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Foster care in Hungary and Poland – comparative analysis

Abstract

This article presents the development, current status and contemporary challenges of foster care in Poland and Hungary. Both countries, due to their post-socialist tradition, are characterised by the experience of the development of institutionalised foster care during the socialist era, similar consequences of the socio-political transformation of the 1990s and a converging social policy context resulting from membership of the European Union structures for nearly 20 years. The perspective adopted is in line with the concept, which has been present in EU cohesion policy for many years, of child-friendly social services. The scope of the analysis is an analysis of existing material consisting of the scientific literature on the subject in both countries, research reports and legal regulations on foster care. Based on these analyses, the article draws several conclusions: the development of foster care in both countries followed a similar pattern, and changes have only occurred in recent years due to the increasing

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role of organisations associated with the Christian Churches in Hungary; despite the undoubted positive importance of foster care, growing up in such a setting also has negative consequences, which are much greater and multidimensional in relation to institutional versus family foster care.

Keywords: child protection, foster care, foster care system, deinstytutionalisation, orphanhood and social orphanhood.

Introduction

It is the responsibility of the state to create and operate a system to help children who are orphaned, abandoned, rejected and lonely or who suffer abuse in their natural families. The creation of this system is the task of the legislative and executive authorities at the central level and its implementation is very often the responsibility of local authorities and public institutions established for this purpose. In the practice of direct support for children, non-governmental organisations as well as citizens themselves are involved in responsibilities of local authorities (county and municipal). Non-governmental organisations can also have a significant impact on the shape of the foster care system. The cooperation, multiple dependencies and relationships of governmental, self-governmental, non-governmental and private bodies in building local institutional and family foster care solutions create a complex and multi-faceted foster care system.

Both, in the common understanding and theoretical considerations, the dominant belief is that the best environment for a child's life and upbringing is a family. By this, it is understood that the family (and parents in particular) should provide optimal conditions for the development of children, both in the physical and spiritual dimensions of their functioning, personality, and social dimensions, which should be implemented, among others, by providing them with appropriate living conditions (Tyszka, 2002). It is also obvious that not all parents, for very different reasons, are able to cope with such formulated parental responsibilities (Meissner-Łozińska, 2011). Social orphanhood can be defined as a permanent or temporary state of depriving children of the chance to be brought up in their own family, where the underlying cause is the lack of appropriate care and educational conditions (Lalak & Pilch, 1999). In such cases, several forms of support are provided, but unfortunately, this is not enough in some cases. If the child's parents, despite using all possible forms of assistance, are still unable to properly fulfil their obligations, the child may be placed in foster care (Neményi & Messing, 2007; Rácz, 2015). The purpose of this form of help is to provide a child with temporary care and upbringing. The child is placed in foster care until the conditions for her or his return to the family are met, or until she or he is placed in the adoptive family. The placement of a child outside the natural family should be a measure of last resort when the child's well-being is at stake (Błażejewska, 2014; Krajewska, 2008; Balogh et al., 2019).

In this article, we would like to present how the foster care systems have evolved in Hungary and Poland, which are characterised by a similar post-socialist legacy

among the European Union countries, but also the influence of the European Union social policy in the last two decades. We intend to define what the legal and institutional foundations for foster care are, and how these forms of support have evolved in each country. The most important challenges faced by the foster care systems in Poland and Hungary will also be indicated. Referring to the concept of a need of fostering alternative to the institutional forms of foster care, recommended by General Assembly of the United Nations, we will try to emphasise the negative consequences of institutional foster care (Resolution adopted by the General Assembly 64/142, Guidelines for the Alternative Care of Children, 2009). This deinstitutionalisation of child care process would be understood as a creation of alternative care system, which, inter alia, aims at decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services (see: Costa, 2012). An ambition of the authors is also to propose recommendations on the direction of the development foster care system to the social policy and institutions supporting family, children, and foster care in our countries.

Orphanhood, social orphanhood and foster care

Orphanhood, regardless of the cause and its type, is always a difficult condition that threatens the proper mental, emotional and social development of the children affected. It can have a negative impact on the processes of personality and identity formation. It also entails multiple consequences in the social dimension due to its scope, various forms of occurrence, the difficulty of preventing and recognising the situations that cause it, and the social-emotional compensation for its occurrence. This concept, once understood unequivocally and narrowly, has greatly expanded its scope of meaning these days (Badora, 2009). Orphanhood is categorised in several groups, one of which is natural or authentic orphanhood, namely, a life situation of a child who has lost her or his parents due to their death. Over time, due to the multidimensional character disorganisation of the family, its functions and the social ties occurring in it, the notion of natural orphanhood has expanded to include the concept of social orphanhood perceived as a special psychosocial state in which the child is deprived of care by parents (for various reasons). Negligence, ineffective upbringing and the assumption of this care by other people or institutions. On the other hand, as a result of the disorganisation of close family ties and the disintegration of the sense of belonging, the phenomenon of spiritual orphanhood appears (Sendyk, 2001; Węgierski, 2006; Badora, 2009).

Referring to the phenomenon of social and spiritual orphanhood as the effects of upbringing in dysfunctional families, it can be said that members of such a family do not meet their basic emotional, psychological and developmental needs. They have problems with establishing close ties and, thus, building their own sense of security as well as developing it in others, especially children. As Bradshaw points out, "a dysfunctional family is one that fails to fulfil its tasks, which include securing the survival and development of its members, meeting the emotional needs of its members, finding a balance between autonomy and dependence, learning social and sexual behaviour,

ensuring the development and growth of all its members, developing a sense of self, and socialization functions" (1994, p. 59). At the same time, the effects of family dysfunctionality are noted not only in the relationship between family members but also in the family with the social environment or a state and its expectations. Such a family often isolates itself from the outside world and its members have problems performing intra-family and social roles in the local community and society. As Izdebska points out, "A dysfunctional family does not fully fulfil its obligations to its own children, neglects to carry out its functions or poses a threat to this condition. Thus, it fails to meet the expectations of its own group or society" (2000, p. 34). Child welfare, just like neglect and risk, is also understood as a social construct, which means acceptable and unacceptable behaviour or life situations may differ depending on age, society, culture and community. There is much professional and political debate on the issue of appropriate family behaviour, while in many cases, it is difficult to determine the sole responsibility of the family for child endangerment. Such is the controversy surrounding poverty itself. Poverty puts the child's development at risk but making it the exclusive responsibility of the family can be dangerous, as without adequate support the child protection system can thus lead to inadequate state responses.

Foster care is a system offering services by a group of people, institutions and activities designed to provide temporary care and upbringing for children when their parents are unable to do so. The task of foster care is to prepare the child for an independent and responsible life, overcoming difficulties in life, establishing and maintaining contact with family and peers, and acquiring social skills. Foster care seeks to meet the child's many needs, including: emotional, living, health, educational as well as cultural and recreational. A child is placed in foster care until the conditions are right for the child to be returned to her or his family; until the child is placed with an adoptive family; or if the child's welfare so requires, she or he remains in a long-term foster family environment until coming of age.

The literature defines a foster family as a family that raises children whose parents are deceased or unable to raise them (Okoń, 2001) formed when a married couple or a single person, including one in an informal relationship, adopts up to three children (unless they are siblings), with the same legal consequences between the foster caregivers and the children as in the adoption process (Andrzejewski, 2001). After the adoption, a foster family is the most favourable form of care for a child who cannot stay with her or his parents for a while. Unlike the traditional establishment (institutional) model of care, e.g., a children's home, it represents a family model of care that provides optimal conditions for the child's development, guarantees care and proper upbringing (Jamrożek & Matyjas, 2006). The foster family is supposed to create conditions similar to the natural family environment. At the same time, it is noted that foster families, which are related to the child, are a less brutal and emotionally severe solution for the child and, simultaneously, protect the child from lack of care and neglect. The child knows her or his caregivers and a bond with the family is not destroyed. Most often these are grandparents, and less often older siblings (Badora, 1998; Łuczyński, 2007; Ruszkowska, 2014). On the one hand, a foster family is a form of organised 24-hour service for the benefit of a child or children temporarily or long-term deprived of their natural family. Still, it is also a service for the child's biological family, which,

by definition, should lead, if possible, to the return of children to the family home (natural family), and if this proves impossible, leading to their independence (Mańka & Ornacka, 2011).

Methodological assumptions

The aim of the study was to analyse the impact of policy processes on children's well-being by examining the elements of the system. This study is based on an analysis of statistical data, secondary analysis of academic literature on the subject and desk-research activities which examined the legal acts in the field of child and family support, orphanhood, foster care, etc., which constitute the legal and institutional system of foster care in Poland and Hungary; programme and strategic documents concerning solving social problems with particular focus on care insufficiency and multi-problem families together with strategies of developing foster care in Poland and Hungary. The lack of comprehensive research available on the subject limits the relevance of the results. The system of child protection and its effectiveness are influenced by a number of social factors whose analysis in full detail was not possible in this study.

The history of foster care in Hungary

The origins of child protection date back to the 1700s. Two main things have shaped the basis for caring for orphaned children. The first was inheritance law, which dealt mainly with the situation of the wealthier orphans, and the second was poverty management, which interpreted child protection in terms of poverty care and left her or him in the hands of charity organisations. The beginning of state child protection is considered to be the 1901 Child Protection Act, which introduced the responsibility of the state alongside charity care (Veczkó, 2000). The law made the care of orphans compulsory, first until the age of seven and then – 15. Two main instruments of child protection were orphanages and a network of foster parents. The system of a child protection developed rapidly in a professional sense until the outbreak of the World Wars. The physical discipline of children was replaced by different educational ideologies but the churches and the civil sector still played a central role alongside state child protection. After the Second World War, child protection was completely nationalised, and by 1952, all charitable child protection activities had ceased in Hungary. The network of foster parents was dismantled and institutional care was given priority. Criticism of the foster care network stemmed from the pre-1945 provision. Prior to the World War, the foster care network had been made up largely of rural families, who regarded orphans as a labour force rather than family members (Gergely, 1997). Socialist child protection emphasised the contemporary community education of children, and large institutions were set up to provide for this. While in 1938, 87.2% of children were placed in foster care, by 1973 this number had fallen to 30.5% (Veczkó, 2000). From the 1960s onwards, child protection started to face the problems of young people coming into care because of social

and educational challenges. The system was severely criticised, especially by professionals. The 1970s, saw the beginning of the family-oriented transformation of large institutions, which at that time, were mostly small care units. The childcare system was divided into two main units. General child protection focused on preventive care for children in the family and society, while special child protection focused on children who were excluded from the family. From 1990 onwards, the transformation of residential child protection into family-based child protection continued and the network of foster parents began to develop again (Gáti, 1991).

A milestone in the Hungarian child protection system was the enactment of Act XXXI of 1997, which placed the protection of children in Hungary on a new footing (Herczog, 2001). The foundation underlying this Act the need to ensure the welfare of children and their right to be brought up in their families. It strengthened the child welfare system, which aimed to support and assist children in their families, prevent situations of danger and deal with the emergence of vulnerability in the family. The child protection system was based on the promotion of the reunification of children who had been removed from their families. The deinstitutionalisation of child protection has accelerated, with children being placed mainly in family-like care homes or foster care (Anghela et al., 2013). By 2004, the proportion of children in care had shifted from institutional to foster care (Hungarian Statistical Office, [HSO], 2013). Under the new rules, a child can only be placed in a children's home as a last resort, if they cannot be adequately cared for in any other placement. Typically, over-age children with special socialisation problems are placed in institutions when residential care or foster care have failed. It should be noted, however, that disability in itself is not a reason to exclude placement in foster care. The main focus in the decision is on the needs of the child and her or his ability to adapt to the family-like child protection system.

Development of foster care in Poland

Foster care in Poland has quite a long tradition and its origins, as in the case of other aid activities, were connected with the charitable activities of churches and religious congregations. Its first manifestations are considered to be the activities of the Congregation of the Sisters of Charity of St. Vincent de Paul, brought to Poland in the mid-17th century, which took care of orphans by developing a form of institutionalised institutional care. In the first half of the 18th century, thanks to the French missionary Gabriel Peter Baudoin, centres of a medical-care nature were established for abandoned infants, where sometimes the care of children was entrusted to well-to-do peasant families (Matejak, 2008; Racław, 2017; Badora, 1998). During the partition period (when the Polish lands were divided between the three partitioning powers – Russia, Prussia and Austria-Hungary), the solutions in this area resulted from the level of development of the support system of the given partitioner as well as the concepts they used for the nationalisation of the controlled national groups.

In the interwar period, with the consolidation of the legal system of the new Polish state, the legal and institutional framework for the functioning of foster families is created. Thus, in 1926 in Łódź, foster families began to be established, whose goal was to provide

the child with decent living conditions but also correct family ties. In 1934, foster family care gained legal legitimacy under the order of the Ministry of Social Welfare officially sanctioned. At that time, family foster care is developing rapidly. After the end of World War II, in addition to the enormous commitment of ordinary citizens who took orphaned and abandoned children under their roofs, there is a practical degradation of the idea of family foster care in favour of state-run foster care facilities (Węgierski, 2006; Drozd, 2018). On the wave of criticism of institutional forms of child care in the 1970s, the practical application of the idea of the foster family was revived, which entailed the development of legal regulations in this area. In the 1980s, on the one hand, the development of the policy as well as the scope of legal regulation of the operation of foster families progresses, and on the other hand, the link between care solutions and the Ministry of Education deepens. This is also the period in which SOS Children's Villages begin to develop in Poland (cf. Węgierski, 2006, pp. 42–44; Drozd, 2018, pp. 10–12).

The changes in the political and socio-economic system that followed 1989, leading, among other things, to the formation of the current social policy system, also introduced transformations in the functioning of foster care. In 1993, the Council of Ministers introduced a regulation according to which foster families, in order to provide children with the best possible living conditions, were to receive financial support.

In 1998, at the same time as the introduction of political and administrative reforms of the state, the creation of another level of local government, which was the poviat (district), and the resulting division of the plenipotencies of various institutions of the public sector, the tasks of child care and the creation and operation of foster families were transferred from the Ministry of Education to the responsibilities of the Ministry of Social Welfare.

Subsequent decrees of the Council of Ministers related to the operation of foster care introduced and defined: new rules for the care of children in foster families and the new amount of monetary benefits for children in these families (Regulation of the CM of July 8, 1999 on foster families); rules for the operation of foster families, criteria for the preparation of candidates for foster families, matters of financial support for families and salaries for foster parents, etc. (CM Ordinance of September 29, 2001 on foster families). The functioning of foster care was also regulated by the Social Welfare Act of March 12, 2004 ([Polish] Journal of Laws, consolidated text 2023, item 901).

Despite the measures taken both in terms of social policy and legal regulations aimed at supporting families, especially those facing various types of problems and dysfunctions, the situation of children in these families did not improve significantly. Legislative solutions did not provide the desired results in the organisation of child and family care. As a result, the rate of children placed outside the biological family was increasing. The answer to the emerging problems in the field of family support was the enactment of the Act of June 9, 2011 ([Polish] Journal of Laws, consolidated text 2016, item 575), which is still in force, on family support and the system of foster care, changing, among other things, the rules for organising family foster care, as well as adoption procedures; regulating issues relating to environmental prophylaxis for families experiencing difficulties in fulfilling care and upbringing functions; family and institutional foster care; the empowerment of adult foster

care alumni; adoption procedures; the tasks of public administration in supporting the family and the system of foster care as well as the principles of financing the system of child care and foster care.

Structure and organisation of the institutional childcare in Hungary

The structure of the institutional system of child protection has basically not changed much since the change of regime. However, the proportion of service elements and the quality of professional work there reflect the reforms and aspirations of child protection.

The foster care system changed in 2014. Previously, this type of care was also available to private individuals (natural foster parents) who usually looked after children with special educational needs. Professional foster carers looked after children with special needs. From 2014, all foster carers are professional, paid employees. Some of them are specially trained to care for children with special needs.

The two main types of residential care are foster care and institutional care. Both types of care are suitable for children with special needs. Therapeutic care is used to care for children with severe mental disorders who are dysfunctional, while specialised care is used to care for children with disabilities. According to the placement protocol, the child must be placed primarily with a foster parent and the child's optimum care and support needs must be taken into account. If institutionalisation is necessary, group

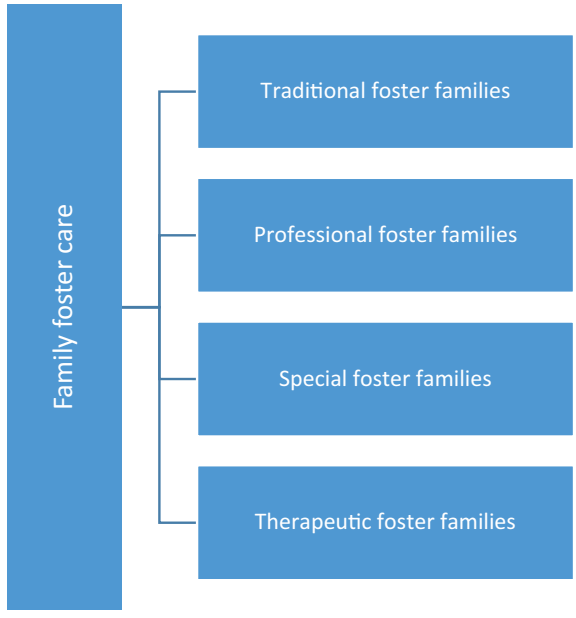

Diagram 1. Structure and organisation of the family foster care in Hungary

Source: 1997. XXXI. The Act about the Child Welfare and the Child Protection (May 8, 1997)

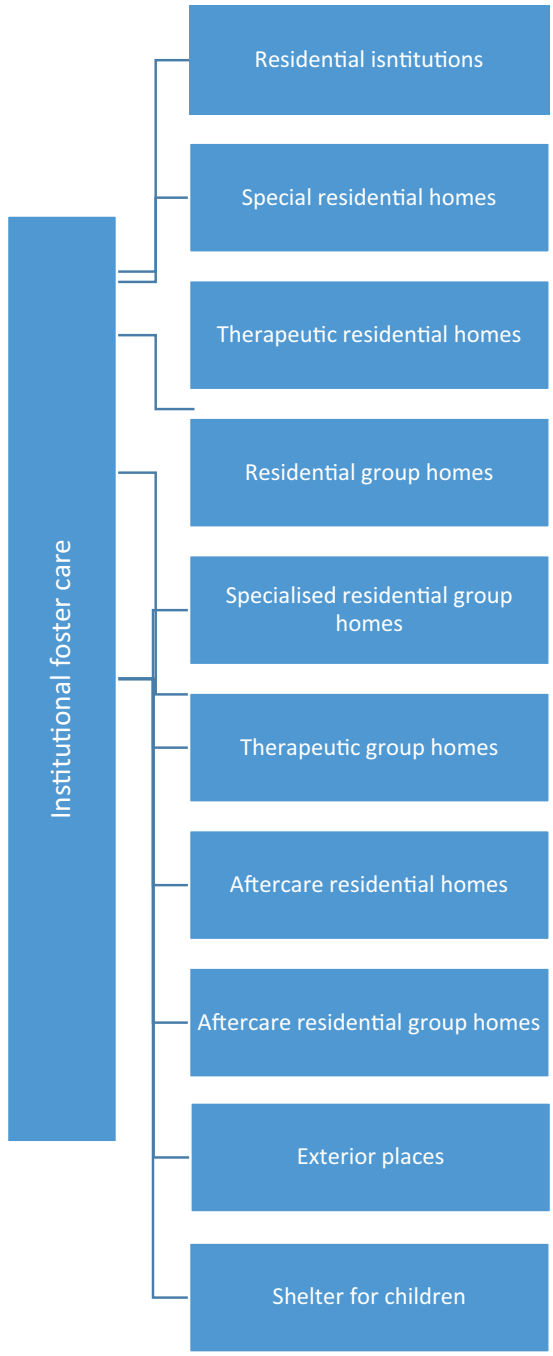

Diagram 2. Structure and organisation of the institutional foster care in Hungary

Source: 1997. XXXI. The Act about the child welfare and child protection (May 8, 1997).

Table 1. Number of institutional foster care places

	2010	2015	2019
Residential homes	3,309	2,982	2,938
Special residential homes	1,079	986	786
Therapeutic residential homes	378	406	407
Residential group homes	3,181	2,885	2,916
Special residential group homes	88	112	136
Therapeutic residential group homes	662	788	650
Aftercare institution	396	335	242
Aftercare group home	163	86	99
Exterior places	461	371	327
Shelter for children	304	0	0

Source: HSO, 2020

homes should be preferred, and only as a last resort should the child be placed in a larger institution. Group homes can accommodate up to 12 children in a residential community. Most often, children are placed in larger family houses. Aftercare places are available for young people who have reached the age of maturity and are in full-time education. Exterior places are also created to young people who have just left the child protection. These places usually rented apartments. Details of each type of care are given below.

According to the Hungarian Statistical Office, by 2011, 60% of the children were settled in family foster care and family – like small residential group settings.

It can be seen that foster care has become the most common form of care. The law has achieved its objective, as the number of large residential institutions has been reduced to a minimum, and children are only placed in such care when justified.

In 2021, 8,927 children ceased to be looked after, meaning that they reached the age of maturity or ceased to be looked after for reasons of age and were returned to their families. The data shows that the system tends to care for children with longer care periods in the foster care network. The same year, 3,488 family foster carers looked after children, while 2,384 foster carers looked after children under three years of age or with a sick or disabled child, and 41 foster carers were specialised foster carers for children with severe mental health problems or behavioural problems. Within a year, 8.6% of children were returned to their parents and one in two children changed care, typically from foster care to foster care. On average, children are spending less and less time in the child protection system, and it is fragmented and of a shorter duration. In 2020, 18,861 runaways were recorded, committed by 3,298 children (Győri, 2021). All this points to functional difficulties in the system. Before 2014, foster families with – one, two or three children were more common but this changed later. By 2020, the number of children had increased proportionally, so that the percentage of families with five, six

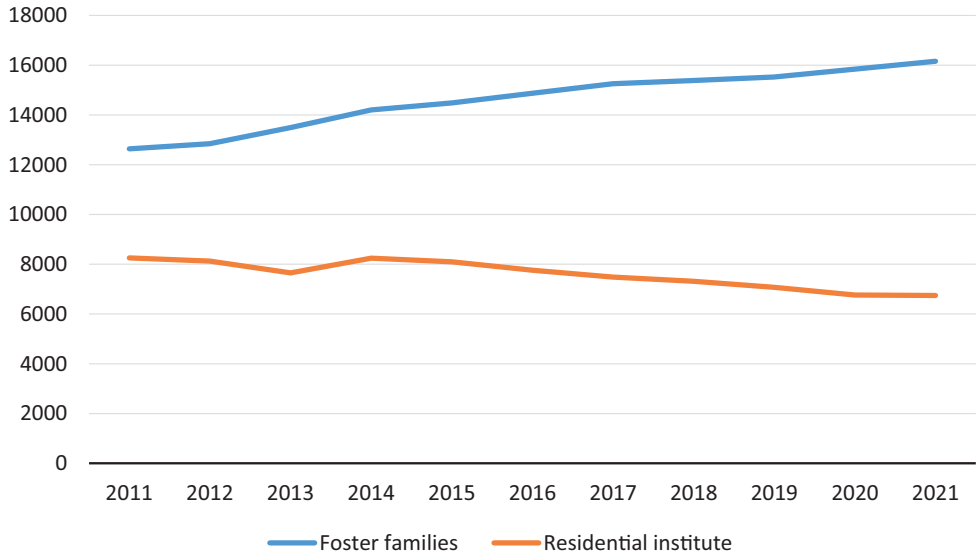

Diagram 3. Number of children settled in the child and young protection foster care by type

Source: HSO, 2023

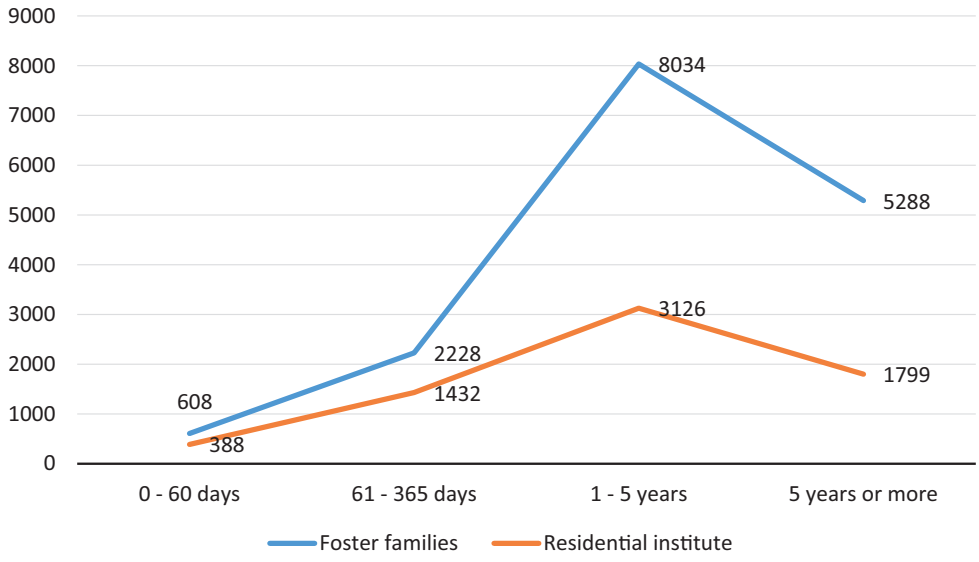

Diagram 4. Number of children settled in the child and young protection foster care by type and by the time of residence (2021)

Source: HSO, 2023

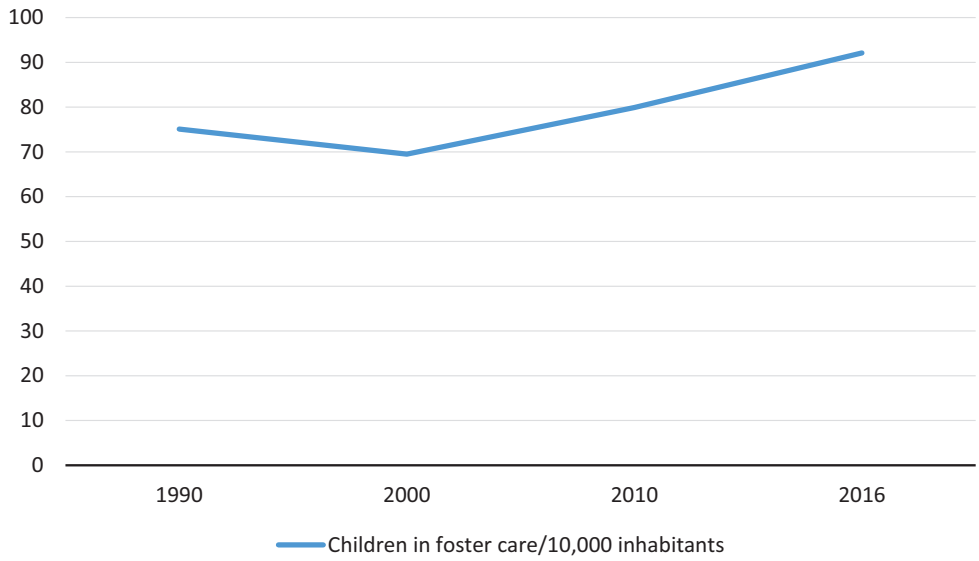

Diagram 5. The rate of the children in foster care for 10,000 inhabitants

Source: HSO, 2020

or more children had risen to 16.1%. There is also a marked spatial imbalance in services, with the eastern regions being the most under-represented. Two-thirds of children are looked after in the eastern regions, where there is a persistent shortage of foster carers, while 406 places were available in the system in 2020 (Győri, 2021).

The number of children in child protection care is slowly increasing as a proportion of the population. In contrast, the number of children in need of child welfare services is gradually decreasing in the case of preventive programmes, while no significant change is observed in the case of care (HSO, 2020.)

Overall, it can be seen that the child protection system is steadily moving towards deinstitutionalisation. The proportion of young people in foster care is increasing and the ratio of young people in smaller placements is rising.

Structure and organisation of foster care in Poland

According to the law in force, in Poland, the local government is responsible for the implementation of the idea of helping the family (all its members in various forms and scope). Local government units perform these tasks through their organisational units. Among the institutions supporting the family and the foster care system are: day-care centres, organisers of family foster care, care and educational centres, regional care and therapeutic centres, intervention preadoption centres, adoption centres as well as entities which have been commissioned to carry out tasks in support of the family and the foster care system.

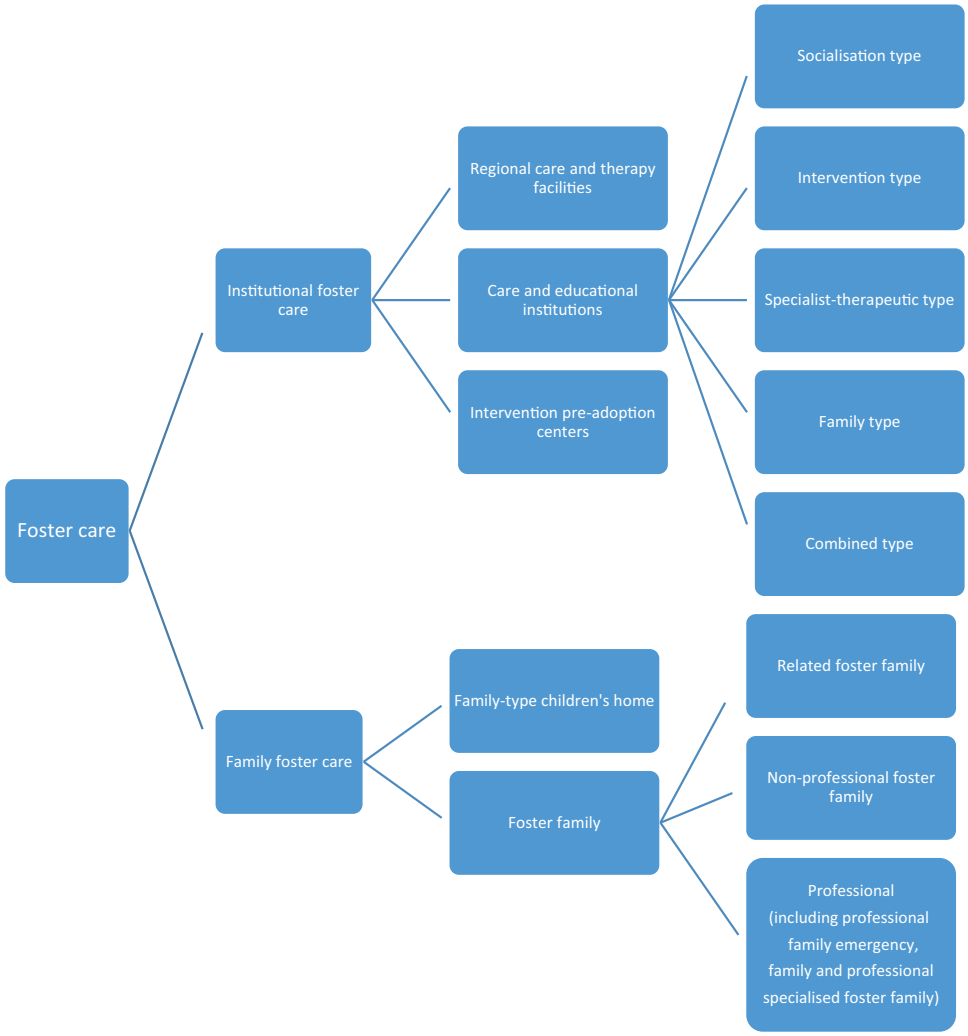

Diagram 6. Forms of foster care in Poland

Source: Regionalny Ośrodek Polityki Społecznej (2016)

Foster care in Poland is defined as a set of persons, institutions and activities that aim to provide temporary care and upbringing for children in cases where parents are unable to do so. Foster care provides work with the natural family, the aim of which is to enable the child to return to the family or, when it is impossible, seek adoption of the child, and in the absence of such a possibility, care and upbringing in a foster environment. Within the framework of foster care, we distinguish between institutional and family forms of its implementation (see: Diagram 6).

Institutional foster care

Care and educational institutions

Care and educational institutions are run by the county or an entity contracted by the county to carry out this task. Their main task is to provide the child with round-the-clock care and upbringing and to guarantee access to education and health care. In other words, the purpose of this type of institution is to safeguard the child's welfare as best as possible in a situation where, for some reason, the child cannot be placed in family foster care. Children over the age of 10 who require special care or who have difficulties adjusting to life in the family are placed in foster care. At any one time, no more than 14 children in total can be in an institution (in family-type institutions no more than eight or, in special cases, no more than 10). Work with the child in it is carried out in accordance with the plan for helping the child, drawn up and implemented by the educator in cooperation with the family assistant, and if the child's family has not been assigned one, in cooperation with the entity organising work with the family.

The facility allows the child to have contact with relatives, unless the court decides otherwise, and takes measures to restore the child to his biological family or find him an adoptive family (provided the legal situation is settled).

Child care centres come in four types. **Socialisation type** – the purpose of this type of institution is to provide round-the-clock care and meet the necessary needs of the child. It provides upbringing and education, including specialised classes to compensate for the lack of upbringing in the family environment, takes measures to restore the child to the biological family or place her or him in an adoptive family or a family form of foster care. **Intervention type** which includes establishments whose task is to take care of a child on an ad hoc basis during a crisis situation, namely, in cases requiring immediate care. These are establishments with a short stay of up to three months maximum. **Specialised-therapeutic type facilities** take care of a child with individual needs resulting mainly from a declared disability, requiring the use of special educational methods and specialised therapy, requiring compensation for developmental and educational delays. **The family-type institution** brings up children of different ages, including those growing up and becoming independent. It enables numerous siblings to be raised and cared for together.

Regional care and therapeutic facility

The operation of a regional care and therapeutic institution is the responsibility of the provincial government, which, however, may delegate it to another entity. In this type of institution children in need of special care are placed, who, due to their state of health requiring the use of specialised care and rehabilitation, cannot be placed in family foster care or in an institution for care and education. A total of no more than 30 children can be placed in a regional care and therapeutic institution at the same time.

Intervention pre-adoption centre

This type of centre places children requiring specialised care and cannot be placed in family foster care during the waiting period for adoption. Children up to the completion of the first year of life remain under the care of such a centre and their number may not exceed 20. The management of such centres is the responsibility of the provincial government but it may commission non-public entities to run them.

Family foster care

Family children's home

Such an institution operates on principles similar to those of a professional foster family but is prepared to care for a larger number of children (not more than eight foster children). If it is necessary to place siblings in a family children's home, it is permissible to place more children in it at the same time, with the consent of the family children's home operator and after obtaining a positive opinion of the coordinator of family foster care.

Foster family

A professional foster family is defined as a family that receives remuneration for the work it performs for the children assigned to it (in the case of a married couple, only one of the spouses receives remuneration). A professional foster family takes care of children who are not related to it. **Professional foster family performs the function of family emergency** as a child is placed in it for a short period of time, i.e., until her or his situation is normalised but for a period no longer than four months. **Specialised professional foster family** is a place where children with a disability certificate and minor mothers live, in particular.

Polish foster care in statistics

According to the data of the Central Statistical Office, at the end of 2021 there were 72.3 thousand children in foster care in Poland who were totally or partially deprived of the care of their natural family, including 56.4 thousand in family care and 15.9 thousand in institutional care.

Among 15,931 children who are in institutional foster care, the most numerous group is constituted by children aged 14–17 (7,154 children) and those aged 10–13 (4,018). On the other hand, the least multitudinous is the youngest group under 1 year of age (158 wards). There are also 1,514 adult learners in this type of an institution. In 2021, 4,530 children up to the age of 18 left foster care institutions for various reasons: 35.9% were children who returned to their natural family; 25.4% of the alumni were transferred to another type of institutional foster care; 22.3% were moved to family foster care; and 7.0% of the children were placed for adoption. Of the 2,043 children

Table 2. Number of children in foster care in Poland in the period 2005–2011

Specification	2005	2006	2007	2008	2009	2010	2011
Total:	90,018	93,580	96,618	95,841	95,688	95,024	95,104
Family foster care	59,345	61,554	64,999	66,026	65,976	66,407	66,971
% share of children in family foster care	66%	66%	67%	69%	69%	70%	70%
Institutional foster care	30,673	32,026	31,619	29,815	29,712	28,617	28,133
% share of children in institutional foster care	34%	34%	33%	31%	31%	30%	30%

Source: Ministry of Family and Social Policy (n.d.)

over the age of 18 who left care, 1,104 established their own households and 721 returned to their natural families (see: Information from the Council of Ministers on the implementation in 2021 of the Act of June 9, 2011 on family support and the foster care system; Central Statistical Office, Foster care in 2022).

Negative consequences of growing up in institutionalised foster care

The great significance of foster care in securing the basic needs of orphans is beyond doubt and has already been articulated in the first paragraph of this article. It should be noted, however, that like all other forms of support, foster care, especially in its institutional form, can have various consequences. Although the support and care which an orphaned child (whether naturally or socially) receives in foster care very often enables such a child to survive biologically, be safe and cared for, grow up and develop in conditions as close as possible to those of the family, it should be emphasised that growing up in foster care itself is very often fraught with negative consequences of an emotional, psychological and developmental nature. The first factor that can determine later developmental problems is the very experience of growing up in a dysfunctional family before the child is placed in foster care. The consequences of primary socialisation in the conditions of an educationally inefficient family impinge, in most cases, on later periods of life, and the degree and effects of such an influence will vary greatly, and it will also affect the educational processes in foster care. It is also obvious that, one of the main reasons for the potential negative consequences of being brought up in foster care will be the overlap of the period spent

Table 3. Number of children in foster care in Poland in the period 2014–2021

Specification	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total	78,607	78,519	77,348	76,503	74,757	73,129	72,339	72,450	72,063	72,941
Family foster care	58,082	58,570	57,651	56,986	56,544	55,721	55,288	55,458	55,772	56,656
% share of children in family foster care	74%	75%	75%	74%	76%	76%	76%	77%	77%	78%
Institutional foster care	20,525	19,949	19,697	19,517	18,213	17,408	17,051	16,992	16,291	16,285
% share of children in institutional foster care	26%	25%	25%	26%	24%	24%	24%	23%	23%	22%

Source: Ministry of Family and Social Policy (2021)

in foster care with the very special and sensitive period of adolescence, when the most important areas of human development are shaped, the processes of primary socialisation take place, the personality crystallises and, through emerging identity crises, the basic framework of the personality is formed. Emotional or mental problems which can appear quite often, although in varying degrees of intensity, are the effects of the occurrence of the so-called orphan disease or the disease of lack of love which "is caused by the lack of ties with the mother or loved ones, causing syndromes of disorders and delays in physical, motor and mental development" (Meissner-Łozińska, 2011 p. 38). It should be emphasised that symptoms of this disease can also occur in children who have a biological family and a family home but do not have healthy and normal interpersonal relationships in that family.

In each case of orphanhood, we may encounter negative consequences of this phenomenon affecting the formation of the orphaned child's personality, her or his ability to establish and maintain interpersonal contacts as well as the satisfaction of her or his basic needs: love, belongingness and security. One of the most serious consequences of inadequate relations of the child with its parents, especially with the mother in the early period of its life is certainly a disturbed sense of security, and a loss of emotional bonds connecting the child with its closest ones (Ruszkowska, 2014). Such a state of affairs very often results in a sense of loneliness and harm, and this sense of harm is very often combined with the difficulty of determining who is to blame for the situation. In some cases, children also combine this sense of harm with a sense of partial responsibility for the situation. Deprivation of the possibility to establish proper social and emotional contacts with parents (meaningful in terms of primary socialisation) results in unsatisfied basic affiliative needs and triggers many defence mechanisms such as: idealisation of the natural family, denial of unpleasant events, attributing one's own negative characteristics to other people, escape into fantasy, regression, telling oneself the opposite of the feelings currently experienced and apparent obedience (Badora, 2002).

In addition to the above-mentioned effects of orphanhood, children in institutional care very often suffer from anxiety as a result of the lack of bonding and physical closeness manifested in the mother's cuddling and caressing. Every child, for proper development, needs one constant, physically present person to whom she or he can become attached (Łopatkowa, 1992, p. 129). The care of children in institutional forms of education is provided by professional educators employed there, who, even if they try very hard to create a family atmosphere, cannot replace the closest relatives. This state of affairs will make it difficult to establish the close emotional ties that are so important for proper mental and emotional development. Even if close bonds can be established between pupils and educators, the high turnover among staff members makes it very difficult to maintain such bonds. In addition, when an educator who has formed such a bond with a child changes employment, she or he causes another painful break in the bond by leaving. In some cases, this can lead to children withdrawing from opportunities to build stronger emotional bonds as a form of protection against potentially experiencing another trauma (cf. Joachimowska, 2008, p.47–48).

The negative effects that may affect orphanage alumni include:

– an ingrained sense of inferiority in relation to peers due to the different, in comparison to the majority, family and upbringing situation of the children brought

up in children's homes compounded by a sense of stigmatisation resulting from the stereotypical pejorative perception of natural families from which children end up in foster care, such as problematic, inefficient, and "pathological" families;
- limited resourcefulness in life and lack of readiness to take initiatives, i.e., consumer attitude, limited only to accepting and using the services provided by the institution and its employees, which often results from the role of the wards, who receive everything they need to survive from the institution, without having to give anything themselves;
- hunger, emotional insufficiency also referred to as "emotional stickiness" or "atrophy of feelings" occurring as a consequence of the lack of satisfaction of emotional needs in the conditions of collective upbringing;
- vulnerability and submissiveness in peer relationships, resulting from a lack of satisfaction of the need for security, especially in those pupils who, as weaker and less resourceful, were dominated by cleverer and stronger ones who exploited and humiliated them;
- a sense of temporariness resulting from a "nurtured" but often unjustified naïve hope that the parents (who often verbally declared their love and readiness to care) will soon take them home; this is often combined with an idealised image of the natural family, despite the objective problems occurring there, which often results in a negative attitude towards the institution in which foster care is exercised;
- fear of life outside the institution and uncertainty about the future on the verge of becoming independent, characteristic for those leaving foster care (regardless of whether they are socially and emotionally prepared to do so), who are full of fear whether they will be able to cope independently with the problems of everyday life (cf. Kamińska, 2010, pp. 181–182).

Dilemmas and challenges in contemporary foster care

The fundamental aim of the child protection system is to ensure that the child's well-being is enjoyed within the family. To guarantee this, the state provides an extensive system of institutions. If, however, the child's well-being cannot be ensured by these means, the child protection system should support the child's development as a last resort. This means that the system works well if the child is not placed in the system or if the child can be returned to her or his family as soon as possible. However, child protection is faced with numerous dilemmas.

The first is the **effectiveness of the child welfare system**. Can the child welfare system prevent child endangerment and deal with the problems that arise? Effective professional work can prevent and manage vulnerability more effectively (Herczog, 2007). However, if the child welfare system cannot help efficiently due to a lack of appropriate professional tools, methods, human resources or financial resources, the child is more likely to end up in the child protection system.

The prevention and avoidance of institutional placement is the main task of child protection. The system is basically built on mechanisms that support the family, but in its operational practice, child protection procedures play the main role (Rácz,

2016a). Thus, **instead of a supportive attitude, a controlling one has been strengthened**. Primary care workers are overworked, have too many administrative tasks and feel alone in practice as teamwork is not typical, and this style of work reduces the efficiency of professional activity (Rácz, 2019). The system still suffers from a shortage of professionals, especially special education teachers and psychologists. The educational level among family foster parents is barely low as only 33% had secondary school education, 61% even did not have secondary school education and 67% attended the special preparatory training (Balogh et al, 2019).

The second dilemma is whether **the preventive child welfare system is able to address problems that arise from social inequalities or are rooted in poverty**. Appropriate child welfare interventions must, therefore, be supported by an appropriate set of social policy instruments. Without adequate and empowering family supports and services to strengthen the family, the system only assists the child's journey through the system. Taking a child out of the home too early, without the right tools, can break up families, but it is also inappropriate to do it too late, as this can leave the child irreversibly traumatised. The child protection system is unable to deal with these problems adequately (Csurgó & Rácz, 2012).

The third question is whether the **child protection system can help children's development and social integration and reduce disadvantages**. Research findings highlight the drop-out rate of young people in child protection in secondary schools. It is difficult to overcome the stigma of child protection, especially if the child also has a disability (Csurgó & Rácz, 2012). Relatively little research is available on the life chances of young people leaving child protection. A recent survey of homeless people found that one in five respondents had a history of child welfare. Among homeless people, the younger someone is and the lower their educational level, the more likely they are to have lived in such facilities (Győri, 2021).

The fourth dilemma is whether **the capacity of the system is conducive to achieving professional objectives**. Critics of child protection argue that the system itself abuses the child if it does not provide the professional conditions necessary for care. Some argue that the process of deinstitutionalisation is not happening fast enough, in many cases, the EU's funds are still flowing to institutions, with the direct consequence of institutional systems being preserved (Balavány, 2020). Others point to the difficulties of professional and expert work, saying that important concepts are not sufficiently defined (such as child vulnerability) and that there is a lack of appropriate measures of effectiveness, so that there is a risk that the system's needs, rather than the child's interests, will determine the child's placement and care options (Rácz, 2016b). Many elements of the system are still based on the child protection logic of the old days. For example, the "start of life allowance" to support young people as they reach adulthood is typically given to those who have spent decades in the system. It is not available to young people with fragmented institutional careers (Rácz, 2012).

The task of the foster family is above all to protect, secure the basic needs and promote the proper development of the personality and identity of the child in its care. Its purpose is not so much to replace the parents as to complement and support them and to enable the biological parents to become involved in the care and upbringing process. Despite the connotations that parents who are not caring relate to this form

of care, very often perceiving it as a threat when they cannot cope with caring for their own children and as a punishment when their children end up in foster care, the task of foster families is to help and support the natural family in overcoming difficulties by restoring a stable home for the child. Increasingly, the value of the natural family as a child-rearing environment is pointed out, and the necessity of cooperation between support institutions and the biological family for the widely understood good of the child is indicated (Stelmaszuk, 1998; Ruszkowska, 2014) Such an assumption also leads to the conclusion **of the need for cooperation of foster care institutions, including the foster family, with the biological family** whenever it is possible and could foster the creation of conditions allowing the child to return to the natural family. The problem, however, is that, as Marzena Ruszkowska reports on the basis of her research, **such a cooperation between the two systems is difficult to achieve**, assuming, of course, that natural parents are interested in bringing their child home. Very often, natural and foster families differ in the way they understand and define the tasks and duties related to the performance of family roles, particular functions of the family and, consequently, the care and educational strategies adopted. This, in turn, often becomes the cause of numerous conflicts, tensions and a lack of interest in cooperation between the current carers of a child remaining in a foster family and its natural parents (Ruszkowska, 2014). In this context, it is of vital importance how candidates for foster parents are prepared and how their interest and readiness to cooperate with natural families is consolidated in regular courses and training. However, this type of activities should be directed by the employees of support institutions and family assistants as well as also to natural families. In this respect, it seems necessary to develop effective systemic solutions – both legal and financial.

Instead of conclusions…

Many factors influence the functioning and processes of the child protection system. Child vulnerability as a social construct must be interpreted in the context of particular social values and relations. In Hungary, e.g., there is considerable discussion about the relationship between vulnerability and poverty, as the Child Protection Act states that a child cannot be removed from her or his family solely on the grounds of poverty. However, looking at child protection data, it is clear that disadvantaged social situation playes a role in the removal of the child. Child protection not only provides a home and protection for the minor, but must also be able to face the problems and compensate for the trauma brought by the family. All this requires a high level of professional work, professional and social dialogue, and research that reveals the situation and challenges of families and children. This system alone cannot be able to compensate for social inequalities.

The basic element of building an effective system of supporting families and, thus, creating a safe and optimal environment for the development of children in families at risk and affected by problems should be further development of cooperation between social workers, family assistants and other representatives of social services, as well as capacity building of non-governmental organisations providing support services

to families, including foster families. The strengthening of prevention at each level of public institutions and local self-government adequate to their tasks, competencies and possibilities should also become another important element. Activities at the level of municipalities are of particular importance here, where the availability of family assistants should be strengthened and supported in the form of helping families as assistance provided in the local environment should be extended, especially in areas where such services have not been available so far and where due to population density and accumulation of social problems affecting families, the services provided are insufficient. It is important for foster parents to continually improve their qualifications, acquire and develop new skills and competencies and, given the dynamically developing knowledge of new developmental, identity and socialisation problems of children and young people as well as the disturbing results of research into the mental health of this social group. It seems necessary to ensure that carers from foster families have access to specialist training, where particular attention should be paid to the specific needs of the child they are adopting. This knowledge is equally important in the case of professional and kinship families, which are most often not as well prepared to fulfil this function.

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The support provided by Polish municipalities in the implementation of family assistance

Abstract

The Act on Family Support and Foster Care System was introduced in Poland 10 years ago. Accordingly, this seems to be the right time for an assessment of the level of organisation and funding of social services in terms of supporting families with a child by the Polish municipalities.

This article aims to depict the development process of family assistance in Polish municipalities. Empirical research focuses on the opinions of family assistants regarding the support provided by borough authorities and the management of organisational units of social assistance where they are employed.

The results of the research showed that family assistance in the form of a supportive and educational activity, with a high organisational level and good working conditions – as outlined by the original concept – is implemented only in some areas. The care and control approach to work, together with functional assistance based on simple activities meeting the basic needs of families, are increasingly enforced on family assistants by the management. The aspirations of assistants – who form a professional community – to apply the therapeutic dimension of assistance are being squandered. The Polish municipalities lack sufficient funds to employ adequate numbers of family assistants.

Keywords: social services, family assistant, family support

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Introduction

A social service is assistance provided in an area defined in social policy as the "social sphere" (e.g., family support) of an intangible nature. Such assistance is granted as part of a support relationship by individuals with appropriate qualifications (Janoś-Kresło, 2002). The definition of social services encompasses assistance, as it is a comprehensive activity of providing assistance while maintaining a professional relationship. The essence of assistance is finding solutions adapted to the needs of the individual and participating in their implementation within the living environment of the client. The basis of this method is the cooperation between the assistant and the person receiving support, founded on the exchange of ideas and the building of mutual trust. The assistance method is aimed at providing both psychological and personal support. Family assistants seek the resources necessary to overcome the existing challenges. They demonstrate how to navigate through the intricate maze of various types of procedures, institutions or new ways of responding to everyday situations. They help rebuild social ties and explain how to take advantage of the available cultural goods. Family assistance should be understood as individual assistance targeted primarily at solving the specific problems of family members, inspiring them to believe in their abilities and motivating them to undertake activities which, until then, they considered impossible. The assistant's role is to help change the attitude of marginalised people (or families that are still providing childcare but which are in crisis) towards their own empowerment, to increase their sense of power over their lives, and to improve their self-esteem (Jacków, 2008; Słowik, 2008; Krasiejko, 2010, 2013, 2016, 2021). The activity of family assistants has been called social and educational work as it comprises activities relating to improving the social and living situation of families, raising children and enhancing the skills of adults. Furthermore, it is centred around the values and goals of upbringing (Krasiejko, 2010, 2013, 2016; Kantowicz, 2013, Ciczkowska-Giedziun, 2020, Głębocka, 2021). The profession of family assistant was introduced by the Act of June 9, 2011 on Family Support and Foster Care System ([Polish] Journal of Laws, no. 149 items 1111 and 924). The recipients of services provided by family assistants are families with children that are in need of support in fulfilling their care and educational functions. Research and practice show that these are most often families experiencing chronic crisis and a high number of interlinked problems, at risk of having their children removed to foster care or those with an offspring already in foster care (Krasiejko, 2013).

In line with its definition, the implementation of family assistance is a considerable task. Family assistants must possess appropriate personal qualities and methodological competencies. Building motivation in service recipients to change the behaviour judged by society as dysfunctional is exceptionally challenging. Moreover, family assistants work in a bureaucratic system, inside a network of various interconnections between institutional representatives with their own rules of operation and expectations of families. The level of service delivery is also dependent on the financial resources of the borough, the organisation of work within the social assistance institution and the level of cooperation between institutions.

Development of family assistance between 1990 and 2012

Polish families facing difficulties in fulfilling their care and educational functions began to receive support in the 1990s. In non-governmental organisations, social assistance centres and poviat family assistance centres, people were being employed or moved within the structure of the institution to positions given such names as family coach, social worker for multi-problem families, or family assistant (Krasiejko, 2010, 2011). Boroughs which set up the first innovative projects in regard to family assistance declared the support of local authorities for their implementation. Appropriate conditions were also created for the functioning of family assistance (Rudnik, 2011; Guć, 2011; Krasiejko, 2010). Family assistance teams comprised employees excelling in their community work. Nonetheless, the management made efforts to recruit specialised staff for the tasks and provide them with training (Krasiejko & Krauze, 2010). Work standards and documentation templates appropriate to local needs were also created. In order to provide in-depth family situation diagnoses and the necessary multi-dimensional support, one family assistant was assigned to 1–10 families. For example, in 2010, the Municipal Social Assistance Centre in Bydgoszcz employed 37 assistants to cover 43 families. On average, one assistant supported one family (only three assistants had two families under their care). The situation in Koszalin was similar (two families) and Częstochowa (two to seven families) (Rudnik, 2011, pp. 31–32). In the case of the Municipal Social Assistance Centre in Częstochowa, family assistants were tasked with providing support only to families with children. It is difficult to say what it was like elsewhere, as family assistants were initially employed to implement systemic projects based on civil-law agreements. Therefore, providing assistance to families could have been their additional employment.

Family assistants were not without support in carrying out their new tasks. This role was performed by the project's coordinator, methodological consultant or the department head at the Municipal Social Assistance Centre. Regular meetings with assistance team facilitators covered the recruitment and diagnoses of families, planning of actions to be undertaken with families and their implementation. Such meetings were also devoted to solving day-to-day difficulties in the work conducted with the families and motivating parents to cooperate with family assistants. Other topics of consideration included the documentation mandatory for each assistant (Krasiejko, 2010; Rudnik, 2011). This documentation aimed to play an educational and supportive role, although it also featured elements of supervision.

The work of family assistants formed part of the priority activity of urban social policies, in particular, in relation to the equalisation of opportunities for people at risk of being socially excluded and those already socially excluded. Additionally, research carried out at the time (Krasiejko, 2010; Rudnik, 2011) pointed to managers of family support centres as initiators or those who had a favourable attitude towards introducing new models of community work, focusing on ensuring that children were brought up in their natural environments. Those in charge of social assistance centres saw assistance as an opportunity to undertake effective actions with and for the family and, thus, reduce the number of children placed in foster care. Initially, the main aim of assistance projects was to reduce the number of children placed in round-the-clock care

every year (Łangowska, 2011, p. 16). Not without significance was also the economic gain resulting from the reduced number of children in childcare and education centres and the deteriorating media image of social assistance as being unable to cope with what was happening in the families or, conversely, as wrongly taking children away from their families (not because of violence but the so-called "poverty") (Szarfenberg, 2011).

Dobroniega Głębocka (2020) sees the development of family assistance in 1990–2011 as both a rebellion of "knowledge", signifying the disagreement of some of those providing social assistance services with feigned action and the social costs of such practices, and a rebellion of "elites" (including therapists, social workers and consultants in social assistance), centred around defending family values and protecting the family ties, as objectives for the support granted to families manifesting care and educational dysfunctions that are present in the discourse but often overlooked in practice. Innovators proceeded to challenge integrated complexes of cultural rules (procedures, institutions and roles) as well as some rules of basic axionormative systems (custom and morality).

A factor favouring the introduction of family assistance was the emergence of opportunities for social assistance institutions to create and implement various systemic projects. Most of the projects in which assistants were employed were of this specific nature (Rudnik, 2011), for example: "Rodzina bliżej siebie" (Eng. Family closer to oneself) in Gdynia, "Krok do przodu" (Eng. One step further) in Bydgoszcz, "Systematycznie do celu" (Eng. Systematically, towards the goal) in Gdańsk, "Od wykluczenia do usamodzielnienia" (Eng. From exclusion to self-reliance) in Elbląg, "Pomoc – aktywizacja – wsparcie" (Eng. Help – mobilisation – support) in Poznań, "Pomocna dłoń plus" (Eng. Helping hand plus) in Koszalin, "Rodzinne ABC" (Eng. Family ABC) in Głuchołazy, "Z rodziną mogę więcej" (Eng. With family I can do more) in Warsaw – Praga Północ. Only selected social assistance centres decided to finance the work of family assistants using their own funds from the Municipal Office (e.g., Częstochowa) or funds obtained from the Ministry of Labour and Social Policy (e.g., Koszalin and Olsztyn). Of considerable importance was also the possibility of financing these projects from the European Social Fund and the European trends towards combating poverty, counteracting social exclusion and active integration, etc. These slogans can be found in the names of the systemic projects under which that assistance was implemented, for example, "Od wykluczenia do usamodzielnienia" (Municipal Social Assistance Centre in Elbląg), or "Integracja społeczna szansą na lepsze jutro" (Eng. Social integration as a chance for better future; borough Kowale Oleckie). Moreover, the success of one centre in implementing this form of family support was an incentive for other facilities. It can be estimated that even before the introduction of the Act on Family Support and Foster Care System, there have been several hundred assistants already at work.

Family assistances carried out in different towns and institutions differed in terms of their organisation and methodology. This points to the diversity and innovativeness of approaches guided by the same aspect – the need to introduce multi-dimensional and individualised family support that is accommodated to the potential and needs of a particular borough (Krasiejko, 2010; Rudnik, 2011). The project development

process within individual facilities was usually turbulent, as the work piloted had an innovative character. However, the majority of those implementing this service indicated that family assistants should work with families having children differently than the professionals previously appointed to this role. Their work was to focus on the education of parents and the accompaniment of family members in the performance of household and family-related tasks, while the basis of the methodology was to be a relationship based on support and non-directive working methods. The family assistant was often referred to as a "family friend" (Krasiejko, 2010, 2011, 2013; Rudnik, 2011).

The debates on family assistance that were ongoing at the time[2] focused on the opportunities and threats to the development of the concept. The advancement of family assistance was stimulated by the needs of the environment, or rather the need to respond to social problems resulting from the political and economic changes of the 1990s, the desire to provide genuine assistance to families in crisis and the children in such a family, and the willingness to implement ways of activating the families to make them self-reliant. Employees of social assistance institutions were also disgruntled with the clerical and superficial pattern of working towards quantity rather than quality, being aware of the low efficiency of their work (Łangowska, 2011). The possibility of being granted EU funding to subsidise the activities of social assistance centres was also quite relevant. These additional funds made it possible for the assistants to carry out good quality work with a small number of families. Family assistance also opened up the possibility or a kind of space needed for the implementation of conventional social work activities, which derived from humanitarian and democratic ideas based on the respect for equality and diversity, the dignity of all people and the hope and belief in the possibility of changing every human existence for the better (Józefczyk, 2011; Krasiejko, 2013). Family assistance in itself was a crucial constituent of modifying the family support system by separating social work from cash benefits. It enabled the performance of qualitative, full-scale work with the client by extending working hours and the frequency of client meetings. When properly carried out in terms of methodology, assistance facilitated the adherence to principles relevant to professions which focus on the provision of assistance, such as respect for human dignity, individualisation of the assistance provided, maximising the client's self-determination, using the client's own resources, and bolstering the client (Krasiejko, 2011, 2013). Even if there was no economic gain, i.e., the cost of assistance would be the same as the cost of looking after children in childcare and education centres as well as in foster care and in paying benefits to families, it would still be socially advantageous to pursue an active solution. It is more beneficial both for the borough as a community and the individual concerned. Caring for a person through benefits at the expense of public institutions usually leads to the individual's dependence on the social assistance system. Assistance activities aim at empowerment so that family members can live as full-fledged members of society (Guć, 2011). Michał Guć (2011) noted that effective support could not be restricted only to the bilateral relationship between

[2] For example, at the Conference "Assistance – an impulse for self-change" held in December 2009 in Gdynia.

the assistant and the person being mentored. In his opinion, the key to effective impact is surrounding social assistance activities with an environment that supports positive change. It is impossible to successfully remove individuals from the social assistance system without engaging their natural environment, i.e., family, neighbours, NGOs or parishes. Assistance has to operate within a social context. Only the involvement of the individual's environment in the assistance activities gives a probability that the impact and the changes achieved will be sustainable. The ideal situation is when the influence of the environment is headed in the same direction and demonstrates a coherent objective with the actions of the individual being mentored that are undertaken in cooperation with the assistant.

Those in charge of implementing assistance in 2011 were also aware of threats to its development. The first such threat could have been the loss of funding from the European Social Fund and financial effort that is insufficient to implement the provisions of the new act. Family assistance can be at risk of its compulsory, coercive and superficial nature, the lack of understanding of the range of nuances that the concept of assistance conceals, the lack of preparation of staff or a low level of such preparation. This work can also be undertaken by random individuals and their institutional training inspired solely by financial gain. Factors that reduce the effectiveness of family assistance may include a low level of organisation of the assistance service, the recruitment of families in need of care rather than activating forms of assistance, or working too long with families unable to benefit from such efforts. Another such aspect is the expectation of rapid results from the assistant's work with the family (Guć, 2011).

It has been noted (Józefczyk, 2011; Szpunar, 2011) that family assistance itself may also carry risks through the need for in-depth diagnostics of the situation within the environment, the large amounts of time devoted to assisting, the depth of the relations created between the party in need of support and the assistant, the requirement for the assistant to be both the creator, the initiator of change and its participant, the ambivalence inherent in the professional role, i.e., the insolubility – experiencing dilemmas in various professional situations, dealing with conflicts of interest, confidentiality issues, lack of resources, and many more. These hazards include occupational burnout, the dependence of individuals on a thorough support system, loss of professional distanced judgement, and the blurring of boundaries in relationships. The assistance implemented half-heartedly – without ironclad methodical consistency, supervision, the dimension of teamwork as well as constant monitoring, and evaluation may lead to negative consequences for families, the person providing assistance and the social assistance system itself (discouragement of service recipients, professional burnout of employees, negative social opinion, and repairing damage through more expensive forms of assistance). It was also pointed out (Żukiewicz, 2011, p. 10) that family assistance is an intervention of state (self-government) institutions into the sphere of human (family) freedom through the introduction of external factors (albeit with the assigned intention of supporting and improving the conditions of the everyday existence of families). For this reason, the changes proposed in Poland required due consideration in regard to their implementation and high substantive and methodological competencies of family assistants, so that "the legal and organisational solutions

created in the name of *supporting families* did not serve to implement the methodology of oppressive actions" (Żukiewicz, 2011, p. 10).

Implementation of family assistance between 2012 and 2020

The appointment of family assistants, pursuant to the Act on Family Support and Foster Care System ([Polish] Journal of Laws, no. 149 item 887) in 2012, was an optional task carried out by boroughs. The employment of family assistants became mandatory from January 1, 2015; however, the number of boroughs employing family assistants amounted to 93% in 2020. The number of family assistants was increasing year on year, from 2,105 in 2012 to 3,934 in 2019, to decrease to 3,824 in 2020 (Ministerstwo Rodziny i Polityki Społecznej, 2023).

The act has imposed a number of different tasks on the family assistant. These include helping the family to solve its social and psychological problems, taking part in social and professional activation and motivating parents and children to take advantage of various forms of support and integration. Therefore, it is not just education and emotional support but assistance with official matters, monitoring and remedial actions. As mentioned by Głębocka (2021), some functions of social workers, who until then have considered themselves specialists in family support at the local level, were challenged by the legislator. Their roles of diagnosticians, family educators, resource and mental support providers, as well as intermediaries between the school (or other institution) and the family, were questioned. The objective of replacing "ineffective" social workers with potentially "effective" family assistants positioned the two professional groups in a situation of needless confrontation (Głębocka, 2021). These animosities continue to this day. At present, it is the family assistants who envy social workers their allowance for extra holiday, fieldwork and bonuses on the occasion of Social Workers' Day. They complain about poor cooperation, being bossed around by social workers, being commissioned to carry out other people's tasks, or insufficient involvement in work performed with families with children.

Apart from several clauses in the act and the regulation on the training of candidates for family assistant, there were no uniform guidelines for the role. The environment was not prepared for the introduction of the service. Work standards and documentation templates were created thanks to bottom-up initiatives. Family assistants working in the same region exchanged their materials and ideas. The manual entitled *Metodyka działania asystenta rodziny* (Eng. Methodology of a family assistant's activity) (Krasiejko, 2010) was used in staff training. Only in 2016, the Ministry published a manual entitled *Asystentura rodziny – rekomendacje metodyczne i organizacyjne* (Eng. Family assistance – Methodical and Organisational Recommendations) (Krasiejko, 2016) and, following the introduction of the Act on Supporting Pregnant Women and Families, also training materials.

For many years, the Ministry obtained funds from the state budget to subsidise the positions of family assistants (2012–2019). In 2012, a special *Ministry programme for supporting the family and the system of foster care for 2012–2013* was created, followed by the *Family assistant and foster care coordinator programme*. Money was also

provided for this purpose from the Labour Fund. Unfortunately, it was not known how long this financing would be provided for. The Ministry initially mentioned a period of three years. At the end of each year, the managers of social assistance centres which benefited from the programme did not know whether there would be money available to extend contracts with family assistants. In some cases, ministerial programmes were launched around June, and the money came in late. As a result, some boroughs experienced an interval in the provision of family assistance, and those employed in the previous year on a fixed-term contract or on a contract for service had to look for other employment. The results demonstrate a lack of continuity in working with families and changes of assistants attending the same families, which cause the families to show resistance to yet another person accessing their personal affairs. This increases the time spent working with one family.

Article 17.2 of the Act of June 9, 2011 on Family Support and Foster Care System ([Polish] Journal of Laws, no. 149 item 887) provides for two types of flexible forms of employment. The work of a family assistant may be performed within the framework of an employment relationship under a task-oriented work schedule or a service provision contract to which the provisions relating to a contract for services apply. While making the working time of family assistants more flexible seems justified, as they should be able to visit families in the afternoon in order to meet parents who work during the day or children attending school and accompany family members on errands that cannot be done by 3 p.m., employing family assistants under a contract for service has many negative consequences. Above all, the flexibility of the civil-law contract has become a tool for cutting expenditure on the implementation of family assistance. The low costs of employing staff in this manner are more beneficial for both boroughs and employers. However, this is at the expense of employees, as employment under a contract for services means that they cannot take paid holidays, receive any allowances (such as a bonus, 13th salary, allowance for clothing or cleaning products) and take advantage of the Company Social Benefits Fund (which offers holiday subsidies, loans, hardship benefits, Christmas gifts, sports cards and tickets to cultural events). Employment under a contract for services is associated with job insecurity (Krasiejko, 2016).

It can be seen from the table above that, compared to 2020, the year 2021 shows a slight increase in the expenditure of boroughs related to the financing of the employment of family assistants. More than a half of the family assistants initially working in 2013 were employed under a contract for services. This began to change in 2017, when the Ministry decided to give priority under the *Family assistant and foster care coordinator programme* to boroughs employing family assistants exclusively under an employment contract in the process of obtaining funds from the state budget. The employment rate based on this form of employment grew in the subsequent years.

The salary of family assistants, typically oscillating at the level of the minimum wage, is not adequate for the level of education, competencies as well as the multitude of tasks and responsibilities entrusted to family assistants. As a result, there is high staff turnover (currently 40% on a nationwide level), with poor working conditions and professional burnout cited as the most common reasons (Krasiejko, 2022).

As the number of family assistants increases, so does the total of families using their services – from 18,947 in 2012 to 41,096 in 2020. The average number of families per

Table 1. Quantitative data on the introduction of family assistance

Assistants and families in 2012–2020	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	
Number of family assistants	2,105	3,012	3,393	3,816	3,905	3,976	3,920	3,934	3,824[1]	3,786	drop
Percentage of boroughs where family assistants are employed	46.5%	69%	79%	93%	94%	94%	93%	93%	92%	91%	drop
Amount of state budget resources (targeted subsidy and from the Labour Fund)	PLN 17,300	PLN 30,000[2]	PLN 57,900	PLN 52,400	PLN 52,400	PLN 62,700[3]	PLN 52,500	PLN 49,100	PLN 4,400[4]	PLN 5,600[5]	
Amount of borough's own resources allocated to employ a family assistant	PLN 14,12[6]	PLN 24,284[7]	PLN 29,863[8]	PLN 59,690[9]	PLN 66,826[10]	PLN 87,107[11]	PLN 86,593[12]	PLN 98,035[13]	PLN 153,832[14]	PLN 169,969[15]	increase of 10%
Resources from other sources (including the European Social Fund)	6,959	7,096	5,095	no data	4,761	386 thousand	1,909	5,241	11,757	11,153	
Percentage of assistants under employment contracts (with the rest employed under civil-law contracts)	1,068 (approx. 50.7%)	1,584 (53%)	1,955 (58%)	2,548 (67%)	2,913 (75%)	3 251 (82%)	3,327 (85%)	3 379 (86%)	3 318 (87%)	3,291 (87%)	
Number of families receiving support from family assistants	18,947	31,503	37,876	41,739	43,390	44,748	45,483	44,324	41,096	43,188	
Number and percentage of families obliged by the court to cooperate with an assistant	693 (3.6%)	1,521 (4.8%)	2,368 (6.2%)	3,477 (8.3%)	4,568 (10.5%)	5,469 (12.2%)	5,464 (12.0%)	6,956 (15.7%)	7,932 (18.09%)	9,167 (21.2%)	

[1] 2.8% less than in the previous year; [2] an increase of over 110% on the previous year, more than 66% of assistant posts were financed from the state budget; [3] including from the Labour Fund for the implementation of assistance under the *For life* Act; [4] only an allowance in the form of a bonus for working in pandemic conditions; [5] only a one-off allowance; [6] 36.8% of total expenditure; [7] 35.51% of total expenditure – an increase by 72% on 2012; [8] 32.16% of total expenditure; [9] 54.1% of total expenditure; [10] 53.8% of total expenditure; [11] 59.2% of total expenditure; [12] 59.3% of total expenditure; [13] 64% of total expenditure; [14] 93.2% of total expenditure; [15] 93% of total expenditure.

Source: own compilation based on Ministerstwo Rodziny i Polityki Społecznej (2023)

family assistant amounts to eight in practice (according to the provisions of the Act, the maximum is 15). Families use the services of the family assistant for more than a year, sometimes as long as 10 years. This is due to a large number of long-term, interconnected family difficulties, including those linked to parental disability. There is still a limited number of women with pregnancies at risk and families with a child with a disability who, according to the provision of the Act on Supporting Pregnant Women and Families *For life*, which has been in force since 2017, would make the assistant a coordinator of the services to which they are entitled.

The visions of the early implementers of the service have come to fruition. In many parts of the country, family assistance has taken on a role that is caring, controlling and interfering in the lives of families. Often, it is not so much a service aimed at parents or the family as a whole but an action to protect children (Krasiejko, 2022; Kamińska-Jatczak, 2021; Ciczkowska-Giedziun, 2020). On some occasions, this takes place under the banner of providing support (Krasiejko & Świtek, 2015). Assistance was originally intended to be a voluntary form of granting assistance at the request of the family. However, there is a noticeable increase in the number of individuals referred to family assistants by courts: in 2012, it was 6%, and in 2020 – more than 18% of all families with whom the assistant worked. The rate of this increase is influenced, among others, by the introduction, based on the Act of March 18, 2016 to amend the Family and Guardianship Code ([Polish] Journal of Laws 1964, vol. 9, pp. 77–85), of a guarantee that a child would not be placed in care solely because of the poverty of the parents. This measure is applied only after all family support tools have been exhausted, i.e., also, after making use of the work carried out by the family assistant.

Data collected by the Ministry show that in about 45% of families, cooperation is terminated due to the results achieved. However, about 30% of parents decide to discontinue working with the family assistant. This is most often caused by the reluctance of the parents to an institutional representative interfering in the family's affairs. Families end the cooperation when they feel that the family assistant requires them to do things that they are not ready for at that particular moment, things they do not need, or things whose meaning they do not fully understand.

Support for the implementation of family assistants' services by borough authorities and institutional managers – perspective of the family assistants

In the last quarter of 2021, I conducted a study of the opinions of family assistants on the current state of family assistance and the calls for changes to the Family Support Act (Krasiejko, 2022). One of the study's objectives was to collect, analyse and describe the opinions of family assistants on the activities of borough authorities and the management of social assistance centres in regard to family assistance. The subject of the research were the opinions and declarations of family assistants on the conditions of their work created by the management and local authorities. My research was conducted by means of a diagnostic survey method, with the use of an online questionnaire. A total of 1,546 family assistants took part in the study, representing 40.3% of all family assistants employed in Poland. The study comprised 43.4% of family assistants with working

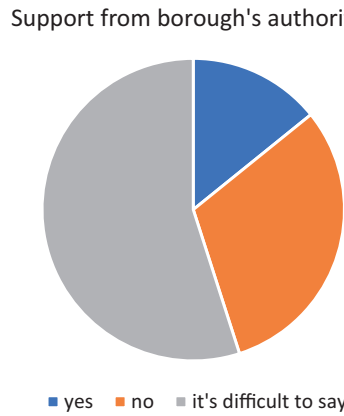

Diagram 1. Percentage distribution of answers to the question on whether borough authorities support the development of family assistance

experience of 1–5 years and 42.7% with working experience of 5–10 years. As many as 9.9% of those surveyed were new employees, and 4% were assistants with the longest work experience of over 10 years. The family assistants taking part in the study performed their work: in an urban setting – 42.6% of respondents, in a rural setting – 32.3% of respondents and in an urban-rural setting – 25.1% of respondents. Those participating in the study represented both large and single-person assistant teams. The largest group of respondents – 41.1%, carried out the responsibilities of a family assistant single-handedly in the borough. Small teams of 2–5 people made up 38.4% of those surveyed. Large teams were not as frequent, with those of 6–10 people accounting for 11.7% of respondents and those of more than 10 people accounting for 8.8%.

The Ministry has for many years (from 2012 to 2019) obtained funds from the state budget to subsidise the positions of family assistants. The intention was to demonstrate to borough authorities that spending money on employing family assistants was a worthwhile cause, as their work brought tangible results – fewer children are being taken into foster care, which generates savings in financial resources and social costs. Diagram 1 demonstrates how the boroughs' involvement in the development of family assistance is assessed by those who implement it.

Only 14.9% of the family assistants surveyed[3] are of the opinion that borough authorities care about family assistance. As arguments supporting the efforts made by borough authorities, the study participants cited retaining the position of family assistants and finding financial means when subsidies from the state budget for salaries and in-service training for employees were discontinued. Examples of the respondents' statements:

[3] Please note over 1,400 respondents participated in the survey carried out in 2021. The quotes provided below include the selection of the most appealing answers.

Financial means guaranteed in the budget for the performance of a family support task and the implementation of a borough family assistance programme.

Funds are secured in the borough budget for the remuneration of assistants, as well as for training to raise professional qualifications.

Respondents positively assess the adjustment of the number of family assistants to the existing needs. In order for the family assistants to apply the principle of individualisation of work, the number of families they work with should be between 5 and 10, not the statutory 15. Some boroughs succeed in maintaining the original work organisation standards, as demonstrated by the following statements:

They ensure an appropriate number of assistants.

They hired another assistant.

Employment of three assistants, reduction in the number of families to approx. 10.

Any family requesting the support of a family assistant will receive it. Six people are employed in the role; when someone leaves or goes on maternity leave, another person is sought.

The borough provides employment for a larger number of family assistants in social assistance centres so that these assistants are not burdened by the excessive number of families in need of help.

The family assistants surveyed are also positive about the allocation of funds by boroughs for their participation in training, supervision, conferences, bonuses as well as workplace equipment. Examples of the respondents' statements:

Family assistants' working conditions are similar to those of social workers (except for additional leave and allowance for fieldwork) – they receive bonuses, use a company car, and have their own workstation at the social assistance centre.

Employment contracts, fairly good pay, lots of full-time positions, training, conferences, and supervisions.

Respondents also point to various support measures on the part of borough authorities available in their daily work with families, as well as those leading to the expansion of infrastructure targeted at delivering social services. Here are some examples of statements made by the respondents:

I can count on support in terms of transporting the material goods acquired with the family and on the assistance of a lawyer employed by the Borough Office.

We have the opportunity to run a Family Club, which helps families to develop socially. This is funded from the borough budget.

They provide additional accommodation facilities.

Among other things, municipal authorities help to expedite the allocation of temporary accommodation for those in need and provide assistance in the search for solutions to problems.

As many as 32.4% of the respondents believe that the borough in which they work does not favour the development of family assistance. The main arguments quoted were the elimination of posts due to a reduction in financial resources available and the low funding allocated for the remuneration of family assistants. Examples of the respondents' statements:

One family assistant for 5,000 residents. So many needs and work is not taken seriously.

There is only one assistant for the entire urban and rural borough. I use my own car, and I don't get an allowance for fieldwork.

The number of families who need the support of an assistant is increasing, while the municipal authorities wanted to find savings by making one assistant redundant.

Only one assistant is employed for the entire borough, although there are so many necessities. Sometimes we have to compel the families to stay together so that the borough does not have to cover the cost of keeping a child in a children's home. The borough does not increase the funds designated for the salary of the family assistant.

I use my own car; the flat rate I receive is low. Despite my higher education, the salary is the lowest in the borough.

I have been working as a family assistant for three years and have had my contract renewed every two to three months for the past three years, sometimes with a gap of a month or three months as a result of insufficient funding.

Low salaries, lack of people willing to work, the people who work with families constantly changing, treating the family assistant as an inferior employee – with fewer skills, no privileges and additional tasks of a social worker.

Part-time work, excessive duties, fuel allowance calculated per mileage instead of a fixed sum for fuel, lack of support – all carried out as a sole entrepreneur. I'm under the impression that the borough considers the family assistant a bit of an unnecessary expense that they would be happy to dispense with.

I've been working since 2016, and I still have a part-time position because they still raise the argument that an assistant is not needed full-time.

No appropriate remuneration or bonuses. The allowance from the Ministry for the assistant in 2020 was treated as a bonus.

Family assistants also highlight the lack of or limited resources for the work carried out in the field. Examples of the respondents' statements:

Lack of funds for commuting to families.

There are no resources allowing an assistant to travel with a mother and her disabled child to the town to see a doctor for a diagnosis.

There is also a lack of resources for professional training, which would include training courses and supervisions. Some of the respondents' statements:

Giving an explanation that there are insufficient funds for training, overlooking the fact the borough has a family assistant.

We often exceed the limit of families, and no one verifies this; there is no psychological support, no supervision, and no one from the local authorities "notices" the profession.

There is a lack of opportunities for development or taking advantage of advisory services.

The respondents also complain about the low level of or lack of multi-professional cooperation and a small number of institutions and services supporting families with children in the borough. Moreover, the role of the family assistant is misunderstood, i.e., considered a profession with a care and control function rather than a supportive and educational function. The assistants complain about the low prestige of their profession. Examples of their statements:

There are no institutions or entities that provide assistants with support.

Poor facilities or, in fact, no facilities at the local level.

(...) as soon as the possibility of collaborating with another institution arises, support in the matter is denied. The authorities do not know what assistance is. For them, it's an unnecessary employee that they have to maintain.

I believe that we are not appreciated and supported by the borough. Courts treat us as probation officers appointed to supervise families, and there are more and more court orders issued which state: ***limiting of parental authority by working with a family assistant****.*

Very poor cooperation with school, police, courts; most institutions do not know about the existence of the family assistant. Very often, they have their own vision of my work and responsibilities.

If things happen in the family, it is the assistant who is to blame; we have no way of defending ourselves.

The local government and the management of the Municipal Social Assistance Centre worry most about tables, figures, statistics and that nothing bad (that could be of interest to the media) happens. A person – an employee – doesn't count.

To sum up, it is worrying that the majority of family assistants feel that the community authorities do not make efforts to develop support for families in their local environment.

The diagram below shows the opinions of family assistants regarding the support for the development of family assistance by the management of social assistance centres, NGOs, day care centres, family support centres, and social service centres, i.e., places where family assistants are employed.

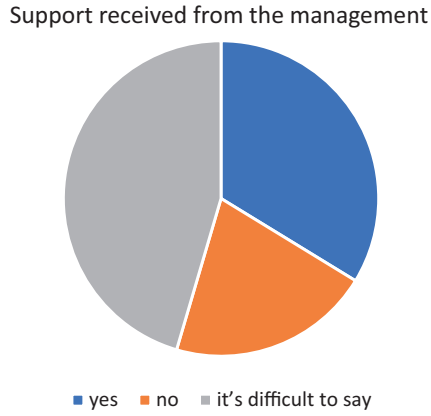

Diagram 2. Percentage distribution of answers to the question of whether the management of the institution employing the family assistant supports the development of family assistance

As many as 33.5% of the family assistants surveyed are of the opinion that the management supports their professional development and cares about their working conditions. Among the activities strengthening family assistance in the institution, the family assistants mentioned: the ability to participate in training and supervisions, substantive and emotional support in difficult situations with families and appropriate organisation of the family assistant's work. Examples of the respondents' statements:

We have a team created, a manager of our own. The management tries to make sure that we have similar working conditions to the social workers; our posts are stable.

The manager of the social assistance centre is always standing by to support and help the assistant and is always there to offer advice. The manager also ensures that the assistant attends training courses.

The head of the day care centre is well-versed in family aspects, remains in regular contact with the assistants, organises bi-weekly meetings, supervisions and training courses, and motivates upskilling in the form of postgraduate studies and external training. Our head was the initiator of a support group for the day care centre staff, which is still active today. The group provides us with advice related to our work. It gives us support.

The work with families is carried out in close cooperation with the units working with families, as well as our own through cooperation with the centre's staff and extensive support given by the management. It is then possible to ensure such support measures, which are designed to provide a comprehensive range of assistance to families in difficulty.

The manager is always interested in my work. I asked her several times to accompany me on a visit to a family, and she never refused.

They offer advice; I am treated very well. For example, just like other employees, I receive a uniform allowance, cleaning products, and a bonus on the occasion of Social Worker's Day.

We undergo training; we are supported by our boss who we can consult on difficult cases; our boss corrects the attitudes of social workers so that the assistant deals mainly with care and upbringing issues instead of everything and alone.

Provision of training courses, materials needed for the work, support in problem-solving.

Training workshops, interdisciplinary meetings, salary supplements equivalent to those of social workers, supervisions and the option of receiving individual support from a psychotherapist.

Providing the ability to participate in training, reimbursement of travel expenses to get to families, provision of business equipment (phone, laptop).

We receive a salary supplement – the same one that social workers get. We are sent on training courses – and it is the workplace that covers the costs. We work under an employment contract based on a task-oriented work schedule – in line with the Labour Code.

The opportunity to participate in training both to improve professional competencies and to update our knowledge with regard to the upcoming changes.

The opportunity to consult on actions taken and to discuss the more difficult cases with management. Encouraging and enabling participation in training, opportunities for supervision.

One respondent appreciated the opportunity to implement innovative projects and group activities. This is evidenced by the following statement:

> *The advancement of family assistance is supported through the introduction of innovations, additional activities for families and the work of assistants on the basis of a solution-focused method.*

From the above statements, it is evident that family assistants appreciate the actions of their superiors regarding the care taken of their working conditions and work organisation as well as the emotional support given and advice on how to help families. It is also important for them to build cooperation between institutions and observe a clear division of tasks between the family assistant and the social worker.

The questionnaires included statements by 20.9% of those surveyed stating a lack of support from their immediate superiors in carrying out their professional tasks. Poor working conditions and excessive bureaucracy were most often cited as supporting arguments. The respondents pointed to the lack of funds to cover the commute to families and auxiliary educational resources as well as the lack of office space. Some examples of the statements provided:

> *The management does not care about the employees. They do not seek to improve working conditions. The management is actually adding to my responsibilities. I have completed family therapy and the first degree in Solution Focused Therapy – how about support groups? However, that would be on the same terms as before, i.e., part-time and with the same salary of PLN 1,080. More training bought with your own money means more responsibilities from the management. No appreciation, no respect for the dignity of the profession.*

> *Great emphasis is placed on the accuracy of the documents. We have this saying: if you have to choose between contact with a client and taking care of documents, choose paperwork.*

> *No allowances for fieldwork, no special allowances. No additional leave, no adequate fuel reimbursement. Lack of training. There is more and more paperwork to fill in, and people forget that our job is to support and help the family rather than prepare endless documentation.*

> *Looking at my salary, i.e., the national minimum wage, it is safe to say that the authorities are doing nothing for the family assistant. Nor does anyone mind that employee rotation is very high when it comes to family assistants.*

> *The manager of the social assistance centre does not want to employ the assistant under a contract of employment, but only based on a contract for service; the manager also does not want to agree to the assistant's participation in training.*

The family assistant is left out of meetings, important events, supervisions, and treated as the lowest in the hierarchy of the social assistance centre.

For a long time, I didn't have my own workstation, desk, or computer, and during the pandemic, I had to work from home because I was afraid I would infect staff with something I picked up from the field. I earn PLN 2,400 per month, which I consider an insufficient salary for taking responsibility for 14 multi-problem families.

Assistants also complained about excessive control:

The management does not take us seriously; they expect us to account for our working time, they call our clients and check how much time we spend there and what we talk about. They permanently give us additional duties from other departments. They treat us as if we didn't do anything, making us guard the front door and serve petitioners during the pandemic.

The centre is busy adding the necessary documentation in order to wield control over the assistants and maintain its sense of security. The authorities of the Municipal Social Assistance Centre have no idea about our work. The result is a shortage of people working in our profession (pitiful salaries, high demands and very demanding responsibilities).

The respondents pointed out organisational shortcomings, e.g., in the division of tasks between family assistants and social workers. They also indicated the management's lack of knowledge or understanding of the specifics of the family assistant's methodological activities. Here is a selection of statements:

Too many families and inability to devote enough time to them – due to lack of time. The lowest possible salary and the lack of allowance for fieldwork are an insufficient reward for the enormous amount of work performed by the assistant, also often on behalf of other services. Lack of economic motivation due to lack of career advancement prospects, lack of development and supervision opportunities.

The family assistant is expected to be the caregiver, the policeman of the family. Instead of real family support, we are expected to exert control. The manager and social workers say to the assistants how to work, expecting immediate results. Assistance is about working with people; it takes time and patience.

The management of my social assistance centre treated the assistant as an informant and told the assistant to supervise, control the families and report every stumble.

As part of their work at the centre, assistants are expected to perform the duties of a social worker. The family assistant works alone in the community. I receive no support from the social worker; I perform the social worker's duties. This situation has not changed for many years, even though working with families over the years has become harder.

They treat you like a spy.

The authorities are actually restricting our ideas in our work with the families and try to persuade us to adopt a more official attitude towards the families and their needs, which I disagree with.

Too much office work and documentation to fill in leaves little time for genuine work with the family.

Stop treating the family assistant as the person responsible for every failure in the family. Equal treatment – also financial – with social workers. Treating the assistant as a person who is to teach families something, to educate them, to have time to organise workshops for families and children, and not just to focus on the constant creation of notes, for which there is never enough time.

The lack of support from managers results in feelings of loneliness and the fear of making a mistake, which can lead to professional burnout. Examples of the respondents' statements:

I'm ***left to fend for myself****; no one is interested in my work; they just make demands. I often feel that I am expected to be all-knowing in my work.*

My superiors, despite verbal and official written reports, have no idea what I face in the field and how difficult these people really are.

The lack of support, opportunities for development, and motivation to work, the enormity of tasks, too many families, being told to stop working with the family because there are other families in need.

Nobody is interested in me, in what I do, when I do it, and where I am. I work full-time, and I am left out of all the events at the social assistance centre, training courses, etc. They only like to listen to me when there are some happenings going on in my area. I didn't have a desk and or a computer for five years.

The lack of understanding, lack of help, adding obstacles to our work, low pay, having to use our personal cars, dumping nonsensical tasks on the assistant, regulating the assistant's work according to their own needs, billing work time according to what other employees are bothered by, making lots of phone calls to the assistant during home visits and a whole lot more.

The social assistance centre authorities have excessive expectations in terms of the results of the assistant's work.

The assistant seems to be only responsible for the family. You have no support, and instead you always obtain information that you are working badly, the method of working

with the family changes constantly, most often by the previous arrangements made with the management being negated; the assistant is even blamed for child protection measures.

Despite more than 10 years of providing family assistance, some of the family assistants interviewed admitted that their managers did not understand what assistance should be and expected rapid changes in the functioning of people with low cognitive skills and suffering from post-traumatic disorders and those who had no social support or role models in looking after children on a daily basis.

The statements of the respondents point to a recurring error regarding the organisation of work, causing quantity to translate into quality of action, which gives mediocre results. Here is one such statement:

The excessive number of families with multiple problems (15 families) means that there is not enough time to support everyone in solving their problems.

To sum up, most family assistants complain about the conditions of their work in the social welfare centre and the lack of understanding of their role by the management staff. Family assistants were also asked about the turnover of assistants in the institutions where they work. The results of this part of the study are unsettling. Staff changes not only have a financial cost in terms of having to train another employee but also a social cost, such as the breaking of assistant relationships with families or the lack of continuity of support for families with children.

In more than half of the institutions there are family assistants resign from their posts. According to the respondents, the most common reason are poor working conditions. In addition, there is also a sense of professional burnout. Factors associated

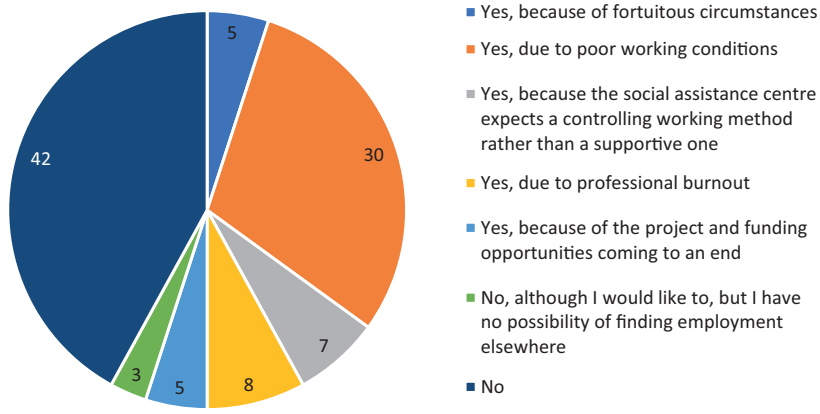

Diagram 3. Staff changes in regards to family assistance in the institutions employing family assistants – answer to the question: "Is there a high staff turnover in the institution where you work, i.e., do assistants quit their job often?"

with family assistants leaving their positions include not being able to fulfil the mission of supporting families and the closure of the position.

Family assistants also complain about the low prestige of the profession, the lack of understanding of their role and the lack of opportunities for advancement. Examples of the respondents' statements:

The director does not care about increasing our wages; more and more people are getting laid off, there are a lot of vacancies, so the limit of assisted families is increasing once you add the stand-ins.

A profession that is needed and with potential, but with this attitude of governmental and local authorities towards assistants, this profession is doomed to extinction as there are not enough people willing to practice it. Assistants are the most undervalued profession there is.

I think we are the least appreciated group of employees at social assistance centres. The responsibilities of social workers and probation officers are shifted to us.

It's an underestimated profession. Thanks to our efforts, children have the chance to stay with their biological family, which saves money for the boroughs because they do not have to subsidise foster care.

In the town where I work, the family assistant is also seen as a supervisory and controlling body of the family, which is not compatible with my vision of assistance. Our work is just as hard and important as that of other people working with families, yet it is still not appreciated. Many people working with assistants still do not know what family assistance is and what tasks the family assistant should perform. Another important fact is the salary. I, as a family assistant in a large voivodeship town, earn the national minimum wage, while the path to promotion is very short and involves very little profit. It may be worth leaning towards standardising the salaries of assistants.

Sometimes I have the feeling that the assistant is treated like a cure for all evil, a miracle worker. Texts such as: after all, there was the family assistant, when something bad happens, they make a person feel like they can't go on any longer.

We are treated like a cure for all evil, we are tasked with the dirty work, and our wages are at the lowest possible level. Family assistants enjoy low professional prestige; we are often treated like cleaning ladies and babysitters, while we often have higher education degrees and a lot of professional experience.

Many of the professionals I work with are completely clueless about what I should really be doing. More often than not, the assistant is assigned the role of controlling the family rather than supporting it.

Family assistance is one of the most underrated professions. Nothing positive is said about assistants in the public sphere. We are only mentioned when something bad happens in the family. The public perceives us in a negative manner. A family assistant is supposed to work with a family for three years; unfortunately our work sometimes goes on for eight years!

It's a beautiful idea, but the low salaries, the lack of commitment of social workers to work together, the burden of responsibility for things beyond your control – it all clips your wings.

Conclusions and recommendations

Supporting families through assistance is considered by its practitioners as a worthwhile idea, and it can contribute to improving parents' child-rearing skills and their household management skills, strengthening the bonds between family members. An additional expected success is the integration of individuals and families into social life by enabling them to regain control over their own lives (Krasiejko & Imielińska, 2011; Miller, 2011). However, if family assistance is organised inappropriately and implemented at the lowest possible cost, then this noble idea becomes a pipe dream. Assistants feel overworked, depleted and undervalued, as was demonstrated in the statements of those interviewed. Highly competent people decide to leave their jobs or retrain. They apply for positions of social workers or specialists (educators, psychotherapists). The presented results of the research conducted on a large sample of family assistants were previously confirmed by other studies (Krasiejko, 2013, 2016; Zborowska, 2017, Ciczkowska-Giedziun, 2020; Kamińska-Jatczak, 2021). Family assistance in the form of a supportive and educational activity, with a high organisational level and good working conditions – as outlined by the original concept – is implemented only in isolated areas. The care and control approach to work, together with functional assistance based on simple activities meeting the basic needs of families, are increasingly enforced on family assistants. It is a pity that the aspirations of assistants – who form a professional community – to apply the therapeutic dimension of assistance are being squandered (Racław & Trawkowska, 2021). Genuine, long-term cognitive, emotional and behavioural changes in family members can be implemented by an individual with a high level of substantive and methodological competencies, with access to training in transgenerational trauma, the rebuilding of family bonds, and providing motivation based on a non-directive approach. Working conditions and remuneration should be appropriate to the employee's competencies and the specific nature of the work performed. Family assistants carry out their activities in the families' living environment and assist them during visits made to institutions. There should be money available to cover such activities. The money earmarked for the family assistant's post should not be limited to the national minimum wage. These funds should include money to cover travel to families and institutions, materials dedicated to parental education or activities aimed at children or family groups, as well as office supplies. Family assistants should receive financing for their participation in training courses

and supervisions. They should not work with more than 10 families. Only then is it possible to carry out a series of visits to the community, aimed at overcoming the initial resistance of families, establishing cooperation and the involvement of families during the diagnosis, planning and assessment of the situation. With a large number of families, genuine assistance is not possible, one that would include, e.g., accompanying the family in diverse daily activities, training in parenting skills and household management, handling official matters, overcoming crises, and working with relapses into old habits or dysfunctional behaviour.

Changes in families are also possible if these families have access to other providers of healthcare, educational, therapy, sports and recreation services in the vicinity, while their representatives know how to cooperate with each other. The family assistant should be familiar with the local services that are available for families. The activities of the assistance and intervention professions should be coordinated. Another matter raised is the need to identify and properly separate the areas of activities and tasks of the family assistant and the social worker (Krasiejko, 2013, 2019; Racław & Trawkowska, 2021).

Boroughs are obliged to draw up their own family support programmes applicable for a period of four years. According to the research conducted, in many areas the implementation of these programmes is simulated due to a lack of finances. Boroughs are obliged to create opportunities for families to receive family counselling, mediation, family therapy and for children to participate in day care centres. Each borough should employ an assistant who can support a maximum of 15 families with children. The assistant should be able to participate in training. For the time being, there is no provision in the law to provide family assistants with supervision, although it is known that this form of support is essential in this work. Attention is also drawn to the poor cooperation between the borough and the poviat in working with families whose children are in foster care. Another worrying aspect is the poor level of cooperation between social assistance and health care institutions. The assistants also complain about the tardiness of the courts, not taking into account the fact whether the child is supposed to be raised by the parents and disregarding the family's situation when decisions are made by the social assistance centre. Borough authorities should take care of interdepartmental coordination and foster the development of the third sector. There are a number of good practices in this area. Not so long ago, co-operative models were put to the test, both in urban, rural and urban-rural settings[4].

Social service centres can be found in several dozen locations in Poland. This is a major step by the authorities in these boroughs towards deinstitutionalisation. The advantage of the social service centre is that it has been designed as a one-stop institution. Families can agree on individual social service plans with the centre employees and, within the framework of the agreed plans, for a period of 3–12 months, take advantage of the various forms of support that will be granted by local service providers. Importantly, there is no need to book individual appointments with each of these providers, attend additional initial visits or collect documentation. The services

[4] See: *Modele kooperacji. Księga rekomendacyjna* (2021). Regional Centre of Social Policy in Rzeszów.

currently provided at the borough level become integrated but in a dispersed way. In consequence, the assistant can, in consultation with the coordinator of the individual social service plan, offer the family a whole package of services so that it receives comprehensive assistance adapted to its needs and rhythm of life – arranged in a monthly schedule.

A novel idea in many places in Poland may be to invite the family to meetings with staff in order to co-determine which services the family wants to use and at what time. Moreover, social service centres enable the placement of family assistance outside the social assistance centre, in a place designed for the general public. It could change the image of assistance as dedicated only to dysfunctional families at risk of having their children taken away. In addition, family assistants will be able to use local community organisers to help the families they are supporting to take advantage of the resources available in the community, such as neighbourhood support, voluntary work, and support groups (Krasiejko, 2021).

The centres are intended to bring together and integrate the various assistance professions, both those employed in the centre itself and those providing social services in entities cooperating with the centre. Each professional should perform work according to their role and assigned tasks. In addition to the family assistant, there are many representatives of different entities who work with families, especially those who are unable to meet their children's needs on their own, namely: social workers, school teachers, school and kindergarten teachers, psychologists, psychotherapists, primary care nurses, family doctors, day care centre employees, therapists and physiotherapists, sports coaches, vocational counsellors, probation officers and even neighbourhood police officers. Representatives of the foster care system also work with families on their reintegration: foster families, family foster care coordinators and employees of children's care and education centres. The multiplication of activities and sometimes even the lack of conformity to expectations do not guarantee effectiveness. Coordination of activities makes them more uniform and reduces their number. In this way, there is a greater chance of achieving a common goal, as well as the combination and attainment of the family's objectives and those imposed by prescriptive institutions, such as the court. This happens through joint arrangements and the division of tasks between family members and individuals representing different areas of assistance (Krasiejko, 2021).

It would be, therefore, worthwhile reconsidering the working conditions of the family assistant at the central and local government levels. Borough authorities and the management of social assistance centres or NGOs should make efforts to ensure that family assistants provide a high standard of service in their local family support systems. It is worth following the example of boroughs where the implementation of family assistance is carried out at a high level.

The community of family assistants, as pointed out by Głębocka (2021), participates in the negotiation of objectives and working conditions, revealing threats to the fulfilment of the professional role, including those related to the way the role is conceived and the working conditions. This community creates its own space in the form of the past 10 Family Assistants Rallies, during which various issues were discussed and publicised. The collective of family assistants talks to the Ministry

and local authorities about the difficulties of the role, opportunities for the profession to perform well, standards of the assistants' practice, and their working conditions. The National Association of Family Assistants (Pol. Ogólnopolskie Stowarzyszenie Asystentów Rodziny) has already submitted its requests for changes to the Act on Family Support and Foster Care System to the Ministry of Family and Social Policy on several occasions. It is imperative that this voice is heard.

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Medico-social and psychological model of rehabilitation of children with neurotic disorders who are in foster families under conditions of social stress

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Abstract

The article discloses the main original results of the study of children suffering from obsessive-compulsive disorder (OCD) in foster families in the territories of Ukraine liberated from the Russian occupiers. The substantiation of the medico-social and psychological model of rehabilitation of children with neurotic disorders who are in foster families under conditions of social stress caused by the war in Russia is given. For the first time, on the basis of the definition of the differential typology of the obsessive-compulsive symptom complex, a program of thorough treatment of patients with the mentioned disorders with different nosological affiliations was scientifically substantiated and developed as a combined system of psychopharmacotherapy and psychotherapy. It is the expansion of clinical ideas about the typology and registers of the obsessive-compulsive symptom complex as well as the expediency of taking them into account in therapy that made it possible to increase the effectiveness of treatment and rehabilitation measures for patients with this disorder. The comprehensive treatment program, which includes the first developed and implemented focal differentiated psychotherapy depending on the types of the obsessive-compulsive symptom complex, is specific and available for the use of psychiatric and psychotherapeutic help, social adaptation of this contingent in foster families, which is very important from the point of view of social policy and the development of its theory.

Keywords: obsessive compulsive disorder, schizotypal disorder with dominant obsessive-compulsive symptoms, typology diagnosis, complex treatment program

Introduction

Children from the territories liberated from the Russian invaders received and continue to get help from specialists in psychiatry, and psychotherapy along with the assistance that social services grant for foster families. However, in times of war, as the battle line approaches, systemic relationships in the dyad "Foster Family" – "State" undergo drastic changes. In particular, we have lost the ability to measure quantitatively the extent of reaching out to adopted children by state social services. The main goals of the said services are to protect children's life and health. According to the most recent information published by the Ministry of Social Policy, as of December 31, 2020, in Ukraine, there have been 1,235 orphanages run by families and 3,172 foster families. The general trend at that time was that the number of foster families decreased (by 174 families or by 5.5% compared to 2019) and the number of orphanages increased (by 82 families or by 6.6% compared to the same year)[2].

Various situations arise in conditions of social stress, and therefore, the level of response to them, manifestations of behavioural changes, will be different for each child.

[2] Ministry of Social Policy of Ukraine. The protection of children's rights is one of the priorities of the Ministry of Social Policy. Ministry of Social Policy. (2021). *Захист прав дітей є одним із пріоритетів Мінсоцполітики*. https://www.msp.gov.ua/news/20075.html?PrintVersion.

However, they all have one thing in common – anxiety. It is an axis around which all other elements line up: bad mood, decreased activity, and depersonalisation ("I have changed, I am not the same as others"). This applies especially to the cases when adopted kids compare themselves with peers who have natural parents, and to the cases of deactualisation ("The world has changed, it is not the same as it was before"). Therefore, in such cases, children need long-term therapy, sessions with a psychologist or psychotherapist, consultations with a psychiatrist, and social protection.

The comparative results of the study after the implementation of the complex treatment program allowed for determining the criteria of its effectiveness: a decrease in the level of anxiety and depression, an increase in the quality of life, and the use of more mature mechanisms, psychological protection and coping behaviour.

The traits of character and the proclivity for frustration in the child patient's personality play a significant role in adaptation to stressors. Psychotherapeutic correction, in turn, requires the development of an applied psychological model of rehabilitation at various levels. It makes it possible to reduce the maladaptive protective activity of the patient, promote the restoration of broken personal relationships, to improve awareness of one's capabilities in conflict resolution (Eterović et al., 2022; Tyrer et al., 2021a). For differentiated and adequate therapy of such patients, an analysis of the relationship between personal characteristics and neurotic disorders is necessary. It will significantly improve their mental state, reduce the clinical manifestations of the disease, as well as increase the effectiveness of the therapeutic effect of a biological nature and the possibility of developing an individual medical and social rehabilitation program (skills training, skills programming, resource coordination, resource modification) (Tyrer et al., 2021b; Maxwell et al., 2022; Krychun, 2013).

Thus, the problem of rehabilitation of patients with neurotic disorders comes to the front not only within the framework of psychiatry but also in general medicine (Krychun, 2014; Tsintsadze et al., 2015; Boltivets, 2016).

Considering all the above, we have completed an investigation of the patients with obsessive-compulsive disorder (OCD) in foster families. The factors that emphasise the social and clinical significance of new research on obsessive-compulsive symptoms (OCS) are the frequency of the disease, the severity of symptoms, frequent chronicity, and subsequent disability (Pyliahina et al., 2016; Krychun, 2016). The specificity of this disorder significantly worsens the social adaptation of patients: it makes it difficult to study and acquire social skills (Chelyadyn et al., 2016; Boltivets et al., 2017). The prevalence of the disorder justifies the need for optimal therapy, and the use of psychosocial means (Krychun, 2017; Boltivets et al., 2018).

For this purpose, we have carried out the theoretical justification and provided a practical solution to an important task in the field of psychiatry, namely, the formation of criteria for the development of an algorithm for treatment and rehabilitation measures. Also, we have created a toolkit for the differential diagnosis of OCD, namely of OCD and schizotypal disorder with dominant obsessive-compulsive symptoms (SCD with OCD) on the basis of detection and analysis of their clinical typology.

A total of 165 patients between the ages of 7–16 with OCD symptoms took part in the study under informed consent. These persons underwent inpatient treatment at the Territorial Medical Association (TMA) "Psychiatry" in Kyiv and outpatient

treatment at the Department of Psychiatry, Psychotherapy, and Medical Psychology of Shupyk National Healthcare University.

Using the criteria of ICD-10, we formed two groups. The first group, F42, included 96 patients (58.2%) diagnosed with OCD. The second group, F21, included 69 patients (41.8%) diagnosed with a schizotypal disorder with dominant obsessive-compulsive symptoms (SCD with dominant OCS).

In group F42 there were 17 children from foster families and family-type orphanages or 17.7% of the total number. In the F21 group, the number of children from foster families and family-type orphanages was 12 or 17.4% of the total number of children in this group. The main component of optimising treatment and rehabilitation, namely, the focus on four types of OCS, made it possible to eliminate these differences in family types. It also allowed the development of a differentiated program of complex treatment and the implementation of a procedural and algorithmic path for a patient with OCS.

The data obtained permitted also the development of an effective psychotherapeutic programme for the contingent understudy, which included the use of cognitive-behavioural therapy (CBT) and Gestalt therapy (GshT). The therapy consisted of 26 sessions, each lasting 60 minutes. The first and last sessions were exclusively diagnostic. Further work was performed with the obsessive-compulsive (OC) cycle, protection mechanisms, and family psychotherapy.

Thus, we developed and implemented a differentiated program of complex treatment and an algorithmic path for a patient with OCS. The analysis of the results of the medical and rehabilitation work made it possible to conclude that the use of such a therapeutic complex contributed to the reduction of OCD symptoms, the shortening of the duration of treatment and the increase of periods of remission, the improvement of the quality of life and social functioning.

Goal, object, subject and methods of the study

Based on the study of clinical and psychopathological features of OCD and typological variants of OCS, we developed differentiated PsT for the patients and optimised approaches to their psychosocial rehabilitation.

The object of research is obsessive-compulsive disorder, whereas **the subject of the study** is the clinical-psychopathological features and dynamics of the development of OCD, the quality of life and features of social support of patients in foster families, their treatment and rehabilitation.

Differentiated PsT for this contingent of patients on the basis of typological variants of OCD has been implemented in the practical work of the territorial medical association “PSYCHIATRIA” in Kyiv and the Regional Psychoneurological Hospital No. 3 in Ivano-Frankivsk, the Clinic of Occupational Diseases of the State University Kundiiev Institute of Occupational Medicine of the National Academy of Medical Sciences of Ukraine.

The results of the study of differential diagnosis and the use of PsT in patients with OCD are included in the programme of training cycles for psychiatrists,

psychotherapists and doctors – psychologists at the departments of psychiatry, psychotherapy and medical psychology of the P.L. Shupyk National University of Health Care of Ukraine, O.O. Bogomolets National Medical University, Kyiv, Department of Psychiatry, Narcology and Medical Psychology, Ivano-Frankivsk National Medical University and the State Institute of Family and Youth Policy of Ukraine.

The programme-targeted organisation of the research determined the staged and sequential nature of its implementation. The research design involved several stages: screening, formation of research groups with OCS and clinical-typological subgroups to evaluate the results of PsT application before and after treatment.

The study of the symptoms of OCD was carried out using the clinical scale of obsessions and compulsions (Yale-Brown Obsessive-Compulsive Scale and Symptom Checklist, Y-BOCS), which made it possible to assess the severity of the course of OCD; Hospital Anxiety and Depression Scale (HADS); quality of life assessment scales; the Multidimensional Scale of Perception of Social Support; the "Life Style Index" questionnaire (LSI), the "Psychological diagnosis of the strategy of coping behaviour" method.

Statistical data processing was carried out using the program SPSS 16.0 and Microsoft Exel from the package Microsoft Office 2003.

Methods of the study included clinical-anamnestic, socio-demographic, clinical-psychopathological, psychodiagnostic, catamnestic, and statistical.

Research results

During the study of the clinical and psychopathological traits of the OCS in the groups, we discovered the following. Estimating the OCS severity indicators (with the clinical Y-BOCS scale) in the groups, we have seen that the severity of the course of OCD in the F42 group was moderate, whereas in the F21 group, prevailed both moderate and severe degrees.

Clinical level of anxiety and depression (according to the HADS scale) was statistically significantly more common in the F42 group than in the F21 group ($p=0.001$). On the other hand, the patients of the F21 group more frequently showed a subclinical level of depression than those of the F42 group (20.1%, $p=0.004$). A lower level of anxiety and depression in F42 patients is explained by reduced criticism of their condition.

The pathopsychological study of patients proved that the difference in the formation of OCS in groups F42 and F21 had a psychological foundation. So according to the Quality of Life Estimation scale, 55.1% of the patients in the F21 group estimated their quality of life as average, while 60.4% of the F42 ones estimated it as low ($p=0.001$).

Also, we obtained the survey data according to the MSPSS various scale: 68.8% of patients in the F42 group felt support from family and in 27.1% of cases – support from friends, on the other hand, 49.3% of patients in the F21 group found support only in the family circle.

The testing of patients according to the LSI scale proved that within different registers of psychopathological disorders, completely different mechanisms of psychological

protection are realised. Namely, the patients of the F42 group showed more mature variants of the protective structure ($p<0.05$): reactive formation (68.8%), rationalisation (59.4%) and repression (75%). At the same time, other styles of protective mechanisms were characteristic for the patients of group F21 ($p<0.05$): regression (58%), substitution (62.3%), repression (60.9%), and reactive formation (37.7%). Defence mechanisms such as displacement and reactive formation were common for both groups.

As for the testing with the Coping Behavior Diagnostics (CBD) scale, in the F42 group prevailed coping strategies aimed at reducing emotional discomfort ($p<0.05$): distancing (54.2%), self-control (67.7%), and seeking social support (44.8%). At the same time, the F21 group was dominated by self-control (73.9%) and escape avoidance (55.1%).

The main goal of our study was to determine the clinical typology of the OCS (Table 1).

Principal components analysis and multidimensional regressions made it possible to discover and describe relations between particular clinical parameters specific to each type of OCS. According to the results obtained with the Y-BOCS scale and their evaluations for each patient, 14 main factors were selected from the whole list of symptoms. The Quartimax procedure was the methodological basis of the conducted analysis. It assesses the importance of individual symptoms in the formation of factor loadings. With it, we were able to distribute factors by the sets of specific symptoms correlating strongly for each of the selected four components (a set of certain factors). These could be interpreted as separate types of OCS.

As we studied two groups of patients: with OCD and with SCD with OCS, we conducted a similar factor analysis within each group to determine the specificity of the distribution of factors (components) and the weight of individual symptoms in each group.

For the patients within the OCD group F42, the first three components were significant, i.e., the following types of OCD: T-incompleteness, T-avoidance, and T-ambivalence. For T-incompleteness, symptoms of symmetry and order compulsion ($r=0.895$), rituals of repetition ($r=0.637$), and obsession with symmetry and order ($r=0.526$) had the greatest weight. T-avoidance showed the most significant relationship with the following symptoms (in rank order): compulsive checking ($r=0.802$), obsessions with pollution ($r=0.781$), obsessions with religious content ($r=0.646$), obsessions with hypochondriac content ($r=0.589$) and cleaning compulsions ($r=0.511$). T-ambivalence was characterised by a strong correlation with the presence of sexual content obsessions ($r=0.814$), dysmorphophobic content obsessions ($r=0.813$), and aggressive thoughts ($r=0.686$). The symptom of compulsive neurotic excoriations is somewhat less significant for this group; however, it also has some significance ($r=0.532$). An important result was that for patients of the F42 group, the correlation of symptoms with component 4, namely, with T-accumulation, was completely uncharacteristic. Thus, it was proved that this type is not inherent in OCD patients.

The purpose of the diagnostic stage was to determine the type of OCS and their traits in various nosologies. An important component of the diagnostic stage was the determination of a differentiated psychotherapeutic prescription for the patients. It was found that depending on the register of psychopathological disorders

Table 1. Factor loadings quartimax-rotation of data from the Y-BOCS scale to determine components of OCS in patients

Symptoms	Factor loadings/types of OCS n=165			
	Component 1 (T-incompleteness)	Component 2 (T-evasion)	Component 3 (T-ambivalence)	Component 4 (T-accumulation)
Obsessions of symmetry and order	**0.643**	0.327	0.186	0.320
Obsessions of contamination	0.148	**0.732**	0.050	-0.203
Aggressive thoughts	0.022	0.268	**0.757**	0.034
Obsessions of hypochondriacal content	-0.379	**0.535**	0.016	0.257
Obsessions of sexual content	0.190	0.076	**0.706**	-0.210
Obsessions of religious content	-0.053	**0.653**	0.130	-0.378
Obsessions of dysmorphic content	-0.013	0.048	**0.786**	-0.068
Other obsessions	0.044	-0.012	0.085	**0.814**
Compulsions of symmetry and order	**0.793**	0.202	0.078	-0.034
Rituals of repetition	**0.748**	0.353	0.108	0.131
Compulsions of purification	0.264	**0.581**	-0.347	-0.335
Compulsive checks	0.192	**0.761**	-0.008	0.205
Compulsive neurotic excoriation	0,080	-0.006	**0.640**	0.090
Collecting and gathering compulsions	0,099	0.210	-0.137	**0.792**

and types of OCS there is a significant difference in the focal targets of psychoterapy (PsT). PsT in both groups was carried out for six months – 28 one-hour sessions once a week. The first and last sessions were exclusively diagnostic, and 24 sessions were therapeutic. The second session was devoted to the construction of a graphic image of the OK-cycle to determine the anomaly of its structure. In the minds of patients, the OK-cycle is the single continuum with which the individual copes with intrusive, Ego-dystonic (in patients of group F42) and Ego-syntonic (in patients of group F21) thoughts. The visualisation enabled patients, with the help of the doctor's explanatory information, to activate constructive self-configuration of thoughts and feelings, self-optimisation of actions, and self-restoration of the mental state.

The manifestations of the OCS that were reproduced in the graphical image of the OC cycle made it possible to determine the points or focal targets

of the psychotherapeutic intervention in the PsT. The point is a conventional zone where it is determined which type of therapy is the most effective – psychopharmacotherapy (PfT) and/or PsT (CBT and/or GshT). So, when it was an OCS related to point one (dominance of the compulsions against a high level of anxiety), it made sense to apply a psychotherapeutic intervention along with the CBT technics; in the case of point two (dominance of obsessive thoughts that directly led to significant anxiety alleviation) it was immediately necessary to prescribe the PfT; with point three (influence of exterior stimuli leading to obsessive thoughts) – the most effective way was to utilise the psychotherapeutic techniques of GshT.

As a result of the diagnosis, it was found that in group F42, in patients with T-incompleteness, the main manifestations of OCS were related to points one and three, which made it possible to conduct their therapy in the form of PsT, as monotherapy (MonoT). Whereas in patients with T-avoidance and T-ambivalence, the manifestations that dominated first were related to points one, three (designation of PsT), and then to point two. It was the main reason to prescribe combined therapy (CombT, a combination of PsT and PfT).

In F21 quite different types of OC cycle anomalies showed up. That implied implementation of another variant of PsT. Namely, in patients with T-avoidance and T-ambivalence initially dominated the symptoms associated with point two, and this required the initial prescription of PfT; then the transition to PsT took place when the manifestations of OCS associated with points I and III began to dominate. And only in patients with T-accumulation, the main focus of treatment was symptoms characteristic of point two, which made it reasonable to prescribe MonoT in the form of PfT to these patients.

Discussion

It was established that the diagnostic stage of the study made it possible to develop a differentiated PsT taking into account the clinical typology of OCS, its nosological affiliation and the register of psychopathological disorders.

The clinical stage of PsT was directly aimed at reducing the manifestations of OCS with a combination of PsT and PfT (CombT) or their utilisation in the form of MonoT. And it was the complex approach to treatment that ensured its effectiveness, which was proven in a repeated (after six months) and catamnestic (after two years in the F21 group) study.

Psychotherapy became the most valuable part of PsT in all types of OCS. And regardless of the OCS type and the register of psychopathological disorders, it turned out that it was appropriate to start PsT with the regulation of the external cycle, which means breaking the influence of anxiety on the onset of compulsions. We demonstrated that for the patients with all types of OCS in the F42 group (T-incompleteness, T-avoidance and T-ambivalence) and the patients with T-avoidance and T-ambivalence in the F21 group in the case of external cycle symptoms domination psychotherapeutic intervention lasting from three to six sessions was of primary importance. The further PsT was concerned with the symptoms of the internal OC cycle, i.e., with the resolution

of the subconscious transition of whatever external stimuli into obsessive thoughts through the exposure of reactions (needs). Such intervention, as an engagement with the personality, should be lasting because OCD is an external manifestation of the patient's subconscious internal conflict. In the formation of OCD or of SCD with OCS, unconscious needs block any manifestation of emotional experiences and are subject to personal control, and intellectualisation. Namely, this point served as the basis for a working psychotherapeutic hypothesis for persons with PsT.

For patients from the F42 group, the statistically significant focal point of PsT was the identification of defence mechanisms. Task common for all types in the group was dealing with ($p<0.05$) repression, regression, reactive formation, and rationalisation; for patients with T-incompleteness, it was also dealing with compensation; for patients with T-ambivalence, it was working with displacement. In the F21 group, we proved reliably that the focus of differentiated PsT for patients with T-avoidance and T-ambivalence was the development of the following defence mechanisms ($p<0.05$): displacement, regression, substitution, and reactive formation.

In the F21 group, we proved reliably that the focus of differentiated PsT for patients with T-avoidance and T-ambivalence was the development of the following defence mechanisms ($p<0.05$): repression, regression, displacement, and reactive formation. As for the persons with T-accumulation, we considered only the displacement mechanism.

Coping strategies, discovered in both groups with the help of the CBS scale, were also the focus of six months of personal therapy.

In the course of the study and implementation of the differentiated PsT, we have optimised PfT for patients with OCS. For patients of the F42 group, we prescribed medium-therapeutic and maximum doses of antidepressants (AD), and only when dealing with resistant forms of the disease – small doses of atypical antipsychotics (AP) and thymoleptics (TML). On the other hand, to reduce OCS in the group F21 patients, the prescription of atypical AP with the addition of medium-therapeutic doses of AD was mandatory.

After six months of PsT, we analysed the dynamics of the indicators obtained with the scales that we used during diagnostic studies. The analysis showed reliably that after the PsT in group F42, the severity of the OCD greatly reduced. In patients with T-incompleteness, T-avoidance, and T-ambivalence, the number of cases with moderate and mild OCD significantly decreased ($p<0.05$). It turned out to be characteristic for patients with T-incompleteness and T-avoidance that the manifestations of a severe course disappeared and the number of cases of absence of OCD symptoms increased ($p<0.05$).

It turned out to be characteristic for patients with T-incompleteness and T-avoidance that the manifestations of a severe disease course disappeared and the number of cases without OCD symptoms increased ($p<0.05$).

In patients in the F21, both with T-avoidance and T-ambivalence, the criterion for the effectiveness of PsT was a significant decrease in the extremely severe course of OCS and an increase in the mild course ($p<0.05$). Indicators of the severity of the disorder course in persons with T-accumulation did not change significantly. A positive criterion in the treatment was a decrease in the rate of severe OCS by 16.7%.

As a result of the PsT, the coping strategies in both groups of patients acquired different characteristics and expressions. Thus, in the F42 group, they transformed into the behaviour of confrontation, acceptance of responsibility, and positive reevaluation of thoughts and own behaviour ($p<0.05$). Namely, for patients with T-incompleteness and T-avoidance, there was a common decrease in the indicators of ($p<0.05$) distancing, self-control, seeking social support, and escape avoidance. It was characteristic that the patients with T-incompleteness showed a decrease in the planning of problem resolution ($p<0.05$) and the ones with T-ambivalence – a drop in self-control ($p<0.05$). In the F21 group, coping strategies changed to acceptance of responsibility ($p<0.05$). In patients of this group with T-avoidance and T-ambivalence, the indicators of self-control decreased ($p<0.05$).

Patients with T-accumulation in the F21 group did not have PsT in contrast to other patients in the two groups for whom the clinical stage of the PsT included PsT. Therefore, in this group after two years we performed an analysis of the reduction of OCS, namely, comparing the F21 patients who received PsT and those who did not. A catamnestic study included 52 patients who had SCD with OCS. According to what the Y-BOCS scale said, those with T-avoidance and T-ambivalence who were under CombT showed insignificant fluctuations in the severity of OCD. On the other hand, the patients with T-accumulation exclusively on MonoT in the form of PfT, showed statistically significant changes in the severity indicators. Namely, the number of patients with moderate OCD decreased significantly by 42.9% ($p=0.018$); at the same time, the number of those with a severe disorder increased by 42.8% ($p=0.018$).

The rehabilitation stage was aimed at restoring or maintaining the optimal level of psychological, social, and labour adaptation, identifying and activating intrapersonal resources, increasing periods of remission, and preventing the recurrence of OCS episodes.

As a result of the study and implementation of PsT for persons with OCD and SCD with OCS, we developed and presented a summary algorithm of how to define the path for the patients with OCS which is consistent with the applied differentiated formulation of diagnosis and PsT. This algorithm (please see Table 2) provides the possibility for health care specialists, namely, psychiatrists and psychotherapists, to diagnose types of OCD, take a differentiated approach to prescribing PfT and conducting PsT, as well as to apply effective rehabilitation measures for patients with OCD and patients with SCD with OCS.

Conclusions

In the conditions of war and martial law, the dynamics of the development of traumatic changes in children's mental states are unpredictable, but according to our data, about a third of all injuries are psychiatric pathologies. That is, absolutely healthy children at the time of military operations and forced migration, begin to have pronounced mental disorders to a certain extent, and exacerbation of mental symptoms in those who previously suffered from mental pathologies.

In the study, we determined the difference in the perception of the quality of life in patients with OCD (according to the Quality of Life Scale, QLS): patients in the F42 group in 60.4% of cases rated it as low, while 55.1% of the patients in the F21 group characterised it as being at an average level ($p<0$ .05). This shows the peculiarities of the subjective perception of the disease and the decrease in its criticism in the patients of the latter group.

The results obtained with the MSPSS scale showed that 68.8% of patients in the F42 group felt support from family and in 27.1% of cases – support from friends, while 49.3% of patients in the F21 group found support only in the family circle.

According to the ILS scale, we revealed that in the F42 group characteristics were more mature variants of the protective structure: reactive formation, rationalisation, and compensation ($p<0.05$). In the F21 group, regression, displacement, and denial were characteristic ($p<0.05$). Common for both groups was a replacement as a protection mechanism.

The CBS scale data showed that the F42 was dominated by coping strategies of distancing, self-control, and acceptance of responsibility whose goal was mainly to decrease emotional discomfort. In the F42 group, coping strategies of self-control and escape avoidance prevailed. These strategies also served as a focus for PsT. Further, they acted as a focus for the personal PsT.

The study of clinical manifestations in the patients (with the Y-BOCS scale), made it possible to prove the determination of four clinical types of OCS: incompleteness, avoidance, ambivalence, and accumulation. For the patients with OCD (F42 group), T-incompleteness, T-avoidance and T-ambivalence turned out to be specific types. For the patients with SCD with OCS (F21 group), T-avoidance and T-accumulation were specific.

In the course of the research, a differentiated PsT was developed considering the clinical and psychopathological features and clinical typology of OCD as well as the register of psychopathological disorders. It has three stages: diagnosis, therapy, and rehabilitation. The goal of the diagnostic stage is to determine the type of OCS, according to its nosological affiliation. Also, at this stage, the focus targets of the PsT are determined using a graphical image of the OC cycle. The clinical stage tries to reduce the manifestations of the OCS with the help of the CombT (combination of PsT and PfT) or the MonoT (PsT or PfT).

The rehabilitation stage of PsT aims to restore or maintain the optimal level of the patient's psychological and social adaptation, increasing periods of remission and preventing the recurrence of OCS episodes with the help of psychotherapeutic (CBT and GshT) and psychoeducational measures. These measures should be carried out with patients with all types of OCS, regardless of nosological affiliation and register of psychopathological disorders.

The use of PsT made it possible to optimise PfT for patients with OCS. Namely, we prescribed AD to the F42 group patients in medium therapeutic and maximum doses and only dispatched small doses of atypical AP and TmL to those who had resistant forms of the disease. At the same time, to reduce OCS in patients in the F21 group, the prescription of atypical AP with the addition of medium therapeutic AD was mandatory.

The study made it possible to scientifically substantiate and develop a system of focal differentiated PsT depending on the types of OCS, their nosological affiliation, and defined focus targets of therapeutic intervention using a graphic image of the OC cycle. Namely, when the realisation of compulsions dominated against the background of a high level of anxiety, it was appropriate to use psychotherapeutic intervention with the help of CBT techniques. Under the influence of external stimuli that potentiated obsessive thoughts, the use of GshT was effective. However, in the case when obsessive thoughts dominated, directly causing a significant rise in the anxiety level, the priority was to prescribe the PfT and then CombT (a combination of PsT and PfT).

A statistically reliable focus of PsT was work with identified defence mechanisms: for patients from the F42 group – replacement, regression, compensation, displacement, reactive formation, and rationalisation ($p<0.05$), in the F21 group – replacement, regression, displacement and reactive formation ($p<0.05$). We have not observed any significant difference in the indicators in the results of treatment and rehabilitation of children from native and foster families and family-type orphanages.

The study demonstrated a possibility of the successful overcoming of OCS with PsT (MonoT, CombT). The program allows for influencing effectively all components of a patient's mental state and social functioning under all types of OCS. The comparative results of a repeated study (after the implementation of PsT) made it possible to determine the criteria of its effectiveness: reduction of levels of anxiety and depression, improvement of quality of life, application of more mature mechanisms of psychological protection and coping behaviours.

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List of abbreviations

OCD – obsessive-compulsive disorder
OCS – obsessive-compulsive symptom complex
SCD with OCS – schizotypal disorder with dominant obsessive-compulsive symptoms
CTP – complex treatment program
PfT – psychopharmacotherapy
Y-BOCS –Yale-Brown Obsessive-compulsive Scale and Symptom Checklist
HADS – Hospital Anxiety and Depression Scale

QLS – Quality of Life Scale
MSPSS – The Multidimensional Scale of Perceived Social Support
LSI – Life Style Index
CBD – Coping Behavior Diagnostics
MonoT – monotherapy
CombT – combined therapy
PfT – psychopharmacotherapy
AD – antidepressants
AP – atypical antipsychotics
TmL – thymoleptics
PsT – psychotherapy
CBT – cognitive behavioral therapy
GshT – Geschtalt therapy
OC cycle – obsessive-compulsive cycle

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Child protection system: just think differently? Book review

Magdalena Szafranek, Petr Fabián, Albín Škoviera, Joanna Gorczowska
Child protection system – just think differently? Critical analysis of selected models
Wydawnictwa Uniwersytetu Warszawskiego, Warszawa 2022, 152 pages

Child protection system: just think differently? Is an informative publication which focuses on child protection in Poland, Czechoslovakia and the Czech Republic, Slovenia, as well as England and Wales. Collectively, the book provides insightful information which shows that different countries tackle similar problems in unique ways.

The first chapter, "Poland: between family and foster care" – authored by Magdalena Szafranek – details the origin and development of Poland's childcare system dating back to 1945. Szafranek provides an insightful background as to how history and social norms affected the development of Poland's family law.

First, Szafranek points out that in 1945, the "substantive civil law in Poland was very complicated" (Szafranek et al., 2022, p. 11). She explains that most relevant laws had not yet been codified, which created "partition laws" that varied among districts.

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Szafranek details the development of Poland's codification process from the Decree of the Presidium of the National Council of January 22, 1946 through the current law as detailed under the Polish Constitution. Having worked on legislative developments myself, I found the background information in Szafranek's chapter most helpful. Oftentimes, our practice is focused so much on interpreting and applying the current law that we forget how we got here in the first place. Having a strong understanding of the history of Poland's codified family law system provides a strong foundation for understanding its contemporary application.

After taking readers through Poland's family law history, Szafranek details the legal considerations of child custody under its current law. The recurring theme I observed in her chapter is that Polish law emphasises that a child's welfare is always the most important consideration when determining matters related to a child's care and custody. Szafranek explains that "a child's welfare requires that he or she should always live and grow up in conditions that ensure his or her physical and spiritual development to the maximum extent possible, as well as properly prepare him or her for working for the good of society according to his or her talents" (2022, p. 25). To that end, Szafranek explains that a parent's "right to raise children in accordance with one's beliefs are subject to constitutional protection" (2022, p. 18) which sometimes leads to the deprivation of parental rights.

Considering that parents have a right to raise their children, Szafranek addresses the issue of *termination of parental authority* both through divorce proceedings and what we refer to in the United States as *abuse, neglect, and dependency* proceedings; or cases that involve a children services agency. Szafranek stresses the importance of holding evidentiary hearings in a court of law and prohibiting "mere acknowledgement of the claim or admission of facts" (2022, p. 25) in the Polish courts. As a presiding judge, I find this to be highly important. In the United States, we believe that a parent has a fundamental right to raise their child and any court proceeding which seeks to curtail or terminate these rights must be based in proper and substantive evidence.

Szafranek's chapter also explains that the state has an obligation to provide for a child's welfare in the event that a parent is unable to do so. Szafranek details the various ways that family or guardianship courts take jurisdiction over a child in Poland, including paternity, adoption, and matters related to a *deprivation of parental authority* due to abuse or neglect of parental authority. I immediately recognised similarities to family law courts in the United States; we too have an obligation to protect the child's best interest under certain circumstances and family law courts do so in various ways, including custody and guardianship proceedings. In both Poland and the United States, the child's welfare and best interest is always the most important consideration.

The second chapter titled "Childcare in Czechoslovakia and the Czech Republic" – by Petr Fabián – details the childcare system in Czechoslovakia and Czech Republic with a strong emphasis on the development and use of substitute care, including institutionalised care, non-relative foster care, and biological foster care.

Fabián's chapter starts by providing background information, dating back to the "colonies" of foster parents prior to the Second World War, through the communist era where foster families ceased to exist, and ending with democratisation and the current childcare systems in the Czech Republic. Fabián's brief history shows

that over the last century, the child welfare system's use of substitute care vacillated among different types of care; oftentimes favouring one type of placement over the other.

Part of Fabián's chapter focuses on the deinstitutionalisation and the legal protection of children in the Czech Republic after 2012, highlighting various developments in both the social and legal protection of children. To that end, Fabián addresses the relationship between economic resources (or the lack thereof) and success as a parent. Fabián addresses a perceived connection between poverty and what is referred to as good parenting referencing relevant studies that suggest that "good parenting [has] becom[e] strongly correlated with the economic and social situation of the family, as opposed to being a personality trait of the adult" (Fabián, 2022, p. 57). Fabián further notes that the relevant Civil Codes acknowledge that "child neglect in poor households is caused by social reasons" (2002, p. 56) thereby recognising that poverty, in and of itself, is not grounds for removing a child from their home. I found this portion of Fabián's chapter especially important to child welfare as a whole, both in and outside of the Czech Republic.

Fabián's chapter also devotes significant attention to the use of social workers in the child welfare system. As with other sections of his chapter, Fabián includes verbiage from code sections that provide solid authority for his writing, which also helps the reader understand the legal context at hand. What I found most interesting about this section is that Fabián recognises, unapologetically, that social workers are not capable of doing all that is asked of them. He explains that "in the new legal order, [social workers] are expected to take a more therapeutic and motivational approach towards the child's parent's" (Fabián, 2022, p. 63). Fabián acknowledges that "there are limitations in the comprehensive and long-term preparation of social workers to carry out the therapeutic work that is now expected of them" (2022, p. 64). Sadly, the same is often true in the United States.

The key takeaway from Fabián's chapter is that the Czech Republic's child welfare system has not yet addressed the underlying issues that cause a disruption in the child's life. Fabián states that "[i]t is a paradox that even the best [child welfare] system will not solve the root of the problem – lack of a loving and creative family environment – without a functioning overall family policy system that focuses on teaching responsible parenting" (2022, p. 72).

In the third chapter, "Context on changes in the Slovak system of substitute educational care in the years 1989–2019" author Albín Škoviera focuses on how the changing structure of the Slovak social system affected the child welfare system. Most notably, Škoviera explains how the separation of various social sectors affected three key aspects of children's welfare; the priorities of children's assistance, the organisation affecting children, and the professional structure of the involved staff.

Škoviera details how periodic changes in the Slovak system came with both positive and negative consequences. Accordingly, Škoviera acknowledges that not all contemporary components of the Slovak system function as well as prior models. For example, Škoviera notes that from 2006–2018, policy changes brought about more emphasis on institutional care in a professional family. As part of these changes, widespread assistance and support of families by children's homes and non-profit organisations

became more common; this made family conferences more common and accessible. Even so, Škoviera raises several well-founded concerns with the policies during this period, noting particularly that "the system of institutional educational care, which is strongly tied to court decisions, is not flexible" (2022, p. 92). As I reflect on my time as a judge, I can confidently acknowledge that our legal systems are not perfect; and they likely never will be. I think Škoviera is right to acknowledge that children's welfare is an ever-changing environment which might benefit from increased flexibility, where appropriate.

Further, Škoviera acknowledged that evaluation metrics do not always produce better results. For example, Škoviera points out that "evaluating the quality of work of children's homes based on how many professional families they have or how many children they have 'successfully' managed to return to their biological families leads to the lowering of requirements for professional parents and sometimes results in children being returned to the biological families before the latter are fully prepared. In these cases, the children soon are 'back' in the system" (2022, p. 92). I found this observation to be astute, on-point, and appropriately provocative.

Notwithstanding his aptly placed criticisms, Škoviera gives credit to the overall changes in the Slovak structure, noting that "[t]he biggest shift, however, has occurred in the perception of children's needs, as priority was moved from upbringing and education to care and welfare" (2022, pp. 93–94).

Like the preceding chapters, author Joanna Gorczowska begins her chapter "The child protection system in England and Wales" with an informative history of relevant child welfare laws, including the development of juvenile courts and the registration of foster parents. Notably, Gorczowska details how legislative changes were often sparked by the unfortunate deaths of children as a result of abuse or neglect. Although horrific, Gorczowska explains how these untimely deaths lead to systemic changes in England and Wales, including transitions to a more child-centered system where "[t]he term 'parental responsibility' focused on the duties rather than the rights of the parent toward the child" (2022, p. 103).

Gorczowska's chapter also acknowledges that not all legislative changes were for the better. For example, Gorczowska details how the Children Act of 2004 placed greater emphasis on inter-institutional cooperation and integrating services for children. Nevertheless, in 2007, the death of a 17-month-old prompted a public inquiry which revealed that her death could have been avoided if not for the "poor and inadequate cooperation of all the agencies that had the child's family in their care" (Gorczowska, 2022, p. 108). In this case, the family was already under the care of social services and health professionals, which revealed that "the child protection institutions were underpaid and too focused on objectives and procedures at the expense of child safety" (Gorczowska, 2022, p. 109).

Aside from providing a valuable and informative history of child protection legislation, Gorczowska's chapter also provides ample information about the court proceedings, various types of custody orders, and the use of short and long-term foster care in England and Wales. Timeliness is an on-going theme in this context; "[t]he child protection system in England and Wales emphasises the importance of making decisions about the child's situation without delay because any unjustified delay has

a negative impact on his or her life and development" (Gorczowska, 2022, p. 111). I found this to be a key takeaway in Gorczowska's chapter. Indeed, time is perhaps the most precious commodity when it comes to advocating for a child both in terms of prevention and intervention.

The final chapter, "Assessment of the Presented Models" – also written by Petr Fabián – summarises the preceding chapters and compares the four models by addressing overarching themes such as family trauma, kinship or grandparent care, and what it means to live in foster care until adulthood. In this final section, Fabián addresses fundamental dilemmas presented by the four models, encouraging readers to look to the horizon for answers.

In this comparative analysis, Fabián raises several questions about the role of foster care and its long-term implications on a child, noting first and foremost that "[e]ach of the presented models struggles with a shortage of foster parents" (2022, p. 137). Fabián asks apropos questions about the underlying motivation for foster parenting, and how that motivation affects the foster parent-child relationship. Specifically, Fabián asks "[i]s foster care a mission or employment? Is the fosterer a substitute parent or a person to whom the child is entrusted?" (2022, p. 139). Fabián asserts that when fostering is perceived as a mission, a stable foster family can provide a child with a "second family" that provides stability through adulthood.

Considering that foster families have the potential to become more than just a transient part of a child's life, Fabián's final chapter also addresses how concepts of "normal" families have evolved over time. He contemplates how this evolution affects questions such as "who is the parent?" and how the family structure affects the intervention process. As part of this analysis, Fabián acknowledges that in all four models, children develop parental bonds with biological and foster parents as well as grandparents, thereby blurring the roles among caregivers. This raises further questions such as, "[w]hat place will the children call 'home' when they grow up?" (Fabián, 2022, p. 138). Fabián points out that although "foster parents are supposed to leave the children to their fate when they reach adulthood" (2022, p. 138) young adults still need "something to relate to and somewhere to return to" (2022, p. 138) after reaching the age of majority.

Fabián's final chapter also compares the individual systems' use of social workers and family assistance, acknowledging that the tools provided to the family have a direct correlation with the family's success. For example, Fabián compares the Czech model's emphasis on "material assistance" to fight poverty and social exclusion versus the British and Polish systems which focus on "the development of parental competencies and time-bound assistance" (Fabián, 2022, p. 142). While each system has its benefits, the systems that "focus on strengthening the relationship ties and providing assistance to vulnerable families have a higher success rate and can find non-traditional solutions for children in institutional care" (Fabián, 2022, p. 143).

Fabián ends his conclusion by acknowledging that the models provided in the publication were not random; the first three models come from countries with a totalitarian past and the "UK model was chosen as a point of reference for their change and further development" (2022, p. 148). Considering this, he points out that all four of the presented models evolved over time, progressing from a child protection model

to a family service model, with a potential goal of shifting to the child focus model if one has not already been established. Fabián concludes by suggesting that progressive change is within reach, noting that it would require "minimal interference with existing national legislation and [would] use tools that have already proven effective in practice, albeit in different systems" (2022, p. 148).

Overall, I believe that *Child protection system: just think differently?* is a useful resource for legal practitioners and social workers. Really, any professional whose work involves child welfare could benefit from the holistic analysis that these authors have condensed in their respective chapters, and the final comparative sections are the icing on the cake. After nearly two decades on the bench, I can say with confidence that when it comes to developing practices and procedures for the child welfare system, the goal is always to move forward and prevent the repetition of past mistakes. To that end, in order to know where we are headed, we have to know where we have been. Resources such as *Child protection system: just think differently?* help readers understand the past in order to craft a better future. In my opinion, practitioners worldwide could benefit from resources such as *Child protection system: just think differently?*

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Development directions of family assistance in Poland

Izabela Krasiejko
Zawód asystenta rodziny w Polsce
Wydawnictwo Difin, Warszawa 2022, 92 pages

Abstract

The review of a book titled *Zawód asystenta rodziny w Polsce* by Izabela Krasiejko

The presented book shows the profession of family assistant, which is a relatively new occupation in the social welfare system. Izabela Krasiejko shows the family assistant as an acting subject, active and prepared for professional activities, as a reflective subject, remarking on reality and practice, focused on analysis and change, as well as a subject who recognises practice. The reviewed book also shows that a family assistant is a profession that faces various dilemmas and difficulties, ranging from the lack of clarity in the perception of the nature of family assistance in its original assumptions

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(supporting and pedagogical, not interventional and controlling nature of work) to organisational dimensions of work of family assistants. The monograph by Izabela Krasiejko shows a complex and, at the same time, synthetic presentation of the family assistance in the family support system. The reviewed work is an important and necessary scientific project that illustrates an innovative model of family assistance based on subjective premises.

Keywords: family assistance, pedagogical approach in social work, methodological model

The presented book shows the profession of family assistant, which is a relatively new occupation in the social welfare system. Since 1990, the expansion of the family support system in Poland (new laws, new professions) has opened up a space for the family assistance, for the idea of working with the family, the basic assumptions of which have been incorporated into the model of active social policy. The new concept of supporting families aimed at activating and empowering individuals, groups and communities. These changes were also accompanied by legislation reform. At the level of social work with the family, support should, in turn, be aimed at mobilising the family's own strengths, their sense of agency, and the ability to decide for themselves and take responsibility for their decisions. Placing the family at the centre of attention provides a starting point for reformulating the main tasks of social welfare, which would include both the subjective goals of support and help as well as the subjective nature of the assistance process. The chance for activating and empowering the approach of assistants in working with families emerged along with the distinction between social benefits and support offered by the assistant to the family. The introduction of this new profession was associated with the potential to redefine previous ways of supporting the family, which the author pays particular attention to in her work.

Izabela Krasiejko shows the family assistant as an acting subject, active and prepared for professional activities, as well as a reflective subject, remarking on reality and practice, focused on analysis and change, as a subject who recognises practice. The reviewed book also shows that a family assistant is a profession that faces various dilemmas and difficulties, ranging from the lack of clarity in the perception of the nature of family assistance in its original assumptions (supporting and pedagogical, not interventional and controlling nature of work) to organisational dimensions of work of family assistants.

In my opinion, the understanding of family assistance proposed by the author fits into the model of socio-educational work in the classical concept of social pedagogy, which is enriched by contemporary trends in strengths-based approaches. The socio-educational work of family assistants is undoubtedly both a form of social assistance and a relationship between people involved in the process of helping. Whether both of these dimensions are characterised by a subjective approach depends on a number of factors, the book's author points out. The category that determines the orientation

of the activities of family assistants in working with the family accompanies the development, which is part of non-directive trends of influence. Such an understanding of working with the family is close to a family assistance in its basic concept, which emphasises both the support of families and the accompaniment in solving life problems. This is an important indicator for the pedagogical approach in social work, which involves the strengthening and development of forces capable of the socio-educational activation of one's own environment. The pedagogical nature of the work of family assistants involves boosting individual potential, empowerment, and facilitating the establishment of broken relationships or community ties (in the family and local environment). This interpretation of human/social strengths refers to the concept of resources, and opportunities inherent in individuals, families and communities in which the socio-educational process takes place. The task of assistants working with the family is to help bring out the capabilities and talents of family members so that they themselves can succeed to the best of their abilities, as well as to base the support relationship on cooperation and partnership, and to recognise that power and strength are in everyone, not that someone has power over someone else. Izabela Krasiejko's presentation of such a model of family assistance is a clear advantage of the reviewed monograph.

The thesis contains all the necessary elements that form the structure of a monograph in the field of social sciences. The subdivision of the contents of the main body into individual chapters is clear and understandable. The book's analyses begin with the definitions and the descriptions of family assistance in relation to its original assumptions. The author shows the duality of the occupation, which, on the one hand, strives for standardisation and, on the other, responds to local needs and expectations as well as to the possibilities and limitations of specific environments. This situation results in a multiplicity of ways of understanding family assistance, which is not always conducive to the formation of this profession. Noteworthy is the definition given by the author of the work of the family assistant, which emphasises both support for families and support in solving life problems. This work involves taking action, inspiring and implementing self-help activities in order to meet the needs of family members, to improve their quality of life and, above all, to create a more favourable family environment.

In the next part of the monograph, Izabela Krasiejko shows how family assistance evolved in Polish social welfare realities over the past decade. In addition, the author points out the conditions that facilitate the development of this newly emerging profession. She describes in detail the genesis of the creation of family assistance as creative activities in which the new working method was based on empowering, strengthening and supporting the family. In addition, the author presents the background of social changes, revealing a number of failures in the area of social work with families and the need to support parents from marginalised environments in the implementation of the care and educational function in the place of residence.

The analyses undertaken in chapter three bring the original concept of family assistance closer and complement the second chapter. In my opinion, the content of this part of the work is important in order to displace the accompanying and supporting model of family assistance (in line with the original assumptions) and replace it with intervention and controlling activities used by family assistants in almost half

of the Polish municipalities. This chapter also inspires further reflection on the original assumptions of family assistance. The conducted analyses reveal, on the one hand, a picture of family assistance, which is characterised by a high degree of effectiveness of activities, especially if they are accompanied by empowering approaches; and on the other hand, a depiction that shows that this profession is faced with various dilemmas and difficulties, ranging from ambiguity in perceiving the essence of family assistance in its original assumptions to the organisational dimensions of the work of family assistants. After reading this part of the work, the following questions arise: What does the family assistance look like in comparison with the initial idea describing it? What causes the disappearance of the uniqueness and originality of the work of a family assistant in some environments? To what extent does the family assistance become an instrument of social policy, making its competencies "shallower"? These should be researched further.

The legal basis of the family assistant profession is presented in the following part of the work. Izabela Krasiejko shows the changes in social policy models, as well as the modifications in the law that led to the emergence of a new profession – the family assistant. This section also presents the legal acts regulating the work of a family assistant, which should, according to the reformers, include the promotion of preventive social work, so that as many problems of the families as possible can be solved at an early stage and the children do not have to be taken away. However, if necessary, the family assistant is obliged to take corrective measures to return the children home.

Chapter five is also worth mentioning, as it presents detailed data on the number of employed assistants and families that benefited from their support. The table in this part of the work shows how dynamically family assistance has developed in the different areas of family work in recent years.

Chapter six is the most comprehensive as it introduces the model of the work methods of the family assistant. I consider the recommendations presented by the author for the next stages of methodical activity as a particularly valuable contribution to the work of family assistants. The original methodological model offered to family assistants is the result of Izabela Krasiejko's many years of experience in the field of family assistance research as well as the inspiration from numerous theoretical analyses and descriptions of good practices of the previous providers of this service. This model takes a supportive and pedagogical form; based on the original ideas of family assistance. The whole chapter is completed with an example of a description of the work with a case that takes into account the methodological steps of the family assistance. It should also be noted that the recommendations drawn up by the author have been recognised and adopted by both the Polish Association of Family Assistants and the Ministry of Family and Social Policy and are published and popularised on their websites, and during conferences, meetings for practitioners and training.

The last, seventh chapter is a continuation of the reflections from the previous part of the work and shows different ways in which family assistance can be implemented in the daily practice of family assistants. Izabela Krasiejko was inspired to write this chapter by the results of scientific research, which shows what the implementation of family assistance looks like from the perspective of those who perform it. The author draws on both the rich achievements of her own research and the works of other

scholars. I also consider the areas of cooperation between social workers and family assistants an interesting theme covered in this part of the work as well as the location of family assistants in the social welfare system in the context of cooperation with other professionals supporting the family. This theme is of exceptional importance because the *Act on supporting the family and the foster care system* does not define the areas of cooperation between assistants and social workers clearly.

The book, however, lacks considerations on the ethical dimension of the work of a family assistant, as well as showing the ethical dilemmas accompanying this profession. This is a crucial issue, as family assistants rarely deal with identical or similar problems experienced by families. The uncertainty and non-obviousness present in the process of helping a family is inherent in the nature of their work. They experience numerous ethical dilemmas, which can be considered on several levels. They concern mainly the sphere of values and norms, conflict in defining the goals of work with the family, and conflicts of contradictory interests. This involves the family assistant having to choose between the goals of the institution she or he represents and those of the family. Contradictions also arise in the very understanding of the family assistant's function, since she or he acts as both the helper and controller. They are also revealed when assistants construct support and assistance relationships with families and refer to such areas as the voluntariness of cooperation, the limits of cooperation, the right to self-determination, or the limits of responsibility.

In the conclusion of the book, Izabela Krasiejko states that despite the popularisation of the supportive-pedagogical model of family assistance in Poland, the care and control model is often used in practice. At the same time, this conclusion provides a strong argument for popularising the methodological model of family assistants, described in the reviewed work. I join the author's postulate to take care of the development of the professional culture of the family assistant occupation and the building of professional identity by creating opportunities for reflection on its implementers' own role, promoting the supportive-pedagogical model of assistance and raising public awareness of it. There is no doubt that these issues have been addressed in the monograph reviewed. Whereas the study did not explore the issues of values and ethical dilemmas in the work of the family assistant, the author may see this as a suggestion to publish another study.

The monograph by Izabela Krasiejko shows a complex and, at the same time, synthetic presentation of the family assistance in the family support system. The reviewed work is an important and necessary scientific project that illustrates an innovative model of family assistance based on subjective premises. It is also an extremely valuable compendium of knowledge regarding the profession of family assistant. The book is a solid, clear and compact and, above all, interesting read addressed to a wide range of practitioners and theorists concerned with family support. It is a highly recommendable work in which the author has managed to look at the analysed issue in an innovative and inspiring way that encourages further exploration.

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Intensive help and support for failing families with children in a residential form, a way to return to life. From a practitioner's experience

Abstract

This article describes a social service that works intensively with families with children who are socially excluded. It involves working with parents who have very low personal and parental competence, repeatedly fail and have been dependent on the social assistance system for a long time. The main goal of the service is to preserve families, improve their functioning and prevent the placement of the child or children in a system other than the original family. The service is provided mainly in a residential form, where parents learn predominantly by imitation and their own experience. The service was registered in 2020, and its current form is the result of a several-year transformation of a residential facility for children with an order for institutional education. This type of service is unique in the Czech Republic. The article describes the practical aspects of providing the service.

Keywords: failing family, family with children, social exclusion, child at risk, social service

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Introduction

Supporting and assisting families with children who have long been dependent on state assistance and repeatedly fail is a major challenge. Can such a family with very low competence, which often struggles repeatedly in the second or third generation, be effectively supported? Can families which are dependent on foreign assistance for a long time really be helped to integrate into the mainstream community? These are all questions that we are also seeking answers to in our organisation. And because we have been working with "multi-problem" families for many years, the result of our work is now a new social service that I would like to introduce to you.

We started providing this service as a registered social rehabilitation service in its current form two years ago, based on our long experience in the system of care for children at risk. The provision of this service is one of the results of the transformation of a facility which, until 15 years ago, was a classic residential institution for abandoned, tortured, abused and disabled children from birth to six years of age. Today, such a service is no longer needed in our region of the Pardubice Region and the organisation provides services of a different nature. The transformation, which was supported by the Pardubice Region, founder, has made it possible to look for ways to change the services that are meaningful and, above all, preventive. A fundamental change was, in particular, in the mindset of the staff and a new orientation towards the target group. From the original care and provision of independently placed children, the organisation now focuses on helping families with a child or children as a whole system. However, we still declare in all services that we focus on the child's positive development and thriving in order to support the abilities and skills of the caregivers to provide the child with the appropriate care needed.

In our search for a new job, we focused on several theses based on our previous experiences. In particular, we had in mind that if we sufficiently support the original biological family, we will reduce the risk of family failure, which can ultimately lead to the removal of the child or children from the original family and their placement in a foster family or the care of a residential collective institution, in the Czech Republic most often in a children's home. We have also drawn attention to the fact that childhood is very important for the life of every individual, as it is the stepping stone to adulthood. For their healthy development and happy life, children must have all their needs met, of which the importance of the ability to form strong emotional attachments to other persons is currently being emphasised very strongly. We have also formulated the need for family stability as a very important aspect. Furthermore, during the process of change, we reflected on the form of support and found that parents with very low competence learn best by imitation. It is not very effective just to advise how to do something. It is far more effective when one sees and experiences the things that are done differently actually work. We have already begun implementing the Accompanied Children's Residential Service gradually during the transition period, The service, as it is today, is the result of several years of piloting. It has been operating in its current form since 2021.

Mission and goals

The mission of the service is to support and develop the autonomy, independence and self-sufficiency of the person (parent) who seeks to preserve the well-functioning of her or his family, especially in the early stages of child development. The service is provided primarily in a residential form, however, we have the option of providing the service in a field form and then we travel to families in their natural environment. The main aim of the service is to integrate the user and her or his family into mainstream society, to make them self-sufficient and free from dependence on the social care and support system. The sub-objectives are that the parent or other care provider, through practical training, increases her or his parenting and personal competencies and strengthens her or his self-confidence, especially in the following areas:

- day-to-day **care of the child or children** (meeting the child's needs, knowing, recognising and respecting them);
- day-to-day care of one's self (meeting the user's own needs);
- daily care of the household and reconciling childcare with household care;
- family and interpersonal relationships;
- social skills, e.g., communication with authorities and institutions, financial literacy, and ability to ask for help;
- work habits (acquiring and consolidating work habits) and balancing childcare, household and work responsibilities.

Based on an individual assessment of each parent's needs, the client, in cooperation with the social worker, establishes an individual personal plan that includes particular objectives. The individual personal goals are planned in a specific way so that the client is clear about what she or he wants to achieve. The goals can be continuously evaluated or changed as needed. Goal-setting is always done in a hierarchical way, i.e., first, the childcare skills are to be worked on, and then other competencies are developed. If an objective is met, the next one is selected.

Target group of the service

The service is primarily aimed at people (most often parents) who are caring for a child or children whose development is at risk. This can be a range of different types of disadvantages, such as health disadvantages, and delayed or uneven development of the child. The child may also be at risk from the parent's own inadequate care or the parent's inadequate conditions for caring for the child, who is then neglected. The parents themselves are often socially excluded or have other types of disadvantages, such as health or sensory impairments. The service can also be used by a family seeking to take custody of a child, e.g., when a child is placed in temporary foster care for a short-term period. The service can also be used by a prospective parent who is preparing to care for a child, especially a pregnant woman in the run-up to childbirth. The maximum period is usually six weeks before the planned delivery date. The other facts are the same as in the case of a caring parent.

The service is most often provided to families where the mother is the main carer, and less often to fathers or entire caring couples. The parent may also be a minor under the age of 18. Typical characteristics of families applying for the service include the following:

- social disadvantage or exclusion of the family, including homelessness;
- complete dependence of a family on social and other services that the family receives in turns;
- frequent changes in the family's place of residence;
- younger children with delayed development or older children with behavioural disorders;
- a parent growing up in an institutional residential facility, serving a prison sentence in the past or with an experience of substance abuse, e.g., alcohol or other drugs;
- domestic violence or other pathological phenomena in the parent's original household or in the family's current household.

It is worth noting that the service is also provided to clients of other nationalities than Czech.

The service works with parents who have one child; however, parents of three to four children are more common. We also have an experience with a mother caring for six children or another mother caring for six children, the oldest daughter of whom is still a minor and has already had her own infant child.

The service is not aimed at people who are only dealing with an adverse social situation related to the loss of housing. Nor is it open to people with a proven substance abuse problem who refuse treatment, people with an infectious disease or an uncompensated mental illness who refuse treatment or other professional help.

Those interested in the service contact us most often on a referral from a child welfare agency because their children are already listed as at-risk. They also come on referral from other services, such as outreach family rehabilitation services or shelters.

The system of preventive social services, where our service is classified, is voluntary in the Czech Republic and its provision is contractual in nature. Before actually concluding a contract and accepting a client, it is very important to have a meeting with the person interested in the service, where the social worker finds out what the specific adverse social situation of the person is, what her or his needs, interests, expectations or assumptions are and what the expected goal of mutual cooperation could be. During the meeting, the need and suitability of the social rehabilitation service for the person concerned are also verified. All the information about the social service is communicated to the person concerned in the most comprehensible form, taking into account her or his perception and understanding capabilities. The aim is to enable the person interested to recognise whether the service can meet her or his needs and expectations and whether it is suitable for dealing with her or his adverse social situation so that she or he can make an informed decision about whether or not to use it. When negotiating the arrangement of social service, the opinion of the person concerned is always important. At the same time, however, the applicant must respect the fact that she or he and the service are already in a situation where they have to cooperate with the child welfare authority, which has the task of defending the rights and legitimate interests of minors at risk. In the context of the concept of assistance and control in social work,

the principles of assistance are mainly applied in the service, but sometimes, in the interests of the child, it is necessary to resort to elements of control in cooperation with the social welfare authority, and thus, to involuntary correction of the behaviour or actions of the person in care.

Capacity, form and course

The residential service is provided in capacity for nine families at the same time. Part of the capacity is directly on the premises of the Children's Centre Veská. There are five families accommodated separately from other services. Of these, a separate flat is available for one family and four families have access to a community housing loft where users are accommodated in four rooms. In the shared use of these accommodated families, there is a kitchen with a dining room, lounge with a playroom for children, toilet and bathroom. The complex is in the small village of Veská, 10 km from the regional town of Pardubice.

The other four apartments for clients are rented city apartments in Pardubice and Chrudim. These are apartment units in common housing estates. All households are equipped with furniture and household appliances. If a family has their own equipment, they can have some of it in the apartment. In total, 35 beds with extra beds are available for nine families. This variation in accommodation is an advantage as it allows for different intensities and levels of support for a family according to their needs and gives an opportunity for gradual family independence. When the first service is provided in the intensive area in Veská and then in the flats in the community, families acquire additional skills and abilities. The Veská campus also provides other facilities and services for families, such as a playground, a forest park and a therapeutic workshop. Families can use health services and a children's group[2]. The children's group, which has a capacity of 10 places, can be attended by children from the placed families, usually aged three to six, as well as children from the general community in the surrounding area.

It is important to maintain as many of the original natural links to the mainstream community environment as possible. If the family is from nearby, the priority is to use the original services, schools, nurseries and doctors.

Families who fail long-term and repeatedly are admitted most often. They come either from shelters or environments that are often unsuitable for families with children, often from domestic violence environments. The family, most often a mother with several children, comes into the service having none or minimal financial resources, personal belongings and clothing. Children who are already in school often fail to meet school obligations and have poor attendance records. The family usually changes their place of residence frequently, has severed ties with their original family and has no support from friends and persons close to them. During the course of the stay,

[2] In the Czech Republic, there is a system of preschool education for children from the age of three in state-run "kindergartens". The system is supplemented by private "playgroups" where children can be placed until they start school.

specific goals are gradually set, reflecting the user's abilities. The principles of work are respected, where the individuality of each service user is respected, all rights of the service user and her or his children are preserved, and privacy is maintained. We create conditions guaranteeing the dignity of the user and support the person's independence and her or his ability to express needs. We develop the client's self-reflection, and independence in decision-making. We support the service user so that she or he can take control of the decision-making process of her or his life. Strengthening the parent-child relationship and caring for the children, as well as for oneself, always comes first. This is followed by training in household care and the development of social skills. If the client's situation and the age of her or his children allow it, the client is motivated to find a job, even if only part-time, and save money to pay for housing when she or he leaves. The gradual acquisition and deepening competence of the clients of the service are also made possible by the variability of the accommodation capacities. Families are most often admitted to community loft housing, where the work with them is the most intensive. In addition to the service staff, there is also the advantage that the clients can enrich and learn from each other. Then, if further skills need to be acquired, there is spare capacity and the client is motivated to continue the service. They move to separate apartments in the community. There, the level of support is lower. In this way, the long-term motivation of clients to change their lives can also be tested.

The service is staffed by social workers (two people) and "instructors" (three people). In addition, the service has a part-time psychologist and a pedagogical worker. The social worker is a guide for the client's stay. She or he is involved in the admission and discharge of clients and their children, assesses the needs of the clients, and contributes to the determination of the complex situation of the family. She or he tries to obtain maximum information that can be used for their own social work with the client and the family, carries out social diagnosis and therapy, is responsible for individual planning and setting personal goals for clients, and independently provides social counselling including social assistance. She or he assists in acquiring and deepening social skills, such as communication with authorities, other entities, and finding housing or employment.

Instructors are workers who, by law, carry out basic educational and non-educational activities with the placed users and their children. Specifically, the instructor accommodates the users and their children, familiarises the users with the internal rules of residence and the operation of the facility, and guides the family through the adaptation process. She or he provides the basic equipment after the reception, including food, hygiene products, clothes, shoes, and toys, and participates in the setting of personal goals, on the basis of which she or he carries out practical training and education of the user in acquiring and increasing parental competencies and skills, management and functioning of the household, strengthening the basic social and work habits of users, fulfilling the schedule of the day of a particular user. She or he also focuses on the effective spending of the user's free time together with the child, accompanies the user to the authorities or other procurement of their protected interests, motivates the user to seek meaningful leisure activities, and supports the increase of self-esteem and the development of their personality. She or he guides users to maintain order in their rooms and common areas,

provides for the clients' cleaning and cooking needs, in particular, takes care of the principles of healthy and inexpensive cooking, and guides users to careful food management.

The psychologist works with clients or their children according to their needs, and the pedagogical worker works mainly with children.

The provision of residential services is not completely free of charge. The client pays a contribution for accommodation/housing and for meals if she or he is accommodated on the premises of the organisation. In the community flats, the client pays only the accommodation allowance. The outreach form is free of charge for clients.

Length of stay and results

We have been implementing joint stays on the campus and in apartments in the community since 2015. First, as a pilot service in a transformed facility under the umbrella of the original medical residential facility. Since 2020, the service has been registered as a social service. From our experience to date, the minimum duration of the service required for an effective change that has a positive effect on the further independent functioning of the family is usually six months, but a period of one to two years is more optimal and effective. This is sometimes followed by accompanying the family in an outreach form in the mainstream community. However, stays can be shorter if the family has fewer problems or because of early termination of services, either by the client or the service. Repetitive requests for service are also encountered. In such a case, a thorough assessment needs to be made of how and why the service seeker's situation has changed and whether there are legitimate reasons for re-admission.

On average, the capacity of the service has been 80% to 90% occupied and between 15 and 20 families are always admitted to the service during the calendar year. For example, in 2021, occupancy in the community was 93%, and in the Veská site was 80%, and a total of 21 parents and their 37 children were in the service during 2021, out of which four were caring couples (a mother and a father) and the rest were mothers. In total, five parents were caregivers of non-Czech nationality.

The success of the service is still very difficult to measure. It can be considered as a complete independence of the family, its integration into the community and freedom from dependence on the social assistance system. However, such a comprehensive empowerment of the client and full achievement of the service objectives is rare. Moreover, it is never possible to predict whether the client's situation will change and become more complicated in the future. Every personal sub-objective met and every achievement of the caring parent, including their newly acquired skills, must be considered a service success. We can speak of success when the parent leaves the service and her or his children are happy and respectful. It is very fulfilling when families leave the service together and the parents know what they want to achieve in their future life, have specific and achievable goals, self-confidence they lacked and the ability to ask for help if they need it.

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