

Intervence pro inkluzi ***Intervention for Inclusion***

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Brno 2013

Foster Caregivers in Procrustean Bed of the Czech Child Protection

Pěstouni v Prokrustově loži České ochrany dětí⁶⁵

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Keywords: *child protection, foster care, caregivers' identity, child safety, family autonomy*

Abstract: *Child protection operates efficiently while child safety and family autonomy balance as equally prominent criteria of intervening with families. Foster care ensures decisively the consistency of procedures regarding the sustainable balance of parents' and child's interests. In the Czech Rep., the obviously limited position of foster care can be indicated both a source and a consequence of the deficient policy providing children's needs. Matching outcomes of the survey among caregivers and data related to current child protection, this text puts forwards the negative path dependency of foster care in the contemporary Czech Rep. The differences relative to parental experience, educational degree, the choice of position (either professional or parental) stipulate options for solving the dilemma child safety and family autonomy in the routine practice of foster caregivers.*

Klíčová slova: *ochrana dítěte, pěstounská péče, identita pěstouna, bezpečí dítěte, autonomie rodiny*

Abstrakt: *Pěstounská péče je považována za nezbytný prvek v dosažení rovnováhy mezi bezpečím dítěte a autonomií rodiny: reintegrace do biologické rodiny a flexibilní přístup ke krizové intervenci se opírají o pěstounskou péči jako o strategii zvládnání konfliktu mezi bezpečím a autonomií. V ČR jsou patrné nedostatky v oblasti vývoje pěstounské péče. Nedostatky jsou jednak zdrojem, jednak důsledkem nekonzistentní politiky zabezpečení práv dítěte. Srovnání výsledků našeho šetření realizovaného mezi českými pěstouny a dat spojených s vývojem sociálně-právní ochrany dětí poukazuje na negativní závislost pěstounské péče v České republice. Odlišnosti mezi pěstouny závisely na jejich zkušenostech, na stupni vzdělání, způsobu plnění závazků k dítěti (profesionální nebo rodičovské), a možnostech, jak řešit otázku bezpečí dítěte a rodinné autonomie v běžné praxi.*

Contemporary child protection: the balance of contradictions

The desired predominance of prevention under crisis intervention and family placement under public care requires the consistent set of practices aimed at achieving the balance of child safety and family autonomy (Sandbæk, M. 2007; Henricson, C. 2008). A highly probable conflict between these pivotal values manifests in such questions as remove child or not; in which degree deprive parental rights; what is the best placement for child. The balance of child safety and family autonomy calls for the high degree of consistency among prevention, crisis treatment, and after-crisis placement. Preventive work would operate efficiently, while

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professionals share the responsibility with parents and are led to the balance of safety and autonomy. Alongside, family placement including the reunification with birth family relies directly on the manoeuvrability and transparency of crisis treatment (the variety of measures regarding the temporary placement of child, limiting parental rights, regulation of parent-child communication). The diversity of placements reflects the intention to provide the balance of child safety and family autonomy: while residential care (in its best performance being transparent, equipped by professionals, open for wide networking around the child) better provides child safety, adoption and kinship care bring into action the priority of family autonomy as an irreplaceable condition for guaranteeing the autonomy of child. Foster care operates as a mix of these forms. This irreplaceable position of contemporary foster care is stipulated by the formation of child protection.

The history of Western child protection reflects the stepwise refinement of concepts regarding child safety, family autonomy, and the relation of them. Primarily, child safety was equalised with family autonomy – to belong family meant the guarantees of providing child's needs (Moloney, L. 2008), properly, children out of family protection (either illegal or extremely poor) became the target group regarding the intervention of charity organisations. The financial aid to substitute families stipulated the spread of foster care in the countries as the USA and the Austria-Hungarian Empire (O'Sullivan, J., McMahon, M. 2006; Titzl, B. 2000). During the industrialisation, the state started regulating labour market and fertility through increasing the control under parents and legitimising enforced intervening with families. The amplification of child safety towards a more sophisticated notion of parental duties prioritised the role of institutions and put restrictions on family autonomy (Fraad, H. 1993). The concept "child is a potential victim of non-responsible parents" established the grounds for prescribing health care, education and juvenile justice a higher convenience in terms of the best interest of the child than family (Lee, N., 2001). The professionalisation of child protection effected the transformation of foster care in more professional form of placement compatible with residential care. Currently under the pressure on temporal measurement of dignity (Dupre, C. 2009), a new concept of childhood as a self-sufficient period of life (Zeiger, H. 2008), multiple-meaning of parenting (Luckock, B. 2008), the revision of child autonomy (Närvänen A-L. and Näsman E., 2004) infiltrates the public discourse and the practice of child protection. On top of that, some researches point out the mutual determination regarding the complexity of child safety and family autonomy (Cavet, J. and Sloper, P. 2004; Nybom, J. 2005).

Typical of contemporary child protection contesting procedures and the diversity of approaches operate in favour of the balance of child safety and family autonomy. According to the direct sophistication of criteria and indices regarding child protection (e.g. the sustainability of placement), current debates surrounding foster care shed light on the irrelevance of foster care for long-term placement (Cushing, G. 2009); the contradictory status of caregivers' position freezing between parental and professional (Mosek, 2004); distinctions and similarities of

foster care and adoption in order to work out the position towards the increasing practice among caregivers to adopt children (Dozier, M. and Lindhiem, O. 2006). Does child protection in the Czech Rep. follow for this approach, and in which degree foster care implements the task to balance child safety and family autonomy?

Czech foster care: the hostage of child protection

In the Czech Rep., the variety of placements for looked after children remains one among many other unsolved issues: since 2000 the number of children under three placed into residential units has been stably high, approximately 2,000, and the share of Roma children as well as disabled children in institutions has not been decreased for last ten years. Residential care continues its operation as a major measure for placing child out of family care.

Despite the enormous efforts by international actors and authorities, foster care demonstrates stunted development. In 2010 only 12% of looked-after children under three and 3% over three were placed in family foster care. The share of children placed in foster care but later replaced in residential care remains quite high – 6,4% and two thirds of them were back in residential care because of the request of caregivers (MPSV, 2010: 103). The recruitment of foster parents meets a desperate shortage – the number of applications has not increased since 2002, much less, the interest to take either Roma or disabled children does not amplify. Among 3024 children placed into foster care in 2010 only 77 had disability (ibid).

Legally, foster care in the Czech Rep. covers different forms of placement: SOS kinderdorfs, substitute family, small-size residential units, and it is quite difficult to judge how many children are placed precisely in foster families. Foster care does not solve the issue of temporal placement except one project, *Klokánek*, which provides short-term care for children – in few regions where local authorities introduced new order of decision-making related to child removal and further placement.

The existing approach to making decision about child placement does not encourage the extension of foster care: while legal order regulates the removal of child and deprivation of parental rights, the special assessment centres indicate a particular placement for the removed child in administrative order. The centres select the most appropriate institution in terms of child development (sometimes relative to the limited number of places) and pay a little attention to the reintegration of child and birth family as well as to options for placing child in substitute family (Křístková, V. 2005). The case of recent Slovakian reform persuades in the direct effort of decision-making on foster care: the previous system of assessment centres has been demolished, and the negotiation as well as mediation have been introduced as key strategies encouraging the cooperation among birth family, substitute family, and services. Simultaneously, the range of measures towards limiting parental rights has become wider, and foster care has started operating as short-term placement (Šebová, N. et al, 2011).

The legal regulations and practice of placement are not coincided: while the law prescribes the responsibility for foster care to local authorities, in practice,

caregivers communicate with residential care staff and depend on it: more than 90% of all children in foster care were taken spending 6-15 months in residential units. A current survey has indicated various shortcomings in communication of foster parents and residential care staff: lack of information related to the child past, broken contact with birth family, various insensitive comments related to the current circumstances (Asociace náhradních rodin České republiky, 2010).

More than five non-governmental networks have been elaborating various projects targeted to disseminating foster care since 2000. The competition among them can be viewed as an additional factor which aggravates the current status of foster care. Some organisations are focused on preparation training and recruitment, while others set out the supervision for yet operating foster families. This division is fixed by current legal regulations limiting organisations in number of activities which could be licensed by the state. No one of operating projects affiliated with foster care develops intervening with birth families – and the task of family reintegration is still alienated from foster care.

Practically, caregivers have the double status in terms of either parental or professional identity: on the one hand, they gain special fee (roughly 150 euro for one child, double amount – for two, and 700 euro for three, and the precise amount depends on the child health) and are strictly limited in other occupation than foster care. Alongside, there are no standards, and mostly, nongovernmental organization recruit, train, and monitor caregivers.

How do organizational issues and shortcomings in family policy affect caregivers? What are options for empowering them in order to provide sufficient care for children? The survey among caregivers and candidates has pointed out the connection between the shortcomings regarding the macro level of child protection and its routine.

Methods

The sample consisted of 29 respondents: 15 foster caregivers (three were fathers) and 14 candidates to foster caregivers (two males), all were not relatives of children, being either marriage or in the sustainable partnership. The experience of foster care is varied in terms of child's age when (s)he was accepted (from six months to seven years); the duration of care (from three years to eighteen years); quantity of accepted children (from one to four). Three foster caregivers accepted children from Roma families, two – with disability, and two – children with post-traumatic syndrome as a consequence of the abuse in birth family.

The degree of education differentiated respondents into two major groups: having university degree (either bachelor or master) or not (graduating school and/or passed the state exam). The half of respondents with only accepted children did not obtain university degree. More than two thirds of caregivers with biological children did not have university degree. Among candidates the level of education was higher especially among having biological child: all of them graduated university. The survey was conducted in 2010 during the summer camping for substitute families and fostered children in Brno, the Czech Rep.

The semi-structured interview was based upon questions with multiple choice and further open-ended questions targeted to indicating the attitudes of caregivers to their status in terms of child safety and family autonomy. Three questions scoped the particular range of children's rights: social rights (health care, security, education, housing, leisure), child's autonomy (right to be heard, to participate in decision-making), right to respect private and family life (the priority of family placement, the balance of child's and parents' interests) in order to describe children's needs, parental duties, and obligations of public agencies:

Example 1

Below there are 12 possible characteristics of the agencies' obligations towards child's needs. Choose the most significant according to your opinion. Please be free adding your own definition and marking characteristics which seem you inappropriate

In the best interest of child the agencies should:

- *Keep accessibility of health care, education and housing as essentials of child welfare*
- *Support families with good potential in their desire to accept child*
- *Support the diversity of child placements, develop adoption as well as foster care and the reunification with birth families*
- *Develop the system of services focused on the prevention against family crisis and enforced intervening*
- *Elaborate early intervention as the grounds for integrating disabled children in society*
- *Bring into action the transparent policy of decision-making related to enforced intervention, contesting procedures and legal order as guarantees of fair trial process*
- *Develop the system for monitoring under families for on-time intervening with children at risk situations*
- *Not establish obstacles for international adoption, but monitor the activity of relevant agencies*
- *Guarantee families to respect for their privacy and autonomy, limit over-intervening by local authorities*
- *Develop the individualised system of benefits for families*
- *Support gender equality and provide equal rights for both parents*
- *Accept various types of parenting including the right of same-sex couples to foster and adopt children*

Please, give an example from your experience related to your choice

The last questions offered to rank various values describing child safety and family autonomy and evaluate their significance regarding the practice of foster care:

Example 2

Rank following suggestions according to their significance for your activity: the most significant principal gets the rank 1 (one), next – 2 (two), ... the most insignificant – 8 (eight).

- *The state is the key guarantor of providing children's rights*
- *The balance between child's and parent's interests is the most significant condition for the efficient intervening with families*
- *Professionals and society should require from parents to implement particular standards of parenting*
- *In the case of a high safety risk, parents' privacy should be deprived in the best interest of the child*
- *The highly probable treat of arbitrary intervening with families requires the consistent public monitoring under authorities*
- *The good parenting is very ambiguous notion, in the case of crisis emotional tie should be taken into account*
- *Family autonomy is the key condition for child development, that's why the intervening with families should be sensitive to parents' needs*
- *The child interest remains the priority for any type of treatment with parents*

Eight values formed four potential areas for differencing the position of caregivers: the role of state (points 1 and 5); the aim of parenting (points 3 and 6); the priority of professionals (points 2 and 8); the general relations of child safety and family autonomy (points 4 and 7), and ranking was utilized for indicating the position of respondents either as parental (while point 3 or 6 were placed on the first three positions of the rating) or professional (in the case when point 2 or 8 was placed on first three positions of the rating). Four optional approaches towards achieving the balance of child safety and family autonomy were indicated: the avoidance in identifying respondents' own position; the choice in favour of parental identity; the indication their own position as professional; intercropping both identities (Table 41). The main indices for attributing respondents to a group were derived from their rankings and further explanation of their prioritisation.

Indicating their own status: in the midst of roles

27 respondents ranked child safety and family autonomy on the first positions in their rating of values and simultaneously accepted the high probability of the conflict between values:

I should support child and recognise him in the case of asocial behaviour, but professional could not accept it... and I could aggravate my relationship either with child or with services.

I am not sure that it would be clear enough when the child should be removed.

We need space for us, but what are boundaries of privacy.

A significant part of respondents (13) avoided specifying their position relative to either parenting or professional care. Mostly, caregivers with biological children

and candidates without children manifested this position, and only two among them had an academic degree. Thus, the ambiguous parental experience as well as the lack of it in combination with the lower educational degree could operate as factors limiting the ability to indicate their own position: *I cannot say am I good enough or not parent or somebody else... professionals as independent observers could do it...*

Approximately, a one third of respondents consistently built their position as parental – a majority of this group was caregivers without children who viewed on their parenting as an enforced measure because of agencies' neglect in intervening with parents and the lack of preventive work with birth families: *I become a parent because of removing the child from his birth family... because of inefficient system which takes child and cannot provide normal adoption...*

Despite condemning services' handling, they accepted child removal as the inevitable solution after which reintegration would not be possible: *There is no any sense of it – if they removed child it means that these people could not love him.*

Among potential caregivers, the choice in favour of parental identity was more typical for candidates with children – two respondents stressed their success in upbringing children as an argument for accepting child: *We are normal family, we brought up two adopted children, and they are absolutely good, why would we need in something special? If agencies placed child into our family they trusted us, and we do not need any special control.*

Four respondents defined themselves as professionals and only they stressed the necessity to be in touch with birth family – in order to stimulate building child identity: *Roma identity is indispensable and only being in contact with relatives our child could build it...*

Caregivers stressed the necessity to indicate an appropriate channel of communication with the birth family: *We need good organised space, maybe within day care centre – it should be prepared by professionals.*

In two cities with the biggest share of Roma population, Brno and Ostrava, such services are provided by the Association of substitute parents, and respondents stressed the crucial role of professionalism in communication with birth families: *Only special preparation equips you assertiveness and tolerance for such complicated task.*

The focus on birth family as the source of identity is supplemented by the irreplaceable function of substitute family to organise the space for further development of identity: *We are successors, and we should assist child to enroot identity.*

The status & experience of parenting	Avoid the choice between parental and professional position	Parental position	Professional position	Intercropping both positions	In total
Caregivers with biological children	6	2	1	-	9
Caregivers without biological children	2	4	0	-	6
Potential caregivers with biological children	1	2	1	-	4
Potential caregivers without children	4	1	2	3	10
In total	13	9	4	3	29

Tab. 41: The distribution of positions to the dilemma of child safety and family autonomy

One respondent with professional identity adhered to the priority of safety and manifested his own aim as the protection of child from unsecure birth family: *Never...we never will be in touch with these beasts who tortured our child... it took more than two years to cope with it.*

Marking themselves as professionals, respondents justified the ambivalent impact of public agencies on substitute family care: *They know “when”, but not enough good in “how” – they are not sensitive.*

Three candidates without biological children and not having an academic degree posed the necessity to mix roles of parent and professional: *Child is the most significant gift, and I need to accumulate all my abilities and skills to accept and save it.*

Two of them justified the mix as the most appropriate strategy to provide child safety: *As a parent I could feel, as a professional I know better what to do in unsecure circumstances...*

Foster care was viewed as the salvation from the previous unsecure life and the unique chance for children: *Children urgently need normal life without threats, and we are going to give it to them.*

One of these respondents stressed the difference between parental and professional identity as the degree of tolerance to birth parents: *I share the intention to postpone child removal, but if it would be my decision I should take child from the very beginning.*

Intercropping positions, respondents tended to ignore the participation of services and specialists – nobody mentioned the ambiguous role of public agencies as a significant point for their future. Respondents put a lot of emphasis on the assistance to substitute families and on-time control under vulnerable parents while any impact of the state on providing education, health care or housing was not mentioned. In contrast to this, parents were endued by diverse rights and obligations. It

is reasonable to judge that these respondents are ready to prescribe miracle power to substitute families in upbringing children.

The choice in favour of one or another position is stipulated both macro and microfactors: while a majority runs into the uncertainty relative to their status because of the ambiguous role of foster care, parental experience and academic degree affect the way on which caregivers achieve the balance of child safety and family autonomy in their routine. Meanwhile the choice of a position (especially in favour of professional care) remains mostly indeterminate, it obviously impacts caregivers' patterns relative to children rights, the obligations of parents, and the task of public agencies.

Posing children rights: socializing in the name of the safety

Social rights and social integration operate as irreplaceable priorities among caregivers (Table 42). A majority of respondents are focused on providing health care and education considerably interpreted as the duty of parents not a shared responsibility between them and agencies: *We had been spending two years coping with gaps in knowledge and skills; I am a teacher, a nurse, a psychologist for my children...*

The respondents who choose parental position put more emphasis on social inclusion as dependent on education than other groups of caregivers: *School is the primary and basic step to social life.*

The choice in favour of:	Type of position				In total
	Avoid the position	Parental position	Professional position	Intercropping both positions	
Social rights					
Access to education	12	8	1	2	23
Health care	12	5	4	3	24
Direct financial aid	4	3	1	1	9
Child safety					
Protection from negative influence	10	5	4	3	22
Prevention of abuse and neglect	9	5	3	2	19
Protection of property interests of child	7	3	1	0	11
Child autonomy					
Right to be heard	7	4	1	2	14
Participate in decision-making relative to planning own life	7	6	4	0	17
The prioritization of emotional ties between child and parent as criterion	7	4	1	0	13

Special guarantees for target groups					
Social integration (Roma children)	9	7	2	2	20
Public monitoring under residential care	9	5	4	2	20
Juvenile justice, mediation for minors in conflict with law	5	3	0	0	8

Tab. 42: The notion of children's rights

Respondents mentioned hardly ever financial aid as a suitable option for defining child's needs, vice versa one third stressed diverse risks of such tactic: *Giving money, they take away our flexibility. Only immature self-interested parents accept money without doubts.*

The trend of respondents to prioritise child safety in terms of prevention from negative influence is compatible with the current practice regarding the removal child from family: children are more often removed because of an inappropriate approach to upbringing than because of direct threat to life (MPSV 2010).

The property interests of child were not typical concern of respondents: only a small part of caregivers noted it as a part of child safety in terms of future autonomy: *Saving child property now I act in favour of her future.*

Respondents who avoid choosing between positions more frequently argued their efficiency by child safety than respondents accepting either parental or professional role: *I remain a good parent while I provide conditions for his safety.*

The respondents with a consistent position demonstrated a higher degree of sensitivity to child right to participate in decision-making process. However, right to be heard remained on the periphery of respondents' notion regarding autonomy as well as the right to respect emotional ties.

Only respondents who viewed on foster care as a consequence of crisis intervening with families expanded the issue relative to additional guarantees for children in long-term residential care: *Orphanages as during previous good times have to become more open – to people who would like to help children.*

Special institutions and procedures for minors in conflict with law were not mentioned by a majority of respondents, and mostly caregivers with biological child made up the group of adherents of juvenile justice: *Court procedures as well as further treatment should be different – it is a chance for them.*

Several respondents connected the dissemination of mediation procedures with the general strategy towards empowering families and children for the cooperation with agencies, but their number was not substantial.

Parenting: full-back goalkeeper

In terms of general trends, respondents prioritised teaching social norms and child safety while the respect to child and unconditional acceptance faded into insignificance (Table 43). Caregivers especially with biological children carried out

the task teaching social norms: *We aim bringing them up not to be too different from normal behaviour – maybe reasonably special, but within the bounds of decency.*

In contrast to caregivers, candidates tended choosing the task to prevent asocial behavior: *Foster care is better than orphanage because we could raise child far from the threat of committing crime or chemical addiction.* Cooperation with specialists did not become the priority among respondents who avoided indicating their position while others manifested their intention to be in regular collaboration in the case of meeting problems: *When I will see that I am short in my skills I need to ask for help.*

The choice in favour of:	Type of position				In total
	Avoid the position	Parental position	Professional position	Intercropping both positions	
Broking the process of socialisation					
Teaching social norms	13	6	4	1	24
Preventing asocial behaviour	9	4	2	2	17
Cooperation with specialists and agencies	7	6	3	3	19
Respect to child and support of child autonomy					
Support child interests	9	5	1	3	18
Taking child's side within conflict with referent adults	5	7	1	0	13
Protect child's boundaries	4	4	1	1	10
Child safety					
Safe routine	11	8	2	2	23
Health care	10	4	4	3	21
Unconditional acceptance					
Emotional support in the case of public conviction	5	3	2	1	11
Emotional ties as a source of development	7	7	2	2	18
Child development					
Promoting child abilities	9	5	1	3	18
Managing leisure time	6	3	1	1	11

Tab. 43: Obligations of parents

Respondents who avoided indicating their status and potential caregivers without children connoted the respect to child with sharing child interests: *I cannot become referent if I would not be able to do whatever is interesting for the child: playing football, working out PC programmes, dancing hip-hop...*

Respondents with consistent parental identity defined the respect to child as the ability to resist social pressure of teachers and other adults against child's position: *We are parents, who besides us could differentiate appropriate requirements to child from ludicrous opinions of teachers...*

The topic of child's boundaries was not essential among respondents and was mentioned in the context relative to coming-of-age by caregivers having the experience of upbringing minors: *The adolescent needs practicing the skills of decision-making – and parent should provide opportunities for such training.*

The suggestion that child's opinion can be deprived in order to provide better care was accepted by a significant part of respondents: *It is like vaccination – child does not want to do it, but it helps and protects ...many good things are unpleasant...*

Unconditional acceptance and emotional ties remained mostly a resource for efficient care than self-sufficient outcome of child-parental relationship – respondents with parental position encouraged foster care as better option than residential care appealing to this argument: *As a parent I better understand what my child wants and does not wants, but as substitute caregiver better know what child has to do, and demands could be more important for child future.*

Alongside, the share of respondents who expressed the intention to emotionally support the child despite bad behaviour is considerably small vice versa two respondents mentioned the limiting emotional support as a measure for managing child behaviour.

A significant part of respondents connected emotional ties and mental development in order to discover child's abilities: *Child needs sustainable acceptance in order to develop all latent abilities and gifts...*

Some parents obeyed their autonomy to the task upbringing child and organizing leisure time. More than half of respondents combined two main directions, child safety and support of development into the whole strategy of parenting: *The best thing which I could do for my child is to load her – different activities, trainings... no free time – no problems.*

These respondents did not realize the high probability of mutual conflict between these intentions and prioritized the monitoring under child as the grounds for fulfilling other child needs.

Public agencies: reserve player on the penalty bench

The expectations from public agencies were focused on the needs of substitute families particularly: mostly, respondents discussed the necessity to simplify the procedures related to the recruitment of families and further child placement (Table 44): *Both options (taking child from residential care and birth families) are not equipped enough...*

Also this position was sharpened by the intention of two thirds of respondents to reinforce the control under families not fulfilling basic child's needs. *Every day I find something about social services which were either late or too tough ...and*

I know that it is true, because services are not interested in children Simultaneously, one third counterweighted the priority of child safety choosing family autonomy and the obligation of the state to protect families in terms of reasonable expectation of privacy as other key function but only for their own families: Well, parents do not expect that services would be near every moment – we need more space for us and child.

The choice in favour of:	Type of position				In total
	Avoid the position	Parental position	Professional position	Intercro-pping both positions	
Assistance to substitute families					
Support families ready to accept child	13	7	4	3	27
Provide variety of family placements	9	8	3	3	23
Encourage same-sex couples in their intention to accept child	7	1	1	1	10
Provision of family autonomy					
Prevent the arbitrariness of agencies	5	4	1	1	11
Prevent crisis intervening	9	8	2	1	20
Provide access to legal procedures	10	3	1	1	15
Equal access of parents to their rights	6	3	3	1	13
Monitoring under families in the best interest of the child					
Control under vulnerable families	9	5	3	3	20
Financial aid	5	1	1	1	8
Sharing responsibilities for qualitative upbringing					
Early intervention and family centered treatment	7	5	4	1	17
Social rights: health care, education, housing	8	2	3	2	15
Variety of services and the access to them	7	6	2	2	17

Tab. 44: Expectations and requirements to public agencies

According to the opinion of more than half of respondents, the state should provide the diversity of services as the grounds for the right to autonomy: *If there would be more centres and we could select, but usually we go to only one existing counselling centre.*

The obligation of the state to prevent the arbitrary intervening with families was not viewed as a priority: mostly respondents with biological children encouraged

the control under public agencies in terms of their intention to violate families' boundaries: *I am sure sometime the services harm more than parents who make mistakes.*

There was the direct connection of this attitude and the readiness to consider positive emotional ties not as the conditions for better up-bringing, but as the independent value: *I cannot predict future, but now I would like to share every moment and not to think only about child success.*

The equal access of males and females for implementing their parental rights does not operate as a significant condition for respondents except those who indicated themselves as professional and who linked this point with sharing responsibilities between male and female caregivers.

The position of respondents relative to the right of same-sex partners to accept child operated as a "acid test" for verifying their approach towards the conflict of autonomy and safety: only one third chose the support of same-sex partners in their intention to adopt/foster child as the state's obligations, approximately a half of respondents expressed strong disagreement with the special assistance for same-sex partners because of the necessity "*to view on all foster parents as equal nevertheless their sexual orientation*". The current debates regarding the legalization of adoption and foster care for same-sex partners reflect the complications related to more amplified notion of privacy and autonomy with which the Czech publicity has encountered.

Respondents who prioritized social norms tended limiting same-sex couples in their rights to parenting: *We need to root socially acceptable habits and patterns of behaviour –the society is not too welcome to homosexuals, and their children would be alienated...*

Thus, the position against same-sex partners as substitute parents is stipulated by the general vision of parenting and parents' duties which avoids the notion of autonomy as the choice in favour of limited influence of social prescriptions.

Conclusions

In the Czech Republic, the inconsistency regarding the different areas of child protection constrains foster care within the unsolved conflict of child safety and family autonomy. Foster care continues solving inappropriate tasks (e.g. long-term placement) as well as being alienated from the task of reintegrating children with birth families. The shortcomings of policy impact directly the attitudes of caregivers.

Respondents indicate "the point-man" function of public agencies (regulation of social services providing by NGOs and monitoring under families at risk) and deprive their direct participation in providing children's needs. The financial aid is perceived as a non-efficient strategy for controlling both birth and substitute families. In combination with the attitude to public agencies as either arbitrary or

being late in intervening with families, this minimalistic expectations of caregivers produce significant obstacles for the collaboration between professionals and caregivers.

Putting child safety and pro-social upbringing over the top, caregivers tend evaluating themselves as enough equipped and do not look for cooperation with specialists. Respondents approve this status prioritising child safety as the decisive condition for social integration and leaving child autonomy on the periphery of care merely as a condition for better parental influence on the child. The self-sufficiency of emotional ties is not typical of caregivers as well as the acceptance of child independence as an unconditional right. While caregivers intend being detached from social services and justify their independence by high degree of child's socialisation, they are loss to accept child's boundaries.

The survey specified eventually the pitfalls of caregivers relative to their parental experience and their choice in favour of either parental or professional position. In line with the minimum cooperation between them and services, candidates without biological children tend combining the positions of parent and professional in order to become universal caregiver. Widespread among caregivers without biological children, parental position provides the ambiguous attitude towards their status as simultaneously stipulated by their intention to become parents and the shortcomings of current child protection. Caregivers with professional identity elaborate the idea that the "normal" family is the best environment for upbringing child, and meet obstacles in defining strategies for the reintegration of the child and the birth family. The parental experience as well as academic degree should be taken into account in planning programmes for training and supervising caregivers in order to equip them more sophisticated and critical vision related to the conflict of child safety and family autonomy.

It is reasonable to judge that the shortcomings of foster care and caregivers' difficulties in indicating their position mutually stipulate the obstacles regarding the sustainable transformation of child protection towards the consistent policy and practice. Caregivers demonstrate high potential for becoming the agents of reforms being sensitive to the core task to achieve the balance of child safety and family autonomy, but only critical revision of child protection towards a more consistent set of procedures can turn this potential on.

References

- Asociace náhradních rodin české republiky. *Vyhodnocení dotazníku pro rodiny s dětmi v NRP*, Praha, 2010 [cit. 1.11.2013]. Dostupné z: http://anrcr.cz/files/pracovni-skupiny/vyhodnoceni_dotazniku_pro_rodiny_s_detmi_v_nrp.pdf.
- CAVET, J., SLOPER, P. Participation of Disabled Children in Individual Decisions About Their Lives and in Public Decisions about Service Development. *Children and society* 18, 2004. p. 278–290. ISSN 1099-0860.
- CUSHING, G. Vulnerability to Foster Care Drift After the Termination of Parental Rights *Social work practice* 13: 6, 2009. p. 694–704. ISSN 1049-7315.

- DOZIER, M., LINDHIEM, O. This Is My Child: Differences Among Foster Parents in Commitment to Their Young Children. *Child Maltreat* 11: 4, 2006. p. 338–345. ISSN 1077-5595.
- DUPRE, C. Unlocking Human Dignity: towards a theory for the 21st century. *European Human rights law review* 2, 2009. p. 190–205. ISSN 1361-1526.
- HENRICSON, C. Governing parenting: is there a case for a policy review and statement of parenting rights and responsibilities? *Journal of law and society* 35: 1, 2008. p. 150–165. ISSN 1467-6478.
- FRAAD, H. Children as an exploited class. *Journal of Psychohistory* 21, 1993. p. 37–51. ISSN 0145-3378.
- KRISTKOVÁ, V. Práva dítěte a procesní praxe českých soudů. *VIA JURIS*, 4, 2005. s. 23–28. [online]. [cit. 1.11.2013] Dostupné z: https://is.muni.cz/auth/mail/?lang=en#folder_id=294198;order_by=datumdesc;jsStart=1;jsCount=50.
- LEE, N. *Childhood and society*. Buckingham: Open university Press, 2001. ISBN 0-335-20608-5.
- LUCKOCK, B. Adoption Support and Negotiation of Ambivalence *Family Policy and Children's Services, Journal of Law and Society*, 35: 1, 2008. p. 3–27. ISSN 1467-6478.
- NÄRVÄNEN, A. L., NÄSMAN, E. Childhood as generation or life phase? *Young Nordic Journal of Youth Research* 12: 1, 2004. p. 71–91. ISSN 1103-3088.
- NYBOM, J. Visibility and 'child view' in the assessment process of social work: cross-national comparisons. *International Journal of Social Welfare* 14: 4, 2005. p. 315–325. ISSN 1369-6866.
- Ministerství práce a sociálních věcí [online] (2010) [cit. 1.11.2013] *Roční výkaz o výkonu sociálně právní ochraně dětí*. Dostupné z: <http://www.mpsv.cz/cs/7260>.
- MOLONEY, L. The elusive pursuit of Solomon: faltering steps toward the rights of child. *Family court review*, 46: 1, 2008. p. 39–52. ISSN 1531-2445.
- MOSEK, A. T. Relations in foster care. *Journal of social work* 4: 3, 2004. p. 323–343. ISSN 1468-0173.
- O'SULLIVAN, J., McMAHONY, M. Who Will Care for Me? The Debate of Orphanages Versus Foster Care. *Policy Politics Nursing Practice*, 7: 2, 2006. p. 142–148. ISSN 1527-1544.
- SANDBÆK, M. 'Children's Rights to a Decent Standard of Living' In Wintersberger H. et al (eds.), *Childhood, Generational Order and the Welfare State: Exploring Children's Social and Economic Welfare. (Volume 1 of COST A19: Children's Welfare)*. Odense: University of Southern Denmark Press, 2008. ISBN 978-87-7674-202-7.
- ŠEBOVÁ, N. a jiní Aktuálně zmeny v systéme sociálnoprávnej ochrany detí a sociálnem kuratele. *Sociální práce, Sociální práca* 2: 11, 2011. s. 33–37. ISSN 1213-6204.
- TITZL, B. Tradice, kořeny a vznik české speciální pedagogiky. *Speciální pedagogika* 2, 2000. s. 92–100. ISSN 1211-2720.
- ZEIHER, H. Valuing children's temporal quality of life. In WINTERSBERGER, H. et al (eds.), *Childhood, Generational Order and the Welfare State: Exploring Children's Social and Economic Welfare. (Volume 1 of COST A19: Children's Welfare)*. Odense: University of Southern Denmark Press, 2008. ISBN 978-87-7674-202-7.