was difficult, but not impossible, to find a job in one's profession, and in 5 secondary schools they assessed it was easy to get a job in one's profession.

Therefore, reference vocational secondary schools attended by foster children from the samples are less desirable schools in the context of the Serbian educational system, considering the required score for admittance. This particularly applies to three-year programs, where fewer students continue

education and have certain/moderate prospects of employment. The sample did not include grammar schools. All this data suggests that the environment is not particularly stimulating for studying and development.

### 7.1.2. School counselors' assessments of adolescents in foster care

School counselors with a high number of foster children in their schools can be expected to have better insights in their lives, relationships with peers, specific problems and possible risks facing them as opposed to their peers from school, which was why they were surveyed in a specially constructed questionnaire. School counselors' assessments of characteristics of foster-care students as opposed to non-foster care students are reflected in their assessments of social, economic and educational status; assessments of time that adolescents in foster care dedicate to studying; assessments of how much they read and whether they take private lessons to improve their school achievements; and assessments of their relationships with teachers and peers in school. School counselors were specially asked to describe specific issues facing this population as they had noted working with them and to assess teachers' competence to support these adolescents.

As regards **social and economic status** of families, school counselors did not perceive foster families' financial circumstances as significantly different, but they assessed that **foster carers had lower level of education** compared to students' parents in their respective schools. **Financial** status of families in both groups of adolescents was assessed as predominantly of the 3<sup>rd</sup> category, i.e. the families had enough money to meet basic needs, but any additional expenses (purchase of household appliances, going out, holidays, and other) were a problem. They assessed that there were no or few foster carers with university degrees and that foster carers who had not completed primary education were predominant in some communities, while the common education level of their students parents in the other group of adolescents included primary, secondary or university education.

With respect to the **students' work habits**, i.e. how much time a day they spend studying, adolescents in foster care studied less than their peers,

according to school counselors. They believed that adolescents in foster care mainly studied 1–2 hours a day (30%), but as much as 40% studied only one half of an hour to one hour, and 25% normally did not study. The daily average for all students of these schools was assessed as follows: 29% of students studied 1–2 hours, 28% a half an hour to one hour, 23% normally did not study, 14% studied 2–3 hours, and 6% studied more than three hours.

With reference to reading habits, when asked to assess whether and **how much they read and whether they took private lessons** and how often, school counselors did not point to observable differences between students in foster homes and in the reference group. Most students in these schools did not take private lessons and mainly read (more or less keenly) only books from the reading list, i.e. only what is mandatory.

When asked about **foster-care students' relationships with teachers and peers in school**, school counselors made assessments that varied between two extremes – the number of answers to the effect that foster children were favorite with teachers and were not favorite with teachers was almost equal. The questions whether teachers gave them better marks than they deserved and whether teachers cared about them received the same assessments. However, all agreed that students in foster care studied less than other students and that teachers were certainly not stricter with them than with other students. School counselors assessed that students from foster homes fitted in well, but they did not have a clear view on whether these students were having more peer problems than other students. Based on assessments, we could not tell that students in foster care were more unruly, but they were neither more cooperative nor more interested in school and studying than other students. This group was also noted for not having the developed communication skills.

**Problems specific for students from foster families** as reported by school counselors included: more difficult to adapt to the environment and rules; irregular attendance; lack of social skills; learning and concentration problems; propensity to conflict (quarrels with parents/foster carers because their control bothers them; and with peers). They further assessed these

students as feeling rejected, dispirited, insecure, listless, unmotivated, prone to giving up, having more distinct need for constant support, pessimistic, and in some cases aggressive and/or victims of violence. School counselors in three schools (two in Belgrade and one in Nis) stated, however, that there were no problems specific to foster children and that they did not require any special or additional engagement, at least, not to an extent significantly higher than it was required by other children. Students' problems were mainly described as similar (problems with studying, and with parents or foster carers), and where there were differences they concerned foster children as being more insecure and having more peer problems.

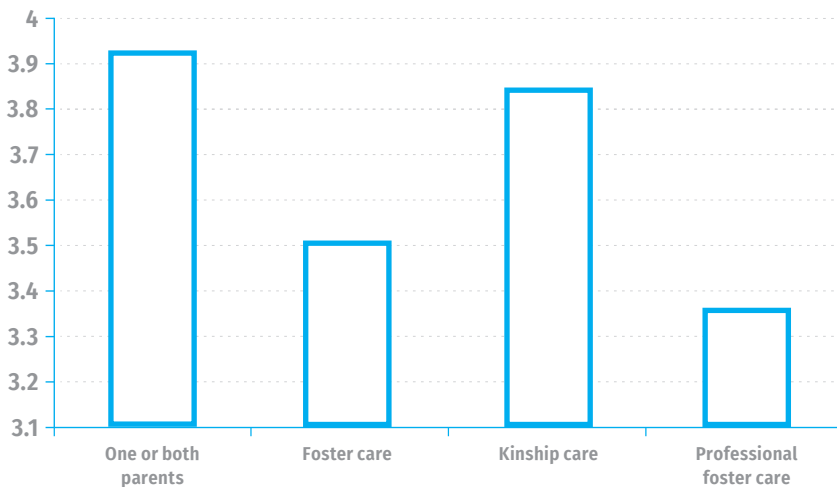
**The assessment of teachers' competence** to respond to the specific needs of students from foster families on the scale of 1 to 10, ranged from 4 to 9 (average 7.3). In the open-ended questions section of the questionnaire, school counselors articulated that **teachers** working with foster-care students **lacked**, primarily, education and appropriate training, as well as cooperation and support in their dealings with social services, in order to be able to better respond to the needs of foster-care students. Teachers were equally stated to lack empathy, motivation and time, i.e. patience, understanding and engagement, to respond to specific needs of these adolescents.

### 7.1.3. Academic success of adolescents in foster care and in general population

We investigated whether adolescents in foster care differed by academic success from adolescents who lived with one or both parents. We also compared academic success of adolescents in kinship care and in professional (non-kinship) foster care (Figure 7). When compared to adolescents who live with one or both parents, adolescents who live in foster families (including kinship families) achieve **academic success that is statistically significantly poorer (3.98 and 3.55, respectively)**. Also, adolescents in kinship care achieve **better academic success than adolescents** in professional foster care **(3.89 and 3.41, respectively;  $t=3.200$ ,  $df(135)$ ,  $p<.02$ )**.

One of the possible reasons could be that students in foster care are less motivated and study less, and therefore have poorer achievements. However, when we asked students to assess how much they studied per day, we did not obtain statistically significant differences between the two groups. In both groups, most of the students estimated to study between one half of an hour and one hour per day.

**Figure 7.** School achievements of adolescents in foster care and referent group of adolescents who live with one or both parents



In the survey, adolescents were asked to assess their problems with school and studying in the past month. Foster-care adolescents assessed they had less problems with school and studying, compared to non-foster care adolescents ( $t=6.003$ ;  $df=1439$ ;  $p\leq 0.01$ ). In other words, **the data suggests that foster-care adolescents did not perceive their objectively lower success as a problem.** Problem perception and marking would be the first step towards its solving (Videnovic, Stepanovic Ilic and Krnjaic, 2018). Educational support is needed because high quality early childhood learning experiences for all children is essential for academic success (McCoach, Yu, Gottfried & Gottfried, 2017).



When we compare different types of foster care, adolescents in kinship care reported they had more problems with school and studying ( $t=-2.34$ ;  $df=134$ ;  $p\leq 0.05$ ), although they had considerably better achievements than adolescents who live in standard foster families. This can be interpreted to the effect that school and academic success matter more to adolescents who live with relatives and, most likely, to kinship carers, than to adolescents in the other sub-group.

## 7.2. Views of teachers and school, and classmate relationships

In the survey conducted in schools and communities on a sample of 1,446 adolescents, of whom 152 were in foster care, the respondents assessed, on the scale of 1 to 5, how satisfied they were with their relationships with teachers and how they perceived fairness, i.e. whether they believed teachers gave them better marks than they deserved or were stricter with them. This part of the questionnaire was also used to collect data about adolescents' views on how important it was to teachers that they did the best they could; how much teachers cared about them; and whether they had at least one teacher who cared about them.

Results suggest that adolescents in foster care are more likely to assess teachers as being 'generous' with marks and their relationship with teachers as satisfactory than referent group of adolescents from general population (Table 21). Also, girls from foster homes are more satisfied with their relationship with teachers than boys ( $t=-3.23$ ;  $df=147$ ;  $p<0.01$ ). This data suggests that foster-care adolescents assess they are getting sufficient support from teachers, despite the fact that their academic success is statistically significantly poorer, according to the data. This certainly makes this assessment questionable and opens up possibilities for different interpretations.

**Table 21.** How adolescents assess their relationships with teachers

Dimensions	Group of adolescents	N	M	SD	t test	p
Teachers often give me better marks than I deserve.	General population	1284	1.9564	1.01492	-2.72	<0.01
	Foster care adolescents	147	2.2585	1.29852		
Satisfaction with the relationship with teachers	General population	1286	3.7208	.97469	-3.05	<0.01
	Foster care adolescents	149	3.9799	1.02318		
It is important to my teachers that I do the best I can.	General population	1284	3.4058	1.16442	-0.66	>0.05
	Foster care adolescents	148	3.4730	1.31162		
My teachers care about me.	General population	1281	2.8150	1.13714	-0.74	>0.05
	Foster care adolescents	148	2.8986	1.31315		
Teachers are stricter with me than with other students.	General population	1289	1.8161	.93973	-0.36	>0.05
	Foster care adolescents	149	1.8456	1.06368		

On the level of the overall sample, the data that attracts attention is that students' assessments of how much teachers care about them are somewhat lower than other aspects of satisfaction with the relationship with teachers. Along these lines is also the fact that as much as one third of students (37% of those living with parents and 30% of those living in foster care) have no teacher who they believe cares about them. Enhancing of teachers' emotional support and dedication to students should be the tasks of the system, irrespective of whether students are in foster care or not.

In addition to relationship with teachers, students assessed to what extent they agreed (1 to 5) with the statements that in school they gained important knowledge and skills, and learnt things they would need later in life. The degree of agreement with both items is rather high – above three. Students in foster care are statistically significantly more inclined to agree with the statement that in school they learn things they will need later in life ( $t=-3.86$ ;  $df=1436$ ;  $p<0.01$ ).

Respondents assessed, on the scale of 1 to 5, the satisfaction with their relationships with classmates and to what extent they felt as part of their class. In both aspects of peer relationship satisfaction, scores were rather high, i.e. somewhat above four on the average. Adolescents in foster care are somewhat more satisfied with their relationships with classmates than others ( $t=-3.15$ ;  $df=1440$ ;  $p<0.01$ ), which may reflect their desire to be accepted in the peer group.

## 7.3. Experiences with community systems

### 7.3.1. Acceptance and fitting in of foster-care adolescents in the school environment

Adolescents and their adult carers described their experience with school within four topics: choosing of an appropriate school in critical periods (selection of secondary school around 14 years of age and possible continuation of education after 18 years of age), discrimination, violence in schools, and peer relationships. Considering that we reported about choice of school and, to a certain extent, about discrimination in other sections of this report, we are going to focus here on the remaining topics.

School is important to adolescents as they spend most of their day in school and it is a place where they meet, socialize and compare with peers. Additionally, school staff may be a resource, when an adolescent identifies in school an adult he trusts as a role model and support. In focus group discussions, adolescents reported different experiences: that they had understanding of teachers who “*mostly understand when we are sad*

*and when we tell them why*" (Desko, 15), while a few stated they had special support and protection by some teachers. The topic of whether school teachers 'let them off lightly', i.e. whether they had preferred treatment when it came to school tasks and achievements was also discussed. Nevertheless, the predominant view was that they were neither privileged in school nor being privileged was something they wanted or expected.

Most adolescents, however, did not experience support, reporting about experiences of discrimination, school changes and lack of understanding.

*"Discrimination is not punished properly in school. I think that schools should tighten a bit the criteria; and when a child wants to complain – I was in such situations – they say something like, 'I don't know what else to do; he already got a lower mark for behavior'."* (Sanja, 16)

They observed that children from foster families lagged behind in school or missed school because they were "*mentally unstable*" (Marija, 14), while peer violence taking forms of belittlement, insults on account of their not living with parents and physical attacks was reported by many adolescents. These experiences occur early during schooling, as early as in junior grades, so adolescents in secondary schools try to avoid coming out:

*"I think there is no need to share something like that (that you are in foster care, author's note) ... It is OK to share it with a best friend, but I don't think one should say that he is in foster care to children in school and teachers."* (Slavko, 17)

Both foster carers and professionals noted discrimination, unequal treatment and violence in schools. Foster carers believed that teachers needed to know that a child was in foster care to be able to give the necessary support, but they also were aware that adolescents tried to hide the fact if at all possible. They gave account of numerous situations when they successfully and unsuccessfully tried to speak for the children, ensuring support for them in school. Fostering advisers and case managers observed that, in addition to schools that were informed and open for diversity, there were schools that stigmatized, singled out and isolated children in foster care:

*“If a child has a behavior problem — and other children have them — that child is singled out and discriminated against. He is often referred to a school psychologist, the case is escalated, but without any vital support from school so that the child could deal with the problem s/he has.” (II\_FAF5)*

Also, a view prevails that adolescents in foster care who have problems “stick out far more than other children” (II\_CMF3), and more often than not teachers and school counselors maliciously blame them and exaggerate the severity of incidents they are involved in. This is explained by the lack of sensibility and information on the side of some teachers and school counselors, but also by the climate prevailing in schools. Some schools, according to the experience of professionals, have proven to be more open and inclusive, so their resources and willingness to collaborate are taken advantage of when a child or an adolescent needs to be removed from a school that has proven to be hostile and discriminating.

*“When we enroll a Roma child in the nearest school and, if he is the only Roma child in that school, foster carer fights for the child in an effort to have other students to accept the child; and they have a hard time for about two years before they realize it is much easier to organize the child’s going to another school, which is further away, where children are accepted, where school provides absolutely stimulating environment for the child, where people understand what foster care is...” (IV\_CMF5)*

Case managers reported similar situations with respect to the living environment: in some villages children in foster care and foster carers are well accepted and respected members of the community, while in some environments foster carers are considered to be people who look after children for self-serving purposes and children temporary (and undesirable) residents of their villages or small towns.

Adolescents’ statements about national, religious and ethnic legacy suggest that most do not believe these differences among people to be important (“Why does it matter whether one is black or white, or if he speaks a different language, when we are all people” Miki, 13), although they recog-

nize that they can have different treatment (“*Maybe there can be a problem with peers only; they may not accept him*” Darko, 13).

During interviews with key informants, ethnic, religious and cultural affiliation of adolescents in foster care was recognized as a potential problem we do not know much about or hardly have insights in. It was stressed that ‘all adolescents’ were vulnerable, ‘especially’ those in alternative care, and that vulnerability intensified with the emergence of additional factors, when “*they have especially hard time*” (K17). This seems to be more or less hidden multiple discrimination against adolescents in alternative care, as young people who do not live with parents and as members of a certain vulnerable group (disability, ethnic or religious minority), which suggests that these young people need additional support in order to feel well.

### **7.3.2. The social protection system and well-being of adolescents in foster care: Achievements and sidetracks**

“*It all goes through papers, you know. At least that’s how it is done in my CSW.*” (Voja, 21)

A special section dealt with relationships of adolescents and professionals from the system. In this section we will focus on the respondents’ views of some systemic arrangements, resources and achievements that affect the well-being of adolescents in foster care.

Adolescents in this research, similar as in some other studies (Munro, 2011), assessed the quality of care and the system as a whole based on their relationship with the social worker — if they had established a relationship of trust and collaboration with a professional, they perceived the system as ‘working for them’, even when they faced difficulties (foster placement disruptions, violence, mental health issues). In the absence of such a relationship, adolescents are left to foster carers and their own devices. Those who have established a relationship of devotion and trustfulness with foster carers and who are well adapted to foster home have a perception that ‘they had luck’, which is attributable to foster carers, rather than professionals. Those who are not in such a situation have a perception that they

only have their own strengths to rely on and that no one wants to recognize their needs and troubles.

Foster care payments are mainly assessed as sufficient and, in environments where household income is below the country's average, as generous compared to other households. Only one focus group of older adolescents had a discussion about the payments foster carers received for older children as not being sufficient:

*"I know how much children cost... Half of my monthly payment, literally, goes for books." (Teodora, 16)*

Case managers stated in a number of focus groups that foster carers received adequate payments for children to be brought up in the current social and economic setting in Serbia, but they expressed views that more often than not the funds were used for undesignated purposes. They stated that, with fostering advisers monitoring foster families, their 'hands were tied' and believed they had been stripped off the authority to audit foster carers. They believed that many foster carers escaped adequate audit, with fostering advisers focusing on the support to foster carers (and not to children) and failing to note that children were neglected:

*"Our boy who always sticks out as being in foster care... His sleeves are down to here (shows with his hands), trouser legs are folded several times, so that he can wear the trousers for 3 years." (III\_CMM1)*

*"...and then they tell you that the child is in your care. And everybody knows how much money they get for fostering. If it is something you can see in town and if you create the image that that is how foster care money is spent, then we are spoiling the image of fostering." (III\_CMF3)*

Fostering advisers, on the other hand, hold it against case managers that they do not take enough time to prepare children (especially adolescents) for placement in a foster home, do not work enough on relationships and contacts of children and parents, and do not essentially reconsider the necessity for and appropriateness of alternative care, so that children stay long in the system:

*“Cases of children returning to their birth families are few and far between, and adoption cases are equally rare... very often case managers fail to initiate proceedings to resolve a child’s status from the family law point of view. Once a child is in place with a foster family, they are done; they forget...” (III\_ FAF 6)*

Case managers complain of excessive caseload. While understanding the significant need for their interventions, they stressed that they were physically unable to respond to beneficiaries’ needs. On the other hand, the rivalry between case managers and fostering advisers is tangible and it is construed as ‘a systemic error’ or ‘incomplete system’:

**The systemic error** refers to:

- × **Unclear boundaries of authority** of the case manager responsible for a child and the fostering adviser responsible for the foster family, which is confusing for both service users and professionals as they do not know who needs to approach whom and when (*“It is all fine in theory, but in practice it is often difficult – does this concern children or it concerns foster carers or both should be involved”* (I\_CMF2).
- × **Incipient communication within the system** (*“...ever since the CFCA has been formed, frankly speaking, we often come across some sort of discrimination in practice and the case manager and adviser’s jobs have not at all been clearly separated.”* IV\_ CMF4).
- × **Lack of harmonization between the divided authorities of the CSW and CFCA** regarding foster carer assessments, where the CSW assesses the so-called ‘general suitability’ for the foster parent role and the CFCA delivers training to foster carers, which completes the suitability assessment (*“It is not us who can plan the training for potential foster carers assessed by a CSW. For example, we had been waiting for two years for a couple to be invited for training; then they gave them two weeks’ notice and the husband could not make arrangements at work and they eliminated them.”* (II\_ CMF6)



**Incomplete system** (“it started and then it was stalled”) means:

- × **Insufficient coverage** of the territory of Serbia with the CFCA regions (“You have no idea how many villages only we go to when we can, because there is no support from fostering advisers.” (II\_CMF4))
- × **Insufficient number of currently available foster families**, because very little has been done over the past few years to recruit new foster carers (“...available foster families are too few... and it is our obligation to request. We request from all centers for foster care, plus we approach all other centers; we send letters with descriptions.” (IV\_CMF6))
- × **The foster care system is not adapted to fit adolescents** (“Foster carers mainly want small children; adolescents already have some experience, they either are going through turmoil of puberty or have some behaviors that none of the colleagues wants in their jurisdiction...” (III\_FAF2))

These circumstances are understood to arise from the provisions of the Foster Care Rulebook (2008), which has ‘caused confusion’ and failed to be aligned with the Social Protection Law (2011) even eight years following its enactment, but also as a consequence of the system’s incompleteness and rigorous cuts of financial and human resources in the social protection area that jeopardize the functioning and survival of the system:

*“The social protection system is understaffed and this fact has to be recognized. The number of service users has grown by 30%. This is coupled with the ban on new employment in the public sector. When your workload objectively goes up by 30% and you objectively have 30% less staff, you need to understand that mishaps will happen and the system must be held responsible for that. Professionals cannot be expected to shoulder all the responsibility.” (KI5)*

Such a situation poses a serious challenge to the quality of services and alternative care in Serbia. Faced with insurmountable caseload, professionals become prone to burn-out, further diminishing the system’s capacities due to higher number of sick leaves, emotional fatigue and low performance (Maslach, 2003). On a micro level, professionals develop cynicism

and perception of exhaustion, while personal relations worsen among people who do the work that demands networking, team work and reliance on colleagues and associates.

### 7.3.3. Adolescent leisure time in foster care and relations with community-based organizations

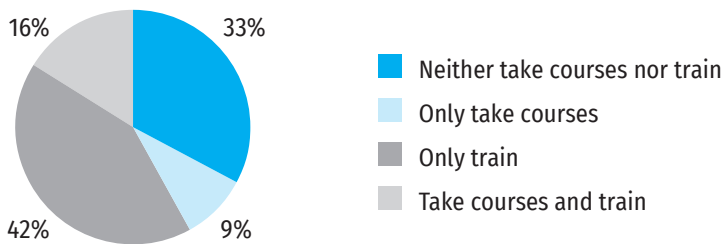
Youth studies and policies are putting increasingly more focus on extracurricular activities and their benefits for adolescents with respect to interests, increased confidence, and competences, development of peer relationships and mentor relationships with adults, perseverance and reduction of boredom (Hunter and Csikszentmihalyi, 2003). However, adolescents who filled in the questionnaire in 16 reference schools and five additional target groups in local communities do not benefit from these activities. Namely, **68% take no courses** (information was collected about going to courses such as foreign languages, computers, playing musical instruments or singing, dancing, folk dancing, painting, modeling, acting or other).

This points to lower engagement in this type of activities even in comparison with a representative sample of secondary school students in Serbia (Krnjaic and Stepanovic Ilic, 2013; Pesic, Videnovic and Plut, 2012). Children, on the average, do not engage in any activity or take any courses; in numerical terms, every child 'attends one half of one extracurricular activity', which testifies to the fact that adolescents in our environment do not engage or engage very little in extracurricular activities that can have a positive developmental potential. The finding that adolescents in the overall sample of the quantitative research who are secondary school students engage even less than students in the general population testifies to the (non-)stimulating quality and, most likely, to unattractiveness of communities and environments they live in.

With reference to private lessons (taken as a special arrangement to assist in mastering school tasks), **two thirds of students in the sample do not take private lessons** (75% of children who live with parents or 74% of children in foster care), i.e. they receive no additional assistance with studying. No differences between adolescents living and not living with parents were found in this segment.

No differences between adolescents in foster care and their reference group were found with respect to engagement in sport activities: only **about one third of all adolescents regularly train sports**, one third pursues recreational sport activities, and one third does not participate in any sport activities. No differences were found with respect to reasons offered by adolescents who do not participate in sport activities as to why not. Figure 8 shows how many adolescents take courses and train sports. The fact that more than one half of students neither participates in sports nor take courses in order to develop their interests raises concern.

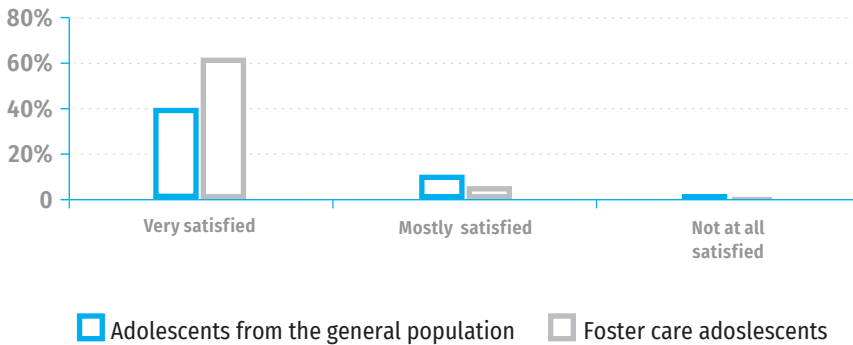
**Figure 8. Adolescent participation in extracurricular activities**



In the survey, students assessed on the scale of 1 to 5 how satisfied they were with the way in which they spent time, stating what they lacked to be more satisfied. Multiple-choice items included the following: better offer of youth cultural events in my town, better offer of sport and recreational activities; more places to go out to; money; more own creativity and ideas; company; more free time; something else; and I do not lack anything.

Adolescents in foster care (Figure 9) reported they were more satisfied with how they spent leisure time ( $t=5.54$ ;  $df=1440$ ;  $p<0.01$ ). Considering the low participation in extracurricular activities, the quality of leisure time is questionable.

**Figure 9. Satisfaction with the way in which adolescents spend leisure time**



Regarding the perception of reasons why they were less satisfied with their leisure time, adolescents in foster care more rarely stated that they did not have enough free time (23% of foster-care adolescents as compared to 43% of adolescents living with parents) and enough money (25% of respondents living with parents as compared to 11% of those living with foster carers). The fact that a high number of foster-care adolescents (one third) stated they did not lack anything in their leisure time (37% and 21% of foster-care adolescents and adolescents living with parents, respectively) is in line with the positive assessment of leisure time. Considering the overall sample, adolescents most frequently stated they lacked free time (as many as 41% of respondents).

One of the issues discussed in focus groups was community-based organizations, associations and programs foster-care adolescents join to help them be well. Judging by respondents' replies, adolescents are involved in various community-based activities. Senior primary school students (10–14 years old) mainly opt for sports, folk dancing and other similar activities. Young adolescents are generally happy to take part. Many stressed that sports were important to them (so was the possibility to choose a sport they wanted to train), but there were some who felt forced to get involved:

*“Foster parents told me that we got money from the center and I had to take up a sport. I don’t really enjoy going there, but I go because I have to.” (Mila, 13)*

Older adolescents seem to withdraw for a while from such activities when they start secondary school, only to pursue their interests in art, music, socializing. In focus groups, older adolescents and, especially, care leavers shared experiences of involvement in specially organized creative and social-educational workshops and clubs. They have fond memories of organized summer holidays and trips.

Foster carers stated that adolescents were active and included, but appropriate programs for younger adolescents were lacking. The same as professionals, foster carers stated that adolescents were difficult to persuade to get involved in an activity or event, that they put up resistance (young adolescents, mainly passive, and older adolescents, passive and active), especially against dedicated programs organized for them. However, if they agreed to get involved after all, they were happy for it.

Differentiated and specialized programs seem to be on offer for adolescents and youth who are preparing to leave care; namely, different non-governmental organizations offer trainings, support programs and club activities. If adjusted to the adolescent needs and interests, and when presented in an appropriate manner, such programs represent an important resource for the development and articulation of interests; finding out how one can overcome risks; and getting to meet others who have similar life experiences in a supportive atmosphere and with the professional support:

*“It gives one freedom to make progress in some areas. Some went to English classes, my brother to violin classes and I to workshops... they assist children a lot from the educational and sociological point of view” (Kosta, 20)*

Professionals also believed that activities provided by non-governmental organizations were important for the well-being of adolescents, stating that being able to refer them to such activities made their job much easier.

At the same time, program sustainability is an ongoing issue and even very successful programs get terminated and cease to exist when funding stops. New organizations and programs need to be recognized and familiarized with, which is not always easy. The respondents stressed that a greater number of programs for adolescents in alternative care was available in big cities, while dedicated programs and activities for these young people were lacking in towns and villages in Serbia. At the same time, professionals from small communities stressed they had good collaboration with health care institutions, judiciary and the police concerning the needs of foster-care children, which was not the case in big cities.





## 8. Participation: decision-making and control over one's own life

*"You literally feel like an object... nobody asks you what you're going to do..." (Velja, 19)*

### 8.1. Systemic prerequisites for participation of adolescents in foster care in Serbia

Participation is, according to the Convention on the Rights of the Child, considered a prerequisite for the exercising of other children's rights. Under Article 12, States Parties shall assure that a child may freely express his/her views in all matters affecting the child (directly or through a mediator), whereby adults are obliged to ensure the visibility and influence of children (Landsown, 2001). Closely related to these provisions is Article 13, which regulates the right to freedom of expression, which includes the child's freedom to seek, receive and impart information.

It is believed that adults are able to respond to the needs of children if they know what is happening in their lives and how they perceive it, and this can best be communicated by the children themselves. Also, the participation of children contributes to their own protection, and the best interests of the child cannot be achieved without taking into account the child's point of view.



Balanced decision-making, while allowing the child to take control over his/her own life, is often needed to exercise different rights for children and adolescents in alternative care. Participation is especially important for children and young people in alternative care precisely because most of them have experienced turbulent changes, interruptions and huge losses early and repeatedly during their development. Meaningful and true participation has the potential to help this group of children and young people in:

- × gaining control over their own lives,
- × giving meaning to events,
- × restoring trust and building their identities, since children in alternative care often have additional problems and needs in this regard.

On the other hand, participation is probably the best way for adults who are responsible for children and young people in alternative care to grasp the unique perspectives and experiences of a child that are often unthinkable to adults, which further reinforces the choice of interventions and relaxes and complements the decision-making process. Being informed is most often quoted as one of the most important preconditions for the participation of children and young people. However, research shows that children and young people are often not informed about the reasons why they are in alternative care, and the information that they lack and that they are most concerned about is information related to their origin (Wood, Selwyn, 2017, Burgund and Zegarac, 2017).

A comparative study that was conducted in England, Norway, Australia and the United States showed that participation is an abstract concept to young people, and that they do not perceive it as their own right but as an 'privilege of individuals'. This contributes to cynicism and manifest lack of interest in this process. It is therefore important that children and young people understand the significance of participation and its requirements and that participation is implemented in meaningful and creative ways in order to motivate them to take part in the creation of their own future (Munro and Manful, 2012). These arguments suggest that participation is not only a right but also a moral obligation of all who are responsible for

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children in alternative care because as a developmental imperative it enables mature behavior during their development, and later on, in adulthood (Munro, 2005).

Regulations in Serbia governing the rights of the child, especially children in alternative care, represent a solid basis for the development of participation. A separate article (Art. 65) in the Family Act (2005) regulates the child's opinion, which is prescribed as a right, as follows:

- × children who are able to form their own opinions have the right to free expression
- × a child has the right to duly receive all the necessary information;
- × the opinion should be given due attention in all issues concerning the child in accordance with the age and maturity of the child;
- × a child who has reached the age of ten may freely and directly express his/her opinion within every court or administrative proceedings, and can personally, or through a intermediary, address the court or an administrative body;
- × the court and the administrative body determine the child's opinion with the help from relevant professionals and in the presence of a person the child chooses himself/herself.

This law established the right of the child who has reached the age of 10 to agree to foster care placement (Art. 116), and that he/she himself/herself can propose a person who is going to be appointed as his/her guardian (Art. 127).

The Social Protection Act (2011) regulates the right to fully inform the users (Article 34), and gives the right to users who have reached the age of 15 to a full access to his/her personal case file. The right of the user (and child in accordance with age and maturity) to participate in decision-making (Art. 35) is regulated, entailing being fully informed, participation in the assessment, planning, review and evaluation and free choice of services. The CSW Rulebook, prescribes that the case manager, when working with children

and young people, shall develop a Service Plan (with a Permanency plan for children and young people in alternative care) as well as a Plan for Independent Living regarding the emancipation of young people when they reach the age of 14 (The Rulebook on Organization, Norms and Standards of Centers for Social Work, Art. 66 and 75). The participation of children and young people in the development of these plans is part of the service, and the child with his/her signature and commentary on the plan confirms his/her participation in the process (Art. 68 and 75).

Previous research on the participation of children and young people in alternative care in Serbia has found that, despite the international normative acts that country has ratified, as well as national legislation that sought to further define and protect this right of the child, participatory practices remain undeveloped, unrecognized and unsupported. In one study on the circumstances of children in foster and residential care, half of the children said that they had no opportunity to present their opinions on where they wanted to be placed, nor were they informed about their future placement during relocation. Young people don't even have any autonomy in choosing their school, only one third of respondents reported that they had independently chosen their school. Children and young people quote consent to a decision of the case manager as the highest level of participation. At the same time, this consent does not imply being informed, which means that children usually aren't informed on what a particular decision entails. Another remarkable fact is that children and young people feel that the adults who are responsible for making decisions about them aren't ready to listen to them. Adults, namely case managers and foster parents, talk about participation mostly from the perspective of age and (im)possibility of 'granting wishes', rather than a child's right and a duty of adults. They believe that younger children can't fully understand situations of displacement, which justifies the absence of any conversation or just giving the child only basic information about the upcoming change. After displacement, if children do not initiate the conversation, usually the adults don't either (Burgund and Zegarac, 2016).

## 8.2. Areas of participation of adolescents in alternative care in Serbia

During focus group discussions and interviews, adolescents of different age groups, as well as the adults responsible for them (foster parents, fostering advisers, and case managers), as well as a key informers, recognize very similar areas for participation in decision-making for adolescents in foster care. In addition, they give certain areas of decision-making specific meaning or significance in achieving the wellbeing of adolescents. The decisions that were recognized as important can be grouped as follows:

- a) **Placement** (placement in a foster family, displacement, return to the biological family).
- b) **School and future occupation** (choice of secondary school, continuation of education after secondary school).
- c) **Foster family life** ('Everything that happens in the house', arrangements within the family, choice of furniture, organization of daily activities).
- d) **Contact with important persons and choice of friends and partners** (with various members of the biological family and peers).
- e) **Social presentation and personal interests** (sports and recreational activities, places for spending leisure time and going out, dressing style and autonomy in buying clothes and shoes, makeup, mobile phones).
- f) **Emancipation and care leaving** ('where will they live').

Adult participants in the focus groups identified children, professionals from the social protection system (case managers, guardians) and foster parents as stakeholders in the decision-making process. The degree of autonomy of children in decision-making depends on the type of decision, as well as age. Some adults do not recognize or do not sufficiently acknowledge the competence of children for making decisions. The inclusion of adolescents in decision-making has been recognized on several levels: obtaining information on rights and opportunities, support in considering various options, discussions between adolescents and professionals,

discussions between adolescents and foster parents, joint meetings (professionals, foster parents, adolescents), providing statements, as well as independent decision making.

### 8.2.1. Participation in choosing foster families

Adolescents and adults responsible for them describe participation in the process of selection of foster families from different angles. Adolescents usually state that they didn't have the opportunity to truly participate in the selection ("*the CSW does that*" ..."*but it should be us*"), and they sometimes find the explanation for that situation in the characteristics of the child:

*"If someone is problematic then they just place them where they believe will be best for them, I guess." (Jelena, 15)*

Those who had the opportunity to express their point of view and to have their voice heard, quote that as a very important experience:

*"It did make a difference (that he expressed his wish). I have a friend with whom I lived in the same neighborhood. He also moved to V. (city). I wanted to live next to him. And that's what I said. Now I really do live near him. We aren't exactly next-door neighbors, but we're close. And we continued being friends. That was important to me." (Miki, 13)*

Some adolescents recounted their experiences of 'choosing' between two or three foster families, where the children were actually left to make decisions instead of adults, without adequate support:

*"...I was given a choice between two families, and I made a choice, I don't know maybe it would have been better had I chosen another, so it's better to leave it to the CSW to decide, how could I have made a smart choice when I was only 7 years old ... It's better because, here I'll tell you my own case, it's easier for me that way. I had never had any candy in my life and they brought a bag of candy, and that's how I chose them, both me and my brother, and the others brought gum and like that's why I didn't want to pick them, and perhaps they would have been a much better family had I chosen them." (Jana, 19).*

When it comes to deciding about placement or changing placement, several case managers state that they ask children where they see themselves, what the characteristics that they look for in a family are (e.g. If the family has any other children or not), but they mention that it is sometimes not possible to take into account the opinion of the child due to the lack of capacity. Some of them regard considering the opinion of a child the same as “taking their opinion into account” and equate it with ‘indulging’ the child.

*“So their opinions are taken into account, it’s just that sometimes their wishes can’t be granted, I don’t know, for example, children at a certain age who are in a foster family, who would still like to, I do not know, try another family, but there are none that are interested (SMILE).” (I\_CMF4)*

### **8.2.2. The choice of school and profession**

All groups of respondents consider the choice of secondary school and profession, as well as decisions about continuing their education at a university (mostly vocational schools are mentioned) as important. In fact, it seems that adolescents (especially the younger ones, 13–15 years old) and foster parents, place more importance on this, according to the rank they gave to these decisions during the consensus building activity in focus groups.

Adolescents perceive their participation in making decisions about the choice of school and further education as a framework for dialogue in which they have some degree of autonomy (“...I consult with my foster parents and make a decision”; “...well adults know better what I can do with it afterwards”; “...and I’ll ask my friends”; “...no one can force me to enroll in a school, or college if I don’t want to”). It is interesting that adolescents who currently live with a foster family state that they have freedom in choosing schools and professions, and that the adults support them in this process, while young people who are getting ready to leave foster care and no longer live in foster families feel that this choice was somehow imposed on them by the adults.

Adults consider the decision on the choice of school and profession to be crucial for this group of adolescents. They see it as an opportunity for the

future and as a factor that shapes the course of their future life. Case managers and fostering advisers state that it is important to strike a balance between the child's interests and potential, practicality, as well as prospects and employment opportunities. The majority of adults believe that children make decisions in this area on their own. They perceive their role as advisory – through guidance and information on opportunities. Given that adults consider decisions in the field of education very important, it is unusual that a relatively small number of children are referred to professional orientation. Sometimes they hold consultations with the school administration and help liaise them with the National Employment Service. Fostering advisors express a sense of responsibility for decision-making in the field of choice of school and profession:

*“If a child is in foster care long enough, I can already feel a little responsible if they don't choose something that they like. We had the opportunity to notice what they like, and to guide the foster parents.”*  
(I\_FAF2)

Moreover, there are situations in which the characteristics and preferences of the child have not been taken into account, but rather the reasons which the adults deemed practical, such as rapid completion of education, employment opportunities, accessible transport etc :

*“...it is not uncommon to hear that a child enrolled in some course because it's easier for them to travel to school, they have better transport... but the choice of school and what they'll do after they finish it is not important at all, and perhaps they wanted to study something else.”* (I\_CMF4)

*“Generally, both foster parents and CSW prefer to choose shorter education, for example, a girl wants to enroll in a high school, but the others are in favor of a vocational secondary school, because who knows whether she will go to university and thereby they're sending her a message – you're not going to university?”* (II\_FAF2)

The way adults perceive maturity and capacity of children is something that can interfere with the further direction of an adolescent or a greater degree of participation in the decision, and respect for his/her opinion when it comes to choosing a school. Sometimes these decisions are made for the children, with a greater or smaller feeling of responsibility from the adults who are aware that they are taking on the responsibility for the decision instead of the adolescent. (*"It was a double-edged sword (choosing a school in the name of an adolescent). Will I get it right"* – II\_FCF4)

### **8.2.3. Participation in everyday decisions and decisions related to foster family life**

In the survey that was conducted, adolescents assessed the degree of agreement (on a scale from 1 – completely false to 4 – completely true) with statements relating to their ability to make decisions about topics that concern them in their daily lives. They answered questions about their freedom in organizing their free time, and their freedom in arranging their room and living space as they wished, and in choosing their clothes and dress style, as well as about participation in household chores, choice of school, managing money and the choice of friends. The results indicate that adolescents in foster care participate more in some household chores compared to adolescents who live with one or both parents, but it is estimated that they have less freedom in deciding what level of education they will acquire (Table 22).

Thus, compared to the group of adolescents from the reference population, adolescents in foster care feel that they have less autonomy in making decisions on some important and far-reaching issues about their lives such as the level of education they wish to acquire. They also claim to be more involved in housework, most likely because their foster parents systematically include them in order to help them and enable them to perform some daily chores so they could be more independent.



**Table 22. To what extent do adolescents decide on important issues that affect their lives?**

Dimension	Group of adolescents	N	M	SD	t test	p
I can plan and organize my free time.	General population	1270	3.56	.72	-.024	.981
	Foster care adolescents	151	3.56	.89		
I arrange my room or living space the way I want.	General population	1268	3.58	.72	-1.026	.306
	Foster care adolescents	148	3.65	.81		
I choose the clothes that I wear.	General population	1262	3.85	.46	.526	.600
	Foster care adolescents	149	3.83	.56		
I participate in some household chores.	General population	1257	3.50	.78	-2742	.007
	Foster care adolescents	149	3.67	.70		
I decide how I'm going to spend the money that I have at my disposal.	General population	1262	3.69	.62	-.907	.366
	Foster care adolescents	147	3.74	.68		
I chose/I will choose a secondary school on my own.	General population	1260	3.64	.72	.959	.339
	Foster care adolescents	149	3.57	.85		
I will decide on my own what level of education I will acquire.	General population	1264	3.73	.61	2.021	.045
	Foster care adolescents	150	3.59	.81		
I choose my friends on my own.	General population	1271	3.87	.45	1.552	.123
	Foster care adolescents	150	3.79	.60		

Adolescents who are currently in foster care generally believe that they participate sufficiently in everyday decisions that deal with family life. They state that arrangements about family life, household appearance, purchasing necessities, organizing vacations and holidays, joint and individual activities of family members are all made on the level of the foster family. Adolescents especially underline the importance of being able to influence the appearance of their personal space (the color of walls in their room, the choice of furniture, decorations, etc.).

However, young people who have previous experience of living in foster families and who are currently preparing to leave foster care usually have negative examples in this department, and recognize that they have substantially been deprived of participation.

*“...while I was in a foster family I never made any decisions, it was always the foster parents, the guardian, the foster parents’ son and daughter-in-law...” (Andjela, 21)*

On the other hand, a part of adolescents indicate a defensive strategy, stating that they leave the decisions to the foster parents or ‘do not want to be asked for their opinion about anything’ (*“I am in that phase where I don’t care about anything”* Sanja, 16).

In all four focus groups, the case managers mainly stated that they had no information on whether the children within the foster families were involved in decision-making or not, but that they supposed they were since that was how it ‘should be’. On the other hand, fostering advisers recognize that in this area some children seem to be particularly encouraged to speak out about things that are important to them, even if they are not asked directly, and so they express unambiguous attitudes and desires about some aspects of their lives (*“I want my room painted differently”* or *“I don’t want to play football anymore”*).

Foster parents state that adolescents usually actively express their preferences when it comes to organizing everyday family life, which is consistent with the statements of the adolescents.

#### 8.2.4. Contacts with important people, the choice of friends and partners

When it comes to decisions regarding contact with close persons, the experiences in different groups of adolescents are similar, and some of them have the opportunity to actively participate in these decisions, while others recognize that this is the decision of the guardianship authorities and that they have no room for expressing different opinions. There were no answers specific to an age group of adolescents that stood out, except that the young people who left care scarcely communicated these experiences.

The questions on contact with parents and other members of the birth family seem to be a taboo topic that is rarely and little discussed with adolescents – some of them considered themselves to be ‘deprived of the opportunity’ to decide on the contacts they have with relatives. It seems like adolescents do not feel that they have permission to seek information and explore the ways to make contact or the lack of contact with parents and relatives:

*“If the mother and father have some problems, then the CSW probably does not allow.” (Lena, 14)*

Others argue that it is not good that the contacts are conducted “by force” (against their will), as well as that consultations on contacts are not regular for some children, instead they are asked ‘sometimes’, while a third group of adolescents lists the ways in which adults (mostly foster parents) negotiate with them about meeting with parents:

*“When our biological mom calls, our foster mom asks us whether we even want to go, and if we do, we just agree on an appointment’ (Marija, 14).*

It is striking that adolescents recognize elements of their own participation in making plans, primarily when it comes to contacts.

*“We make a plan for when we can, and when we can’t (see the parents, author’s note)” (Darko, 13)*

Decision on contacts with important persons were recognized as important by fostering advisers, while the other adult respondents did not particularly stress their importance. This is a particularly sensitive area for the understanding and appreciation of the child's view and negotiation:

*"Sometimes out of anger or some other reason they say that they don't want to see them (their parents, author's note), But if we recognize that this is not really what the child thinks and feels, then we help them to somehow free themselves and say that they need those contacts..." (IV\_FAF2)*

A special area of negotiations between adolescents and foster parents are the choice of friends and nights out. Younger adolescents have pointed to the need for greater autonomy in this area. Older adolescents have stated that this is mainly their choice and that the majority of them decide on the amount of time they spend in nights out, while some state that they decide on this in consultation with the foster parents.

*"I come and say "I am going out" and that's it. I also have problematic friends, so they tried to transfer me to another school, but it's no use". (Djole, 17)*

*"...While I'm out they have to call every 15 minutes to see where I am, whether I'm drunk, whether I'm alright ... That's a little tiring, so I switch off my phone". (Slavko, 17)*

Adolescence is challenging both for children trying to push the boundaries as a result of their development and for foster parents as well, who often do not know how to deal with the changing behavior of adolescents (*"But she sometimes acts like a child, a small one, and sometimes like an adult"* II\_FCF1) and according to the assertions of experts, they 'give up' on adolescents out of fear, a sense of responsibility and incompetence.

### **8.2.5. Social presentation and personal interests**

Adolescents quoted sports and recreational activities, places where they spend their leisure time, nights out, dress style as important areas in which they participate – they quoted buying clothes and shoes, makeup,

cell phones and so on as a particularly important area of autonomy. The topic of participation in social presentation appeared in all 10 focus groups of adolescents of different ages, in terms of the ability of adolescents to choose their clothes and shoes independently. Young people claim to realize that this question seems trivial to adults, but they state that it is very important to them. Those whose foster parents choose their clothes point this out as an important issue:

*“I do not like having my grandmother decide what I’m going to wear, because she has no taste in fashion.” (Lena, 14)*

*“Well, it’s important... My foster parents never asked for my opinion, instead they receive that money for me and then we go downtown, they pick some tracksuit for me that I don’t like and I say that I don’t want this tracksuit, I don’t like it, they say ‘It doesn’t matter, you will look good in it’, that’s something they cannot understand...” (Aleksandra, 17)*

This topic is recognized as significant by foster parents who realize that it is important for adolescents ‘to choose what they will buy’. At the same time, this is probably a relatively safe, but a symbolically important area of negotiation, which foster parents recognize as an area for establishing boundaries ‘while the time is right’:

*“Why should she choose at 9 years old, to walk around looking like a folk singer ...” (I\_FCF1)*

*“Well, that’s why you’re here to say that this is allowed and this is not... and you can tell them they can’t wear a short jacket, but to look for a longer one, or something like that” (I\_FCF2)*

Age is recognized as the key category of influence on the choices and decisions of adolescents “At the age of 14 I don’t have any influence anymore, I taught her is what I could” (III\_FCF1). “...but those 16 or 17-year-olds, that’s something else” (III\_FCM2). What is more, foster parents often quote the experience of losing control and confidence when adolescents express their autonomy in social presentation, and ‘secretly’ change their clothes at school to clothes that they deem desirable. Foster parents consider

those clothes to be at the same time inadequate, or inappropriate for the weather conditions, age or the social environment or potentially dangerous to health because they are tight, short or thin. In three of the four focus groups with foster parents similar cases were quoted in which adolescents were trying to express their autonomy through the selection of clothes, and were opting to hide that from foster parents who on the other hand tended to ‘bust’ and ‘outsmart’ them. At the same time, foster parents see their actions as part of their responsibility for the well-being of adolescents who cannot judge what is good for them because of their immaturity. Other foster parents perceive such behavior as a violation and loss of trust that they believe to have built with the adolescent:

*“I had unlimited trust and I could not believe that this was all happening until (she was secretly changing her clothes, author’s note)... I go to school, she has no idea that I went to school...” (II\_FCF2)*

### **8.2.6. Becoming independent and leaving care**

Case managers usually explicitly state that, in accordance with the standards and regulations, they develop the emancipation plan together with adolescents to jointly devise leaving the system (*“The plan is not made without them”*). Professionals from the system state that the adolescents are the key stakeholders in the process, without whom nothing is planned nor decided. The participation of adolescents in these decisions is usually presented through the description of the procedure:

*“They are signatories to the plan. They sign the plan as early as 14. I insert them there... where the foster parents, we, the adviser, the guardian put their signature, they do too. And they read all of it. Or we read it to them... And they receive a copy.” (II\_CMF3)*

The decisions made during the planning of emancipation are considered by the experts from the system to be important, even crucial for adolescents (*“It’s the most important thing for adolescents because they are on the verge of leaving the system and should know what to do and where to go next”* KI5). Interestingly, however, adolescents do not quote these experi-

ences, not in a single focus group did they mention that they participated in the formal planning process of them becoming independent.

Adolescents and foster parents also attach great importance to these decisions, but do not relate them to the formal planning process, as if the life of an adolescent happens in parallel in a foster family, with occasional influence of professional services. At the same time, experts state that they consider empowering foster parents to strengthen the participation of children to be their mission, by which they suggest ‘delegating responsibility’ as a strategy they use in these circumstances:

*“We, the experts, teach the foster parents about this and that is the most important thing. This means that the foster parents with whom they are 24 hours a day and who are always there, they are their family, that they can tell them everything”.* (III\_CMF4)

### 8.3. Expressing dissatisfaction and the possibility of complaint

*“Whom do I complain to...When they don’t really give a damn” (Katia, 19)*

When it comes to people to whom they have expressed their disagreement with certain decisions or dissatisfaction with certain situations, adolescents primarily named peers, some named their school counselor or head teacher, even biological parents and rarely named members of foster families and professional workers. They expressed fear of the consequences of making complaints, due to a mistrust of the professionals and foster parents.

*“Some things happened in the foster family which I didn’t like me and I told that to the Center for Social Work and they... called my foster mother and said ‘Your child complained to us’, and then I came home and my foster mother attacked me and then forbade me everything, then I was under pressure because the Center shouldn’t have acted this way... And then it was worse for me in the next few days in that foster family... And then everything went downhill...” (Andjela, 21)*

*“Well, yes. Because they would (CSW, author’s note) automatically put the squeeze on them or do something, and then it would all backfire on me, and then I had to keep quiet or lie and pretend I was happy and that everything was OK so that it wouldn’t backfire.” (Katia, 19)*

Adolescents often quote a strategy of withdrawal and pandering when they report how they show disagreement with the decisions in the foster family (“I try to argue”, “I just say OK and that’s it”, “it’s the same to me, I can’t quarrel”). Some state that they do not have the courage to oppose them, but others believe that it is a sense of respect for the authority of the foster parent that prevents them from opposing the decisions and circumstances that bother them:

*“If you have respect, you would not want to insult them and tell them ‘I don’t like it, I don’t want to do it.’” (Ruzica, 14)*

Adolescents from focus groups have not actually had an experience of filing a complaint and they do not know to whom or how they can complain. Persons who they may be able to complain to are social workers, parents, siblings, peers, the school counselor, while some adolescents mentioned the police, the director of the CSW, the Ombudsman and the President. There is a pervading impression that the adolescents are not familiar with the procedures for filing complaints. One of the possible ways of expressing dissatisfaction and drawing attention to their situation and problems can be seen in the following narrative, which is told by a young woman with an experience of multiple escapes from foster families, suicide attempts and hospitalization:

*“...When I was in a foster family, I didn’t complain to anyone, instead I manifested it in a different way. I behaved badly and wanted someone to notice me, that I needed help, I could not tell some people, because no one around me believed me at the time, everyone believed that foster mother and her family” (Andjela, 21)*

During the discussion about to whom and how they could complain if they are not satisfied with a decision, almost all adolescents said that they did



not know how they would do it and that they did not have experience in filing complaints, besides expressing dissatisfaction in their foster family. Only a few participants stated as an assumption that they would maybe complain to a social worker (*“and when it is really important, to the CSW”*).

Adolescents also considered that the foster parents consulted them on important issues (mostly about everyday functioning and the choice of school) and that professional workers generally did not. Similarly, they believed that they were free to make proposals on these issues to foster parents, but not to the experts.

When describing their reactions to decisions with which they disagreed, the adolescents used different strategies: persuasion (*“I try to explain my stance”*), bargaining (*“I look for a compromise”*), open dissatisfaction and disruption of communication (*“I react angrily or I turn around and walk away”*). It seems that withdrawal is a widespread reaction strategy to the imposed conditions, which stems from a feeling of discouragement and lack of appreciation. Adolescents in foster care in Serbia do not feel that they can turn to experts for help when they need it:

*“Well, from experience. I’ve already had three social workers, I think I only know one name and the rest I don’t really know. The fact alone that I don’t know their names means that they were not a part of my life and maybe when I sometimes thought “Oh, now I would really need a social worker”, I didn’t, I mean I could contact them, I had their phone numbers, but I didn’t feel the need.” (Katia, 19)*

*“I don’t know, it’s because I’m passive. I look at it this way, even if I say something, there’s a 40 percent chance of it happening and a 60 percent chance that nothing happens. And I don’t want to introduce this communication with a social worker into my life, if I see that they don’t do this for me, why would I take the initiative to call them and have them participate in my life.” (Aleksandra, 17)*

Mistrust of professionals is the result of experience (*“they were not there for me”*), the context in which the case managers are changing and passing through the lives of these adolescents without any order or sense, pessi-

mism and a belief that their voice has no meaning. This finding points to the especially complex situation of adolescents who did not establish trust with the foster parents – they simply do not have the feeling that anyone is on their side. On the other hand, adolescents who have a feeling of being supported and protected within the foster family, probably also have a need for occasionally expressing dissatisfaction or professional support in negotiating boundaries with their caregivers. It seems that a large number of adolescents in foster care consider the support in negotiating the circumstances in which they live and expressing dissatisfaction to be unavailable.

Adults who are responsible for adolescents in foster care recognize the different ways in which they express dissatisfaction: they turn to members of the foster family, the experts of the Center for Social Work, the fostering adviser, people from the school (a teacher, a psychologist), their peers. Foster parents did not quote experts as people to whom young people turned when they wanted to express their discontent, nor seemed to understand the concept and the possibility of complaint. Meanwhile, fostering advisers perceive to a greater extent and case managers to a lesser extent that foster parents are people who are close to adolescents and who know them best. This situation seems to be normalized and considered desirable by the experts from the system and some of them also recognize that adolescents who ‘address problems outside the home’ may face fear and uncertainty, though they do neither quote experiences nor suggestions for solving such tensions:

*“The uncertainty of what will happen if they share that information with a fostering adviser, what risks it carries to them”. (II\_FAF5)*

All adult actors also recognized expressing dissatisfaction through emotions (rage, anger) and behavior (slamming doors, running away from home, leaving the foster family, a desire to quit foster care, loss of motivation to continue their education). Individuality in the ways of expressing dissatisfaction is recognized, thus some young people ‘do not complain to anyone,’ and some ‘complain to everyone’ (“*Where they expect to be understood and accepted in some way*” K16). Adolescents rarely submit complaints formally,

in writing, regarding the decisions taken and regarding social protection system affairs. According to anecdotal information that we have gathered in the field with different actors in this study, it seems that since the reform of the foster care system in Serbia in 2005, less than 10 adolescents filed some kind of written complaint.

Several case managers stated that the decisions they actively opposed were those in which their point of view and that of adolescents in terms of the future differed. These are situations where younger adolescents (14–15 years) want to quit kinship care, leave the alternative care system, leave school to become independent, get married and so on. Case managers believe that their possibilities of influencing older adolescents (16 years and up) are limited, and that they have more legal and other options (the agency they acquire with age) to carry out their own decisions, which are often deemed ‘harmful’ and ‘immature’ at the same time.

### **8.3.1. Empowering young people to express their dissatisfaction and complaints**

Fostering advisers and case managers recognize their role and the role of foster parents as persons that empower adolescents to express dissatisfaction or disagreement. Advisers suggest that they motivate adolescents to express their opinions through interviews with foster parents and adolescents, or alone with adolescents. Some of them even see themselves as a support to young people to express their dissatisfaction (“*Some tell the foster parents in front of the adviser*” I\_FAF3).

Key informers’ attitudes towards empowering young people in foster care range from the opinion that the system ‘does nothing’ in this regard, to the opinion that there are clear procedures in the system that are suited for children of different ages. It is striking that all the professionals suggest that young people are empowered to ‘complain’ and ‘demand their rights’ due to the characteristics of their developmental period and that they will do so regardless of the (non)existence of system support and procedures:

*“...Adolescence is a developmental period in which nothing, not even the social protection system, whatever it may be like, can stop them and that is fine.” (II\_CMF5)*

This attitude probably implies the unwillingness of experts to recognize those adolescents who have difficulties articulating their dissatisfaction or need for changes in their circumstances: those who do it in a less than constructive way (aggressive behavior, running away, developing symptoms, etc.) are conspicuous, but recognized as those ‘at risk’, while those who withdraw remain invisible to the system.

Symbolic rebellious behaviors of adolescents about going out, socializing, clothes, etc. are marked as ‘normative’ and ‘developmental’, while other behaviors are given importance if they are deemed harmful to the well-being of adolescents, but also to the running of the system. These other behaviors are seemingly not seen as the agency of adolescents or as a form of participation, but rather as a threat and a challenge to authority that must be overcome.

Similarly, foster carers often see the participation of children as something that is ‘harmful and unnecessary’ for their life and development:

*“But there were cases in which the child went to fostering adviser and completely changed their behavior...” “I have to do this and that, you have to do this and that, I have a right to do this and that...”, “You can’t say that to me, I will open a Facebook profile, I have a right to.” (III\_FCM4)*

Foster parents stress the importance of ‘responsibility’ and not of ‘some rights’ of the child (“*Sure, it should be the other way around, responsibility comes first, not rights...*” IV\_FCF2) and respecting the rights is often recognized by them as an additional burden which limits their ability to set boundaries and direct the development of adolescents. Advisers’ activities to empower adolescents to stand for their rights are seen as ‘betrayal’. In such a dynamic, it seems that the adolescents remain without adequate information and support to express themselves.

Consideration of purpose, scope and applicability of the regulations governing the participation of children and young people in alternative care is an important issue for key informers and experts in the system. The existence of legislation is not in question because it is present, but a variety of difficulties in its implementation is recognized. The participants acknowledge that the regulations exist ‘on paper’, but that what is provided in them is not applied in part or not applied at all. An inadequate, ‘formalized’ and absurd interpretation of the rules is recognized as well:

*“Until children turns 10 years, we don’t ask them about anything, and then we ask them about everything, and then we grown-ups stand behind their opinion and behind what the children said... behind what they want and we suspend our activities there”. (III\_CMF3)*

#### 8.4. The importance of participation or “I’m still a small child”

When it was discussed whether the participation in making decisions affects their well-being, younger adolescents (13–15 years) generally stated the opinion that they were **not mature** yet and that they would rather leave the decision-making to adults (*“better to have someone do it for me, it takes me a lot of time to decide”* Nenad, 14) or mentioned arguments typical of adult narratives about the purpose of children’s participation:

*“Maybe we should use this time to enjoy ourselves, later when the time comes, we’ll do it...” (Marinko, 13)*

What is striking is that younger boys professed insufficient maturity for ‘decision-making’ more often than the girls. There were those who felt that the decisions should be made together with adults and that their participation was important (*“it’s important because we have a right to our own opinion,”* Sanja, 16). In groups of adolescents aged 16 or up, there is a much more strongly articulated need to express their views and influence the life’s circumstances:

*"It is important that our opinion matters, because that way we have a sense of belonging and that someone respects us and listens to us... (when you do not participate) You feel unimportant... As if you were bought" (Jova, 17)*

Older adolescents and young people who are in the process of leaving care recognize that it is not possible for their wishes to be fulfilled at all time, but it is important to them to receive clarification from the adult why it is so.

*"...If a child wants to practice soccer, and tells that to his foster parents, they should say 'OK, you cannot practice soccer for this or that reason', give him a reason and not be like 'You cannot practice soccer' and let it end there." (Lola, 18)*

Young people with previous experience of foster care especially suggested that they rarely initiated some solutions, and that they often experienced discouragement when they reported their preferences (*"They said 'Come on, you can't do it', they always somehow held me back, telling me 'Come on, it's not for you' and, honestly, they never wanted to invest in me. Andjela, 21)*) and one of the participants stated a substantial disregard of young people's views as a reason:

*"They will listen to you, of course, like everyone, as anyone would listen to you, but you, but you somehow assume that they'll do nothing about it..." (Jana, 19)*

Adolescents who grow up in foster families considered that foster parents consulted them when making important decisions, and that the professional workers generally did not ask them. Also, they recognize that they are free to make their own suggestions and express their dissatisfaction about these issues to their foster parents, but that they are not, or are rarely able to present them to the professionals.

The majority of foster parents consider that adults generally take the child's opinion into account, some recognize that it varies 'from person to person', and some see an ability in children in having their opinion acknowledged, which can be linked to their age:

| *“My child always manages to get his opinion heard.” (II\_FCM2)*

| *“As they get older, they just generally manage it themselves.” (IV\_FCF5).*

Fostering advisers generally interpret acknowledgement of the child's opinion based on personal skills (“*everyone's different*”, and “*some do and some don't*”), thus they transfer the responsibility for participation to the individual agency of adolescents.

In some foster families, there is a prominent issue of (not) understanding participation and its importance in the development of the adolescent. Although foster parents say they recognize that participation is important, the children actually participate formally, but not essentially. Adolescents have the opportunity to express their opinion and make decisions ‘ostensibly’, but these decisions are steered by the foster parents to make them comply with their preferences or choices (“*channeled, the way water is channeled*” II\_FCF1). Foster carers often see participation as a way for children to accept their decisions, while feeling that it was their choice, and see it as a successful ‘circumvention’ of adolescents, which suits the definitions of manipulation, decoration and tokenism (Hart, 1992):

| *“Well yes, they are asked for an opinion, but I will not buy them a jacket, instead I'll take them and tell them to pick, and then when they say “I want the white one”, then I say “Don't get a white one, white gets soiled easily, pick a darker one”, and then they say “Should I get a brown one, a navy one, a black one, what do you think?” and so on, and you, you know, you just simply give them a little push, you're there... and you get your way...” (II\_FCF5)*

| *“And in the end they do as I say, but I never tell them ‘Oh, you've got to do this’, no... “Okay, great, you made a decision, but I'd still do it this way”... “And I go quiet.” (IV\_FCF3)*

All adults express agreement with the fact that participation in decision-making is significant for young people. Some of them see it as the most important from the perspective of adolescents (“*To them it matters most*”), and sometimes the significance of it is related to the age itself

(*“It means a lot to them at that age”*) and universal opinions (*“as it is for every child”*). The benefits of participation in decision-making are commonly referred to by fostering advisers, especially regarding self-esteem and positive self-image (*“I’m present and important”*), self-confidence, autonomy (*“I exist as an autonomous person”*), respect for the rights, the feeling that their rights are respected. Participation in decision-making recognizes its practical importance and type of learning:

*“These are their steps, how to accomplish a goal, their activities, on what or whom they can rely, who is the person responsible for them to accomplish that... So it means a lot to them.” (II\_FAM2).*

These findings point to the occasional, situational and formal participation of adolescents in foster care in matters that concern them. The conflict of loyalty and fear on one the hand and the distrust in the possibility of gaining support on the other describe their opportunities for participation. There is a striking lack of information for adolescents in alternative care: it seems that, similar to the findings of previous study (Burgund and Zegarac, 2014; 2017), ‘difficult topics’ are not opened by either children or adults, and that there is a balance between the actors in the expectations (or a lack thereof) for the participation of children and adolescents in foster care. It is striking that adolescents do not know how or whom to complain to when they need it, probably due to sporadic contacts and undeveloped relationships with the professionals. They do not know the case managers well, they interpret their frequent changes and their lack of establishing contact as indifference, while fostering advisers are seen as a support to foster parents, and not as persons of trust from the system.

On the other hand, the practitioners consider the participation of children and adolescents to be a duty and an administrative one at that. Similar to the contacts, the participation of children and adolescents is simply ‘done’, it is not seen as a vital and useful part of the professional process that serves the development and welfare of the child. Again, foster parents often take a paternalistic stance and believe that it is better for children to be ‘ignorant’ than to ‘demand’ their rights. The children’s activity is observed and considered only when they start causing problems that bother



adults. At the same time, obedience and respect (“*deference to foster carers*” Darko, 13) is often quoted as the ultimate value.

From the perspective of Hart’s scale of participation (1992), adolescents in foster care in Serbia, according to the narratives of the adolescents themselves and the adults responsible for them, mainly have the opportunity to participate formally, while a variety of strategies of non-genuine or ‘false’ participations are used (manipulation, decoration and tokenism). In certain circumstances, they participate at the ‘assigned but informed’ level (they understand the intentions of procedures, know who made the decisions concerning their engagement and why, have a meaningful, rather than a ‘decorative’ role), and they participate voluntarily. They are much less substantially ‘consulted and informed’ in a manner which has great integrity. At the same time, cases of ‘adult-initiated, shared decisions with children’ and vice versa ‘child-initiated, shared decisions with adults’ are rarely mentioned in the participants’ narratives. There is clearly a lot of confusion, prejudice, miscommunication and room for improvement in the alternative care system in Serbia.



## 9. Conclusion and recommendations

Based on some initial, cursory analyses, there were no striking differences between the adolescents in foster care to their peers from the school, but all the results should be interpreted with caution. One should be aware of the problem of avoiding identifying themselves as adolescents living in foster families, problems in verbalization (more pronounced than in children in the general and reference school population) and the fact that the group included positively selected adolescents in terms of willingness to cooperate and adaptedness.

Comparing adolescents in foster care to their peers from the school they attend shows no striking differences in terms of well-being as measured by the applied scales and questionnaires, but in the given context it indicates caution regarding the problems with verbalization and understanding, and the adolescents' aspiration to approach and resemble their peers who live with one or both parents.

Since here we had a selected sample of well-adapted children (rallied in target groups), it is expected of them to strive to make an impression of having slighter differences and fitting in the general or reference group of their peers. It was also not unexpected that they expressed that they were satisfied with their relationship with adults, perhaps aiming to be grateful for what they had and to be loyal to adults important to them.

Data suggests that the objective lower academic success of adolescents in foster care is not perceived as a problem, and that the school masks the problems (getting them over to the next grade and giving higher grades), thus further work on sensitization is necessary because perceiving and marking problems would be the first step towards their solution.

In terms of the well-being, there were no differences on the EPOCH scale, except in girls in foster care. It turned out that they looked to the future with less optimism and faith than boys of the same age, and they appeared less independent on the AIDA scale. The gender-sensitive findings and findings on how they assess their feelings in the past period, as well as the other findings along the same lines show that girls are more vulnerable than boys, and that there is work to be done on empowering them and that they should be involved in appropriate programs of psychosocial support.

The lowest scores on the scale achieved by our adolescents in general are in the aspect of **Engagement**, which speaks of their capacity to engage and dedicate themselves to an activity with undivided attention, while they achieved the highest scores in the aspect of **Connectedness** that speaks of important people and the existence of support.

Between the two compared groups of adolescents, the differences manifested on the AIDA relationship scale and this was expected. Given the experience of moving from their biological families (and the experience in the biological family that preceded it) and a reported (compared to the reference group) pronounced sense of discontinuity and rootlessness, it is necessary to develop flexible mechanisms for supporting the development of a comprehensive identity of adolescents in foster care.

Research findings suggest that adolescents in foster care in Serbia face numerous challenges. From the usual developmental ones that come with adolescence, to specific ones such as the formation of identity in circumstances of broken ties and relationships, difficulties with articulating their own voice in a situation that is not supportive to a real participation and with the present discrimination in the environment.

Consensus building in the focus groups showed that adolescents in foster care and the adults who care for them see well-being in a similar way, though the priorities in accomplishing well-being differ. Teenagers express the need for love and belonging as primary and this is where they notice a key difference between themselves and their peers from biological families where love is the standard. Adults from the system recognize the importance of belonging, identity and connectedness, but that they evaluate an adequate living standard as very important for the well-being of adolescents, while they do not speak of relations in the context of well-being. Would it be fair to talk about compatible constructs of well-being when the different actors' image is seemingly similar, but differently prioritized? The construct of well-being of adolescents in foster care indicates that adolescents and adults who care for them have different views on:

- × What is important for adolescents to feel well;
- × How to establish and maintain contacts with members of the biological family;
- × The ways in which adolescents deal with their identity and self-image;
- × The ways in which adolescents are involved in the decisions important to their life and independence.

### **Adolescents in foster care seem well-integrated, but have a strong sense and experience of discrimination**

Findings on a sample of adolescents in foster care and referent peer group from the same schools indicate that there are, in general, no significant deviations between the two groups in the values obtained on the well-being scale (EPOCH). Also, the socio-economic status, the attitude towards the school, towards peers, teachers and parents or foster parents do not deviate significantly in the two groups. Deviations have occurred in significantly lower performance at school in a group of adolescents in foster care (who usually enroll in 'less prominent' schools), and in the dimension of discontinuity on the AIDA scale in terms of relations. These findings are not

unexpected given the difficulty of establishing and/or maintaining contacts and relationships with parents and important persons and members of the biological family.

However, all the circumstances regarding the difficulties in outreach experienced by the respondents in this study, the conspicuous and widespread adolescents' rejection to declare that they live in foster families, difficulties in recruiting participants for the focus groups indicate a strong experience of discrimination that leads to mimicry and intentional 'fitting in' in an environment. In all focus groups with adolescents, the experience of discrimination appeared as important, strong and hard to bridge. Apart from the adolescents, foster parents also seemingly carry a part of the stigma for being foster parents (someone who cares for children 'for money'), and especially in situations where they care for children who are even more discriminated against because of some features (nationality, disability etc.).

### **Adolescents do well when they have a good relationship with their foster parents, and if it is absent, their problems can remain unrecognized**

The well-being of adolescents from the sample appears to depend on the 'element of luck' (like lottery), or on how the foster parent in question copes with the specific adolescent if they cope well, all the participants in the system are satisfied, but if they do not, there is little possibility for the adults responsible for adolescents in foster care to recognize the difficulties. Adolescents, based on the experience with the relationship they have with case managers and advisers, do not speak and do not seek help if they have problems because they do not realize that they will be given help and support, instead they fear reprisal from foster parents. The results indicate that these young people generally do not feel that the social work practitioners care for them and are there for them, in a professional, dedicated and sincere manner, nor that they really control the foster parents. This poses an additional risk for children and adolescents in foster care, because not only many problems, but many abuses as well remain unrecognized.

### **Foster parents act confused with adolescents and are under-supported due to the transfer of responsibilities among the actors in the system**

It seems that adolescents in foster care are in a situation in which they are mostly alone, while some face the challenges with the support of their foster parents. Different perspectives and viewpoints foster parents have about what is necessary for adolescents to do well, and who supports them and in what way, indicate that although they want to be supportive, they do not exactly know how. Foster parents are often confused with adolescents, they are scared, they increase control, test confidence and finally give up. The image of a child who is being 'shaped' and that of a 'dangerous' adolescent is present, for which is not clear whether it is supported during the training of foster parents and the professional support they receive. It is noticeable that the foster parents second-guess themselves, and that they are dissatisfied with their support of the adolescent but also with the outcomes of the adolescents themselves. The lack of skills and guidance to support the adolescents to build relationships and to integrate them into their life story is attributed by foster parents to insufficient engagement of case managers and the case managers attribute it to inadequate training that foster parents receive from the fostering adviser. At the same time, fostering advisers find that some foster parents have the capacity, skills and talent to work with adolescents on important topics and sensitive issues, while others do not have such 'talents'. In a constellation of relations like this, all participants observe that it is necessary to respond to the needs of adolescents for the sake of their well-being, but not a single participant considers it to be his/her responsibility. Transferring responsibility to other people in the social protection system does not contribute to the well-being of young people, but instead to the divided (ir)responsibility syndrome, which leads to an absence of intervention.

### **The lack of system capacities jeopardizes the well-being of adolescents in alternative care in Serbia**

The system of alternative care in Serbia faces many challenges. Some regions in Serbia are not covered by the regional foster care and adoption

centers and fostering advisers who supports foster families, case managers from center for social work are overwhelmed by numerous requests, procedures and shortages in material and human resources. In such circumstances, consideration and interventions occur only in crisis situations, but the question remains what happens to adolescents if their situation is not recognized as a crisis. It seems that the case managers consider the well-being of adolescents as an important issue, but to them it remains **important, but not urgent**, because in the circumstances of an insurmountable workload and intertwined competences, the interventions are conducted periodically, with no continuity and no clear goal. This is aggravated by an essential lack of permanency for children in alternative care in Serbia.

### **Adolescents are generally unwanted in foster care and in the alternative care system**

Since adolescence is a turbulent developmental period in which young people are questioning the boundaries and at the same time seeking support from adults, the alternative care system in Serbia lacks capacity to respond to these demands and needs of young people. Adolescents become 'unwanted' in the foster care system as well as in the alternative care as a whole. There are neither systematic programs nor projects for them. The convictions about the best interests and well-being of adolescents vary among experts. Some of them suggest to adolescents who do not fit into the system, but are rebellious instead, that they should obey in order not to 'end up' in residential care which were described as 'the worst nightmare' in the focus group discussions with the participants. Such a 'stay where you are' strategy of the case managers seems to stem from the belief that foster care is currently the best available alternative for children and adolescents in Serbia. This belief is certainly based on knowledge of the unavailability and inadequacy of resources, and in addition creates a climate in which the adolescent has no one to complain to. On the other hand, some case managers believe that adolescents should not be placed in foster care, because they 'fit in' badly. At the same time, they are indicating that the alternatives that the residential care in Serbia offers are insufficient, unadjusted, unspecialized or below the standard. The alter-

native care system is inflexible to the needs of adolescents and does not recognize that it needs to adapt as well, and that those who cannot fit in the 'one size fits all' services become marginalized or rejected.

### **Alternative care system is not sufficiently responsive to the needs of kinship foster carers and biological parents**

Apart from adolescents who do not 'fit into' the system, it seems that neither relatives as foster parents nor biological parents meet the criteria of the professionals in the system. Survey findings show that adolescents who live in kinship foster care are significantly more successful in school than adolescents living in foster care families who are not relatives, but they also report that they have more problems with school and learning, all of which speaks of them being more critical. This data can be interpreted by the fact that adolescents who live with relatives care more about school and school achievement, that they have higher expectations of themselves in terms of school performance, which is probably also the case with their kinship foster parents compared to the foster parents from the other subgroup.

Respondents from all focus groups also state that adolescents living in kinship care have better achievements, adapt more easily and perceive discrimination and stigmatization less than other adolescents in foster care. Despite that, practitioners describe kinship fosters as non-responsive and uncooperative and think that they do not follow their advice. Parents of adolescents are also often seen as a 'disturbing' factor for a child, with no real effort towards working on correcting the undesirable and developing a desirable parental behavior, with little or no planned support for the parents of children in alternative care and possible reunification of families. For some reason it seems that the case managers and the fostering advisers in Serbia have adopted the view that users should follow their instructions and not reassess (in direct dialogue with the users) the users' needs and their services. Partnering with service users and associates, children and families did not seem to have come to life in the immediate practice, which is a particularly sensitive issue in ensuring the well-being of adolescents in foster care.



**Professionals occasionally work on the adolescents' contacts, but not on relationships**

Systematic work on the relationships between adolescents and their biological family and other important persons is reduced to sporadic support of contacts for which there is no consensus between the foster parents, advisers and case managers. Foster parents who are trying to support adolescents in maintaining contact with their biological family lack information and knowledge. That is when they become confused and frightened, they try to increase control over adolescents, test 'trust' that they gained from them and sometimes give up on the adolescent. There is a conflict of loyalty between biological and foster families in adolescents, which leads to an identity crisis and the disruption of the well-being of these young people. Practitioners recognize and automatically verbalize that relationships are important to adolescents, but do not have a developed idea of why they are important, nor developed practices to maintain these relationships. Residential care, relationships and contacts with siblings represent an especially sensitive area, which requires development and introduction of new practices.

**Foster care in Serbia was designed as a solution for the lack of permanent options for children**

One of the conclusions of this study indicates an uncritical construction of foster care in Serbia as 'the best solution' for children without parental care. This is the image that all parties in the system seem to strive to maintain with:

- × Lack of family support programs that support the family preservation, they prevent the separation of children and support family reunification after placement;
- × Underdeveloped services and practice of adoption, especially regarding older children;
- × Unadjusted forms and the lack of capacity of residential care for adolescents, due to a lack of a various transitional family-like types of care

that have proved to be suitable for some adolescents in other countries.

The study indicated the importance of preparing for the emancipation of young people in the alternative care system. Emancipation is a process that should begin as part of and a continuation of the permanency planning process starting at the age when the adolescent enters a significant developmental point of selecting a high school (14 years) in order to gradually and progressively achieve the outcomes of autonomy and independence. In the absence of clear goals and expected outcomes, alternative solutions are sought for preventing uncertainty and 'ending up' in the next phase (escape from foster families, dropping out of school, early marriage) or the delay of independence (e.g. grade retention, prolonging school with no real idea of the purpose of education in the absence of better solutions). These solutions delay and do not support emancipation. A special issue that we came across in this study are the so-called 'pseudo-adoptions' in foster care in Serbia, where children and adolescents are placed and adapted to the foster family's background, without contacts or with very scarce contacts with the biological family, without unambiguous ideas about their origin and status, but instead with an unresolved family and legal status. That seems to be a present, but a hidden phenomenon that potentially threatens a number of children and adolescents.

### **No systematic work on the life story of adolescents in foster care**

One of the important issues in this study is how to talk to young people about their roots and heritage? We have seen that young people are not united in the need to find out their roots and that there are those who are ambivalent or those who do not want to discover a part of their own identity. Case managers and fostering advisers recognize identity as very important for the overall well-being of adolescents in foster care. However, the way they deal with identity remains mystified and superficial in a conflict of roles and responsibilities of case managers and fostering advisers. On the other hand, young people perceive their foster parents as people who are important to them, they do not want to explore their past so as not

to betray them. They also fear that no one in the system will want to hear their problems and needs and that they will not believe them. Systematic work on the life story is missing. This kind of approach contributes to the accumulation of unresolved problems and breaking the connections with the environment rather than encouraging these connections and upgrading them.

### **Participation is not recognized as a right and a vital interest of adolescents in foster care**

Adolescents clearly emphasize the need for having their views taken into account, while adults in the system find (and place) numerous obstacles to their full participation in the decisions. It sends explicit and implicit messages to adolescents that adults do not understand them, that they do not appreciate them and do not support them. This study showed that adolescents in foster care participate in life decisions at the level of being informed (not always in a timely and complete manner) and accepting the choices that are offered by the system. Independent decision-making that is supported in a relevant way as the highest level of participation often remains an elusive standard. Youth participation is a process and is important not only for gaining independence and becoming self-reliant (for what adolescents will 'become' in the future), but it has the potential here and now to support their evolving capacities (Landsown, 2001) here and now. If adolescents of all ages (and the range from 10 to 19 years is significant) do not hold a belief that their view is important, if they are not motivated and encouraged to be involved in matters that concern them, if they do not have the opportunity to evaluate what is more and what is less important, they remain more vulnerable and open to the influences of the environment that may be negative. It seems that adolescents in foster care often do not even try to communicate their opinion, due to a belief that those who make decisions about their lives will not actually listen to them and hear their point of view (Burgund and Zegarac, 2014). This approach influences the development of dependent young people who have no confidence in their own capacities. This contributes to the 'revolving door' syndrome, when young people who do not have the skills and resources for an independent life exit the alternative care system aimed

at children and young people and re-enter the system as mental health system or adult social protection system users. (Burgund, 2017).

A sense of identity, integrity and basic security in young people in alternative care is insufficiently developed and unstable, making them increasingly vulnerable and fearful of the challenges that independence bears. This study clearly suggests that there is room for the creation of mechanisms for an effective way of making young people independent in the work on their life story and for the emotional stability of young people leaving alternative care.

It is necessary to develop a support network for young people and for foster parents as well so that foster parents contribute to the development of identity and continuity in the experience of young people who belong to a certain background and have certain values (Metzger, 2008). Establishing contacts with the family is a necessary, but not a sufficient condition for the recognition and acceptance of the adolescents' origin. Regardless of whether the contacts with the biological family are possible and whether they are accepted by the adolescent, it is their fundamental right to know who they are and where they come from, and the task of the people from the alternative care system is that adolescents be enabled to exercise this right in a manner that is nurturing and supportive.

**Recommendations** are formulated, based on the results, in relation to the practices, policies and future studies.

**Policies in the field of alternative care:**

- × A fundamental revision of the alternative care policy is needed, as well as a new, coherent deinstitutionalization policy in Serbia. There is a need for rearranging the system of alternative care, of the foster care system in particular, and the legal solutions and regulations in this area need to be consolidated and updated.
- × Stronger control mechanisms are required and probably better quality supervision so that the existing standards and regulations are respected and strictly implemented.

- × Personnel and professional strengthening of the CSW, but also the CFCA is needed. Actually, an insufficient number of professionals work with children in alternative care.

### **Alternative care practice:**

- × Children in foster care need support in mastering the school curriculum at an early age, which should be included as early as possible, in a routine and a non-stigmatizing way in the school environment. One of the imperatives must be to ensure that all children in the alternative care in Serbia are functionally literate at an early age in order to prevent them from falling further behind in school and prevent reduced life opportunities.
- × Young girls and female adolescents in foster care have specific needs, which put them at risk of early marriage, dropping out of school and exposure to abuse, if these needs remain unrecognized. Girls should be provided with educational and developmental support that is aimed at strengthening their autonomy and independence. They can also be expected to be susceptible to intervention because they have shown to be (compared to boys) open and willing to talk with adults about important and serious topics.
- × It is necessary to provide continuous support and customized training to foster parents (which fits their actual needs), so that they will be able to respond to the needs of children and adolescents to the different developmental periods.
- × A clear division of roles and responsibilities between the foster parents, fostering advisers and case managers is needed, with appropriate communication channels and cooperation.
- × Family support services are necessary, including those for support to maintaining the child with the parents, as well as those that support and nurture relationships between parents and children in alternative care and also those that support family reunification after care.

**181 Advancing the well-being of adolescents in foster care**

- × Continuous work on the life story of all those involved in the lives of adolescents in alternative care is significant.
- × Improving the monitoring and evaluation process of the services for adolescents in foster care.
- × It is necessary to develop flexible mechanisms, training programs and support programs for the treatment of participation and empowerment as processes starting with the child's entry to alternative care until their independence. It is necessary to take into account the individual needs and characteristics and establish mechanisms that would be sensitive to individual differences.
- × It is necessary to develop an independent and operational mechanism for complaints and independent resources for support, which will allow the adolescents in alternative care to exercise their rights efficiently.

The study of well-being of adolescents in foster care showed significant results, but also raised questions for further studies in which it would be important to consider the perspective of the biological parents and siblings when it comes to the well-being of adolescents in alternative care. We would get more reliable findings about the well-being of adolescents in longitudinal studies, particularly in those that explore the outcomes of the process of emancipation and the life story from a gender perspective.



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## List of participants

During study field work following field researchers were engaged:

PhD Social Work students Bojana Pucarević, Ljiljana Skrobić, Violeta Marković, Milica Glišić and Ivan Anđelković, as well as MA Social Work students Dijana Janković, Miona Gajić, Dušan Božić and Vladimir Jovanović, as well as MA Social Workers Marija Vukašinović, Jasna Knežević, Miroslava Karadžić and Jovana Tašković were engaged as a field researchers in qualitative part of this study, while Jelena Protić, psychologist, conducted field research in quantitative part of the study, in cooperation with school counselors.

In addition to the usual developmental challenges, adolescents in foster care in Serbia face the difficulties of identity formation in circumstances of broken ties and unclear relationships with their family of origin, they experience discrimination in the environment, lack of support for real participation. The results indicate that these young people generally do not have the experience of being looked after by professionals and that they are there for them as committed, dedicated and honest professionals. Foster carers are often confused in front of adolescents and under-supported due to the shifting responsibilities among the actors in the system. The unclear boundaries of the responsibilities of the case manager and the fostering adviser responsible for the foster family confuses both service users and professionals because they do not know who should refer to whom and when to do so. The authors emphasize that the shifting of responsibilities onto others in the social protection system does not contribute to the well-being of young people, but to the syndrome of shared (ir)responsibility that leads to the absence of interventions.

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The recommendations emphasize the recognition of the importance of integrity, timely perceived and/or prevented risks, development and availability of support programs for families (both biological and foster), flexibility when it comes to adolescent care, emancipation, remaining in the education system and clear role sharing in the child care system. Studies and reports such as this publication are a significant contribution to the body of knowledge on the current context of youth life in Serbia, but also a more than relevant source of guidance for improving child and youth protection practices. At the same time, they are also a true example of meaningful involvement of the research community in monitoring the quality of services, but also in creating a context for developing evidence-based, child and youth support policies and practices.

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One of the distinctive features of this monograph is that it contains numerous illustrative answers of adolescents and other research interlocutors, which considerably enrich the text, give "life and voice" to the abundance of results and make them even more comprehensible and interesting to read. The monograph contains a very comprehensive, thorough and clearly written review and analysis of the findings on the position and well-being of adolescents in foster care and thus contributes significantly to efforts to better understand this specific group of adolescents and the role of social systems in their development.

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From action-oriented research to  
better policies and practices