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The Perspectives of Family Foster Care in the Czech Republic, Hungary, Poland and Slovakia

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Abstract: Reforms of the child protection systems, provision of family- and community-based alternative care has been developed to a certain level in all countries in Central and Eastern Europe and has increased the role of care provided by foster families replacing institutions to ensure that the best interests principle is taken into consideration when children are separated from their families. The research describes the foster care system in the so-called Visegrád countries: the Czech Republic, Hungary, Poland and Slovakia, and the results based on at least 50 interviews in each country conducted by local experts on subjective well-being of foster parents, their perceptions about their roles and place in their respective countries and their needs. The article includes the legal framework, recruitment, preparation and support to foster families, their subjective well-being and needs in the four countries, including the history of their child protection systems to better understand the current situation. The outcomes show differences in approach to foster care, the perception on the roles, responsibilities and needs based on the different traditions, earlier and current policies and practices. Understanding the attitude changes related to the rights of children, those in vulnerable situations, and to their families of origin would be essential to further develop and improve the child welfare and protection systems, and listening to children on their perceptions and the realisation of their rights.

Keywords: child protection, foster care, foster parents, children's rights, V4 countries

1. Introduction and background

The UN General Assembly Resolution on the Promotion and Protection of the Rights of Children in December 2019, in line with several earlier UN treaties, guidelines and recommendations, recognises that children should grow up in a family environment to have a full and harmonious development of their personality and potential; urges member states to take actions to progressively replace institutionalisation with quality

alternative care and redirect resources to family and community-based services; and calls for "every effort, where the immediate family is unable to care for a child with disabilities, to provide quality alternative care within the wider family, and, failing that, within the community in a family setting, bearing in mind the best interests of the child and taking into account the child's views and preferences" (UN General Assembly, 2020, cited by Goldman et al., 2020, pp. 606–607). The recommendations based on the general day of discussion on children's rights and alternative care organised by the UN Committee on the Rights of the Child (2021) reiterate the importance ensuring that all children grow up in safe and nurturing families, and all families should have the support they need to provide safe, nurturing and loving environment for children. It requires comprehensive policies and programmes, prioritisation of universal, non-discriminatory social services, focusing on early identification, enhancement of parenting skills, intervention for families at risk of separation, timely access to services for families promoting inclusion and participation in the community.

These recommendations suggest prioritising the needed support to families of children, to prevent unnecessary separation, to protect children who are deprived of parental care by providing high-quality family-based alternatives within the community, to recognise the harm of institutionalisation, and to strengthen systems for the care and protection of all children in line with the UN Convention on the Rights of the Child (UNCRC, 1989). Concerted global efforts to reform systems for the care of children by keeping families together by strengthening families and building up family support services in communities, putting in place alternative family-based care, and progressively replacing institutional care with quality alternatives in a safe and structured manner are under way and should be promoted (UN General Assembly, 2020).

The study presented describes the foster care system in the four countries and the results based on the interviews conducted on subjective well-being of foster parents, their perceptions about their own roles and place in their respected countries and service provider and their needs in the so-called Visegrád countries, in the Czech Republic, Hungary, Poland and Slovakia.

Several studies have been revealing the commonalities and diversities in foster care in the last decades in Europe, but they have not covered many areas, nor all the countries effected. Overviews of the developments in Europe, with special focus on the transition countries were published among others by Tobis (2000), Vecchiato et al. (2002), Browne et al. (2005), UNICEF (2013), Anghel et al. (2013), Eurochild (2019). The needs of foster parents including training, motivation, attitude and satisfaction in different countries have also been explored from different perspectives and in different countries, regions, among others, by Whenan et al. (2009), Kaasbøll et al. (2019), Neagoe et al. (2019).

Despite of the efforts made, still hundreds of thousands of children are living in institutions, although the number of children in kinship and foster care is growing across Europe (Eurochild, 2019). Many countries in the region have increased their efforts to promote family-based care for children and have sharply reduced their reliance on institutions (UNICEF & Eurochild, 2021). The European Expert Group on the Transition from Institutional to Community-Based Care has produced material to

support the reforms (European Expert Group, 2012; 2014), and the funds made available for the countries to implement the needed reforms and changes have also generated substantial activity.

The reforms of the child welfare and protection system, known as de-institutionalisation, have been focusing in many countries on the implementation of the best interests principle among other efforts, increasing the role of family support, local, community-based services, prevention, gatekeeping and reintegration of children into their families of origin if possible and closing the institutions, 'children's homes'. Based on the experience of western countries and many foreign NGOs and experts helping to develop new child welfare and protection policies, foster care has become one of the main channels to place children into families and avoid institutional placements in many countries following the political-economic changes in 1989.

2. Historical background and the development of the child protection systems in the Visegrád countries

There are many similarities, but also important differences based on the history, traditions, culture and diverse impacts explaining why the child welfare and protection systems have evolved differently in the different countries in all regions, including in those covered by this project. All four countries have become members of the European Union in 2004, with social policy, health and education remaining the competencies of the individual countries, while there are several instruments to support the required changes in policies and practices. The countries investigated in this study belonged to the former Soviet bloc countries, following the patterns of the Soviet, state-run model of child protection, prioritising institutions to family-based foster care, believing that professionals can take better and more transparent care of children in state-run services than lay families, believed to be more conservative and not representing the new ideas of child rearing. Following the transition in 1989, changes in their respective approaches and systems have been very different, just as in other areas of social policy.

2.1. The Czech Republic

In the first decade of the 20th century, a separate educational system and local child protection services supported families with children under 3, and were provided in the same way as medical counselling and daycare. Efforts were underway already at this time to integrate different services into a common system; however, these were not completed. The current child protection system can be traced back to these early developments, together with the establishment of institutionalisation and segregation. While kinship and foster care were the dominant forms of care for children in this early period, children with disability and Roma children had been excluded and placed in institutions already from 1921, based on the new legislation, which remained unchanged until the forties. During the German occupation (1939–1945) institutionalisation was preferred

just like in Nazi Germany, with the number of children in institutions increasing substantially partly due to the death of the parents and abandonment, and residential homes being supervised by German authorities and some NGOs.

After WWII, a medicalised concept became dominant, especially in the cases of children with disabilities, and supervision of the residential homes belonged to the Ministry of Health. Until the political-economic changes in 1989, the Soviet institutional approach was exclusively used, to ensure "the public interest to prevent such situations as breaches of upbringing and lack of parental control of children which leads to the incomplete internalization of socialist morality" (cited by Schmidt & Bailey, 2014, p. 59). Family-based alternatives were not used in any form (Truhlárová & Levická, 2012).

Alternative care today still includes different types of institutions (infants' homes, diagnostic institutes, children's homes, residential schools and secure children's homes), various family-type placements, including four forms of foster care. Official estimates indicate that approximately 23,000 children are accommodated in over 200 residential homes for children, including a high number of young children under the age of 3, waiting for a court decision, which can last several months. Between 1990 to 2010, the number of children placed in residential facilities has increased from 704 to 1,268 per 100,000 of the child population (UNICEF, 2012).

Despite the numerous legislative changes, recommendations and international efforts, the number of children in alternative care has increased in the last twenty years, with preference being given to institutional placements, while early support and prevention centres and local services have also been established.

The new legislation in 1999 on the social and legal protection of children aimed at identifying families at risk, collecting information among various actors, providing support to parents and options for the right to be heard, and initiating legal action if needed. Local authorities under the special department in the Ministry of Labour and Social Affairs were designated to implement the law. Instead of focusing on prevention and early support, the new activities consisted in crisis intervention and after-crisis placement of children as the main activity, and dealing with families in vulnerable situations.

As a result of the external pressure to start the de-institutionalisation of children, the National Action Plan for Transformation and Unification of the System of Care for Children at Risk was introduced in 2009, yet without implementation. The large institutions have been re-modelled and smaller units established but the dominant form of care remained.

Despite the National Strategy to Protect Children's Rights and the National Action Plan for 2012–2015, de-institutionalisation has not shown much progress. The reasons identified include the lack of political commitment and acceptance of the need of children, lack of adequate community-based services despite the growing need, and a lack of cooperation between different ministry departments and communities providing services. Insufficient prevention and gatekeeping efforts and a very strong lobby of professionals, primarily paediatricians favouring residential placements instead of family-based care prevents the changes. The number of applications for foster care has decreased due to the higher demands as far as preparation and contact with the biological families is concerned (Lumos, 2018).

The debate on closing all infant homes and replacing them with temporary foster families, besides supporting families at risk and preventing the out-of-home placements has been going on in the Czech Republic for almost 20 years. It is one of the last European countries where it is still possible to place a child younger than three years in an institution. Infant homes are health service facilities, under the jurisdiction of the Ministry of Health, and provide paediatric services. A new Strategy for the Protection of Children's Rights 2021 to 2029 was adopted by the Czech Government in December 2020, followed by an Action Plan for its implementation during the first half of its term, therefore in force from 2021 to 2024. The strategy and action plan determined a strategic framework and a basis for closing the infant homes until the end of 2024. Further achievements are seen in the ongoing legal procedure connected to the amendment of the Act on the Social and Legal Protection of Children. The National Strategy was created in cooperation with a wide representation of professionals, children's groups, families and a wide range of civil society organisations, including an umbrella institution representing over 80 non-governmental organisations (OHCHR, 2021). An amendment to the Act on Health Services prohibited the placement of children under the age of 3 in institutional care, with the exception of children with severe disabilities and sibling groups (Fundamental Rights Agency, 2023).

The majority of funding during the last years was still spent on institutions (52%), less than a third to foster care, and only 19% on prevention and working with families in 2017. The main stakeholders, ministries responsible for the different areas of child welfare and protection have not agreed on the required solutions (The League of Human Rights, 2017). At the end of 2022, 12,268 children were placed in foster families permanently and 535 temporarily, 403 children placed in temporary homes for urgent needs, 818 under the age of three in infant homes, 4,994 children in residential homes, of whom 350 were over 18 years of age, 980 children in homes for children with serious behavioural problems (Ministry of Labour and Social Affairs, cited in Fundamental Rights Agency, 2023).

2.2. Hungary

The first child protection legislation adopted by Parliament in 1901 was a very comprehensive law, acknowledging the responsibility of the State for the care of children in need. Almost all children under 15, apart from the severely disabled and children in conflict with the law were placed in foster care (95%), and this remained the case until the end of WWII. The post-war era emphasised more professional, controlled provisions leading to a gradual decrease in foster care, based on the belief that institutional facilities better serve the developmental needs of children. Trained staff working in teams was considered more aligned with the new politics than the mostly uneducated families who were fostering without monitoring and seen to transfer undesirable values to children.

Besides large residential homes often placed in castles confiscated from the old bourgeoisie in the late 1940s, children's towns were established accommodating hundreds of children separated according to their age and gender, even siblings within the closed

compounds. Foster care placements accommodated less than 20% of all children in alternative care.

By the mid-1980s it became clear for many professionals and decision-makers that institutions could not provide the care and personal relationships children needed. In 1986, social work education was re-established, and a new program of social pedagogy was also introduced. The Ministry of Social Affairs and Labour initiated a national pilot program providing experimental training for foster parents with external experts. The aim was to employ professional foster parents, as relying on voluntary provision was not an option in an economic system based on two incomes per family, and the lack of voluntary work in general.

Three SOS Children's Villages were also opened in the late 1980s providing an in-between model with much higher standards, based on international support and management. The reform efforts were not welcome by all and the closure of the first three infant homes in 1988 in Pest County had generated strong resistance from the residential care lobby, particularly among the infant home representatives (Herczog, 1997).

The political and economic transitions after 1989 have further slowed the process of reform, as other major changes were given priority. The legislation on child protection and custodian management in 1997 followed the principles of the UNCRC ratified by Hungary in 1991, and the most up-to-date good practices. The establishment of local, community-based child welfare services aiming at preventing the need for out-of-home care and working in cooperation with other sectors and professionals, including NGOs, could have ensured proper early support and gatekeeping mechanisms in place. The closure of several large residential homes for children, recruiting and training foster families and establishing smaller group homes accommodating not more than 12 children seemed to modernise child welfare and protection. An initiative in 1996 was aiming at the experimental pre-service training for prospective Roma foster parents so that Roma children, highly overrepresented in the care system, could be placed with families ensuring their identity and culture. The successful program resulted in recruiting the first fourteen professional Roma foster families. Since then an estimated 5% of all foster parents are of Roma origin, which is still a unique opportunity in the CEE region (Diósi, 1993).

However, the inadequate resources allocated, lacking the time for a smooth transition, for the preparation of those working in the old regime and raising public awareness of the changes occurring, together with the different conflicts of interests at many levels have resulted in very mixed outcomes. After the first years of significant changes of the decreasing referrals of children and the development of local service provision, since 2008 the trend has somewhat changed. The number of children has not decreased further, despite the decreasing birth rate, the local services have not got sufficient resources, the share of church-run services has increased in all forms of care, though residential homes are still dominantly state-run by a centralised authority (SZGYF), and the quality of care in the child protection system has worsened. Foster parents are contracted and paid by the service providers, 19 of the 22 organisations offering foster care belong to church-run NGOs, accommodating 98.4% of the children (SzocOkos, 2023). Fostering has increasingly become an option for those in need of income, lacking employment opportunities, and due to the lack of applications, the conditions have been significantly

worsened by the placement of over 60% of the children in settlements with less than 2,000 inhabitants, lacking the basic services, often even GPs, health visitors, kindergartens and schools. The number of foster parents has remained roughly the same, 5,811 in 2023, accommodating 70% of the children. By the end of 2023, there were 15,922 children under the age of 18 in family foster care and 7,293 in residential care, while 2,387 young people older than 18 in after-care both in foster families and in residential facilities (Hungarian Central Statistical Office, 2024).

The new regulations introduced in 2014 allow for the placement of a child under the age of 12 in residential homes in exceptional circumstances only; however, still many children even under the age of 3 are in children's homes. The regulations are permitting larger sibling groups and severely disabled children to be placed in residential homes, regardless of their age. Reunification of children with their families is very rare due to the lack of capacities of local services and the absence of political commitment to support poor and deprived families. According to a recent investigation of the Commissioner for Fundamental Rights, at least 35% of children are placed in alternative care because of poverty and lack of support, despite the clear prohibition in the law to remove children from their families because of material deprivation only. Roma children are highly overrepresented in alternative care and placed in residential homes in large numbers, just like children with disabilities (The Budapest Beacon, 2018; Eurochild, 2018).

Despite the increase in allowances and remuneration to foster parents, considering the inflation rate these resources are still not sufficient to cover the costs and provide a satisfactory income for them. According to the reports, at least 2,000 more foster families would be needed to accommodate children in need and replace institutional care. A recent worrying indicator of the lack of placement options is the growing number of newborns left in maternity wards, spending several months in hospitals, waiting for vacancy in foster families or infant homes (Muhari, 2024). The government has decided to ease the provisions to adopt children left alone, instead of providing prevention of unwanted pregnancies, support to families in need and expecting women, and providing hospital-based social work and psychological support to women so they do not abandon their newborns (National Assembly, 2024).

2.3. Poland

Before WWII, substantial developments ensured the care of children deprived of their family and the progressive work of Janusz Korczak and Babicki, among others, was characterised by the child-rights based approach already from the early years of the 20th century. Children's homes introducing self-governance and focusing on the individual, developmental needs of children were exceptional examples of good practice.

In 1921, the right to social assistance was acknowledged by the Polish Constitution "children without necessary care from their parents have the right to receive care and help from the government" (Article 103) (see Stelmaszuk, 2002; Kolankiewicz, 2006; Knuiman et al., 2015).

Similarly to the other countries of the region, following the German occupation during WWII and after the war, from the early fifties the child welfare and protection system was nationalised and the institutionalisation of children has become the main form of placement, services provided to families and placing children in foster care was not a priority. Since the modernisation of the care system in the 1970s, family support and foster care has become more accepted as the best place for children to be raised outside of their families of origin. Large residential homes were not seen as adequate placement for children any more, especially as the staff working there were not well trained, and contact with the families or the efforts to reunite children with their families were inadequate. The first regulation of foster care was introduced in 1979 (Łuczyński, 2007).

The Polish Act on Social Policy in 2004 provided that children can only be placed in residential homes in case the family is not able or willing to take care of them and there is no foster family available meeting the child's individual needs. The Family Assistance and Alternative Care Act was introduced in 2011, replacing former regulations. The newly established group homes can accommodate less than 14 children. However, this was achieved frequently by dividing former large institutions or building group homes, usually next to each other in large complexes, with EU structural funds used to create these settings. This is against the recommendations and professional standards of the European recommendations and the prohibition to spend the funds on residential facilities (see European Expert Group, 2012; 2014). Children under the age of 10 can be placed in residential homes in exceptional circumstances only. In 2017 there were still 3,200 children younger than 10 living in institutions.

Poland is one of the 12 countries in the European Union identified to enhance de-institutionalisation reforms. Foster care has become an essential option for children in alternative care; however, its quality and support of children are not satisfactory. In 2021, there were 121,225 children in alternative care, including 15,000 children with disabilities, 70,753 (65%) of them in foster families. Of 100,000 children under the age of 18, 1,788 are living deprived of their biological families (UNICEF & Eurochild, 2021). This number shows a steady decrease compared to the previous decade. It is important to note that in Poland the term 'foster care' encompasses both foster family-based care (up to three children per family) and institution-based care or a residential home where up to eight children are cared for by professional staff.

The number of foster families has dropped slightly, by 0.7%, in comparison with the previous year, partly due to the lack of public awareness, inadequate professional support and low remuneration to foster families. In the countryside and far from the cities the professional supervision of foster families is of low quality, lacking the support of psychologists and other specialists. Foster care supervisors are overburdened. Reunification of children with their biological families is challenging, as in most cases children stay in foster care for several years and contact with one's biological family is very limited. Foster parents in many cases do not support or encourage the relationship between the children in their care and the family of origin. NGOs and professionals working in the field have called for an update of the National Strategy on Family Foster Care as well as legislative changes to improve the situation.

2.4. Slovakia

The history of the child protection system between 1918 and 1993 was almost the same as in the Czech Republic, as Slovakia was part of Czechoslovakia. After becoming an independent State and joining the European Union in 2004, Slovakia has made substantial efforts to implement children's rights in a number of areas. However, minorities in the country have been facing severe deprivation, especially Roma, living in over 600 communities across the country.

Act No. 305/2005 Coll. on social and legal protection of children and social care defined the provision of care for children who are removed from their biological families and placed in alternative care. From 1 January 2009, the Act determines that every child under the age of 6 years should be placed in professional family care within restructured institutions. This form is a mixture of residential home and foster care, as within the institutions smaller group homes have been set up, where family-like life is imitated by professional caretakers, a couple or a single person, as quasi-foster parents. It is similar to the SOS Children's Villages model (see Moravkova, 2018).

Despite the decreasing number of children placed in institutions, in 2022 there were still 4,492 children living in residential homes (Ruszkowska & Lovašová, 2023), with Roma children being highly overrepresented among them, just like among the more than 700 children with disabilities also placed in children's homes, making three-fourth of all children without parental care. 8,695 children were accommodated in family foster care, but very few Roma children are accepted by foster families or the communities where they are living (UNICEF & Eurochild, 2021).

3. Findings

3.1. The Czech Republic

Fifty-eight long-term, non-kinship foster carers participated in the research. Half of them are taking care of one child, 27.5% for two children and 24.1% for three or more. 25 children are siblings, placed together in the foster families. 5 families are fostering 4 or 5 children, 26 families are taking care of children with special needs.

22 parents have been fostering for more than 10 years, 18 for 4–6 years, 6 for 1–3 years. Many foster families live in small settlements, 20 of them in villages with less than 2,000 inhabitants, 20 with less than 20,000 and 18 in larger cities, over 100,000 inhabitants. Almost 75% of the respondents are fostering couples, the others are individuals. Over 60% are employed full-time somewhere else while fostering.

The motivation for half of the respondents was to help children in need, 29% because of infertility, while some wanted to have a larger family. Half of them have received negative comments on their decision but in most of the instances the family and the broader network was also reacting in a positive or passive way.

They would have needed more information during the preparation on the background of children's families and the developmental delays, as well as practicalities. They found

group work very helpful, just like the knowledge and competency of the trainers for all the participants. All but 3 parents attended the PRIDE program, almost all regularly attend meetings, lectures, or have frequent supervision. In addition to professional support, one third of them can rely on regular family help, their partner and more than 10 persons also get help from friends if needed. Two-third of the carers would require more support from psychologists, therapy for children and helping them better understand the needs of the children in their care to respond in an adequate way. Seventeen foster parents would need more financial support, eight of them more supervision and vocational training.

Less than half of the foster carers participating in the project (44%) feel that their role does not differ from their everyday experience of parenting, while others perceive it as a mission, to provide good care and preparation for adulthood for children in need, providing secure attachment, with some mentioning the cooperation with professionals to fulfil their tasks.

They are suggesting other foster parents to connect and form networks, learning as much as possible about the child before the placement, and the different issues that might emerge, like the consequences of abandonment, behavioural problems and delayed development.

The greatest satisfaction for two-third of the foster parents responding is to do something useful. Others are happy taking care of children who need care and watching the children bonding (12%), their own self growth (9.8%), development or filling the gap "at the table of their own family" (8.5%).

Fifty respondents reported to have sufficient support from the health care services, some do not need them at all, and in cases of schools they have similarly positive experiences. Six parents were facing difficulties because of the children's behaviour or their "bad genetics", but did not want to share this problem with others.

Over two-third of the foster parents feel that their family cohesion and love help feeling satisfied with their role, and the development of a close relationship with the child and meeting their individual needs. At the same time, one fifth of the parents are struggling with behavioural problems of the children, and more than a third of them experience difficulties communicating properly with the children in relation to the special needs and developmental delays, or former trauma. Some families are facing problems to keep contact with the biological families, and with the low prestige of foster care. Almost all the foster parents would like to improve their skills and knowledge, helping secure attachment and long-lasting relationships for the children, supporting the development of those with special needs and some to help children of Roma origin to get better integrated.

3.2. Hungary

Fifty foster parents were interviewed, selected through expert sampling, representing all types of settlements (periphery – district centre – county centre cities – capital). Foster parents were contacted partly through foster care networks, or through county child

protection agencies, who informed foster parents about the project, recruited them, and provided the venue necessary for the interviews.

In Hungary there is no differentiation among foster parents based on the type or length of care. Most children spend long years in foster families, before being adopted, returning home, changing placement, or leaving care as adults, often including years of after-care periods as well.

Most respondents were foster mothers, only 3 foster fathers participated in the research. 32 respondents identified themselves as traditional foster families, the other 18 as formerly employed professional foster parents. 30 foster parents are living in marriage, 4 with a partner and 16 women are singles. More than half of them have primary education and some vocational training, one fifth has secondary and one fifth tertiary education.

Foster parents identified a few motivational factors which played a role in their commitment. One fifth of them have met foster care in their early childhood, either because their parents also fostered children in their own family, or because they had to foster a child from their own family at a young age. A lot of respondents claimed that fostering replaced parenting of their own children leaving home as adults, others reported about a personal linkage to a child left without family, or to other foster parents, leaving an impression and motivated them to take on fostering. A small proportion of respondents cited existential reasons, the lack of local employment opportunities as one (but not the only) reason for becoming a foster parent.

The first personal experience with foster parenting was mostly influenced by personal acquaintances: two-fifth of the respondents claimed that they first heard about fostering opportunity from a friend or from other foster parents. For 15 respondents the media (primarily local newspapers) raised awareness about fostering, while 10 persons met foster parenting already in their childhood.

Although – according to the interviews – foster parents participated in highly valued pre-service trainings, among others, all in PRIDE (called FIKSZ in Hungary), depending on what time they have engaged in foster care (and which training was compulsory in the given period), they agreed that the information provided during preparation was useful, a number of essential issues were however never raised, or did not sufficiently prepare them to practice and everyday challenges, "...trainers presented an ideal system and not reality", "...if trainers had presented real life, all participants would have stood up and gone home".

When a child is placed in the family due to a crisis, foster parents often receive only very limited information, sometimes even lacking the background and the special needs of the child, including abuse history.

Although professional protocols require a two-week familiarisation period before placement, prospective foster parents and children cannot always go through this process due to urgency of placement for different reasons. Respondents agreed that the familiarisation phase has a greater significance with older children, especially with teenagers. Following the placement, integration of the child in the foster family is usually smooth, especially if the biological children of foster parents are well prepared and provide essential support for the foster child. According to respondents, patience and acceptance are the keys to successful integration. The acceptance of foster children in the local community depends on a wide range of issues, on the place and position of foster parents

in the local community and neighbourhood. Attitudes of professionals in health care and social services, kindergartens, schools are often not welcoming. This of course depends on the child's personality as well.

In case it is not against the best interests of the children, they have the right to keep contact with their biological parents. Children in 30 families meet their parents in the office of the local child welfare service. A little more than one fifth of the respondents said that the children regularly communicate with their biological parents via IT devices, while 11 respondents reported that biological parents visit their children in the foster family's home, and in 11 cases they take them for the weekend or holidays.

Thirty respondents have been fostering children for at least 5 years, only 7 respondents work as foster parents for less than 3 years. Two-third of the respondents have one or no biological child living in their household, while in eight cases two children, in six cases three children, and in 4 cases 4 children live within the foster family. Half of the respondents foster two or three children, in most of the cases foster children are siblings, while the others take care of four or five foster children. Only two responding families fostered seven children at the time of the research.

Judging their own role, some of the respondents emphasised a supporting, assisting role, focusing on the facilitation of the child's integration into society. Others emphasised an educative-caring role, aimed at preserving the child's health and supporting their development. Some of them think that their most important task is to take over the role of parents of origin (particularly if the child has no relatives who could take care of him/her), while some carers believe that all the above aspects are important part of their fostering identity. "I do fostering as a profession, but of course we cannot substitute biological parents. It's about doing our best to take care of them, educate them, to prepare them for adulthood."

For some of the foster parents, the overall objective is the reunification with biological parents, if possible, while for others it is to compensate for the child's disadvantages and to provide secure attachment. Facilitating independent living and anticipating appreciation from the community have also been raised as an important goal of their fostering. Almost all highlighted the representation of the child's rights as a major strength, even if it is not easy in a highly adversary environment. Another positive point is their capability to provide the child with a stable, loving atmosphere. Flexibility, consistency, representing a quality family model, ensuring a safe environment, the capability to set up a good relationship with families of origin and the ability to prepare the child for independent life were also mentioned.

Foster parents declared that they must be capable of solving all the problems occurring. However, some cases might be unmanageable, when one of the foster children endangers the others' psychological or physical health. Almost all of them had a related story.

The limited legal guardianship provided to foster parents is causing a lot of problems, when urgent decisions need to be made. In case of hospitalisation of the child or any incident occurring out of working hours requiring legal obligations, signatures or permissions, the legal guardian would be needed, often not accessible for different reasons. Many of the foster parents interviewed feel that their limited role is a sign of lack of trust

and appreciation, while the difficulties caused are very time- and energy-consuming. Although in principle guardians should visit the children in their homes at least once in three weeks, it hardly ever happens. On the other hand, all children have different guardians, which does not make it easy to meet all of them regularly.

The lack of opportunities to go for a holiday and have some time off for themselves was mentioned by foster parents as a serious problem, since there is no respite care or substitute parent available, despite of the theoretical opportunity based on their contract. The same applies in case the foster parents get getting ill.

Half of the foster parents interviewed feel left alone and lacking more guidance, vocational training and meeting opportunities, only 20% are participating in voluntarily organised self-help groups. The yearly compulsory twelve-hours vocational course is not enough to further develop their skills or learn more about specific questions.

All respondents agreed that the allowance provided to cover the costs of children's needs is much less than needed and they must contribute from their own resources. The administration on the money spent is very bureaucratic, while according to many foster parents: "The whole system is hypocritical, a large proportion of foster children live below the subsistence level, and everybody knows it. In case we cannot substitute the children are suffering."

There is also a common opinion that the regular maintenance of foster parents' own homes is not covered by the allowance, a substantial expenditure as well. Some of the respondents reported that due to many years of foster parenting, they used up all their savings, resulting in a very severe financial situation. Foster care benefit is also regarded as very low, given that foster families have enormous responsibilities and a 24/7 work schedule. A lot of respondents said this benefit is "ridiculously", "humiliatingly" low. They see this as an important sign of the lack of appreciation and despite of the public opinion about foster parents taking care of children to earn money, their opinion is that fostering is for those who feel the value of this activity "for the love and affection of the children in their care, in case the children are thriving, developing well, otherwise their success is not worth it".

3.3. Poland

Sixty-six non-related foster parents were included in the sample, leaving a large number of kinship carers and professional foster parents out of the analyses here. Almost a quarter of the carers have been foster parents for more than ten years, the other slightly less than a quarter between five and ten years, one fifth three or four years, one third between one and two years. One third of the families live in small settlements with under 2,000 inhabitants, 16% in towns accommodating between 5–20 thousand people, 13% between 20–100 thousand, nearly one quarter between 100–500 thousand, and 19% in cities larger than that, with only 1.3% living in the capital.

70% of the respondents are forming a couple, almost all of them married, as unmarried partners have no good chances to become foster parents, while the others are single women. Almost half of the foster parents have primary education (among them

two-third having some kind of vocational training), one third have got secondary education, and the rest college or university degree. Two-third of them are working, mostly full-time, 17% are retired.

Half of the foster parents did feel getting enough information on the child in their care. 46% of the children in foster care live together with their siblings, and half of all the children in the sample have got special needs.

The motivation to foster for 60% of the respondents was the desire to help children in need of care, for one fifth their own family situation. The community response was negative in only 8% of the cases, others were either positive, mixed or passive.

60% of the foster parents feel like a parent of the children, considering long-term care until the adulthood of the child, despite of the clear aim of temporary care provided in foster families to enable the reunification of the child with their own family or adoption as a permanent solution. 53% see their role in working together with specialists to serve the needs of the children, and only 17% to strengthen the opportunities to reunite the children with their families. Only one third of the families were mentioning the importance of the family of origin at all. 16% of the families wanted to have children in their families, not having their own, 17% needed the financial support provided, 19% having personal experiences, 25% knowing children in foster care and 13% liked the experience of acquainted foster families.

The foster families' most important aim is to ensure the safe development of the children (76%), and help them to become responsible adults (46%), providing positive and secure attachment (47%), meeting the special needs (22%), their own developments as foster parents (7%), returning the children to their families (15%).

As far as the satisfaction of the foster parents is concerned, helping the children in need is the most important for over two-third of them, followed by providing secure attachment and development. Half of them feel that they are doing something good, 41% detecting that children overcome their delayed development, and 13% for their own development, while some to fill the empty place in their families, after their grown-up children left.

The preparation for becoming foster parents has got many challenges, one third of them found it hard, and another third also not easy. They would have wished for a more realistic picture of fostering, more practical information on communication, building relationships with the children suffering from trauma and separation, about the contact and relationship with the families of origin. 36% participated in the PRIDE training, one third could not name it, while the rest in other pre-service programs. Almost half of the respondents meet the former group members sometimes. 13% participated at training sessions often, 30% never, and 10 % was not trained at all. Half of those receiving support mention vocational training, 7% self-help groups, 15% case conferences, or interdisciplinary teams and 7% supervision. More than two-third of those seeking support can rely on specialists in the family help centres, getting help from other foster families and their own relatives, one-third from friends, 16% from local services.

The desired help would include self-help groups, more financial and material resources, psychologists and therapy for the children, and regular supervision. The most useful kind of support is individual consultation with other foster parents and professionals

for over 80% of those responding, although 18% of them have issues they would not discuss with anybody.

As far as the local services are concerned, almost three-fourth of the respondents are satisfied with the cooperation with health professionals and local schools.

They see their foster family providing love (81%) and bonding (51%) to the children in their care, while meeting the individual needs (37%), access to specialist care (29%), their competences and expertise (29%), working as a team in the family (27%) and keeping contact with the family of origin (23%).

Concerning difficulties and challenges a third of the foster parents are struggling with the negative image of fostering, the need to keep contact with the biological families (27%), the behaviour of the child (18%), lack of rest, being overwhelmed (33%), financial difficulties (12%), specific needs of children (18%), lack of or limited access to specialist support (12%).

One fourth of the foster parents do not get any type of support or supervision, and half of them did not answer the questions related to the help and follow-up provided.

They would provide more information to foster families on how to support children experiencing trauma (36%), effective communication (33%), special needs (27%), positive discipline (26%), coping with the family of origin (21%), teamwork on planning (11%).

In almost half of the families (48%) children have regular contact with their families at least monthly, many of them more frequently and 21% have no contact at all. The families of origin meet the children in the foster care home (59%), have regular telephone, Internet contact (48%), meet in a family help centre (29%) at public places (21%), and one third of the children visit their families in their homes. A good indicator is, that 70% of the foster parents find the regular visits and bonding with the families of origin very important, and only 8% find it harmful for the child.

Less than half of the foster parents (45%) think they will be still foster parents in 5 years, 21% are planning to finish, others could not or did not want to answer.

3.4. Slovakia

The fifty respondents to the questionnaire were substitute and professional families from all over Slovakia, including nine families from settlements smaller than 2,000 inhabitants, and eleven from the capital city. Thirty foster families, five professional families, two mixed-function families, six kinship carers and seven foster families in family relation with the family of origin participated, making this sample different from those in the other three countries. More than half of the families take care of one child, 36% have got 2, and 12% 3 or more. 61% are married, 35% single women, one (2%) single man and one (2%) non-married couple. 90% of them have got at least secondary education.

The factors affecting their decision to become foster parents include the desire to help a child, prevention of placement in children's home, and earlier positive personal experience. The lack of an own child or the "empty nest" was also a factor contributing to

the decision made. 35 respondents had the primary reason to help a child and 15 because of their personal life situation.

The applicants found the preparation for the role quite difficult, many found it too long and would have required more practical information, knowledge on how to handle special needs, developmental delays, insecure attachment and information on the families of origin. 7% did not participate in pre-service training, while others took part in either accredited programs (39%) or a training provided by the office of social work and labour.

One third of the foster parents got information on the special needs of children placed in their families, 45% had been acquainted with the child placed there, while the rest did not get sufficient information of any kind on the child planned to be accommodated with them.

The vast majority of the families (85%) experienced mostly positive or mixed reactions from the wider environment, while 6% were suspicious and 9% got negative reflections. Two-third of them have been welcome by the health care professionals, 13% did not need specific help, while 22% could not get access to good quality services locally. Regarding schools and kindergartens, 70% had positive experiences, 12% were rejected and 18% had mixed responses. Many teachers were not knowledgeable or skilled in the field of developmental delays and special needs.

Relatives, friends and partners have been helping most of the carers, one third of them participating in self-help groups, some getting help from supervisors, NGO experts, local authorities or from the church. More than one third of the children need regular psychological support or other specialist visits.

62% of the children in the sample have no contact with their mothers, 22% have regular, 16% rare contacts only. 90% of them have not had any contact with their fathers, and very few had (8%) with grandparents. Despite these outcomes, the foster parents are aware of the importance of the contact with the family of origin.

The foster parents have various approaches to their own roles, 65% consider themselves parents of the child responsible for their upbringing until adulthood, while over one third of them see themselves as members of an expert team to take care of the child. Most of them (78%) see their role in providing permanency and secure attachment for the children, at the same time one quarter feel that their personal growth has a significant role and 16% aim to reunite the child with their family of origin.

One third of the foster parents focus on their own needs, while also doing good and be there for the children, helping a child in need, see the child developing and catching up. Over 70% mentioned love as a strength in the family, their ability to meet the needs of the children and 15% the cooperation with the family of origin.

Lack of opportunities to rest, the challenging behaviour of the children and their special needs, the insufficient support provided to the families and children, the low social status of substitute families, and the difficulties confronted in the contact with the biological families are among the problems listed.

Much higher financial support, more specialist help and supervision, more training and skill building would be needed according to the carers interviewed. Many of them mentioned the need for more help in working with trauma, effective communication at all levels and situations. They would like to learn more about ensuring the safety of children.

4. Conclusion

The above results provide important information on the substantial differences of the history and current system of child welfare and protection in four transition countries. Countries of the Central-Eastern European region are often seen as homogeneous or at least very similar to each other, while in fact both their history and their recent development in all areas including social policy, child protection policies and practices differ widely.

Despite the many differences it can be seen that there are important similarities both in terms of the characteristics of care provision and the needs of those taking care of the children. Several issues are mentioned as causing challenges, making the task of foster parents even more difficult, sometimes impossible to handle. While many of them are satisfied with their roles and activities in the life of children, the risk of burn-out, and the handling of unresolvable situations clearly require substantial improvements in all of the countries.

The needs are clearly articulated and provide sufficient information of those running the services and more broadly to policy and decision-makers. It has to be recognised that the participants taking part in the research were volunteers, and a larger sample of a representative survey would provide a more detailed and probably less positive picture. It also needs to be acknowledged that some issues were not raised or just mentioned, like the breakdown of placements, the strong resistance to and rejection of Roma and other children belonging to minorities, children with disabilities and no mention was made of LGBTQ related questions, among others.

The project should be considered as a first attempt to encourage further exploration of the foster care services in the countries covered and others, learning more about their functioning and opportunities to develop, just like the other elements of the child welfare and protection systems, involving children and parents, professionals working with families and children to understand their perspectives and needs.

The limitations and shortcomings notwithstanding, the main trends can be drawn. In case there is a strong commitment to implement a child rights-based approach, complex de-institutionalisation policies and practices based on the recommendations, guidelines, professional and legal requirements, family support, prevention, gatekeeping efforts have to be strengthened together with favourable conditions and help provided to kinship and foster parents accompanied by high quality local services to meet the needs of all children and families.

Child rights, the views of children taken into consideration in all matters affecting them in connection with their separation from their families and placement decisions, as well as their subjective well-being should be considered the most important elements of the desired changes. The incorporation of awareness and implementation of child rights in child welfare and protection is needed in both the pre- and in-service training of those working with children in alternative care. As children deprived of their own families are extremely vulnerable, their empowerment to be aware of their rights and to exercise them is an opportunity to ensure their well-being and opportunities to thrive.

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