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CRISIS INTERVENTION: THE LOST FOCUS OF CHILD PROTECTION REFORMS IN VISEGRAD COUNTRIES

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Abstract: The child protection should be evaluated within two interrelated arrays of indices: universal invariant criteria reflecting international requirements towards children's rights and the local peculiarities of institutional performance regarding the dependence of child protection system on the court system, local governance culture and educational system. Juxtaposing these domains we are able to provide more complete insight of child protection and its actors especially in order to recognize the shortcomings of child protection in the countries where children's rights remain one of the most noticeable challenges. In order to develop the complex approach, this text explores child protection in three Western Europe countries with obviously different approaches towards child welfare but a compatible high level of its performance. Then this approach is applied to monitoring the current situation in Visegrad countries where despite the efforts of national governments and international bodies, residential care operates as the main strategy for providing care for looked after children, and the balance between child safety and family autonomy remains the unachievable goal.

Invariant criteria of child protection: towards consistent child protection

The formation of norms regarding upbringing children and parenthood can be viewed as a process of layering different values systems which mark relevant practices of intervening with families either as good or bad. The contemporary discourse about child and childhood is made up of consistencies and discretions between these systems. The approaches to scrutinizing childhood as the continuity of stages towards coming-of-age have started being marked as pre-sociological in contrast to the current childhood studies which sociologies childhood (Kehily, 2009). While the storage of pre-sociological knowledge regarding childhood led mental development to identifying the continuity of stages as the bridge from non-social entity to totally capable citizen (Prout, 2005), the contemporary concept of childhood is stipulated by the diversification and destabilization of the child status that requires the revision of frames in mapping child development (Zeihner, 2008). Thus, Erica Burman (1994) views on child development as a non-homogenous process which consists of

not only mutually independent but often being contested strands, e.g. the development within school curriculum and in cyberspace which becomes more familiar to many children. The increased complexity of childhood stands in needs of more sophisticated ways to recognise the role of childhood. Nick Lee has introduced the concept of double status of child, *child becoming* formed within pre-sociological theories and *child being* reflected current trends of prioritizing here and now life of children (Lee, 2005). Lee and his adherers have connected the efficient child protection and the mission to balance both statuses

Precisely, international invariant criteria of child welfare reflect the dynamic of ideas around the obligations of the state, parents, and society towards children (Michel, Mahon, 2002). The necessity to rely on the balance of both statuses permeates the main areas of current reforms in Western child protection. While the interests of becoming child substantiate enforced intervening with families, the current dissemination of practices regarding the reintegration of child and family counterbalances the inevitable limitation of emotional ties between child and parents due to the child's removal (Nybom, 2005).

Invariant criteria describe child protection as the continuity of steps subordinated to the task to maintain the balance of child being and child becoming over the different circumstances of treatment with families and children. Three stage, *preventive work, crisis intervention, and after-crisis placement* create the cycle of child protection which efficiently rides on the option to return in the stage of preventive work. Invariant criteria operate as complexes connecting particular set of procedures with criteria for evaluating families and planning intervention.

One of the most visible current changes in child protection, developing the *practices towards preventing crises situations*, is attributed to the revised notion of human dignity typical of the contemporary concept of Human Rights (Dupre, 2009). The temporal measurement of dignity has charged previously established focus on the spatial dimension - freedom of movement (ibid. 198). Related to children's rights, the temporality of dignity highlights the urgent demand on deinstitutionalising the child's life especially for those who are disabled, in conflict with law or from vulnerable families. Residential care has started to be viewed as a last resort measure because of the inevitable abuse of the right to private and family life (Michel, Mahon, 2002). The placement into institutions is criticised not only because of its unnaturalness or harmfulness for mental development but regarding its rigid order of routine life and an inescapable limitation of child's empowerment (Emond, 2003). Precisely, the argument in favour of the child's autonomy stipulates developing *the array of alternatives to residential care* (inclusive education, early intervention, restorative justice,

probation&mediation instead repressive criminal justice, family visiting services) for children at the risk of being institutionalised aims to provide the right to family and autonomy (Ostner, 2008).

Due to the increased significance of deinstitutionalization, the redistribution of responsibility between professionals and parents calls for the revision of the procedures and criteria regarding crisis intervention when authorities' arbitrariness against family's and child's autonomy becomes a key threat. The prevention work is targeted to encouraging parents in their ability to cope with challenges of upbringing child. The experts from different countries coincide in the idea that the involvement of parents into the preventive work is based upon more flexible approach towards treating families and children at risk (Sandbæk, 2007; Zolotor, Putka, 2010). The ideology of crisis intervention should be transformed towards transparent accountability of services in virtue of **sharing responsibilities** for child care between family and authorities: e.g. the courts take into account previous efforts of services during making decision related to the limitation of parental rights. For all profiles, the reinforcement of authorities' responsibility has become the source of motivating them to develop prevention on the sustainable grounds. The intention to secure the balance between different child statuses stipulates introducing a wider repertoire of **measures regarding the limitation of parental rights** and **special regulations of parent-child communication** during the decision-making period aimed at preventing the break of emotional ties (Luckock, 2008). Short-term foster care has started its development as undoubtedly better option for short-term placement than the placement into shelter in the case of high probability to reintegrate child and family. The wider range regarding the measures towards regulating parents' rights makes the procedures of **decision-making more transparent** in order to ensure the intention to take into account interests of all participants including children and parents (Forsberg, Vagli, 2006). **The right of the child to be heard** has become the prior condition in various types of decision making as well as the access of parents to the legal aid in the case of their disagreement with enforced intervening with child and family.

In turn, sophisticating procedures and criteria of crisis intervention towards more individual approach stipulates the transformation of after-crisis intervention strategies. The revision of long-term placements becomes routine reform in Western child protection: some of them as foster care and residential care are identified as better providing child safety (in order to keep the child behavior under monitoring by professionals), while others (adoption, kinship care) priorities family autonomy. Typical of contemporary child protection, wider range of placements directly connects the crisis intervention and prevention: refined

procedures of limiting parental rights need be continued by the same degree of pluralizing options for further placement of children, and it makes possible to shift family to the stage of prevention and encourage reintegrating child and parents. Relevant to this, boundaries among different placements work on the more responsible decision-making aimed at indicating the most suitable type of placement. One of the recent trends, **quasi-family or quasi-residential placements** started being practiced when child could spend either day time or only night out of his/her home (Eurochild, 2010). Quasi-placement aims to connect more flexible approach to crisis intervention with short-term placement in the case of ambiguity when the primary decision cannot be long-term (Clifford, Burke, 2004). Relevantly to the value of child autonomy, **residential care is transformed** towards its embedding in local networking through establishing sustainable cooperation with community services, legitimization and support of informal communication among users, and public monitoring under institutions (Ainsworth, Hansen, 2005).

These invariant criteria mostly provide ideas which have been fixed in the international regulations as the expectations from national bodies. Varying from country to country, different contexts and circumstances indicate the diversity of institutional frameworks for performing child protection in correspondence with these requirements. The requirements to crisis intervention ensure the continuity of stages and the options for the balance of child statuses (Reynaert et al., 2009). In contrast to countries with Soviet-type child protection, developed countries demonstrate quite sustainable transformation of procedures under the pressure of new criteria, and, alongside, the Western experience operates as a source of benchmarking models for other countries: e.g. Visegrad countries actively legitimise their reforms of child protection by the argument “like developed countries”. Mostly, the Czech Republic, Hungary, Poland, and Slovakia adopt the Western “*know-hows*” in developing substitute family placement and preventive treatment while the crisis intervention remains in the shadow of reforms’ planning. The sustainable development of child protection demands the consistent concept of procedures and criteria regarding the intervention, and the direct object of this text is to explore the role of crisis intervention in contemporary child protection as a key factor of coherent implementation of children’s rights. Three Western countries, Denmark, France, Great Britain are chosen in order to recognise various models of child protection. These countries present definitely different profiles of welfare policies (including child protection) and simultaneously remain the most cited by Visegrad countries in the attempt to indicate the most appropriate Western model for further adoption. It is reasonable to accept the countries’ cases as performing particular profile of child protection:

Scandinavian with its focus on negotiations between all actors; contesting legalist typical of Anglo-Saxon profile; corporatist sharing the responsibility of child protection between various bodies.

Developed countries’ cases: the diversity of procedures towards implementing invariant criteria

Developed countries are distinguished by quite different strategies for implementing contemporary expectations of child protection. The reasons and backgrounds of these differences remain beyond the objects of this text but it is possible to consider that the obvious distinctions among countries are attributed to the difference in local governance culture, the court systems, general profiles of welfare policies. Along with that, statistical data persuade in the efficiency of child protection (see Table 4): the rate of looked after children remain less than 2% of the total underage population for more than ten years; only small number of children are placed into residential settings while either substitute family or reintegration with birth family operate as a mainstream option; abuse and neglect against child are the main reasons for child’s removal from family; the number of children who stay in long-term residential care is less than one quarter from the total number of all children placed into settings.

Indices	UK ²⁰¹¹	Denmark ²⁰⁰⁹	France ²⁰⁰⁸
Number of looked after children/ share of the population under 18	65,520 ²⁰¹¹ / 0,5%	29,283/1,8%	266,951/1%
Number of children stayed at home under monitoring by services	5,500	14,676	A few number
Share of children under foster care (provided not relatives) among all looked after children	74%	49%	46%
Share of adopted children, intra-country, non-stepparent	5%	Less than 0,01%	Less than 0,1%
Share of reintegration with biological family after removal	39%	37%	More than 70%
Number of children removed from families because of abuse of neglect	58%	67%	45%
Number of enforcing removals from families	11,5%	12% ²⁰¹⁰	13%
Share of looked after children staying under residential care for long period, the duration of the period which is defined as long	13% more than 5 years	23% 3-6 years 22% more than 7 years	3%, more than seven years

Sources: NSPCC (2011), Ankestyrelsen (2012), Statbank (2011), ONED (2011)

Table 4: Child protection in the UK, Denmark and France

In countries with the Anglo-Saxon profile, the legalist approach performs the responsibility of services through contesting procedures based upon the equal access to the

judicial process. Great Britain and the USA support campaigns targeted to establishing legal aid for parents as well as the independent control under child protection authorities. The majority of decisions regarding children's rights is made by judges, even the elements of restorative justice operate under the judicial execution. Recent debates around legalist approach impacted not only British child protection, but the consistent elaboration of the division into ideas and procedures in decision-making towards protecting children in other European countries. British legalism contributes greatly to multi-disciplinary analysis of the court system as the key actor of crisis intervention and activity of judges as the source of indicators regarding the embodiment of the industrial discourse (Dickens, 2008). Donzelot describes the displacement of legal order principles in favor of the best interest of the child as the transformation of judges into simulacra limited in their core mission to make decisions independently (Donzelot, 1997). White has introduced the notion psycholegalism: the practice of making decision not in favor of parents' interest under the pressure of arguments derived from various psychological theories by experts and authorities (White, 1998). The resonance of legal order, pressure of experts and predominance of particular psychological theories was viewed as the strong source for the violation against the right to private and family life. Applying Human Rights approach, King discovered the groundlessness of judges confident in their independency from the rhetoric of child welfare and insecurity of families (King, 1991). Relevantly, legal reforms have become the key channel for the dissemination of a new approach to child protection. The Human Rights Act (1998) had incorporated approaches fixed in European convention on human rights into the national legal system. A more consistent position towards the protection of private and family life was developed for the implementation of this act by local authorities responsible for child protection. The limitation of the services' ability to treat families has provoked a lot of discussions among scholars and practitioners as well as changes in practices of enforced intervention.

The Scandinavian profile focuses on cooperation between authorities and families, and child protection professionals are responsible to be in touch with parents from the very beginning of intervention. Authorities are obliged not only to work out the plan of intervening with families and child, but negotiate it with them and only under this condition could bring enforced intervention into action. Compatible with the British model, in Scandinavian countries procedures of enforced intervention were formed in the first third of the 20th century. Established in the early 1910s, the division of decision-making and further placement of children as functions of two independent local bodies posed the other strategy to guarantee the transparency of enforced intervention which has been charged by more complex criteria

for assessing families and children later (Bryderup, 2003). In Denmark, parents had got the right to participate in decision-making in 1957, along with that, the regulations related to the prevention of domestic violence and exploitation of children were introduced. The law about child welfare (1961-1964) established the regulations for the cooperation among services from different levels, local, regional, and central in order to provide their responsibility for on-time intervention. In the early 1970s, when the coalition of right-wing parties achieved the parliamentary majority, several tough regulations were established: the law about juvenile justice (1970), the new version of the law about child welfare (1978), but the unions of social educators and activists of left-wing parties consistently criticized these initiations, and started reforms did not make progress (ibid). Along with that, the initiation by local authorities towards the reinforcement of preventive work with families was supported by the Nordic Council, which stipulated the debates around standards and practices regarding child protection in the 1980s (Forssen, 1998). The law about social assistance (1993) introduced organizational frames of further development of preventive treatment: the law requires the detailed plan of intervening with families and the obligation of authorities to perform the cooperative style in communicating with aimed at getting the agreement of parents and child with the plan (Hestbæk, 1999). Ten years after, juvenile justice had been turned to restorative model, and in 2007 new legal regulations established the monitoring under the process of decision-making.

The corporatist profile typical of the French child protection is based upon intensive treatment with families and the complex support of parenting which closely connects prevention and crisis intervention. The mission of crisis intervention is to as soon as possible to back family in the stage of preventive work (Eglin, 2011). The power of special judges making decisions includes options to involve other various agencies in the plan of treatment with child and family. Establishing the concept of educational assistance (*assistance éducative*) in 1958, the government of French Republic initiated the development of services preventing child removal as well as further placement into residential settings. This law introduced the order of retraining for judges, which facilitated legitimizing the special juvenile courts among citizens (Council of Europe, 2009). In the 1970s, the Law about family extended the practice collected during previous years and posed family therapy as a mainstream strategy of national child protection. The previously joint settings for young offenders and children removed from families had been disincorporated, and settings were divided into several types in favor of a more individualized approach. The cohort of had got under their authority both private (mostly the guardianship of child in the case of separation or

divorce) and public (the limitation of parental rights due to the violation against child) cases within common procedures ensuring the right to be heard for minors.

The ratification of the Convention on the rights of the child (1997) had affected the system of monitoring under judges - the new order of appellation in more favor of parents' interests was established as a requirement for implementing the third article of the Convention. The scale of crisis intervention toolkits had included three degrees of enforced treatment: from focused on family matters and keeping privacy through the moderate limitation of parental rights to the termination of parental rights in the best interest of the child. The statistical data justifies the utilization of the first and the second types of intervention - the most enforced treatment is applied as a last resort measure. Since 1996, parents have had the right to legal aid including the support of their appeals.

It is possible to conclude that Western countries balance between positive path dependency of crisis intervention procedures and their moderate transformation attributed to the changes of criteria which are applied to evaluating the case. The cases of the Western countries persuade in the close connection between the implementation of more sophisticated approaches towards children's rights and transparent procedures of crisis intervention. The exploration of Visegrad countries' cases charges this conclusion by supplementary testimonies.

Visegrad countries: the ambiguity of trends towards reforming child protection

According to invariant criteria, Visegrad countries remain at insufficient level of providing children's rights - the judgments of the European Court of Human rights versus these countries persuade in the lack of transparent decision-making and the arbitrariness of social services in intervening with families and children. Even more statistical data (see Table 2) demonstrate the bigger share of looked after children than in developed countries (Poland is an exception but the number of children requires a lot of efforts towards their placement); the main reason for removing child from family remains the inability of the family to provide care while the violence against child is not the core grounds for enforced intervention; foster care is a rare option as well as reintegration with birth families after removal especially for children over 3. The further exploration of recent reforms indicates the various inconsistencies in changes and the huge lack of diverse ideas around child protection.

Visegrad countries are routed by different strategies in their reforms towards upgrading child protection: the Czech Rep. traces the Anglo-Saxon model with the focus on legal procedures and the familialisation of child protection, Poland combines the corporatist

model with legalist approach, Hungary mostly adheres to Scandinavian model, and Slovakia adopts strategies from Scandinavian and French models. The explanation of reasons regarding the choice in favor of one or another model requires the additional exploration of actors and their intention which is not the prior aim of this survey. The application of criteria and indices relevant to each of the model denotes various shortcomings and inconsistencies in the implementation of chosen strategies by Visegrad countries which are quite different in speed and duration of reforms: while Hungary and Poland started the transformation in the late 1990s, the Czech Rep. and Slovakia are at the beginning.

In terms of **after-crisis care transformation** all Visegrad countries except Hungary run into the problem of blurring various forms of child placement: foster care is viewed as light version for adoption (Eurochild, 2010); until recent times child relatives preferred foster care instead kinship care because of financial benefits and professionals support; small-size residential settings have got the legal status of foster care too. The lack of boundaries among various placements aggravates the development of professional foster care as an alternative to residential care. In Hungary with its fruitful tradition of community foster care (Committee of the rights... 2011), the share of children under professional foster care has been slightly increased since 1995, and now the quarter of removed children is placed under foster care, while in residential care remains less than 20% (Herczog, Neményi, 2007). In Poland until 2012, less than 4% of removed children were placed under foster care of non-relatives, and mostly foster care operated as a better-equipped kinship care. In 2012 Poland introduced the regulations strictly divided kinship and foster care and provided new guarantees both for relatives who would like to take child and foster caregivers. The daycare centers were posed as a main measure for encouraging guardians who commonly expressed the fear related to their ability to cope with growing children and adolescents. In 2012 77437 children visited daycare centers and approximately two thirds of them were under kinship care. Compatible with Poland, the Czech Republic and Slovakia have introduced the regulations targeted to establish clear boundaries between kinship and foster care, but these initiations remain on legal level and still have not introduced into practice.

Indices	Hungary ²⁰¹⁰	Czech Rep. ²⁰¹¹	Poland ²⁰¹⁰	Slovakia ²⁰¹⁰
Number of looked after children/ share of the population under 18	142 941/ 11%	275,143/16%	139,363/ 2,5%	56,440/ 6,5%
Number of children stayed at home under monitoring by services	95 807	150,125	66,403	22,125
Share of children under foster care (provided not relatives) among all looked after children	6,3%	0,7%	1,5%	1,6%
Share of adopted children, intra- country, non-stepparent	n/a 21% among children under 3	0,4%	0,7%	0,6%
Share of reintegration with biological family after removal	n/a	11% (for children under 3 – 52%)	0,3%	0,6%
Number of children removed from families because of abuse of neglect	39%	17%	35%	9,8%
Number of enforcing removals from families	n/a	36%	n/a	n/a
Share of looked after children staying under residential care for long period, the duration of the period which is defined as long	n/a	Only for particular types of settings	17% more than five years	n/a

Sources: Központi Statisztikai Hivatal (2011), MPSV (2011), Bank Danych Lokalnych (2011), UPSVR (2011)

Table 5: Child protection in Visegrad countries

In contrast to other Visegrad countries, Poland has been implemented the most consistent **reform of residential care**: in the early 2000s, the special emergency services (*placówki interwencyjne*) were established for the prevention of over-tough decision-making, then in 2007 two types of small-size residential settings were introduced centres of socialization (*placówki socjalizacyjne*) and family placement centres (*placówki rodzinne*). Centres of socialization operate as small-scale residential care units accepting not more than 30 children. Family placement centres aim to provide care for children who could not be placed into substitute families. Not more than 4 children (except siblings – in that case more children could be placed into the same unit) can be placed in such centres. In 2012 1402 children were placed in such centres - two times more than in 2009. Alongside in 2012 the new type of residential care was introduced - therapeutic centres of long-term care (*Placówki specjalistyczno - terapeutyczne*) for children at risk of the disorder of attachment. Complex centres (introduced since 2004) provide care for children with multiple disorders. The declining number of children in institutions and better monitoring under families at risk justify the efficiency of this reform: the number of children under three placed into institutions dramatically decreased: from 1485 in 2001 when the reform had started to 536 in 2010. Simultaneously number of emergency services has declined from 75 in 2003 to 24 in 2010 while number of agencies providing various types of day care has doubled.

Other Visegrad countries encounter *different obstacles in transforming residential care*: the most significant argument is the share of Roma children placed into institutions and the shortcomings related to the involvement of residential settings in local community care (orphanages provide the whole set of services regarding the needs of children). In the Czech Rep. more than 70% of all looked-after children are placed under residential care, in Hungary – 60%, and in Slovakia – 57%. Additionally, several times the Czech Rep. was mentioned in international reports as a country with insufficient public control under residential settings and respectively the non-transparency of residential units (Council of Europe, 2009). The permanently high rate of children under 3 in the Czech baby homes (approximately 2000 for last ten years) and a rare practice of family reunification (half of children) remain in the focus of the critique from the European bodies as well. Even the share of family reintegration of children over three does not exceed 10%. While the opinion which connects the monopoly of residential care and the lack of substitute families has become well diffused in Visegrad countries (Stelmaszvk, 2002), the performance of crisis intervention convinces in the necessity to apply the consistent approach towards recognising shortcomings in the operation of child protection.

During the late socialist period, Visegrad countries practiced the administrative order of decision-making regarding the limitation of parental rights and child's removal from family (Shmidt, Daugherty, 2014). This obviously arbitrary strategy was formed due to increasing number of cases which required the intervention because of the changes regarding stimulating fertility towards increasing financial support of extended families and the state's intention to reinforcing the control under families taken generous benefits (Saxonberg, 2014). In the early 1990s the administrative order was replaced by the legal order, and relevant procedures became more transparent, but other features of the socialist child protection remained: the systematic lack of the access to legal aid and the narrow range of options for intervening with families and children (Robila, Krishnakumar, 2004). The *shortcomings regarding the contesting procedures* are typical of all Visegrad countries. The issue of psycholegalism distinguishes the current profile of the Czech, Polish and Slovakian child protection: mostly, the attitude of judges is affected by the child protection authorities and experts, while the opinion of child and parents remains minor factor for making decision related to the limitation of parental rights. In all Visegrad countries the number of the court judgments which would be opposite to child protection authorities does not exceed 1% from all cases. The Polish children's ombudsman noticed the significant shortcomings in provision parents' right to legal aid because of the obvious lack of relevant institutional support and the obligation towards the

parents to cover all expenses on the trial process (Informacja o działalności, 2011). The reinforcement of legal order for child removal was not enough for achieving the transparent decision making in the Czech Rep.: special assessment centers make the decision about particular placement of children after the court judgment approved the limitation of parental rights. This practice prevents the development of complex intervention with families and limits options for further family reunification because of the shortcomings in procedures for canceling the judgment which limited parents' rights. Having the same system of double decision-making, in 2008 Slovakia had changed it: the interdepartmental boards had been established for indicating the most appropriate placement as well as keeping options for further revision of decisions and redefining intervention plans. Courts were appointed to monitor under these boards (Šebová, 2011). Slovakia has reduced the practice of child placement into assessment centre for the indication of further placement: a small number of minors in conflict with law (not more than 70) is placed in such centres for further evaluation.

The obvious low rate of family reunification in all Visegrad countries directly depends on shortcomings in the diversity of strategies related to limitation of parental rights. Visegrad countries mostly miss *the regulation of child-relative communication in the stage of crisis intervention*. In 2006 Polish Supreme court issued special decision for better regulation of child-relatives communication after several scandal cases regarding breakdown of communication between grandparents and looked-after children. Since 2008, the decision about limitation of parental rights has been made by the board consisting of three judges. This measure aims to achieve more transparent procedures (Mączyński, Mączyńska, 2008). But neither courts nor child protection authorities are obliged to indicate the order of communication between child and relatives during the process of decision making.

The fixed in legislation *variety of measures aimed at regulating parental responsibilities* is not implemented in practice: e.g. despite four different forms for the limitation of parental rights in the modern Czech legislation, the courts mostly apply the termination of parental rights (80% from all cases). Despite different impact of legal order on decision making, Poland and Hungary demonstrate the same issue of narrow set of practices regarding the limitation of parental rights.

Slovakia performs the most significant progress in developing the diversity of strategies towards crisis intervention: compatible with contemporary French child protection three levels regarding the intensity of treatment are distinguished: request to parents to contact professionals and be in cooperation with agencies; legal requirement to get the professional assistance in order to improve parenting competencies; emergency treatment with family.

According to the degree of intervention, some can be prescribed in administrative order, and others - in legal order. The plan of intervention includes conditions for its annulling. According to the statistical data, more frequent types of intervention (obligation related to employment, monitoring under families, reminders about obligations) are more frequently annulled, but the same time it is visible that interventions which are established in administrative order annulled rare than decisions made by courts. The issue of agencies' responsibility within these changes is on the top of public discussions, but the legislation is still missing it (Šebová, 2011).

Hungary is only one among Visegrad countries which has introduced **the responsibility for child protection services** in the Law about child protection in 1997: authorities were obliged to be in cooperation with parents as well as other agencies in order to provide the best interest of the child. The practice regarding the implementation of this norm has been developed - in 2008 the office of Human rights Ombudsman issued the special release about measures targeted to preventing arbitrariness of child protection agencies, but until now Ombudsman remains the key institution for gathering information related to cases of inappropriate intervention with families and providing relevant actions (Bureau of democracy, human rights, and labour, 2011). The call for further actions towards better implementation of this norm is approved by the data that only in a half of cases regarding child removal services brought into action some preventive activities (Hungarian central statistical office, 2012). The legalized responsibility of services impacts the development of family-based services in contrast with previous focus on child-centered agencies. The number of family-based centres has increased from 462 in 1998 to 714 in 2010 as well as the number of families benefitted by services has been doubled. These services provide wide range of assistance to families including family visiting, counseling, day care placement, and temporal shelter for victims of domestic violence. Currently, Hungarian NGOs bring into action attempts to transform baby homes into family-based services and provide the opportunity to assist child and parents (only one third of these settings implements such programs now).

Conclusions

Despite the diversity of child protection pathways in different countries, crisis intervention remains the converging point for achieving the sustainable maintenance of children's rights. In some developed countries the positive path dependency of procedures regarding crisis intervention is reinforced by the coherent changes in criteria regulating the assessment of cases and plan of treatment. Visegrad countries are characterised by the

turbulent history of procedures of child protection and various inconsistencies in current reforms. Regardless of the distinctions in the pre-socialist period of child protection history, Visegrad countries held the common socialist scenario regarding the institutionalization of crisis intervention which partially operates until now and preserves non-transparent procedures and the lack of diverse approaches towards evaluating families and children. Visegrad child protection demands the revision of the socialist legacy in order to develop the consistent concept of child protection.

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