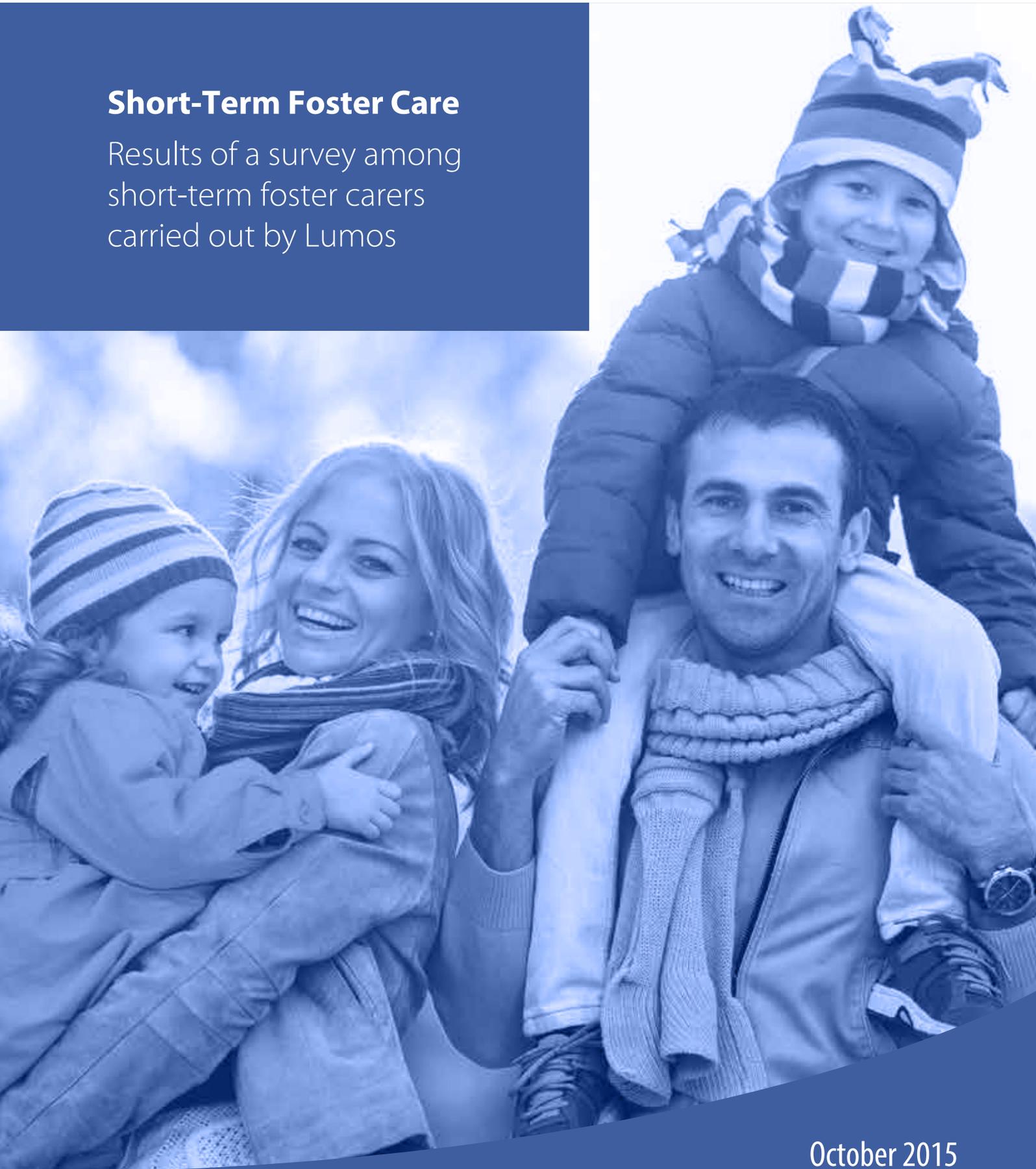


Short-Term Foster Care

Results of a survey among short-term foster carers carried out by Lumos



Short-Term Foster Care

Results of a survey among short-term foster carers carried out by Lumos in June 2015

"It's my goal in life that when I have children one day, I'll try my best so that they won't end up in a children's home. And even if we didn't have anywhere to go I would do all I could so they wouldn't have to go to a children's home. I stick to this because I myself grew up in one." (Lenka who grew up in a children's home; from: www.vterinapote.cz)

(Lenka who grew up in a children's home; from: www.vterinapote.cz)

"It is beautiful, demanding and RESPONSIBLE work. One learns not to be selfish and that the Earth and Universe are not revolving around us only" - a short-term foster carer who took part in the survey

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Introduction

Since the 1960s, **a number of Czech and international studies** have demonstrated **the negative effects of institutional care on child development**,¹ especially for children under three years of age.² With the adoption into law on 1 January 2013 of an amendment on social and legal protection of children, the Czech Republic took a significant step towards reducing the number of children (especially those under three years of age) placed into institutional care. This involved a substantial improvement in the system of short-term foster care.

Short-term foster care is a specific form of substitute care that makes it possible for children not to have to stay in institutional care while plans are put in place to address their long-term needs. This may mean supporting their biological family so the children can return to their parents, or placing them in an adoptive family or into long-term foster care. The 2013 amendment – introduced after an advocacy campaign in which Lumos played a key role – allows a child to be placed with short-term carers for the period of up to one year. It is aimed primarily at babies and infants, whose development suffers the most severe harm in institutional care.

As short-term foster carers must be ready to accept a child at any time and to provide 24-hour care, they are unable to do other jobs. This form of care is, unlike long-term foster care, defined as a paid occupation with a regular income (the gross salary of short-term foster care is CZK 20,000 per month).

Between January 2013, and June 2015, more than 400 new foster carers were selected, trained and registered on a database. During those two and a half years, they looked after over 500 children who would have otherwise have been in institutional care.

Some media commentators were positive about the new system but there were also a number of negative assertions in the media and in statements by politicians:

- Short-term foster care is “business”
- People engage in foster care because of the money
- Short-term foster carers come from among the unemployed
- Their care lacks expertise and quality
- Short-term foster carers are often in the database, and are paid, while they actually have no child to look after
- Children have to move from one family to another because no permanent solution can be found.³

Some politicians have even proposed legislative changes that could effectively mean the end of short-term foster care in the Czech Republic. There have been proposals to reduce the remuneration for short-term foster carers, to make it available only when foster carers have children living with them or even to abolish it entirely. Such changes would substantially jeopardize the system of temporary foster care.

¹ See the list of literature.

² Each neuron in a new-born baby's brain can make thousands of nerve connections. The number of connections depends on how stimulating the baby's surroundings are. A new-born baby is genetically determined to respond to her or his carer who will react, talk to her or him, treat her or him sensitively and show her or him new stimuli in a safe, predictable, repeated and gradual way adequate to the baby's development stage. Whatever the good intentions?, this is not possible to do in institutional care. That is why, in most European countries, children who cannot grow up in their families are taken care of through substitute family care. (see PÉČE O OHROŽENÉ DĚTI V ČESKÉ REPUBLICE. In: Lumos [online]. 2014 [cit. 2015-03-16]. Accessible on: <http://czech.wearelumos.org/sites/default/files/material-seminar11-11.pdf>).

³ See e.g: KUDLÁČKOVÁ, Lucie. Hrozí nám Norsko, varuje poslankyně a chce zrušit pěstouny. Aktuálně.cz [online]. [cit. 2015-09-10]. Dostupné z: <http://zpravy.aktualne.cz/domaci/hrozi-nam-norsko-varuje-poslankyne-a-chce-omezit-pestouny/r~5db86e909ff611e4bdad0025900fea04/> nebo: BLAŽKOVÁ, Jana. Pěstounů je málo, začaly náборы. Mladá Fronta DNES: Titulní strana. 2014, (16.1.2014). a BLAŽKOVÁ, Jana. Nevyslyšení. Mladá Fronta DNES: Z domova. 2014, (16.1.2014). nebo: KLAUS, Václav ml. KOMENTÁŘ: Norsko je krásná země, ale nepojedu tam. Novinky.cz [online]. [cit. 2015-09-10]. Dostupné z: <http://www.novinky.cz/komentare/359620-komentar-norsko-je-krasna-zeme-ale-nepojedu-tam-vaclav-klaus-ml.html>

This survey addressed the negative perceptions and explored whether the criticisms were well founded, by posing a number of key questions:

1. Who are short-term foster carers? What are their basic demographic characteristics?
2. How did short-term foster carers learn about the job and what reasons led them to apply to do this work?
3. Which children receive short-term foster care?
4. Where do children go from short-term foster care?
5. How do foster carers view the preparation, support, compulsory further training, available relief, and other aspects of foster care?
6. What does short-term foster care give those who engage in it, and what does it take away?

We hope this analysis, based on responses to the survey, will provide politicians, lawmakers, the media and the wider public with important knowledge about the use of short-term foster care for some of the Czech Republic's most vulnerable children.

2 Methodology of the Survey

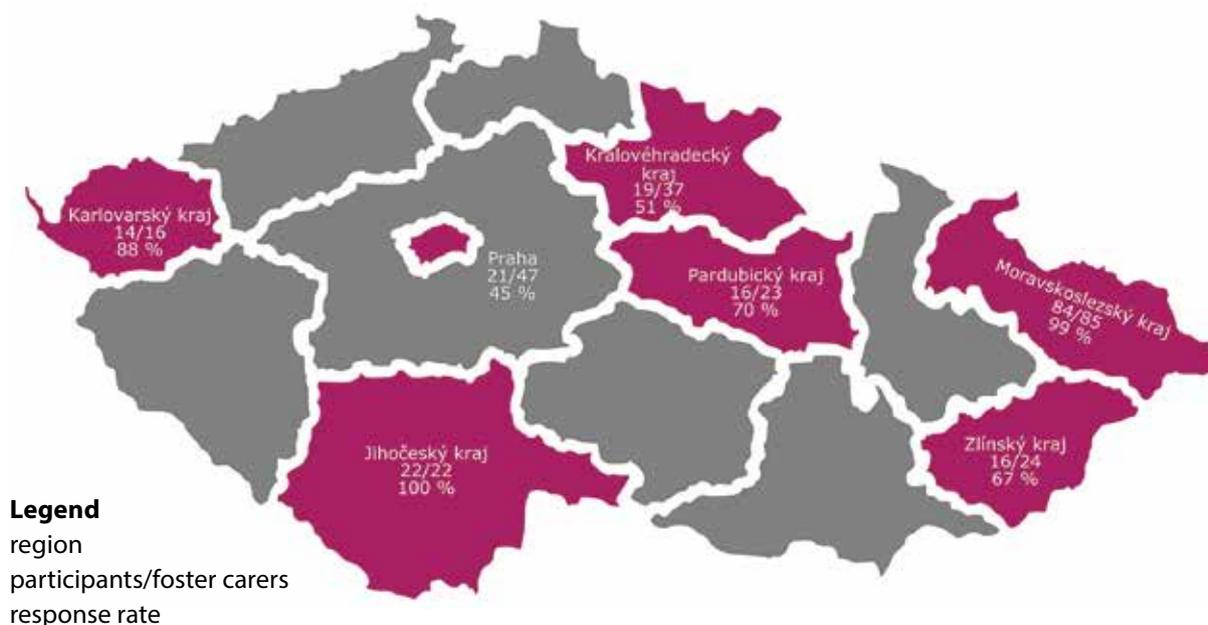
2.1 Questionnaire

A Lumos team, including social workers, substitute-family-care experts and an experienced social care researcher, prepared a draft of the survey. We then consulted other substitute-family-care experts and several representatives of departments of social and legal protection of children in regional authorities. It was also evaluated in a pilot survey of three temporary foster carers. The final questionnaire can be viewed here: <http://pruzkumpppd.idem.cz>

2.2 Sample and Response Rate

The survey took place in **seven regions** of the Czech Republic: South Bohemia, Karlovy Vary, Hradec Králové, Moravia-Silesia, Pardubice, Prague and Zlín. This included Czech and Moravian regions with differing levels of unemployment and average salaries. This is significant, as unemployment is suggested as a possible motivation for taking on short-term foster care. The average unemployment rate in the seven regions included in the survey corresponded closely to the average rate for the Czech Republic overall (in 2014, it reached 7.3% in the seven regions while 7.7% in the whole of the Czech Republic).⁴

On 5 June 2015, there were 254 active short-term foster carers in the regions included in the survey, which represented 61% of all 415 temporary foster carers registered in the Czech Republic. The numbers of short-term foster carers in the seven survey regions, with the number of respondents and the response rates, can be seen in the following map (regions included in the survey are highlighted in pink).



⁴ As (the largest group of?) participants of the survey were short-term foster carers active in Moravskoslezský region, where the unemployment rate is quite high, we might say that the sample was representative enough in this sense.

Departments of social and legal protection of children at the regional authorities sent an e-mail with a link to the questionnaire to all the short-term foster carers active in their regions. Foster carers had three weeks, from 8 June to 28 June 2015, to fill it in.

A total of 192 temporary foster carers completed the questionnaire, a high response rate of 76%.¹ The survey therefore captured the views of 46% of all the temporary foster carers (415) registered in the Czech Republic in June 2015. It can be regarded as a nationally representative sample.

3 Who Short-Term Foster Carers Are

3.1 Gender, Age, Education and Other Information

3.1.1 Gender

Most (85%) short-term foster carers were female.

3.1.2 Age

The average age of short-term foster carers was **48 years**.⁵ The youngest respondent was 33 and the oldest 62. A total of **90% were younger than 56 years, with only 2% aged over 60**. Some media articles have wrongly suggested that senior citizens aged over 60, or even older, make up the population of short-term foster carers.⁶

Primarily people between 40 and 55 years of age become short-term foster carers - which is considered a suitable age for working as a professional foster carer since such people have already fulfilled their parental responsibilities and their own children are already of an older age.

3.1.3 Education

Nearly four out of five short-term foster carers were educated to secondary level or beyond – with A-levels or higher or university-level education. Only 1% had received primary education only. As the chart below shows, **short-term foster carers are better educated than the overall Czech population in the same age range (35 to 64 years)**⁷ 47% of Czechs in general had A-levels or higher education, compared to 77% of short-term foster carers.

⁵ The age median was correspondingly 48 years as well.

⁶ BLAŽKOVÁ, Jana. Pěstounů je málo, začaly náborů. Mladá Fronta DNES: Titulní strana. 2014, (16.1.2014).

⁷ The educational structure of the population of 35 to 64 years of age calculated by Lumos on the following basis: ČSÚ. Obyvatelstvo ve věku 15 a více let podle nejvyššího ukončeného vzdělání, věku, pohlaví a národnosti [online]. [cit. 2015-09-02]. Accessible on: <http://jdem.cz/btrkd4>

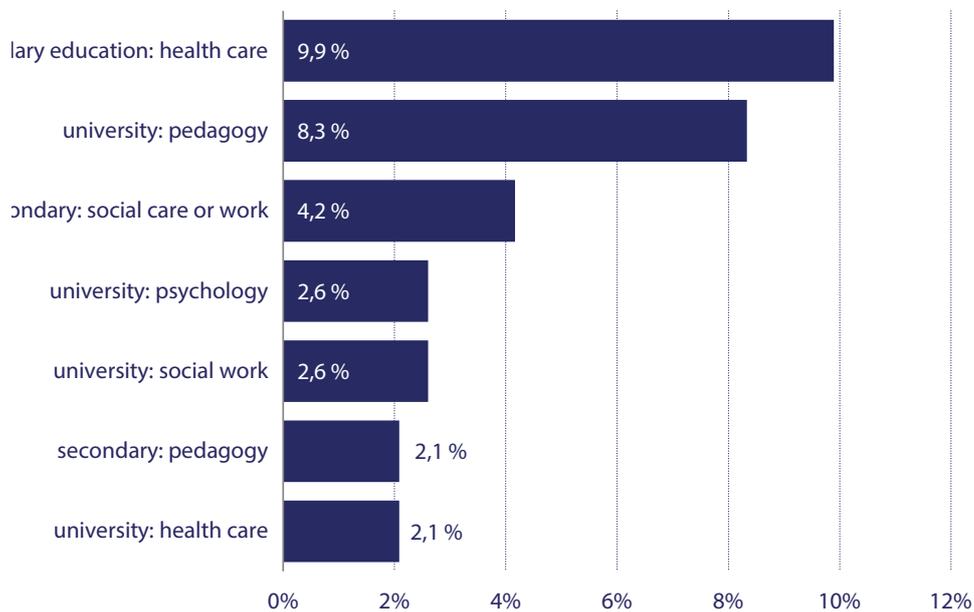
Chart 1: Education profile of short-term foster carers compared to that of the Czech population in the same age range



Chart 2 shows that **almost one third of short-term foster carers had studied subjects relating to** health-care, including child care, and teaching, as well as psychology. The proportion of the general population with education relating to health or social care and teaching is lower than one third.⁸

⁸ The share of people with health-care, pedagogical or social oriented education in the population is lower than one third (which was the share with short-term foster carers).

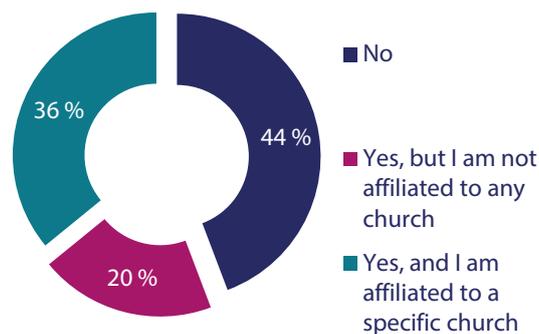
Chart 2: Share of short-term foster carers with special education related to child care



3.1.4 Faith

It is often said in relation to foster care that people who believe in God tend to become foster carers more often than other people.. More than a half (56%) of those who took part in the survey considered themselves as believing in God and 36% attended a specific church.

Chart 3: Do you consider yourself to be a believer?



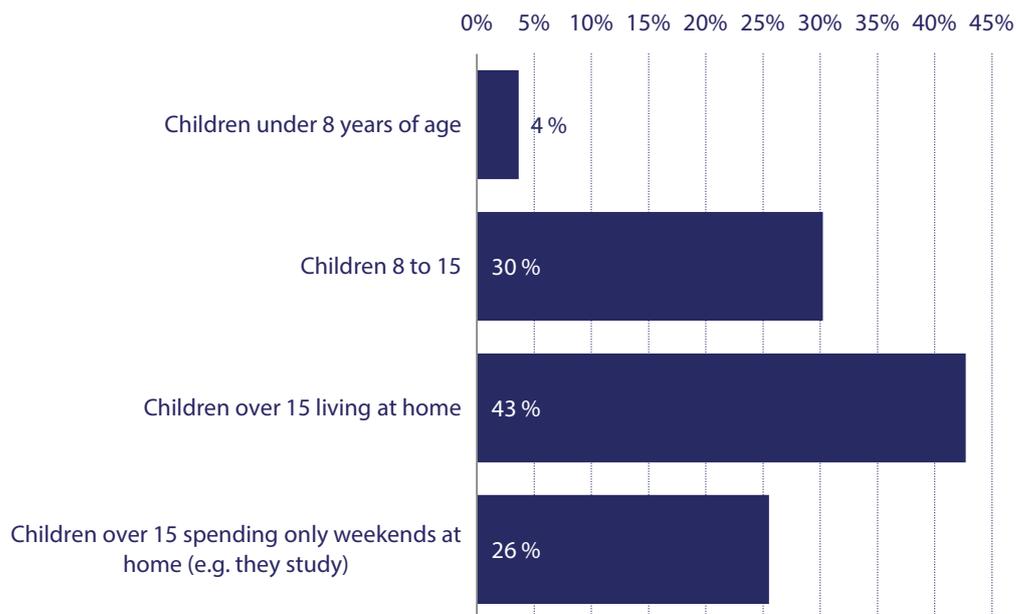
3.2 Foster Carers' Households

The results showed that 84% short-term foster carers share their household with a husband/wife or long-term partner. **It is therefore not common for single people to work as foster carers.**

A total of 86% respondents said there were between two and five people living in the household (over and above the child placed with them short-term). In most cases, children placed in short-term foster care come to families either with children old enough not to live in one household with their parents, or with teenagers aged fifteen plus who do live at home. Only one third of foster carers had children younger than 15 in their households. **Large foster families with many children are uncommon, with only 6% households consisting of six to eight members.**

As to children (apart from children placed in STFC) living in foster carer's households, the results show that such households are most often shared by one or more children over 15 years of age. Cases of foster carers with small children under 8 years of age were almost non-existent. It is thus clear that a recommendation of the Ministry of Work and Social Affairs that short-term foster carers should not have children under 8 years of age is abided by.

Chart 4: Share of foster carers according to the number of children in their households (except for children in STFC)



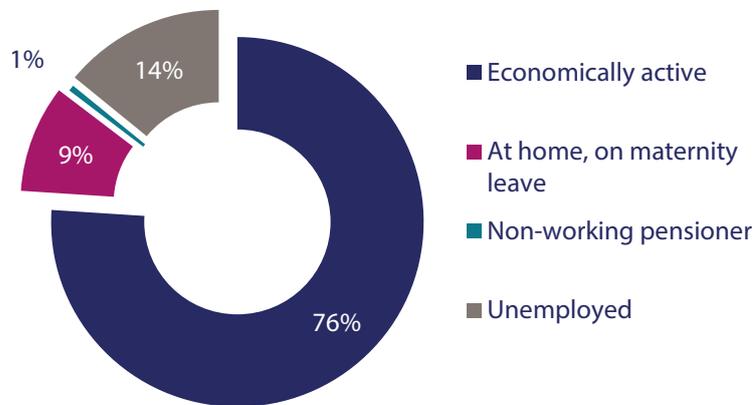
3.3 Economic Activity

Some politicians and media commentators have alleged that short-term foster carers “do it because of money” and that foster care is a solution to their unemployment. The survey has shown that such claims are untrue. **Most current short-term foster carers were economically active before they took up short-term foster care. Only 14% had been unemployed**, as can be seen in chart 5. The proportion of short-term foster carers who had been unemployed before taking on foster care was similar in all seven regions. In Moravskoslezský region (often pointed out as a region where unemployment is a motivation for taking up foster care) the rate was only a little above the average, at 16.7%. Only 3% of foster carers had been jobless for more than two years before taking up foster care. Some respondents stated that, in fact, they had left their previous jobs in order to prepare to become a short-term foster carer. The preparation lasts on average 9 to 12 months and includes, among other things, submitting the application and all the documents necessary, training and an expert opinion regarding the applicant.

“Before they registered me as an available foster carer, I had the status of an unemployed person because I had quit my job in order to get prepared for the fostering career. I have secondary education in health-care and also a specialised short-cycle tertiary education,”

said one foster carer.

Chart 5: Before you became a short-term foster carer, you were...



The following chart shows that most short-term foster carers had been employed (rather than self-employed) before taking up foster care.

Chart 6: Before you became short term foster carer, you were...

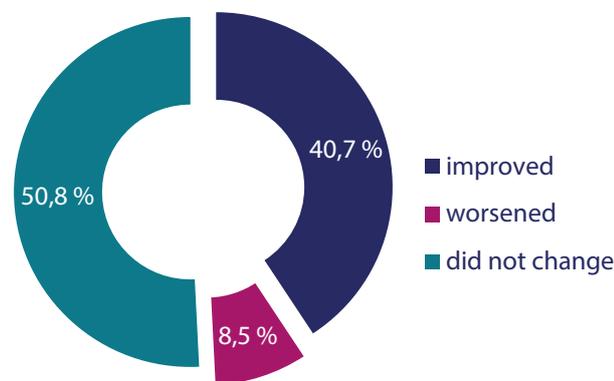


Nearly a half of respondents worked in services – including training, education, health care and social care and other public, social and personal services. 8%, held senior manager positions. There is a clear correlation between the foster carers' employment histories and the education profiles detailed earlier, which reflected a substantial element of study relating to the caring services.

In 82% of households there were at least two economically active people, suggesting short-term foster care was not the only source of income. In the 18% of households where there was only one person who was economically active, this mostly related to female foster carers living without partners.⁹

More than half of respondents stated that their financial situation had not changed as a result of becoming short-term foster carers, though 41% reported an improvement in their financial position.

Chart 7: How did the financial situation of your family change after you became a short-term foster carer?



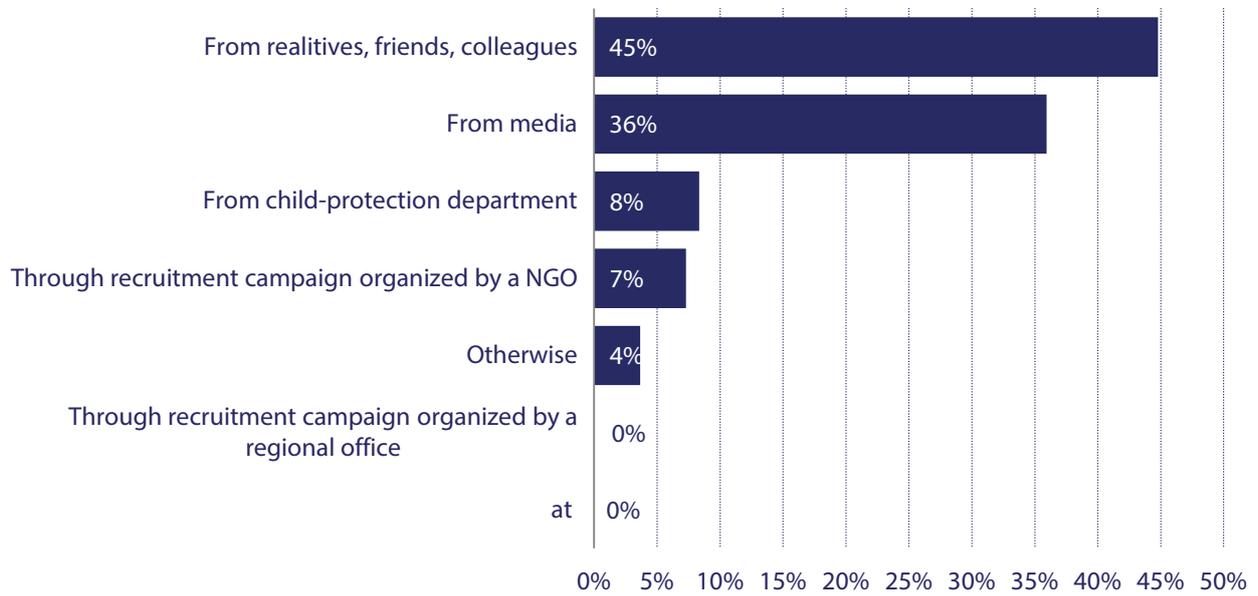
4 How Foster Carers Learnt about STFC

The survey emphatically disproves media suggestions that the “recruitment” of foster carers was organised by the state employment office.¹⁰ **Not a single foster carer out of almost two hundred who have filled in the questionnaire learnt about the job through the state-run employment office.**

Most short-term foster carers learnt about the profession from relatives, friends, acquaintances or colleagues at work. Around a third, in fact, learned about foster care from the media.

⁹ This was true in three out of four cases where only one member of the household was economically active. There were other (on average two per household) economically active members, besides the short-term foster carers, in other households.

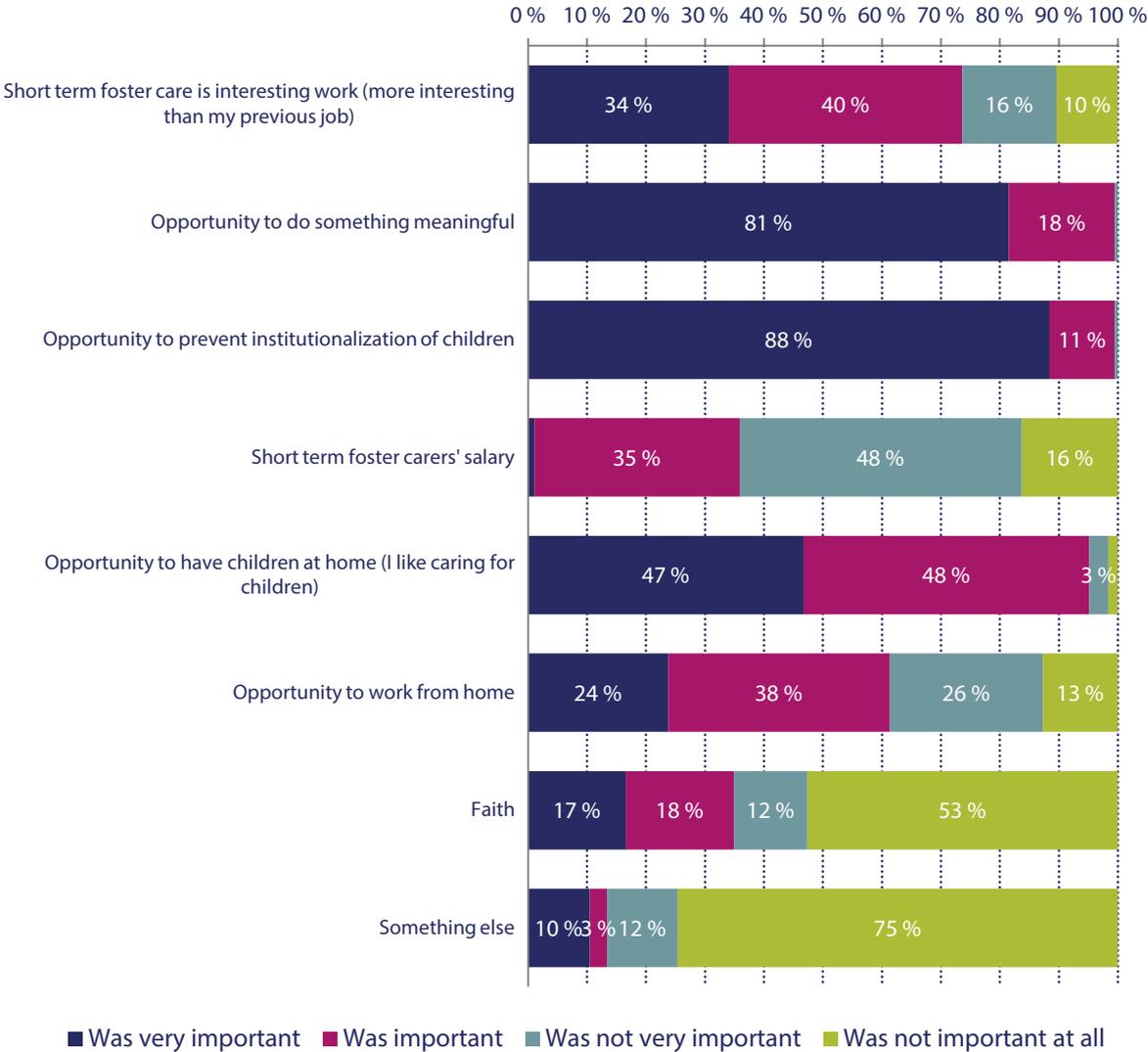
¹⁰ Which is, in itself, nothing bad, and the same is true in cases when foster carers had been unemployed before they took up this job. Good selection, preparation and support of foster carers is important for good-quality foster care. Anyway, since only few foster carers had been unemployed before taking up foster care, we did not expect that a larger number of foster carers learnt about the job at the state-run employment office.

Chart 8: How did you learn about short term foster care?

5 Reasons for Taking up Short-Term Foster Care

We asked foster carers about their reasons for becoming short-term foster carers. As Chart 9 shows, for virtually all respondents the opportunity to do something meaningful was either important or very important. Three quarters regarded foster care as more interesting than their previous work. Respondents were also strongly motivated by the **possibility of helping to keep children out of institutions and the opportunity to have children at home because they “like looking after children.”** The majority – 64% - regarded the salary as not very important or not important at all.

Chart 9: Reasons for becoming short term foster carer



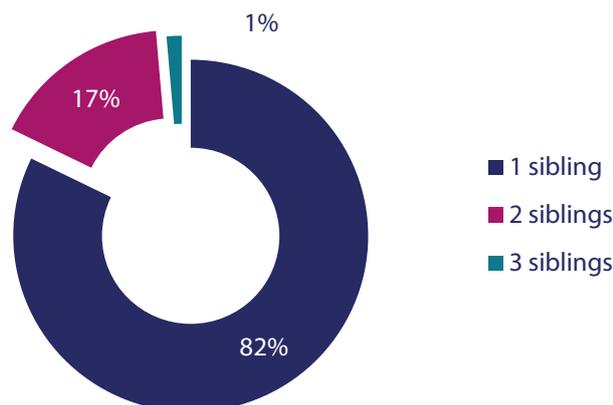
A typical short-term foster carer is a woman in her forties with at least secondary education and a previous job in a related field. She lives with a partner and, because she likes looking after children, she takes up the opportunity to become a short-term foster care, an occupation she finds meaningful and interesting.

6 Children Placed in Care

6.1 Numbers of Placed Children and Siblings Groups

Foster carers that participated in the survey looked after the total of 439 children in 399 placements. (There were 36 pairs of siblings - 72 children, or 16% - and two groups of three.) Chart 10 shows that **short-term foster care is an effective temporary placement not only for single children but also for groups of siblings. This counters media assertions** that it is difficult to secure foster care for sibling groups and that institutional care is the only solution for these children.

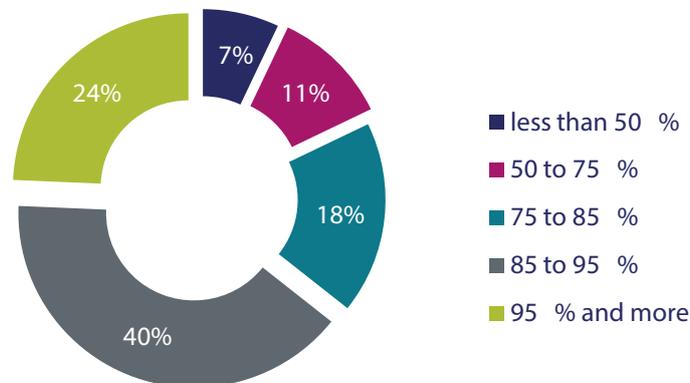
Chart 10: Children in short term foster care according to the size of the sibling group



6.2 Periods of Actually Having Children in Foster Care

Foster carers were asked how many weeks they had children in their care – allowing us to assess how often they were on the register, being paid, but had no child in their care. Chart 11 suggests the system made quite effective use of the pool of carers. **On average, foster carers had a child in their care for 83% of their time as registered short-term foster carers, almost half of them had a child in their care for 90% of the registered period. Only one quarter of foster carers participating in the survey were occupied - caring for a child – for less than 82% of the time.**

Chart 11: What percentage of the period had the short term foster carers a child in care?



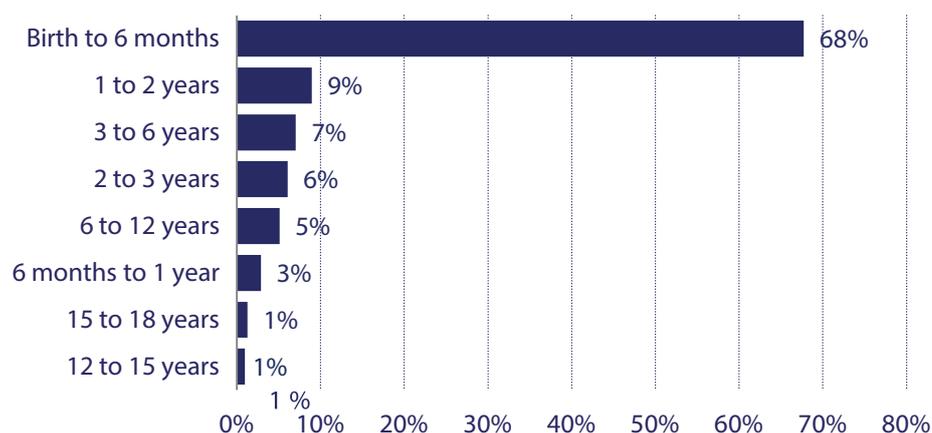
6.3 Average Stay of Children

The average length of stay for children in short-term foster care was 6.5 months and only one quarter of the children stayed in short-term foster care for less than four months. A large proportion part of the children stayed in foster care for a period four to seven months.

6.4 Age of Children

As chart 12 shows, nearly 70% of children placed in short-term foster care were aged from birth to six months, and 90% were aged under three. This reflects one of the key aims of the short-term foster care system – to keep the youngest children out of institutional care, where the risks of harm to their development are most severe. Short-term foster care was also used for older children. This underlines the point that short-term foster care works not only as an alternative to children’s homes for children under three years of age (formerly known as institutions for new-borns) but also as a service for older children in need of immediate help. Several respondents made it clear they would welcome older children, though, at the moment, the Office of Social and Legal Protection of Children still tends to propose short-term foster care almost exclusively for children under three years of age.

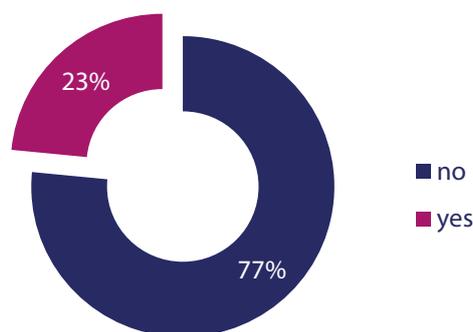
Chart 12: Age range of children in short term foster care



6.5 Children's Special Needs

The survey asked about special needs of the children and the rehabilitation, cure or therapy that had to be provided for them. Carers were asked how many children had been diagnosed by doctors and other professionals as having special needs – for instance, a disability or chronic illness, or child abuse and neglect or Attention Deficit Hyperactivity Disorder (ADHD). As can be seen in chart 13, **according to foster carers, 23% of children placed with them had diagnosed special needs.**

Chart 13: Children with diagnosed special needs



The survey also shows that 36% of carers had at least one child with a diagnosed special need.

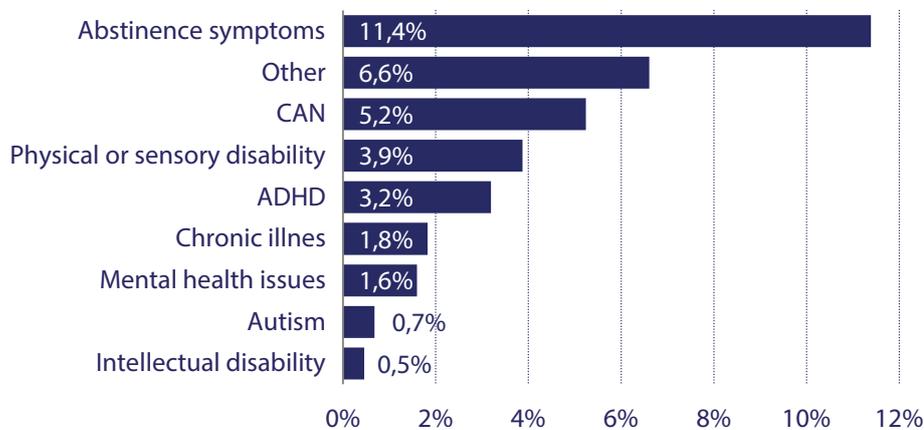
As can be seen in chart 14,¹¹ **addictive substances withdrawal symptoms were the most frequent special need - in 11% of children placed. Supporters of institutions have claimed that institutional facilities are indispensable because they provide a service for children whose mothers have suffered from alcohol or drug addiction and left the child with withdrawal symptoms. However, the survey makes clear that short-term foster carers have been able to care for those children. The evidence below about where children go from short-term foster care shows that only a tiny fraction of children go into a baby home, suggesting that short-term foster carers are successfully meeting the needs of these very vulnerable children and helping them on the path to a long-term, family-based solution.**

The occurrence of other types of disabilities and special needs is low but this may be because some types of mental disabilities, autism or psychiatric illness cannot be diagnosed at such an early age. The share of children diagnosed with physical or mental disabilities in children homes for children under three years is also low¹², so it can be said that the share of children with special needs in foster and institutional care does not vary in any significant way.

¹¹ The total number of children with specific types of special needs is higher than the share of children with some special need (35% and 23%). That is caused by the fact that one child could have more special needs at the same time.

¹² See e.g. KUCHAROVÁ, V. a kol. Zhodnocení a optimalizace řízení systému sociálně-právní ochrany (ohrožených) dětí a rodin ve vybraných regionech. Praha: Výzkumný ústav práce a sociálních věcí, 2010. Dostupné také z: <http://www.pravonadetstvi.cz/stahnout-soubor/socpravniochranadeti-analyza>

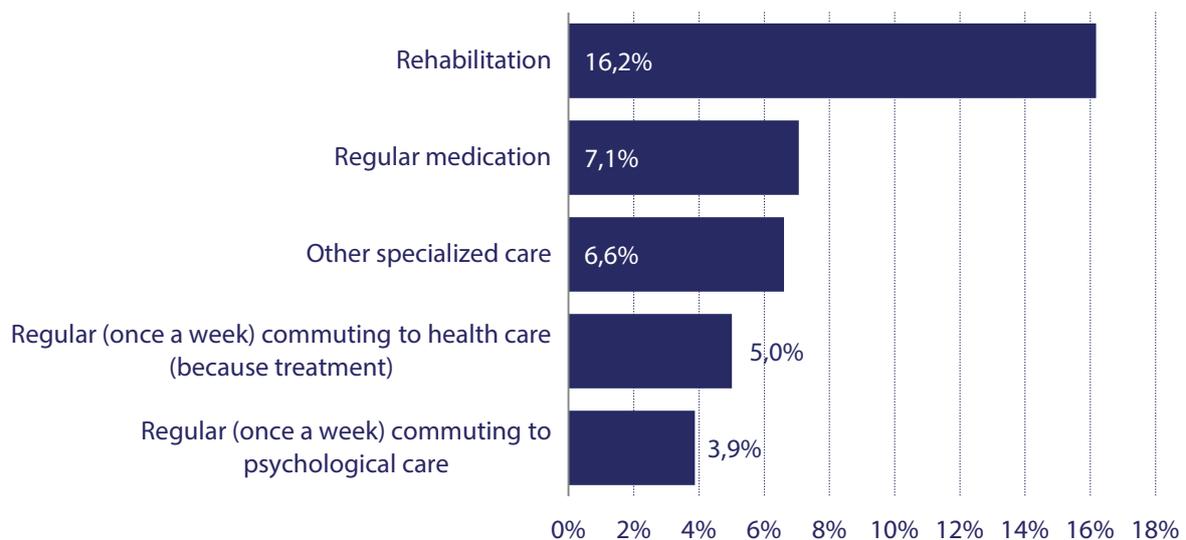
Chart 14: Children in short term foster care according to special need



6.5.1 Rehabilitation, cure or therapy

No fewer than 44% foster carers said they had at least one child in their care who needed some kind of rehabilitation, treatment or therapy or cure. The various forms of treatment, cure or therapy can be seen in chart 15. It shows that besides health care, in the case of 4% children it was necessary to arrange for psychological care or for the help of a speech and language therapist. The percentage is quite high given that most children were under 3 years of age and such a type of care is not normally used for this age group.

Chart 15: Children in short term foster care according to provided rehabilitation, treatment, therapy

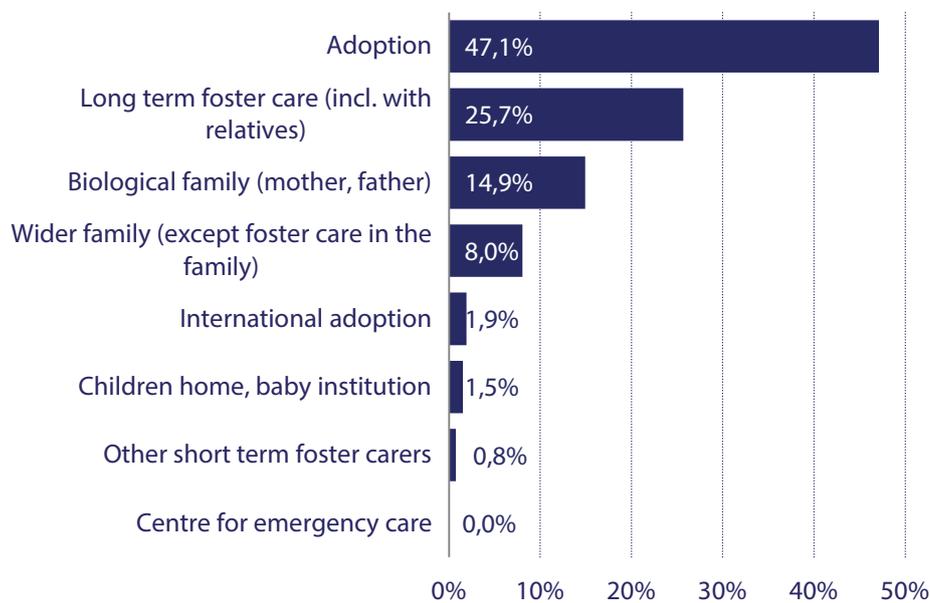


Short-term foster carers look after children with physical disabilities, addictive substance withdrawal symptoms or other special needs and they secure the necessary treatment and therapy.

6.6 Where Children Went from Short-Term Foster Care

As can be seen in chart 16, most children leave short-term foster care for adoptive families. Long-term foster care is the next most common long-term arrangement, followed by return to the biological or wider family (around 23%). It is significant and positive that only 1.5% (3 children) went into institutional care and only 0.8% (2 children) went on to stay with other short-term foster carers. This means that **the often-voiced concern that it will not be possible to find a permanent solution during a children's stay in short-term foster care, and that they will have to go to institutions or move to other short-term foster families, is not supported by the evidence. On the contrary, a long-term family-based solution was secured for more than 97% of children, showing that short-term foster care is an effective service that achieves its aim of protecting vulnerable young children from the harm of institutionalisation.**

Chart 16: Where did children go from short term foster care



7 Assessment of Conditions for Doing STFC

Foster carers were also asked about their assessment of various aspects of short-term foster care, from the preparation to the support and respite provided for them. They responded positively to most aspects of short-term foster care, as can be seen in chart 17. However, a total of 27% were unhappy with the respite provided (the possibility to go on holiday).

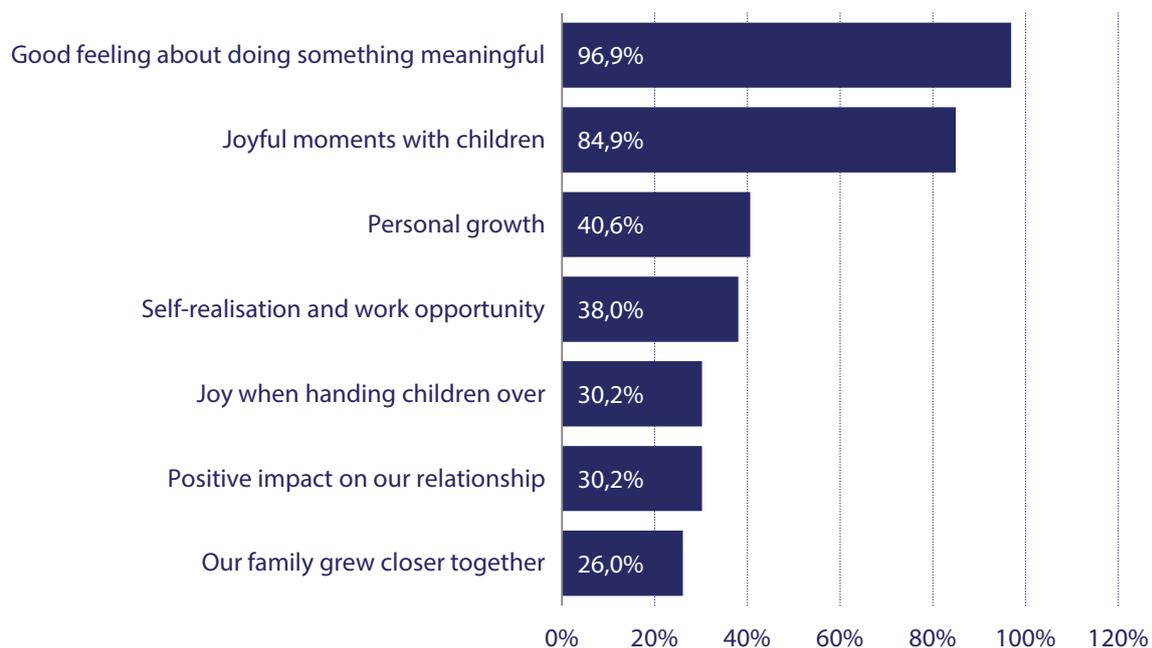
Chart 17: How do you evaluate following aspects of short term foster care?



8 What Does STFC Give Foster Carers and Their Families? What Does It Take away?

Understandably, short-term foster care gives carers primarily a good feeling that they are doing something meaningful and are spending 'joyful moments' with children. A significant number (40%) also felt it led to 'personal growth.' as benefits of STFC.

Chart 18: What have you been receiving from short term foster care?

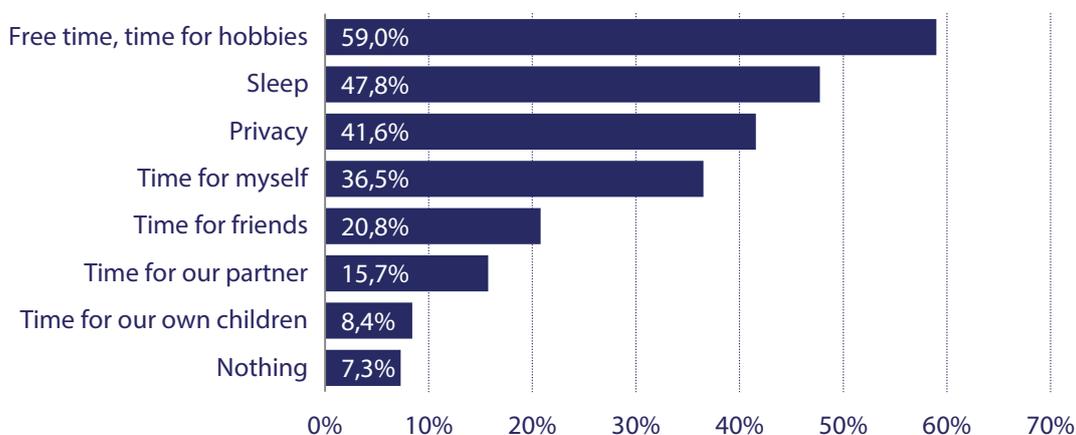


At the same time, the decision to take up STFC means a substantial change in one's lifestyle and sacrifices. Almost 60% foster carers stated that short-term foster care deprives them of free time and hobbies, reflecting the reality that STFC is not a job like any other but an around-the-clock occupation.

...That who has looked after a baby full time and does not forget, knows how demanding and responsible the job is (night feeding even at two-hour intervals, incessant attention to babies that are beginning to crawl/walk, fears when an illness comes, injuries, also communication with other adults who are involved...)... But also the beautiful feeling when a joyful, happy, bright, nice and sensitive human is growing...",

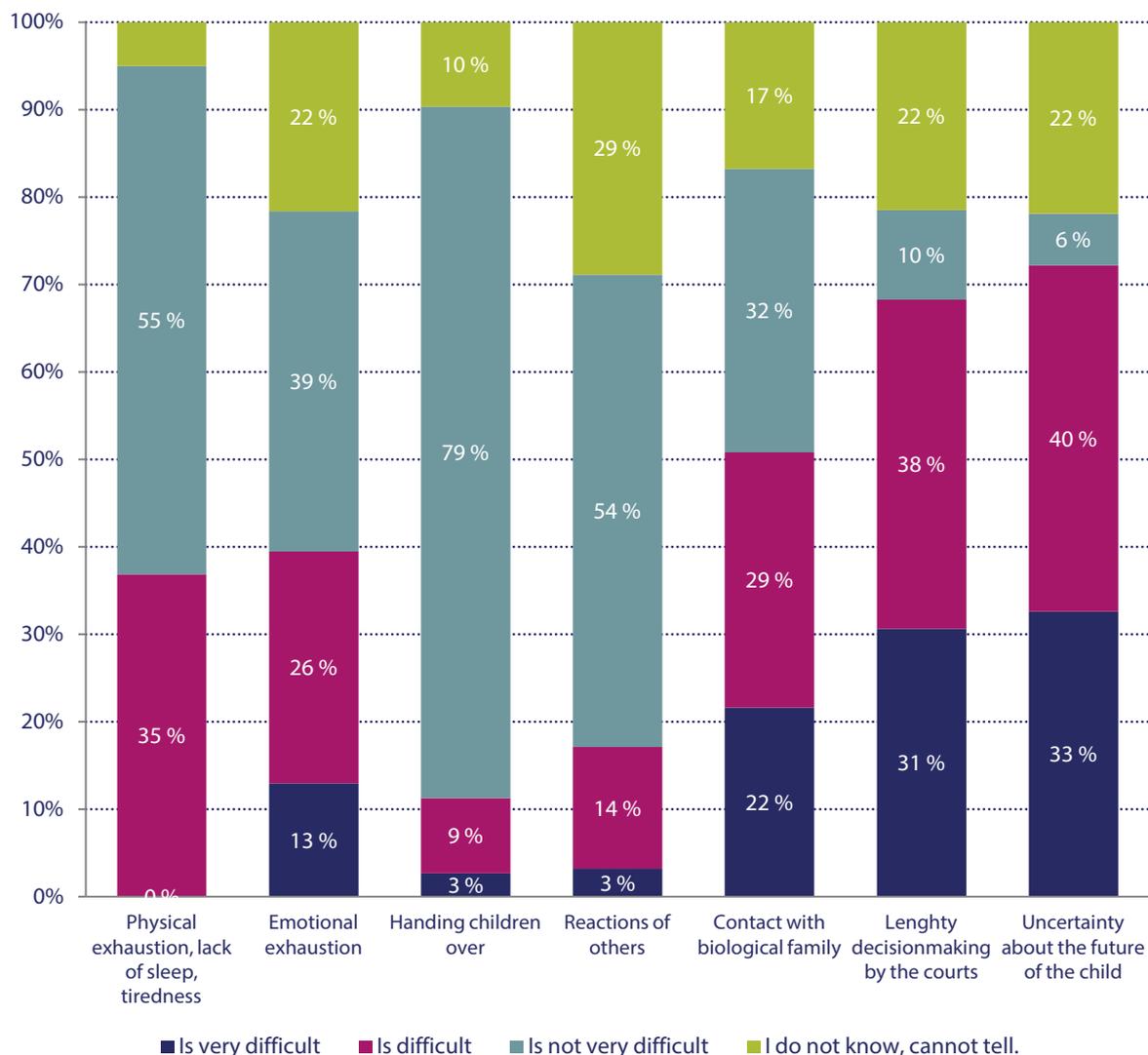
wrote a foster carer participating in the survey.

Chart 19: What have you been losing because of short term foster care?



It can be seen in the following chart (20) that uncertainty about the future of the child (for instance, if a child goes back to a family which is not adequately financially supported) and family court delays are the two most common concerns. Around half of respondents were also troubled by contact with the biological families. Handing the child over to a permanent placement is, on the contrary, the least concerning aspect.

Chart 20: What is the most difficult about short term foster care?



9 Conclusions and Recommendations

If we summarize the most interesting findings of the survey, we might say that **a typical foster carer is a woman in her forties who has a secondary education and works in a profession related to looking after others. She lives in a household with her partner and because she likes children, she decides to seize the opportunity of taking up a temporary foster carer job that she finds purposeful and interesting.**

- Temporary foster carers are better educated than the rest of the same-age Czech population (35 to 64 years of age).
- For more than nine out of ten foster carers, it was very important, or important, that temporary foster care is an opportunity to do something meaningful, a chance to help so that children do not have to be in institutions.
- Only 14% of the people were unemployed at the time they became temporary foster carers and only 3% had been unemployed for a longer period.
- None of the foster carers participating in the survey learnt about temporary foster care at a state-run job centre.
- On average, temporary foster carers have a child in their care during 90% of the time they are engaged in foster care.
- More than a third of temporary foster carers have looked after children with some special needs.
- No fewer than 44% foster carers stated that they had had at least one child in their care who needed some kind of rehabilitation, therapy or treatment.
- The average duration of the stay of children in temporary foster care was 6.5 months.
- Children do not move from one short-term family to another. Nor do they go to baby institutions. A permanent family-based solution was found for an overwhelming majority (97%) of children during the stay in temporary foster care.

It is clear that temporary foster care fulfils its primary role – to provide an alternative to institutions for vulnerable babies and infants. The evidence in this survey disproves assertions that temporary foster care is a ‘business’ and temporary carers do their work only because of money; that children move from one family into another; and that foster carers often receive money when they do not have children in their care. A further concern – that it will not be possible to find a permanent solution for children in foster care within a year and that the children will have to go to an institution or move to another temporary-foster-care family – is also clearly unfounded.

This report does not suggest that the preparation, selection, further training and support of temporary foster carers cannot be improved. But the findings of the survey are a clear endorsement of the short-term foster care system introduced since 2013. It is an effective system, which serves children well. Suggestions that it is economically inefficient – and that it should be changed by reducing pay or paying only for the time a foster carer actually has a child in her or his care – are unjustified. Such changes would put the quality of service to children at risk.

The vulnerable children of the Czech Republic would be best served by intensifying work to support biological families to keep their children – and, where that is not possible, identifying and registering more short-term and long-term foster carers of the calibre we have seen in this survey.

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