



Perspectives of fosters parents in the Czech Republic, Poland,  
Hungary and Slovakia

## **Report on strengths and needs of foster families in Slovakia**

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# Contents

Introduction .....	2
I Slovak system of the substitute care.....	2
I.1 Legislation.....	2
I.1.1 Selected legislation principles .....	3
I.2 Elements of foster care .....	4
I.2.1 Responsible authorities.....	4
I.2.2 Recruitment.....	5
I.2.3 Qualification .....	6
I.2.4 Preparation for a substitute family care.....	8
I.2.5 Matching.....	9
I.2.6 Placement .....	10
I.3 Professional support .....	11
I.4 Monitoring.....	12
I.5 Managing crisis situations .....	13
I.6 Keeping contact with the biological family.....	13
II Research outcomes.....	16
II.1 Respondents' demographic characteristics.....	16
II.2 Becoming a foster parent.....	19
II.3 Children's arrival to the foster family .....	22
II.4 Family's Support Network .....	23
II.5 Keeping contact with the biological families .....	24
II.6 Experiences of fostering.....	26
II.6.1 The role of foster parenting .....	26
II.6.2 Challenges in the field of substitute parenting .....	27

## Introduction

The report presents the research outcomes conducted within the project "Perspectives of fosters parents in the Czech Republic, Poland, Hungary and Slovakia" granted by the Visegrad Fund. The research in the Slovak Republic was conducted by the Organisation Úsmev ako dar (hereinafter referred to as "Úsmev ako dar" or "Smile as a gift").

The research data were collected using questionnaires with 47 closed and 6 open questions. Developed by the substitute care professionals from the partner countries, the questionnaire basis was identical for all partners.

Within the research process, 50 substitute and professional parents across Slovakia were interviewed by the organisation's professionals. The group of respondents also involved adopters, however, only in the case of having children in foster care at the same time. The research has covered the whole territory of Slovakia. The interviewees were explained the research objectives and the procedure of completing the questionnaire. Part of the respondents filled in the questionnaire in an electronic form, the other part was reached personally, some of the difficult-to-reach respondents were interviewed via telephone.

Aimed at clear and comprehensible comparison of results and better understanding the output context of the participated countries, we decided to divide the substitute care as follows:<sup>1</sup>

- Substitute family care
  - kinship care
  - foster care
  - adoption
- Institutional care
  - individual groups
  - professional family

## I Slovak system of the substitute care

### I.1 Legislation

The Slovak Republic became a contracting party to the UN Convention on the Rights of the Child (UNCRC) based on the separation of the Slovak and Czech Republics on 28 May 1993 with effect from 1 January 1993. In addition to the UNCRC, the Slovak Republic has been

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<sup>1</sup> Act on the Family No. 36/2005 Coll. does not specify adoption as one of the forms of the substitute family care, the Act No. 305/2005 on Child Protection and Social Guardianship, however, uses the concept "substitute family care" for adoption as well.

bound by other international conventions on the rights of the child. In the framework of the Slovak legislation, particularly the care of minor children and adolescents is primarily governed by the Act of the National Council of the Slovak Republic No. 36/2005 Coll. on Family, as amended and the Act of the National Council of the Slovak Republic No. 305/2005 Coll. on the Child Protection and Social Guardianship, as amended.

### **I.1.1 Selected legislation principles**

Within both above-mentioned laws, the interest of a minor child is a primary aspect when making decisions in all the related matters. According to the Act on Child Protection and Social Guardianship No. 305/2005 Coll., when selecting and applying the measures aimed at the children's rights protection and legally protected interests, the priority is given to those measures providing education and all-round child's development by their parents, and if not possible, by child's relatives. If a child is not possible to be placed in the *kinship care* of the relatives or other close persons, the child protection and social guardianship body facilitates *foster care* or *adoption* (hereinafter referred to as "substitute family care"). Under the Act of the Family No. 36/2005 Coll, both the foster care and kinship care have a priority over the institutional care. *The institutional - residential care* is the last option of the child's substitute care.

The institutions executing the enforcement of the court decisions where a child is placed after being taken from a parental care (provision of institutional care, preliminary measures are as follows:

- children's home,
- children's home for minors without an accompanying person,
- crisis centre,
- resocialisation centre.

The court decisions that are the basis of a child's separation from the parental care are also executed in school facilities (e.g. re-education centres, diagnostic centres, etc.) .

Children's homes, where about 5,000 children live in Slovakia, have undergone big transformation changes recently, starting with a shift of big boarding children's homes into children's homes with individual groups in separate houses or flats and with professional families. These changes aim at decreasing the number of children placed in one building and making the care as much closest as possible to the family care model.

In a children's home, care is provided as follows:

- in a **professional family**, i.e. in the home environment of the children's home's staff who provide care to a certain number of children, or
- **in individual groups** for a certain number of children, with independent boarding, housekeeping and an allocated budget which are established in a separate house, flat or in a limited part of the children's home, where the care of children is provided by the children's home's professional staff.

If a child is placed in an institution, i.e. a facility executing the court decisions (children's home, children's home for minors without accompanying person, crisis centre, resocialisation centre, diagnostic centre, re-education centre etc.), under the legislation in force, all children aged 0 to 6 are supposed to be placed in a *professional family*. This obligation does not apply if the child's health condition requires a special care or due to keeping siblings together.

## **I.2 Elements of foster care**

### **I.2.1 Responsible authorities**

In the Slovak Republic, there is predominately the state (through its child protection and social guardianship departments in the relevant Offices of labour, social affairs and family in every district town; in Slovakia there are 46 districts) and some accredited entities who are the main agents involved in the substitute family care. The accredited subject is a legal or physical entity allowed to execute or take part in execution of certain child protection and social guardianship (CHP&SG) measures based on the accreditation granted by the Ministry of Labour, Social Affairs and Family. The accredited subject cannot take these measures with the intention of making a profit.

Children who for various reasons have to be separated from their families are registered at child protection and social guardianship (CHP&SG) departments which are part of the Offices of labour, social affairs and family (in Slovakia we have 46 districts, each district has the Office with the CHP&SG departments. These departments are obliged to provide a substitute environment for children while respecting their best interest. If a child is suitable for the placement in the foster care or adoption, he/she is recorded in a roster of children who need to be provided for the substitute family care (further as "roster"). This roster is kept for

individual regions by the defined CHP&SG bodies in county towns (the Slovak Republic has 8 counties).

### **I.2.2 Recruitment**

Over the past years, in Slovakia there has not been any major targeted campaign aimed at the recruitment of substitute parents. We can state that the recruitment has been done continuously providing the people with relevant information. There are available both CHP&SG departments and accredited subjects (in Slovakia there are 3 accredited subjects for the given area).

Over the year, Úsmev ako dar has provided several education activities focused on the issues concerning the children in substitute care and on family support, whether biological or substitute one, at both regional and national level, with the aim to draw attention to this issue, however, one cannot speak about the targeted systematic recruitment of substitute families. In 2016, 5,050 families having children in kinship care and 1,310 families having children in foster care were recorded. In the given year, there were registered 136 applicants for foster care, 955 applicants for adoption and 56 applicants parallelly interested in both forms. In the same year, there was an increase in 567 families entering the kinship care and 85 families who had the children in foster care. The total number of children in the roster who needed the substitute family care has been 1,501.<sup>2</sup>

The situation of the substitute care has been developing unfavourably in Slovakia. Since 2000 the number of children who has entered the foster care has decreased by 52 % and in case of adoption there has been recorded the 35 % decline. The only rising form of substitute family care is kinship care (care provided by the child's relatives and other close persons) which has increased by 65 % since 2000. Source: Úsmev ako dar, Central Office of Labour, Social Affairs and Family.

Based on the results of multiple researches focused on substitute care, carried out by Úsmev ako dar in cooperation with the Central Office of Labour, Social Affairs and Family and St. Elisabeth University of Health and Social Sciences, we can see a complex of multiple factors behind the current situation (Research studies outcomes are available in Úsmev ako dar). One of the factors implies the development of professional parenting institute in the system. Professional families care of the children in their home family environment, however, they are

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<sup>2</sup> Statistics of the Central Office of Labour, Social Affairs and Family  
[http://www.upsvar.sk/statistiky/rocne-vykazy-mpsivr-sr/rocne-vykazy-v12-mpsivr-sr-o-vykonavani-opatreni-socialnopravnej-ochrany-deti-a-socialnej-kurately-2008-2009-2010-2011.html?page\\_id=77297](http://www.upsvar.sk/statistiky/rocne-vykazy-mpsivr-sr/rocne-vykazy-v12-mpsivr-sr-o-vykonavani-opatreni-socialnopravnej-ochrany-deti-a-socialnej-kurately-2008-2009-2010-2011.html?page_id=77297)

contracted by the children's home or a crisis centre, i.e. they are paid for the professional substitute care. Based on the court decision, children are placed in the substitute care *facility* which involves *professional parents on working positions*. A child is entitled to the same material support as he/she would have in the institutional care (food, clothing, school aids, pocket money...), thus professional parents are given finance to cover the child's costs (appr. 200 €/month) in addition to their salary.

### **I.2.3 Qualification**

#### ***Foster care***

Record-keeping of applicants interested in becoming a foster carer or adopter and their registration in the list of applicants is provided by a particular child protection and social guardianship body (in each county town), as well as the *list of substitute family care applicants*.<sup>3</sup> After completing the whole process of substitute family care (SFC) preparation, a final report describing the SFC process is developed, serving as a basis for decision making on the applicant's registration in the list of SFC applicants.

Only a person registered in the list of SFC applicants (under the given law, the SFC involves foster care and adoption, the applicant's list is kept concurrently for both of these SFC forms) is allowed to become a foster carer. The applicant has to complete the pre-service training and meet other conditions specified by the law.

A foster carer can only be a physical entity with a permanent address in the territory of the Slovak Republic having the capacity to enter into legal acts in full scope, appropriate personal background, in particular in terms of health, personality and morale, is registered in the list of foster care applicants and through their way of life and that of the persons living in the common household guarantees the foster care to be provided in the best interest of the minor child. A person who does not guarantee personal care of their minor child due to the reason of the child being separated from the family based on the court decision, cannot have a minor in foster care during the time of the child's separation.<sup>4</sup>

The following documents have to be enclosed to the application in order to be registered in the list of applicants: health condition report, or more specifically, health eligibility, financial status report demonstrating an adequate property basis needed for performing the economic function of the family. The relevant body acquires an extract from the police records, a report

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<sup>3</sup> Act No. 305/2005 Coll. on Child protection and social guardianship, as amended.

<sup>4</sup> Act No.. 36/2005 Coll. on Family, as amended

on housing, family and social conditions, a reference from the municipality on the applicant's way of life, a report of the completed pre-service training.<sup>5</sup>

The procedure of registration will cease unless a physical entity is eligible, based on the relevant documents, to carry out the substitute family care and if an applicant does not complete the substitute parenting preparation within one year from the application submission.

### ***Kinship care***

When placing a child in the kinship care, the court predominately prioritises a child's relative, if he/she meets the required qualification. The conditions of a person, having a minor child in his/her care are as follows: a physical entity with a permanent address in the Slovak Republic having the legal capacity to enter into legal acts in full scope, appropriate personal background, in particular in terms of health, personality and morale. Meeting of the permanent address condition is not needed in case a grandparent, child's sibling or parent's sibling has a registered permanent address or another address in the territory of the EU member country. A person who does not guarantee personal care of their minor child due to the reason of the child being separated from the family based on the court decision, is not allowed to have a minor in kinship care during the time of the child's separation.

A physical entity having a child in the kinship care *can* ask for the preparation for the substitute family care (SFC) process. The preparation is carried out by a child protection and guardianship body and can be done by an accredited subject as well.

### ***Professional substitute care (professional parenting)***

Professional substitute care (professional parenting) can only be carried out by a physical entity meeting a qualification condition of at least completed secondary school education and who had carried out the preparation process.

The scope of the preparation is 60 hours, or as the case may be, 40 hours if a candidate of professional parenting meets a special qualification condition (Decree of the Ministry of Education of the Slovak Republic No. 41/1996 Coll. on Professional eligibility of the pedagogical staff, as amended). In case of a child with behavioral disorders or a child being addicted to drugs or otherwise, a professional parenting can only be carried out by a physical entity with a completed third-level (Master) education, meeting special qualification

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<sup>5</sup> Act No. .305/2005 Coll. on Child protection and social guardianship, as amended

preconditions and having completed a pre-service training for a professional substitute care provision in the scope of minimum 40 hours. Other conditions for labour relations are specified by a facility itself.

#### **I.2.4 Preparation for a substitute family care**

*The preparation, reviewing and recommendations for the persons interested in being registred in the list of substitute family care applicants* are carried out by both child protection and social guardianship bodies and accredited subjects. In Slovakia, there are 3 accredited subjects providing the substitute family care preparation. They are civic associations Úsmev ako dar, Návrat and Miesto pod slnkom. Úsmev ako dar is a licence holder of the complex experiential training programme for the substitute parents' preparation – PRIDE. Under the law, the scope of the training is minimum 26 hours and the preparation process must be completed within one year from the *registration in the list of applicants*. The form of preparation can vary from individual, group or combined. At least one team member providing the pre-service training has to have completed third-level education in the field of psychology.

An applicant can opt for the venue of the training An agreement on the preparation between the selected subject and the interested person(s) can only be concluded after the application's registration in the *list of applicants* in the agreed authority and after verification of the eligibility conditions.

Under the law, the preparation consists of two parts. It involves providing the basic information, primarily on the substitute family care, child's needs and development, child's rights including the right to keep and develop sibling attachments, rights and duties of child's parents, as well as reviewing the applicant's eligibility for the substitute family care.

After the preparation is completed, the subject providing the pre-service training develops and sends the final report from the preparation to the relevant body. The report serves as a basis for deciding on the applicant's registration in the *list of applicants*. In addition, this report must contain a recommendation or, as the case may be, disapproval of the registration in the *list of applicants* and the candidate must be informed about its content. The ultimate registration in the *list of applicants* is being decided upon the child protection and social guardianship body resolution in the relevant county town.

The preparation is needed to update if there are any changes, if two years have passed since the end of the final preparation and if practising foster or adoptive parents want to take another child in their care.

***Preparation for professional substitute care*** can be held in the scope of 40 or 60 hours. Number of the hours depends on the completed education. The subject providing the pre-service training reviews in writing particularly the interest of the physical entity in information, cooperation in practising practical skills, motivation and finally the subject states whether the physical entity has completed the pre-service training or not. The report *does not include recommendation or disapproval* of the applicant for the professional substitute care. After completing the preparation programme, the report will be handed over to the participant.

#### ***Preparation for the kinship care (KC)***

The preparation for physical entities interested in taking a child in the ***kinship care*** is not obligatory, however, an applicant can apply for it.

#### **I.2.5 Matching**

*The children's roster and the list of applicants* is kept by the relevant CHP&SG body. Under the law, facilitation of the the applicant-child relationship is governed by the applicants' order in the list. This order can be, however, changed if it is in the interest of the child. The order change has to be justified by the relevant body; the justification is part of the applicant's file. Prior to making a personal relationship with a child (interaction), the applicant has to be given all the information helping him/her in decision making. This information includes the social report, health condition report, psychological report, child's photos, audio and video records. The law governs preparation of a child for the substitute family care as well. The child has to be given, adequately to his/her age and intellectual maturity, assistance in facilitating of the interaction. The relevant body or children's home should provide the child with social guidance, psychological care and the information on substitute family care. The child's preparation is performed by the relevant CHP&SG body or an accredited subject or the facility where the child is placed (if an accredited subject whose representative or an employee is a person well-known to the child needing substitute family care facilitation, the relevant body can offer an option to prepare this child to this subject.). The child's preparation is not obligatory due to inefficiency regarding the low child's age. A child's close person can take part in the child's preparation. In case of adoption, a child's consent to the adoption is required which has to be part of the report on the child's preparation.

The facilitation of the applicant-child interaction can only be held with the applicant's approval. Based on the recognised information, the applicant can decline meeting the child. The interaction can come to an end even after the making the personal relationship with the child. The interaction has to be held with the view of the child's age, intellectual maturity, needs and potentialities and in the environment close to the child or appropriate for this purpose. The applicant can ask the subject facilitating his/her substitute family care preparation for alleviating the initial interaction with the child; a subject's representative can be present in making the applicant-child personal relationship. The course of making the applicant-child personal relationship is documented by the relevant body (the report contains psychological assessment of the initial relationship, and the expert's view of the relationship development, as well as the applicant's consent with providing the court and the subjects participating in the SFC with the report; this report serves as the basis for the court. Number of the necessary interactions before the submission to the court is individual. The best practices show the minimum of three interactions are required.

In case the relevant body sees there is no applicant interested in a particular child who needs to be placed, they can invite the accredited subjects for cooperation at the latest within two weeks from the child's registration in the roster. The accredited subject is only allowed to provide the information on the child to the applicant registered in the List of applicants.

### **1.2.6 Placement**

The child's placement in the substitute family care (SFC) is decided upon the court's decision following the proposal of applicants and the documents provided by the children's home's expert team and the CHP&SG body. The child has been being prepared for the placement and his/her will is respected if he/she is able to express it. At the court, the child is represented by a child's guardian, i.e. an assigned CHP&SG body worker. In case of foster and kinship care, these are interim forms of care substituting the parental care, however, the practice shows both forms as long-standing, often lasting up to the children's adulthood. Parents are entitled to be in contact with their child and have maintenance obligations in the amount set by the court. The experience demonstrates that a big number of children placed in foster families across Slovakia does not keep attachments with their original families. Upon the child's placement in the substitute family care, no parent's approval is needed, however, the child's biological parent has to be informed on the given matter and has a right to express his/her opinion. Since the child's parents are the parties to the proceedings, they should take part in the legal proceedings and know the applicant's address. This does not apply in the case

of child's adoption.<sup>6</sup> It happens in practice that parents are not invited for the proceedings due to, e.g. change of the parents' address; a CHP&SG body is not obliged to update the address - the place of habitual residence. Likewise, a court's legal obligation to monitor and review the CHP&SG activities is not fully applied due to judicial overload.

The children's home (expert team and director) decide on placement of a particular child in the care of a concrete *professional parent - a children's home's employee* based on the child's individual needs. The children's home decides on termination of the care provision in the professional family as well.

### **I.3 Professional support**

In Slovakia, we had missed the systematic SFC support. To some extent (due to undersized human resources), support and assistance were provided by the permanent CHP&SG body staff being in charge of SFC. Various forms of support and assistance are continually provided by existing NGOs, which within their capacity, provided consultancy, accompanying, respite care services, education and particular assistance in difficult life situations substitute families. Since 2016, in the framework of the NP-DEI SFC Support, in each Office of labour, social affairs and family there was established an expert team (a social worker and a psychologist) providing specialised support and assistance to substitute families (foster and kinship caregivers) in the given district. This support is run on the ground of a voluntary agreement on cooperation, its forms and intensity should reflect the needs of the particular substitute care. A specialised handbook as a methodological guide in providing support and assistance was developed by the SFC experts for the specialised teams. The specialised team members are supposed to get more complex education in order to do their activities, however, the challenges lie in unavailability of team's options in providing some forms of support and assistance urgently needed by parents (psychotherapeutic care, respite care, education, self-help groups, financial and material assistance in challenging life situations, providing specialised care for children - special educational needs teacher, therapist, psychiatrist, providing adequate leisure time and holiday activities etc.).

Professional parenting support centres as an organisational part of children's homes were

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<sup>6</sup> Adoption - legally, a relationship formed between an adoptive parent (adopter) and a child has the same power as the relationship between biological parents and their child - a kinship relationship. Maintenance obligations are extinguished upon adoption. Parents are not entitled to have contact with their child. In case of adoption proceedings, biological parents are not the parties of the proceedings any more, i.e. they are not invited to the court and the adopter's identity remains anonymous for the child's biological parents.

created in 2013 with the aim to support professional families. These provide specialised assistance of a psychologist, social worker, special educational needs teacher for professional parents in the given regions. A children's home's specialised team regularly see profi families at least once a month with the aim to monitor the care and provide needed support to both a child and professional parents or other profi family members. Children's homes provide professional parents with supervision and education aimed at development of their professional skills.

#### *Financial support*

Foster carers are granted by the state an allowance amounting to € 176,84 and a sum covering the child's costs amounting to € 139,09. Physical entity who has a child in the kinship care is granted an allowance of € 176,84 only in case of not being a birth relative. At the same time, kinship caregivers are granted an allowance for covering the costs related to the child care amounting to € 139,09. Professional parents are granted a salary and child's costs by their employer (children's home, crisis centre). The amount provided by a children's home in order to cover expenses of a child or a young adult in a profi family depends on the child's age, maximum amounting to the level of a triple subsistence minimum amount (approx. € 200 per month).

#### **I.4 Monitoring**

Minimum once in 6 months, in cooperation with a CHP&SG body or other parties involved, the court reviews the course of SFC, namely the child's care quality provided by his/her substitute family and whether the substitute care serves the purpose intended. The foster care becomes extinct upon child's reaching age of majority, minor child's death, foster caregiver's death, placement of a minor child in protective care or upon the child's serving a sentence of imprisonment, adjudication of foster care termination, divorce of spouses who had the child in the common care. The court only terminates foster care due to serious reasons, in particular if a foster caregiver neglects a minor child's care or breaches his/her duties; it will be always done upon the request of the foster parent. The termination of the care provided in the profi family is decided by the children's home management after consulting the specialised team which minimum in month's periods monitors and reviews the quality of the care provided and its impact on the child, based on the specialised team's visits directly in the professional family.

## **I. Managing crisis situations**

If a child ends up without any care or if his/her life, health or mental, physical or social development is seriously endangered or violated, a CHP&SG body in the given region is obliged, without delay, to file a proposal to the court concerning the immediate measure provision, to provide meeting the child's basic life needs and his/her placement in a children's home or a crisis centre. A CHP&SG body is obliged to provide the child's placement in a children's home or a crisis centre upon the court's request as well.

In case a child is endangered under the law on CHP&SG, every citizen is obliged to notify a relevant CHP&SG body about the given matter. The CHP&SG body has a 24-hour emergency service and in case of a crisis situation threatening the child's health or life, the body submits a proposal of immediate measure provision to the court (the court decides within 24 hours).

### **I.6 Keeping contact with the biological family**

Before the change in Slovakia's political establishment (until 1989), the institutional care was the preferred form of child care, having priority over the family forms of substitute care. In the after-revolution period, the situation has changed and the timeless act on CHP&SG of 2005 reflects the philosophy of SFC putting a priority over the child's institutional care.

Under the law, the minor child's interest is a primary aspect in decision making on all matters related to him/her. When identifying and reviewing the minor's interest, conditions for forming and keeping relationship attachments with both parents, siblings and other close persons take into account.

Foster parenting and kinship care are considered to be a temporary solution unless the family situation is not improved. Parents are entitled to have a contact with their child. Unless the parents and foster parents agree on exercising this right, the court will decide, based on the proposal of one of the parents or a foster caregiver. The parents-child contact should be facilitated by CHP&SG body staff who is in charge of the given child; since 2017 there have been specialised SFC teams at the individual CHP&SG bodies. Likewise, the child-family contact should be facilitated by the facility where the child is placed, unless he/she is placed in SFC by the court decision. For this purpose, a children's home should create accommodation conditions for parents and other relatives staying in the facility. The children's home specifies

in writing the conditions of their stay in the facility. The research findings confirm the social workers' experience about the strengthening impact of the family's stays which are the first steps towards the subsequent more intense child-family contacts. The child's family thus gets positive experience and assurance of the real interests and role of the children's home (professional parent) in the child's life, gets over the threatening feelings and the children's home team has an opportunity to make a supporting relationship of trust with the family, to develop strengths and tune the child's needs.

A child in a children's home (that also means in the professional family) is entitled to have contact with his/her grandparents, siblings and other close persons. If interested in child's short-term stays outside the facility, they are obliged to complete information guidance in the scope of minimum 3 hours. The guidance aims primarily at providing the information on substitute care and child's rights.

Findings of comprehensive research studies done by the Central Office of Labour, Social Affairs and Family and Úsmev ako dar in 2014 show that contact with family was not kept at all in 28 % of children in children's homes, 38 % of children only have irregular contact and only 34 % of children in children's homes have contact on a regular basis. Only in 17.7 % the children's home cooperated with the child's broader family. Research analyses unambiguously confirmed that intense child-family contacts are a clear precondition for the more balanced child-adults relations in both the children's home and at school and eliminate problem behaviour of children separated from the family. Early, regular and continuously kept child-family contact significantly affects the child's return to his/her family. Likewise, the family strengthening and child-family reunification is significantly affected by personal contact and social worker's visits in the natural family environment. Research outcomes have proven the more intense visits of a social worker in the natural family environment, the more visits by families in children's homes. The social worker's visits significantly affect the intensity of other forms of mutual child-relatives contacts. In 2013, only 14.9 % of children being prepared for the return from the children's home (CHH) to their families, the family was included in CHH's activities, in 31.2 % the family was involved in planning, only 66.1 % of children visited their close persons during their stay in CHH, in only 12 % the CHH's social work with families was carried out based on a predefined plan and measurable criteria, in only 2.3 % the family was provided with therapeutic assistance. (Source: Analysis of family-strengthening process of the family whose child was placed in a children's home - Factors affecting the child's return from the children's home to their family - research

findings as an inspiration for social work in an institutional environment. Úsmev ako dar, 2017).

Time plays a significant role in working with a family of a placed child, the parents' activity is the most intense just directly after the child's separation from the family (74 % of parents are very actively cooperative), unless the effectively set family-strengthening process is started in the critical first year after the child's separation from his/her family, the chance of child's return dramatically declines. The CHP&SG staff in the longitudinal research Family at Risk 2006 - 2016 repeatedly state that as many as 56 % of the separated children could have been returned to their families if their families had been provided with the adequate assistance. In reality, only 5 - 6 % of children come back to their families. Behind the situation there is a fact of long-standing deep undersized provision of competent field social work within the CHP&SG system; in only 14 % of cases when a child was separated from his/her family, a field case worker or a family assistant was working with the family of the separated child in challenging situation, i.e. in case of the child's separation.

These families are not systematically given additional support (absence of a sufficient cohesion system of support services for families in their challenging life situations).

Neither children's home's activities towards children's biological families during their residence in the facility corresponded to the proclaimed philosophy of the 2005 CHP&SG Act and, practically, a distant approach towards "pathological families" of the separated children prevailed. There was often no difference between the families who did not want to care of their child and those who wanted, however, did not have necessary social and parenting skills or a possibility to provide adequate financial care. (Homelessness has been a significant new phenomenon for the last two decades in Slovakia; living and material support of the family stands behind the placement of as many as 40 % of children in substitute care, despite the fact that the Family law does not allow the institutional care provision due to economic reasons, the situation, regarding the absence of alternatives for CHP&SG bodies is otherwise insoluble. The child's separation and placement in foster care does not guarantee the work with family. Courts do not have a sufficient capacity to review whether a CHP&SG body have taken all the steps needed for the change in the child's family's conditions, for examining the possibility to bring a child back to his / her family, for placing the child in the kinship care. Planning of work and reports to the court are often formal, subjective and not reflecting the child's best interest; the judicial overload does not often allow to make them more objective. The situation towards supporting contact of children in substitute care with

their biological families has significantly been improving in the last years, the children's home and CHP&SG teams were strengthened by social workers and psychologists and directing their methodological work along with the prepared amendment to the CHP&SG act puts an emphasis on intense team cooperation in the field of substitute care system.

Regarding the methodological work, CHP&SG bodies and relevant facilities are required to focus more intensely on the work with the family of the child placed in a children's home and networking the relevant subjects as well as the broad family supporting network through both case and family group conferences. Based on the research findings (Results of the FGC, UaD, 2016), we can state that under the competent preparation and implementation process of SFC team planning and decision making while keeping key principles of this model, family group conferences play a significant role in strengthening the family system at risk, mobilising the natural social environment's potential and contributing to the higher efficiency of the family strengthening process. They are a prevention of subjective, incompetent resolutions. Family conferences or well conducted case conferences are an effective platform for defining the form and intensity of contacts between a substitute family, professional family and the biological family of the child, as well as for defining the partner cooperation of the involved parties so that these contacts will keep having in mind the child's best interest and supporting the whole process towards the meeting the child's objective defined by the whole team (Source: Final report of the research regarding the social work with the family in the environment of children's homes, Smile as a gift, 2014).

## II Research outcomes

### II.1 Respondents' demographic characteristics

The research involves **50 respondents of substitute and professional families**. The research was conducted **across Slovakia**, in particular in the surroundings of county towns and the capital city. The respondents also come from municipalities with fewer than 2,000 inhabitants (9 families) and 11 respondents live in the capital.

More than a half of the respondents have children in foster care. The research sample was also represented by professional families, families having children in kinship care and those representing multiple forms of substitute care (Figure 1). More than half of the respondents have 1 child in care, 36% have 2 children in care and 12 % have 3 and more children in care.

**The average age of children placed in the families is 10.67. In the kinship relations there are 14 % of respondents.**

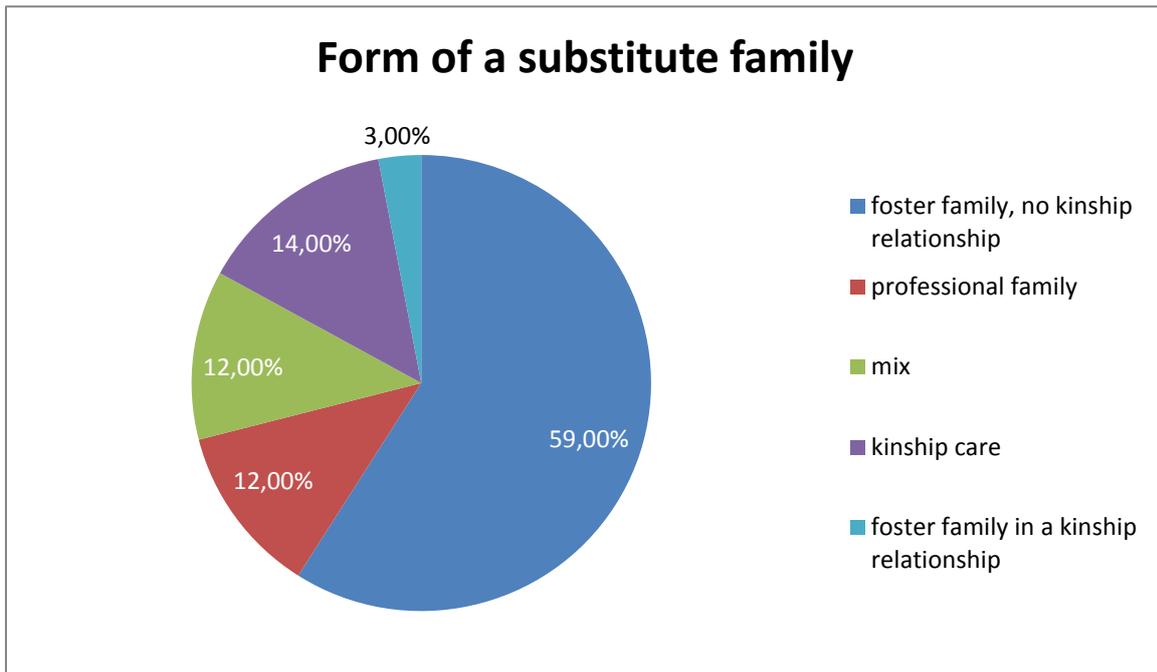


Figure 1

**More than 60 % of families play a role of a substitute or professional parent in a married couple.** Independently, this role is represented by 18 women and 1 man (Figure 3). A quarter of interviewees does not have biological children (16 respondents) and more than half of them currently only care of children in care or, besides them, of one biological child (Figure 2).

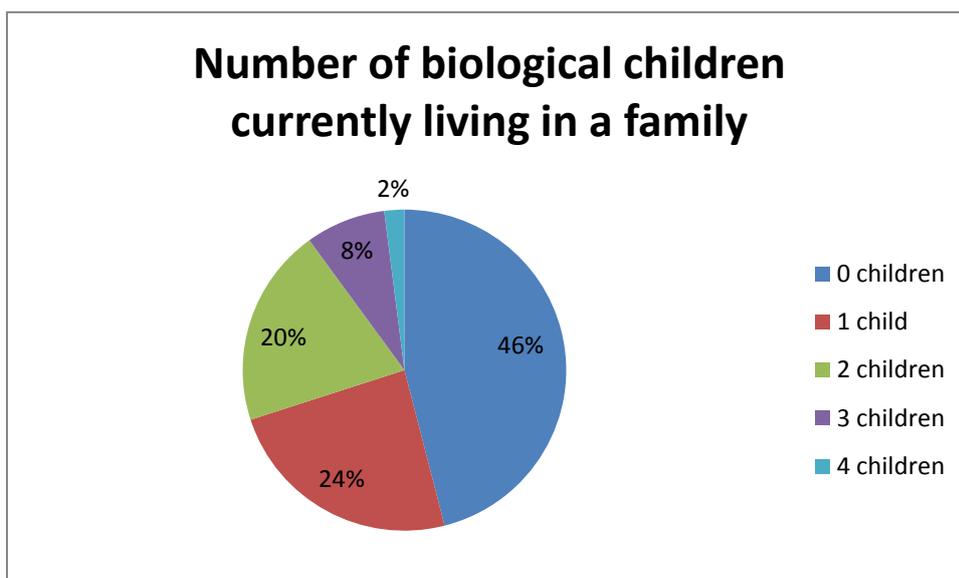
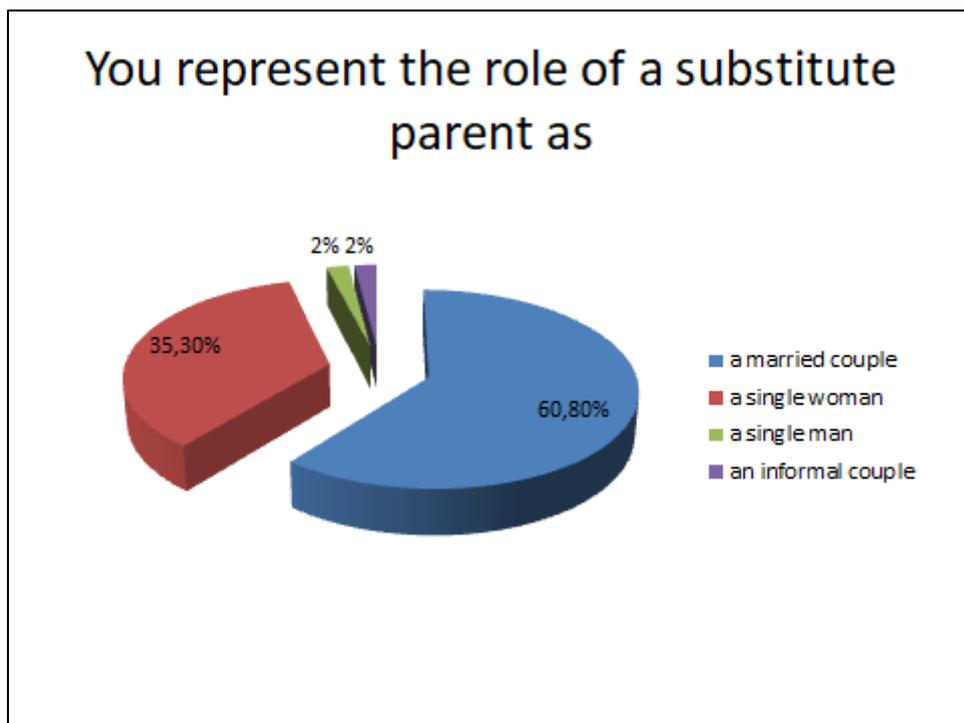


Figure 2



**Figure 3**

**Average age of the respondents is 46.6.** More than 60 % of respondents, however, have been a substitute family for longer than 5 years, while 9 families have been in this role for more than 10 years. The youngest foster parents is a female respondent aged 33 and her husband aged 34, who have siblings in kinship care - a 13-year-old boy and an 8-year-old girl and their biological daughter aged 2. The oldest interviewees are a woman aged 65 and her husband aged 67 who have their 9-year-old grandson in their kinship care.

The education level is high, since as many as **90 % respondents have completed at least a secondary vocational school with school leaving examination** (Figure 4). This result might be affected by the fact that professional parents (in our case 8 respondents) have to meet the basic condition of a minimum secondary school education.

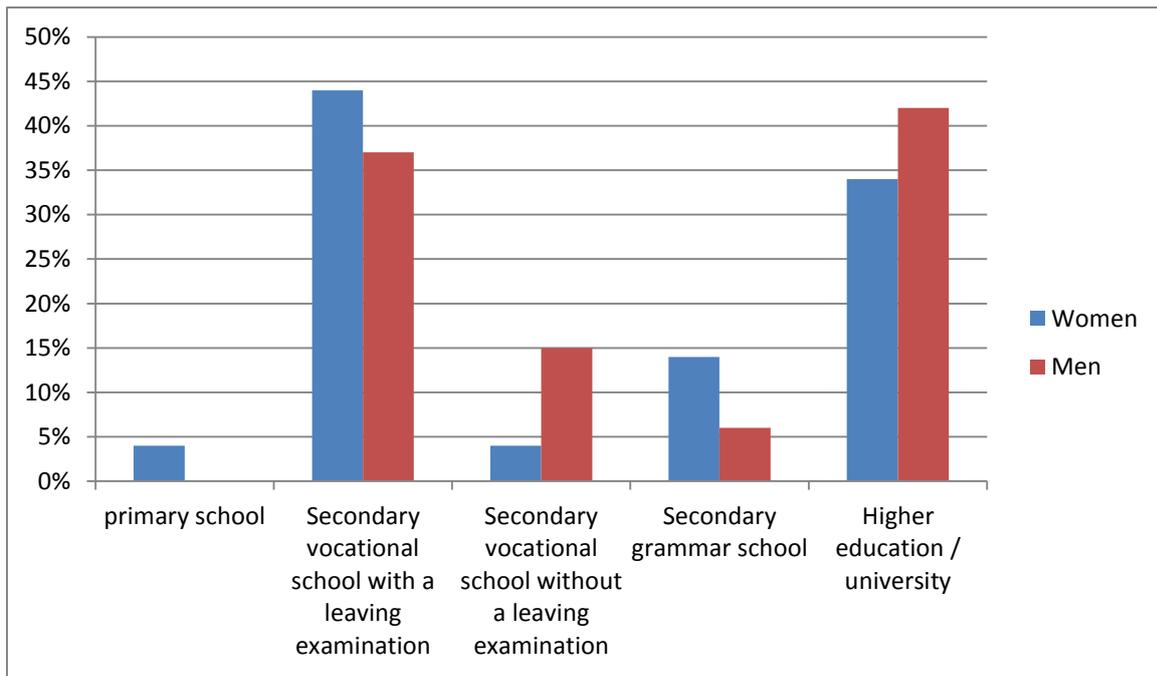
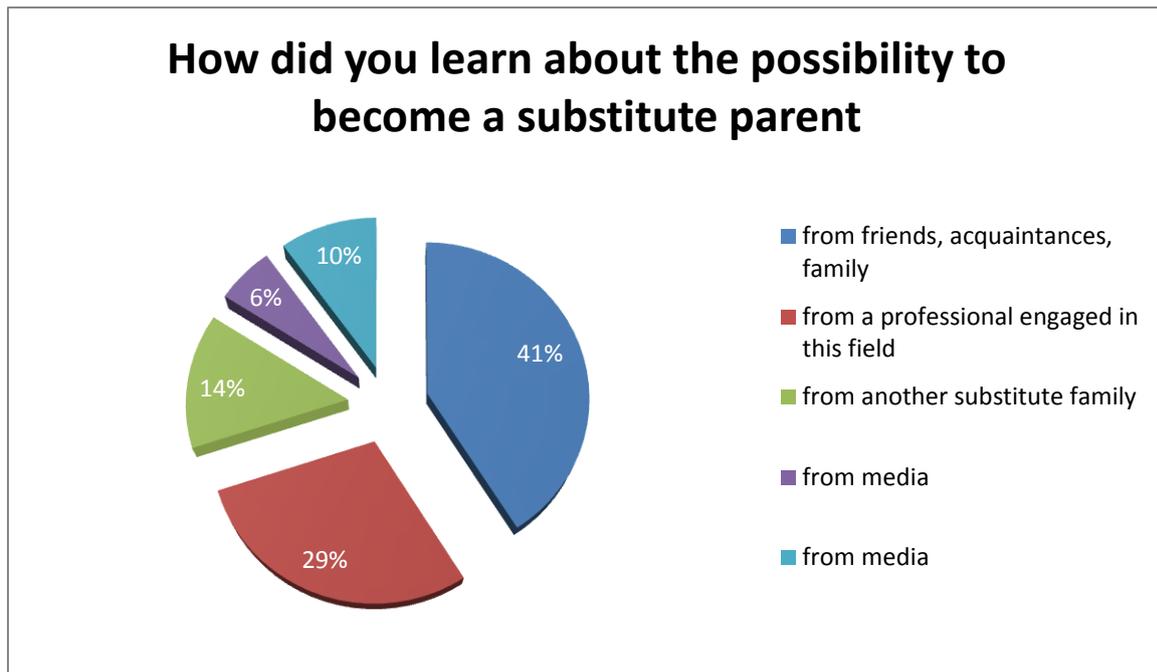


Figure 4

## II.2 Becoming a foster parent

Foster parents identified a lot of **factors affecting their decision making** on becoming foster parents. The most frequent ones are a desire to help a child and the created relationship with him/her, prevention from the child's placement in a children's home and a positive personal experience, whether from the past or present. One of the main factors included an impossibility of respondents to have their own children, another reason was "an empty nest" syndrome and employment matter, or solving the income in the family budget. **The factor ratio in favour of a child and those who addressed their personal need of foster parents was 35:16.**

The respondents learned about the **possibility of becoming substitute parents from their friends, acquaintances or family in most cases.** Regarding 14 respondents, their primary source of information was represented by a professional engaged in this matter. Only 4 respondents learned about this possibility from media or billboards (Figure 5). **The information given personally was the most major source of information, accenting this channel as the most effective.**



**Figure 5**

The time passed **between the application submission** or notifying the competent authorities of the decision to take a child in a substitute care and **the child's arrival** was in 45 % of respondents **on average 1 calendar year**. More than 18 months passed in 9.7 % of respondents. Fewer than 3 months passed in case of 17.6 % respondents (Figure 6). Almost **40 % of respondents did not have their biological children at time of the preparation**. After being questioned whether their biological children were involved in the preparation process, 37 % answered yes, thereof 19 % answered they alone had prepared their child for the arrival of another child. **In 33 % of respondents biological children were not involved in the pre-service process.**

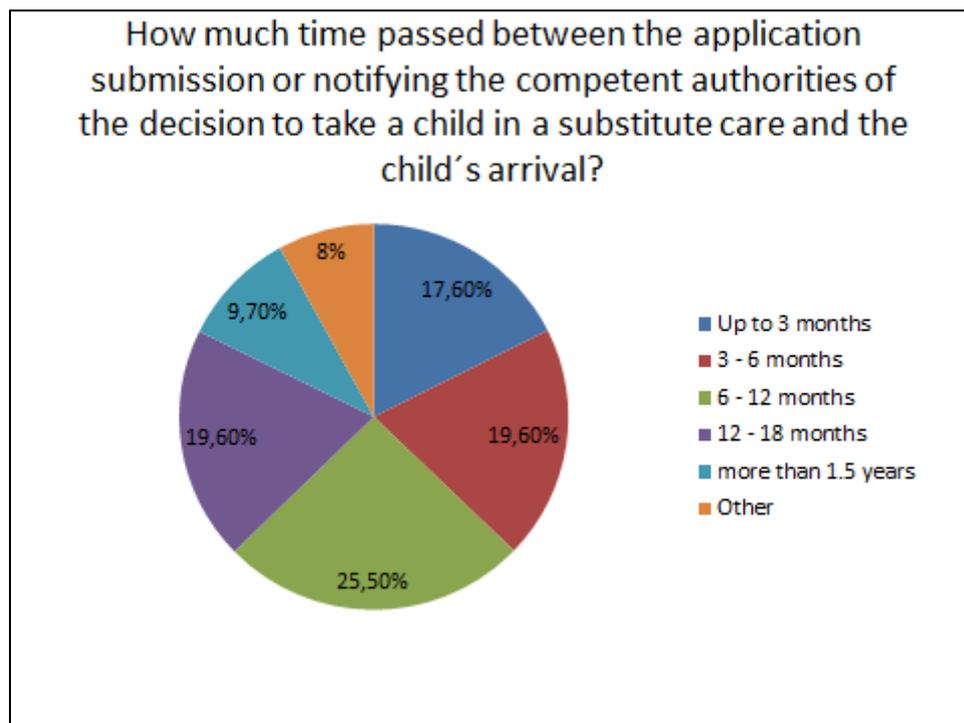


Figure 6

**Totally, the process** of becoming a substitute family was assessed by the respondents on the scale where 10 means high degree of difficulty; the result was on average 6.2. The respondents show understanding that the decision of becoming a substitute parent is a serious step and so there is a need to complete such a defined process. However, the main reasons why this process was found as unnecessarily complicated were "**court hold-ups**" or **lengthy legal proceedings**". They also pointed to "**bureaucratic technicalities**".

In the process, 54 % of respondents would welcome **more practical information** and 46 % would accept **more factual data primarily focused on the developmental needs and delays, as well as the information on the biological family**.

More than 55 % of respondents have completed the pre-service training in the offices of labour, social affairs and family, more than 39 % completed the training in an accredited subject (almost 30% of PRIDE programme), nearly 7 % have not completed the pre-service training, while **the satisfaction rate with the preparatory process was on average at the level of 6.8** (10 - very useful). The unsatisfied respondents found the preparation too formal or more focused on testing than on preparation alone or they were prepared by a person not sufficiently experienced in this field. On the contrary, they appreciate the pre-service training carried out through experience activities, lecturers with personal experience in substitute care,

factual information offering particular tools and techniques how to cope with certain specific situation in upbringing, accompanying after the preparation. Nevertheless, the most frequent recommendation they would give someone thinking of becoming a substitute parent, is to take part in a pre-service training. The repeated topics were as follows: meeting the needs of a child in need, insecure attachment bonds, developmental delays. More than half of the respondents would recommend having contact with another substitute family.

The interviewees **proposed including** other issues in the preparation process, in particular **having contact with other substitute families, consulting the specialists and more practical activities**. More than 40 % of respondents would include **practical information on consequences of FAS, ADHD, PTSD and other child's specific needs**. Over 20 % would accept the information on child's preparation for reunification with his/her biological family or for leaving the family. As few as 14 % would include the information on support and work with child's biological families in the preparation process.

### II.3 Children's arrival to the foster family

In the process of child's placement in the family, 35 % of respondents declared to be informed about the child's specific needs, 45 % of them had known the child being placed in their family, over 20 % declared to be informed minimally about the child's specific needs, or even not at all. The missing information related mostly the health care (Table 1), as well as child's cultural and ethical identity and the reasons for changing families.

*Table 1*

Field of health problems (number of "yes" answers)		Were you informed about these needs of the child? (number of "yes" answers)
Autism	1	0
Chronic diseases	2	1
Developmental disorders	8	3
FAS	2	2
Alergies	1	0
Mental and behavioural disorders	6	3

## II.4 Family's Support Network

The respondents' answers are positively assessed in terms of the reactions of their surroundings to become a substitute parents. In almost 85 % of respondents the reactions were positive (Figure 7).

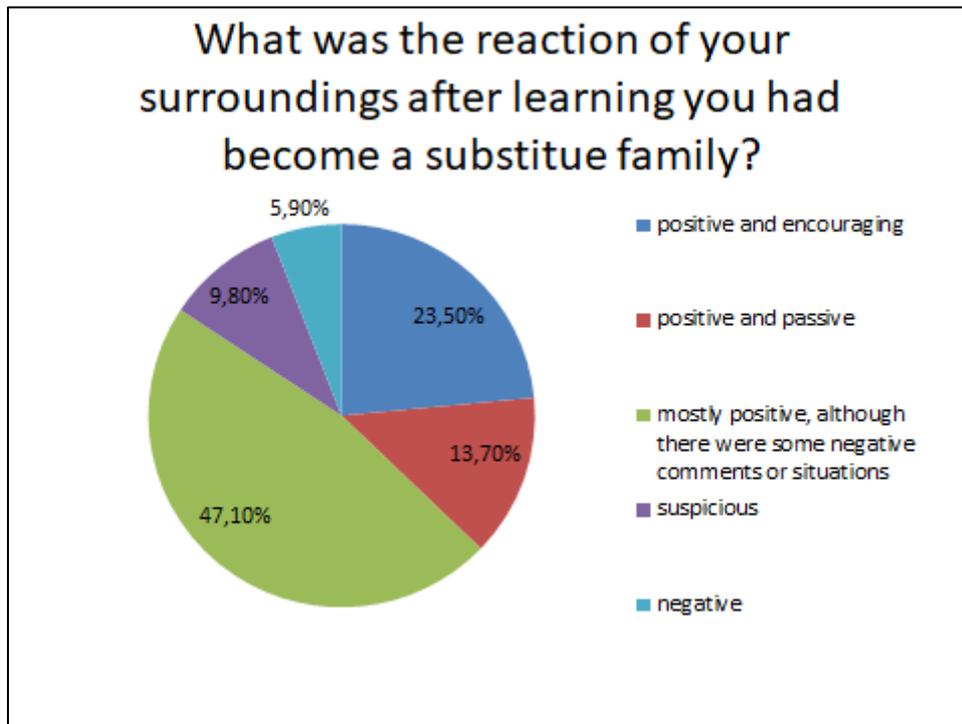


Figure 7

In the field of health care, 65 % of respondents perceive sufficient support, 13 % do not need a special form of support, and **22 % declared that the health care support is insufficient for them due to the absence of quality experts in the given region.** Regarding the **cooperation with schools** (including kindergartens), 70 % of interviewees have sufficient support, 12 % insufficient and 18 % declared their cooperation with school to be partly sufficient. The respondents mostly perceive the **absence of teachers' knowledge of particularities and developmental delays and needs of these children.**

The respondents are given **the greatest support** from their close persons, such as **relatives, friends, spouses or partners** (Figure 8). In case of the **support given outside their close surroundings**, the respondents find individual **consultations with a substitute care expert or a psychologist** as the **most useful support**. More than 35 % mentioned supportive or self-help groups or other group education in this field. **Only 18 % stated individual consultations with a social worker as useful.**

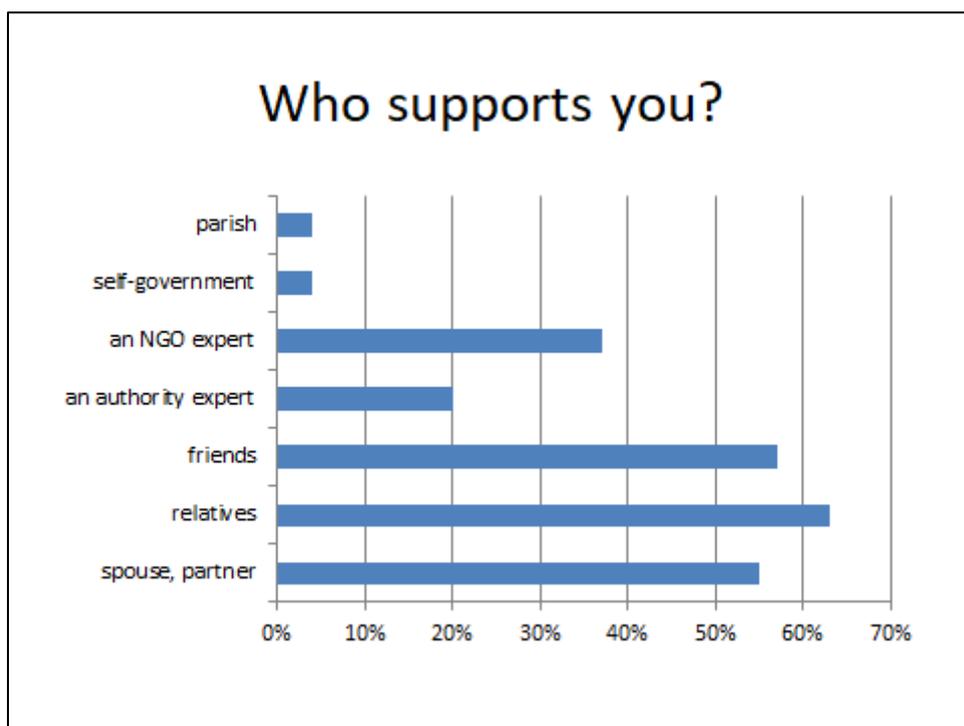


Figure 8

**The forms of support needed by the respondents** but currently not available include **financial support, self-help group and a therapy for the child** (more than 40 %). More than 30 % would need **a regular supervision and a psychologist services for the child**. The respondents indicated **they alone would need a psychologist's assistance (24 %), even therapy (12 %)**. **Professional assistance and help with the child's biological family** is needed for 16 % of respondents.

## II.5 Keeping contact with the biological families

**If children placed in substitute families have personal contact with their biological family, it is usually with their mother: 22 % of them regularly, 6 % sometimes, 10 % rarely, 62 % has no personal contact with their mother.** The relationship with their biological father is even less intense: **90 % of them has no personal contact with their father, 6 % has a regular contact, 4 % rarely.** Personal contact is more frequent with their grandparents: 8 % regularly, 8 % sometimes and 4 % rarely (Figure 9).

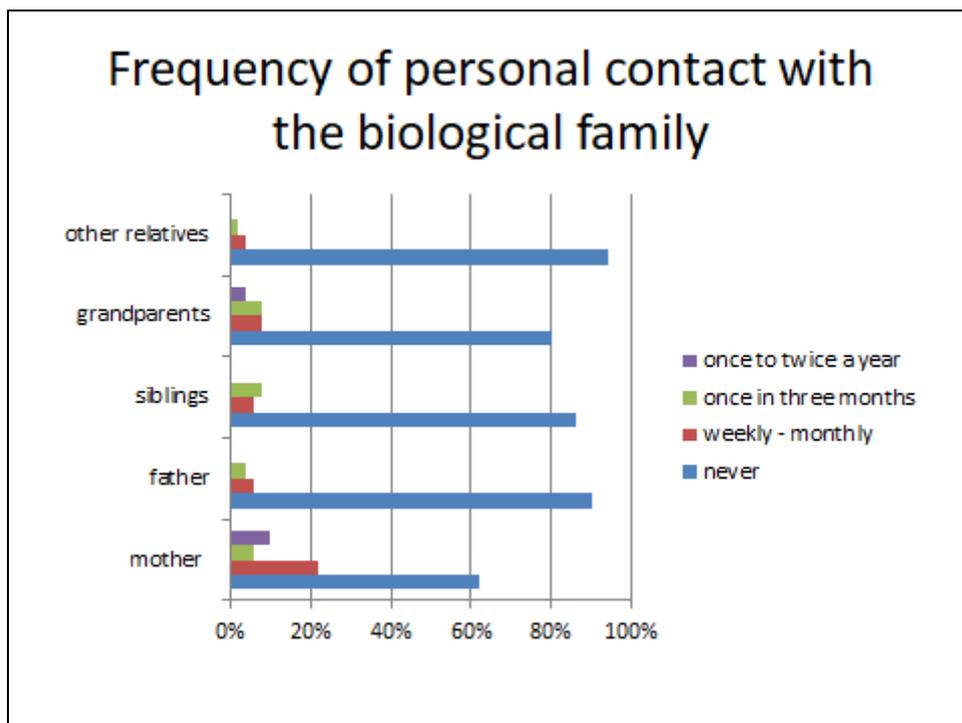


Figure 9

We would like to emphasise the fact that the respondents are substitute parents in terms of the legislation in force for a temporary period, and surprisingly, **44 % of children have absolutely no contact with their biological family. If the respondents declared the child has some contact with his/her family** (written, by telephone or by email), **automatically the child is considered to have personal contact with various frequency.** The most frequent places of the contact with biological family are **on public spots** (playgrounds, shopping centres, or in a penitentiary facility). Over half of the children also are in contact with their biological family by telephone or using social media (Figure 10).

**Despite these results, more than 84 % find the relations with their biological family important for the child,** particularly due to the fact that positive perception of the biological family is necessary for healthy development of a child, giving him/her the life-long emotional relationship. The reasons why substitute parents may reject the relationship between the child and his/her biological family include various pathologies (4 %) and 16 % of substitute parents think biological parents should not interfere with the care since they had abandoned him/her. **More than a half** of the substitute parents **assume** that some **biological family members** are or will be **a source of support** for the child.

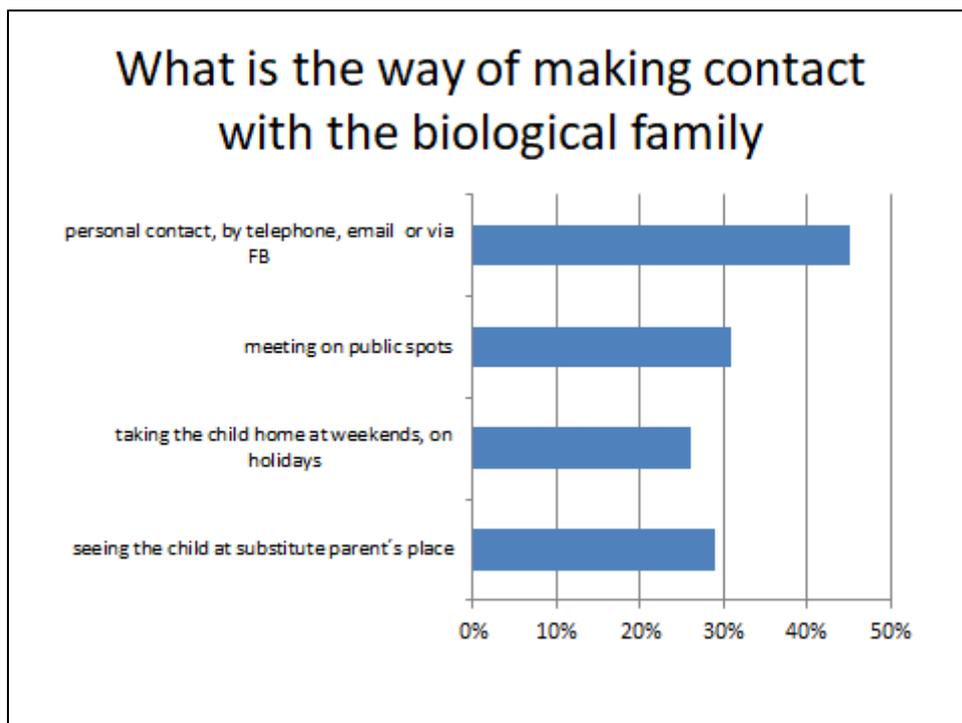


Figure 10

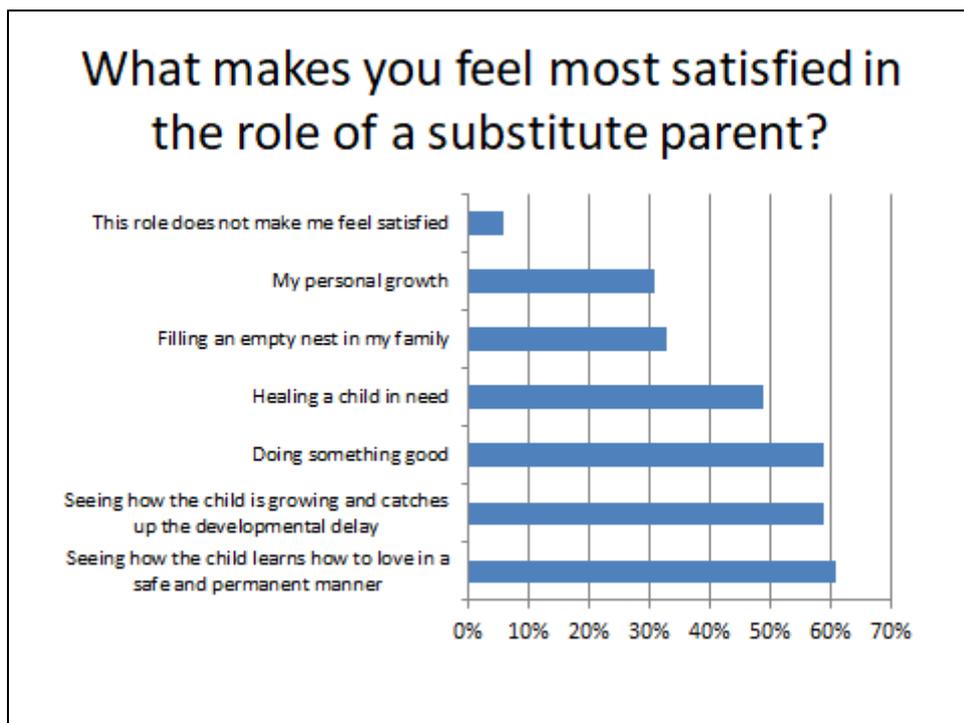
## II.6 Experiences of fostering

### II.6.1 The role of foster parenting

Assessing the role of the substitute parent has varied. Over 65 % perceive their position as a **role of mother or father**, bringing up the child and prepare him/her for adulthood. Some perceive their **role as an expert or an expert team's member** and a supporter of the child and his/her family (38 %).

A number of aspects have also been identified regarding the objectives which the interviewees have achieved in their mission / profession. Most of them (90 %) wish their child became a responsible person. Another aim is to provide a permanent and safe attachment for the child and his/her safe development (78 %). Almost a quarter of the respondents mention their personal growth in the role of a parent and **16 % of the respondents aim at reunification of the child with his/her family.**

The interviewees see their greatest satisfaction in their role due to doing something good and following the child's progress in various areas of life (Figure 11). More than 30 % are focused on satisfying their own needs, e.g. filling an empty space in their family or personal growth.



**Figure 11**

More than 70 % of interviewees find **love in the family** the strongest strength of their family. The respondents also declared their strength is an ability to meet the child’s needs, fellowship and building a bond with the child or a lot of family opportunities. **Less than 15 % declare the cooperation with the child’s biological family as their strength.**

**The lack of rest, child’s behaviour, child’s specific needs, insufficient support and low social status of substitute parents, as well as contact with the biological family or unavailability of experts are considered the most demanding challenges** in their role of a substitute parent.

Substitute parents are aware of their role in the field of children’s rights protection. They talk to the child about his/her rights alone or the child has an option to talk to specialists.

### **II.6.2 Challenges in the field of substitute parenting**

**Almost 80 %** of respondents think that **a wish to help a child in need** is the driving force of deciding whether to become a substitute family. Personal life experience or experience with a particular child or a substitute family is a strong motivation factor as well.

From the substitute parents' view, higher **financial support, more specialists and family support, raising the status of the substitute parenting as a profession and more education** in this field are the **biggest challenges and the specific way** leading to accepting new substitute families.

Regarding the personal growth, the interviewees think the child's trauma healing in the environment of their family, effective communication methods and positive upbringing are the big challenges. Substitute and professional parents would like to know more about meeting the child's specific needs, they communicate the need to develop themselves in the team work and cooperation with the child's biological family.

Selected responds to the question where the substitute parents see themselves in 5 years:

*"My son will be 13 and will need support in overcoming puberty", "I won't be a substitute parent any more, I will just be a substitute grandma", I believe they will be together as a family with his mother and we will be a family for another child without a family", I believe we will be stronger and wiser and kids will be happy and cured", I believe someone from the family will take care of the little if I am not able to", We will see, hopefully we will complete it somehow, "probably we will still be substitute parents".*

### **Good practices in Slovakia**

- **Substitute care under one Ministry of Labour, Social Affairs and Family**
- **The timeless Act on child protection and social guardianship from 2005, significantly affected by the PRIDE programme philosophy – PRIDE is an experiential programme supporting substitute parents and experts in the field of substitute care which since 2003 has been implemented in Slovakia by NGO Smile as a gift – Usmev ako dar (this training programme has been completed by 993 professionals and 748 substitute parents and 387 professional parents.**
- **The team cooperation of the state administration and the non-governmental sector in the whole process of humanisation, transformation and deinstitutionalisation of substitute care**

- **Regular common educational, working and teambuilding events of the subjects involved in the substitute care which have been continuously** organised by the Central Office of Labour, Social Affairs and Family, Smile as a gift and the Forum of directors and employees of children's homes since 2006 (Bridges to the family, family judges in Omšenie, Papiernička, etc.)
- **Continuous and stable functioning of active, cooperative major NGOs in the field of substitute care which initiated a number of progressive processes, educate and network involved subjects towards the cooperation while ensuring the quality of child protection and social guardianship and having provided the substitute family care subjects and the substitute families with continuous support and assistance** (NGO Society of the Friends of the Children from Children's Homes - Smile as a Gift – Usmev ako dar - is such a subject within the child protection system in Slovakia for more than 20 years).
- **Institute of family courts (specialisation of judges for the "P" agenda – the Act of the National Council of the Slovak Republic No. 36/2005 Coll. on Family)**
- **The Professional Parenting Institute - at present about one third of children in children's homes is placed in professional families, i.e. in a natural family environment of the children's home, staff members.** Care of a child in a professional family particularly assumes meeting child's individual needs in the environment approaching at a maximum extent to the family care model. Bringing up a child in the environment without shifting personnel but with a permanent presence of a professional parent is provided instead and the child has an option to spend a certain period of his/her life in a family environment, has a significant effect in terms of meeting his/her psycho-social needs and has a positive impact on his/her social functioning in other interpersonal relations. Due to the support of this form of care by the Ministry of Labour, Social Affairs and Family and the Central Office of Labour, Social Affairs and Family (ÚPSVaR), we can state a triple increase in the number of children who do not have to grow up in the institutions of children's homes but could have been placed in professional families over the last ten years.

Table 1: **Number of children in professional families**

	<b>2008</b>	2009	2010	2011	2012	2013	2014	2015	2016
Number of children	<b>598</b>	815	986	1139	1333	1394	1480	1453	<b>1468</b>

Source: ÚPSVaRa, 2017

Table 2: **Number of children in children's homes**

	2008	2009	2010	2011	2012	2013	2014	2015	2016
Number of children	4579	4511	4423	4622	4701	4798	4720	4622	<b>4744</b>

Source: ÚPSVaRa, 2017

- **DEI National Project - deinstitutionalisation - SFC Support Programme**, the framework enabling the formation of expert teams for SFC support (1 psychologist and 1 social worker) at each CHP&SG department, being provided with a detailed manual and continuous mentor's support (November 2016 - November 2018).
- **Development of conferencing, team partner model of work (case and family group conferences)** replacing the so-far applied, primarily individual subjective decision making and planning of a CHP&SG body permanent staff member for a child by team planning and decision making (the family itself, broad family and a natural social network of the child at risk are involved in the process of planning and decision making
- **High number of kinship care families- what is on the other hand the challenge... they struggle with many challenges and they communicate the need of the professional support and higher financial support for the child in their care. Very helpful is nowadays professional support of kinship care** within the National Project and some financial support for the kinship parents who are not close relatives with the child - which had not been available in the previous period and had not allowed financially underprivileged families to take in care the child of a relative or close person (kinship care is the only SFC form which has been increasing by 65% since 2000. The total ratio of kinship care is 67% compared to all substitute families in Slovakia.

