

Foster care as outcome strategy of deinstitutionalization in Croatia

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Foster care in Europe:

What do we know about outcomes and evidence?

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Aim and Content:

Aim of this presentation is:

•to present preliminary results on foster care youngest children specificities from foster parents' perspective

Content of the presentation:

1. Some general information on foster care in Croatia
2. Some general information regarding research on foster care of youngest children
3. Preliminary results on foster care of youngest children from foster parents' perspective
4. What have we learned so far about foster care of youngest children

1. Foster care in Croatia

Framework:

- Foster care Act – 2007/ 2011/ 2012.
- Social Welfare Act, Family Law Act
- Plan of deinstitutionalization and transformation of social welfare institutions
- Guidelines for the Alternative Care of Children

The purpose:

placement and care for the child out of his/hers birth family

Types of foster care:

- traditional, specialized, emergency and occasional
- kinship and non-kinship

1. Foster care in Croatia

Statistics:

- Number of children in foster care was decreasing between 2005. and 2009.
- Number of children in foster care is increasing since 2010.
- Number of children in specialized foster care is decreasing; and number of youngest children in foster care is increasing

Main characteristics (before 2010.):

- Reasons for placement: neglect/abuse by parents, disturbed family relationships, poverty
- The average age of child during placement was 7,4 years
- The average duration of children's placement was 10,5 years
- Foster parents are mainly women (92%), average age 52, foster care license obtained at age 42
- In most cases (54%) placements were urgent
- Main child problems were connected to poor relations with birth parents, schooling and lack of skills for future independent living
- Foster carers problems were connected to the financial problems and lack of formal support

2. Research on foster care of youngest children

Rationale for research is based on:

- Data on child needs and wellbeing
- Characteristics of decision-making process
- Characteristics of placement procedures
- Child characteristics and family background
- Legal issues – plan of deinstitutionalization

Research goals and presentation aim

Research goals are connected to finding out and analyzing data on:

- placements of children under age of 7 in institutions and in foster care
- assessments of foster care quality, based on Croatian standards for quality of social services and European standards of care for children in out-of-home care
- foster parents perspective of specificities and quality of care for youngest children

Method

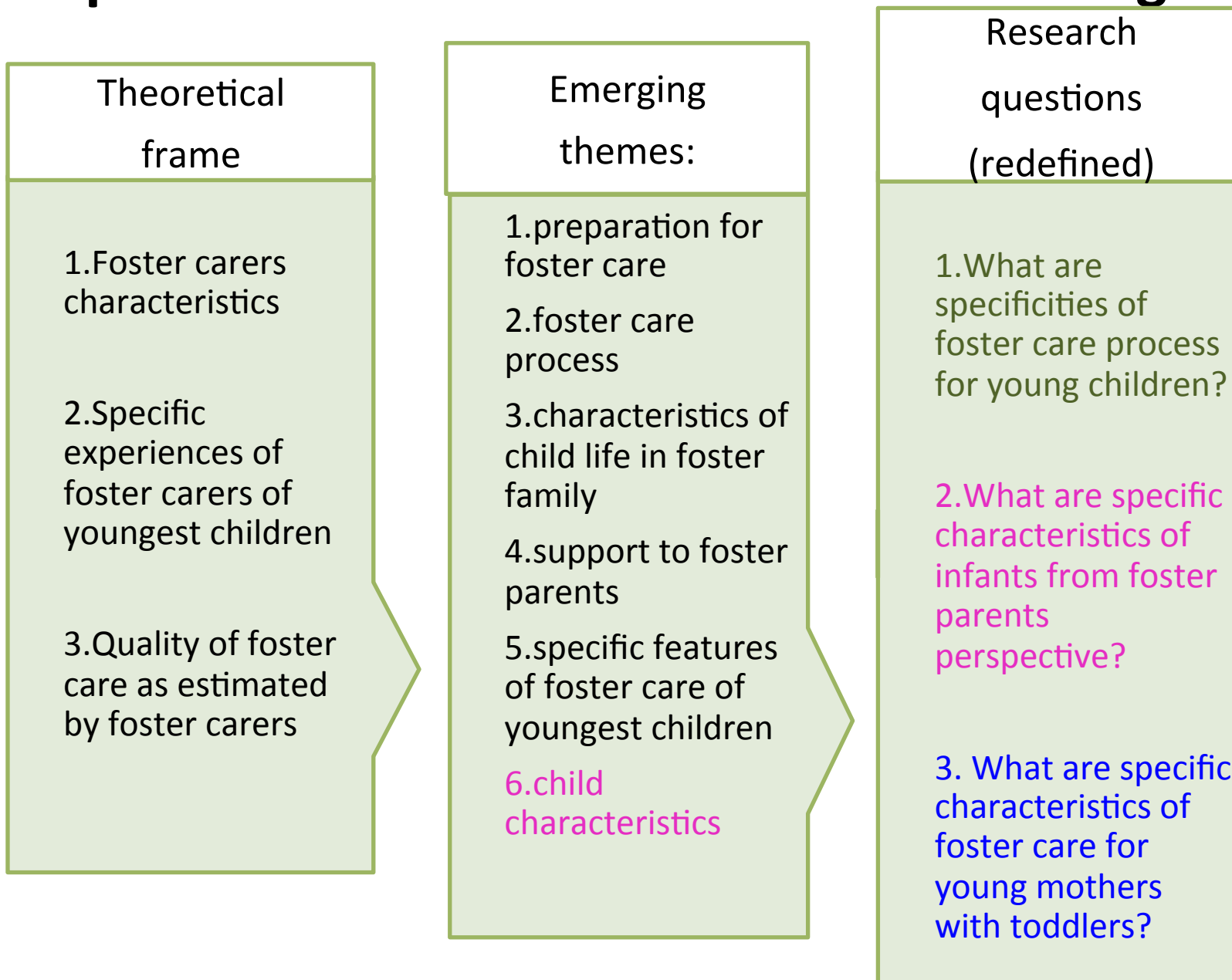
Data resources:

- Official reports on child placements and quality of care
- Semi structured interviews with foster carers who care for:
 - a) children placed to foster family after being in institution for children
 - b) children placed from their birth families or maternity wards (hospitals)
 - c) young pregnant mothers and their children after giving birth
- Semi structured observation protocol for interviewers

3. Preliminary results

- Data gathered through interviews:
 - With 15 foster parents (caring for 31 child under age of 7)
 - From 6 different cities
- Data gathered through observation (family atmosphere, communication, child appearance, space arrangement)
- Thematic analyses

The process of research framework building



Specificities of foster care process

NEGATIVE

- Urgent placement without adequate preparation
- Plans for child's future (placement) often unknown to foster parents
- Education for foster parents non focused
- Unclear foster parents status
- Lack of formal support

PROMISSING

- Placement from maternity ward
- „The whole family approach”
- Informal support to foster parents
- Ways of documenting child's life and development

POSITIVE

- Foster parents age
- Foster parents motivation
- Quality of upbringing: ways of careing, devotion of foster parents to foster child
- Good living conditions

← CONTINUUM OF CARE QUALITY →

Specificities of foster care process

NEGATIVE

“The whole procedure lasted 10 minutes, they were in a hurry,...and left me with a child”

“In this education, that was general, they didn’t prepare us for upbringing small babies, and I think they should...”

“It is terrible that I, as a foster parent do not have possibility to take seek leave”

PROMISSING

“Through Facebook in few hours we have collected a lot of needed equipment for the child”

“We make a lot of E. pictures, we collect tings that E. makes in kindergarten...”

POZITIVE

“I was babysitting children during my schooling, and my mother was babysitting, so I had experience with small children”

“The adaptation process was long-lasting, and I spent a lot of time with her, I was maximally devoted to her, and the whole my family helped”

CONTINUUM OF CARE QUALITY



Characteristics of foster children

- Fast health recovery after placement

„She was hospitalized seventeen times in one year, before she was placed here, and during the four years that she has been living with us, she hasn't needed a hospital visit.”

- Normalization of developmental processes

„Now she is sensible, vivid, healthy child. When I compare her with my children there is no any developmental differences”.

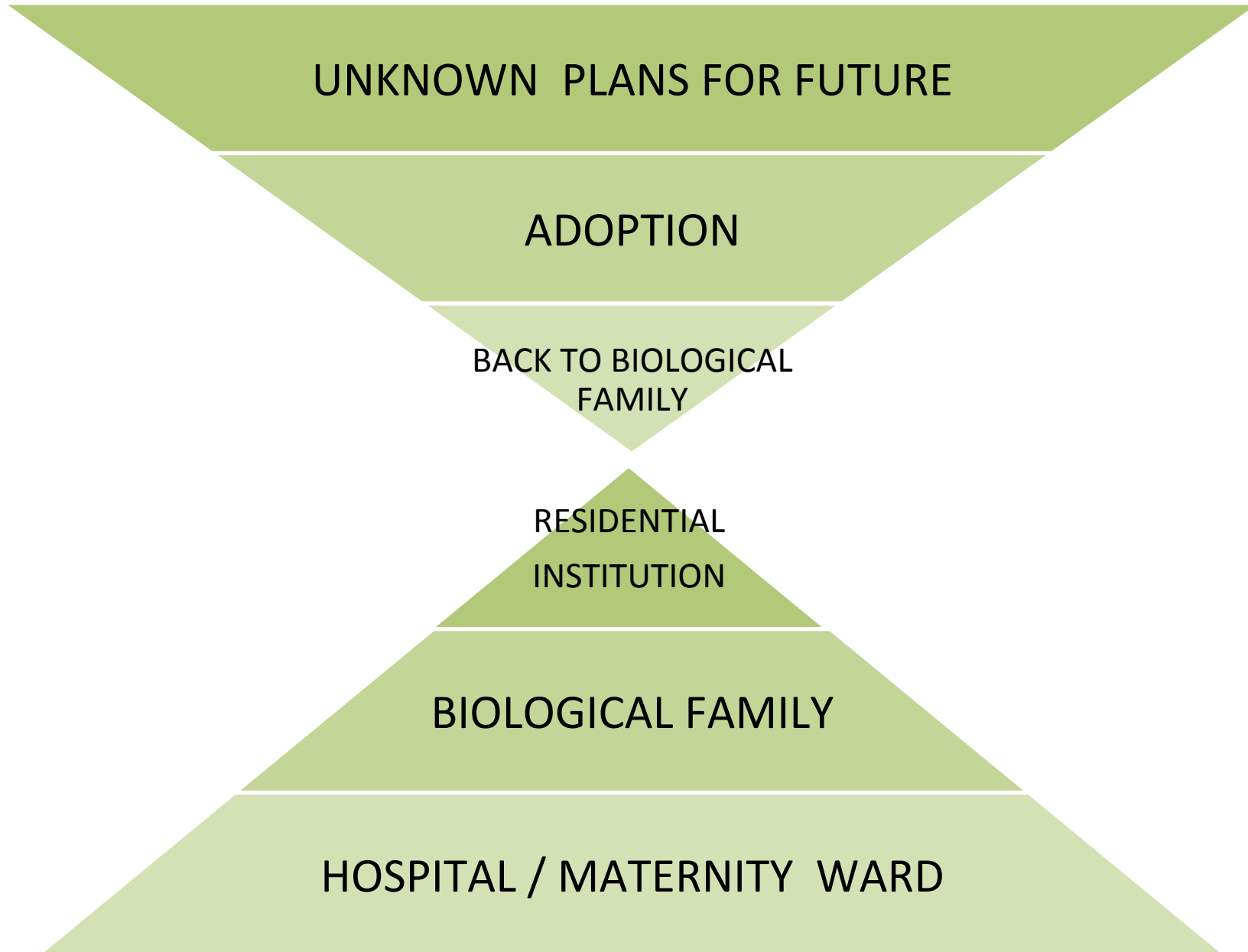
- Importance of child background for contact with biological parents

“Parents live in Roma settlement (geto) without water, electricity, toilette.. they all live in one room...”

What have we learned about foster care of youngest children so far:

- Process of placing children 0 to 7 in foster care follows similar patterns in different communities
- Continuum of quality of child care
- Child health and development status as main criterion for placement
- Informal support to foster parents predominates
- There is a need to rethink relationship between adoption and foster care of young children
- Some elements of deinstitutionalization follow reverse direction

Placing and Planning - Reverse processes



Recommended research themes:

- Formal and informal support to foster families
- Care rituals and routines in foster care
- Ethnical perspective of foster care (Roma minority group)
- Specialized foster care for youngest children with health/development difficulties