



Peer Review on “Furthering quality and accessibility of Foster Care service”

Peer Country Comments Paper – Czechia

**Foster care in Czechia – possible inspiration and
required changes**

Online, 20-21 May 2021

DG Employment, Social Affairs and Inclusion

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1 Introduction

These comments were prepared for the purpose of the Peer Review on "Furthering quality and accessibility of foster care service". The presented text intends to briefly describe key characteristics of the foster care system in Czechia. It also contains an evaluation of certain selected aspects of the legal framework and the practices applicable in comparison to foster care in the host country (Croatia).

2 Situation in Czechia

2.1 An adventurous journey to Czechia to a System without facilities

In Czechia, foster care is part of the system of care for vulnerable children and families. It is a form of substitute care for children who cannot be raised by their birth family. In spite of a long tradition of foster care in the Bohemian lands, the current form of foster care and its position have been significantly influenced by the fragmentation of the system of care for vulnerable children and families implemented during the Communist period¹. Additionally, no key reform to establish a unified, coordinated system of care for vulnerable children has yet taken place². Unfortunately, institutional care is still considered as a form of a substitute for family care and residential care's impact on a child's life has been downplayed³.

In 2007, several governmental strategies regarding changes in the system of care for vulnerable children were adopted. These strategies were primarily implemented with the support of three comprehensive individual projects of the Ministry of Labour and Social Affairs. However, at present, the system still faces challenges to effectively implementing the Convention on the Rights of the Child and other international treaties. As a result, children's rights are not guaranteed.

One of the crucial steps of the governmental strategy reform was to amend Act No. 359/1999 Coll., on the Social and Legal Protection of Children⁴. The amendment facilitated a shift towards family restoration and prevention of children's placements in substitute care outside their birth family. It also limited institutionalisation of care and expanded substitute family care as a more favourable alternative of care for vulnerable children who cannot be raised by their birth family, whether temporarily or permanently.

In this transformation, priority was given to social and legal protection measures that provide for children care in their family and, where impracticable, in a substitute family. The following social work tools were put in place:

- assessment of the vulnerability of the child and his or her family's situation,
- development of an individualised child protection plan; and

¹ Capacities of residential facilities were massively enhanced in the 1950's, and most of the facilities built at that time exist until now.

² Management of various types of care for vulnerable children has fallen within the competence of different ministries (The Ministry of Education, Youth and Physical Education is responsible for the management of children homes, children homes with a kindergarten and special treatment facilities, responsibilities of the Ministry of Healthcare include children homes for children under the age of three years, and the agenda of the Ministry of Labour and Social Affairs includes foster care and homes for physically disabled people where children with physical handicaps are also placed).

³ A recent decision (Complaint 157/2017) of the European Committee of Social Rights on violation of the European Social Charter by institutionalisation of children under 3 years of age of November 2020 criticises Czechia for failing to sufficiently protect children's right in the statutory regulation of placements, for failing to take measures to ensure care for children in families and communities, and for failing to take measures to protect rights of the youngest Roma children and children with disabilities.

⁴ Amendment to Act No. 401/2012 Coll. (effective since 1 January 2013).

- case study conferences that support cooperation and coordination of procedures adopted by all involved institutions and experts involved in addressing the situation of a vulnerable child.

Important steps also included introducing standardised assessment of children's social and legal protection conducted by social and legal protection authorities and authorised persons. The aim is to form a high-quality, transparent, efficient and non-discriminating system of care for vulnerable children. Another significant positive step was the introduction of a support system for carers⁵ and registered persons providing care for children in a substitute family environment.

2.2 Background information about foster care

Foster care is part of substitute family care and has the following forms:

Foster care

Carers are entitled to foster care benefits, professional help and guidance. This form is a mediated foster care's form: applicants pass an expert assessment and take several training sessions to be able to accept a child in their family. Regional authorities keep a register of prospective carers, from which they select the most suitable applicants based on the need of the child. If the child's relatives or persons close to the child are involved, the expert assessment and training do not take place, and a motion is filed directly with a court. In the event of foster care provided by grandparents or great grandparents, who take care of one child or two children without any physical disabilities, they only receive remuneration in cases of special concern.

Guardianship with personal care

The same conditions that apply to foster care also apply to personal care. However, a guardian is also the child's legal representative. This happens when the parents are no longer alive, they have limited legal capacity or their parental responsibility was cancelled, etc.). The entitlement to foster care benefits and family guidance also applies to this type of care.

Temporary foster care

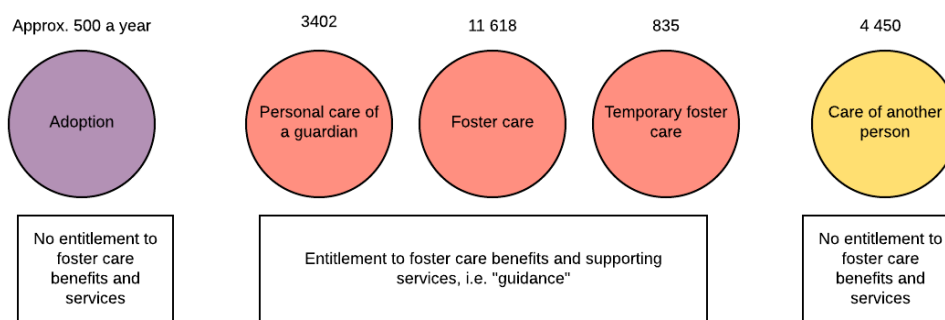
This is an emergency type of care when temporary foster carers are requested provide immediate care for a child in need. This form is used to care for young children before they are adopted or placed in long-term foster care. It is also helpful as a temporary care to allow children's parents to consolidate their situation so they can take care of their child. The period of placement in this type of care is limited to one year. This type of care is provided by persons who received special training, longer and more detailed than the one for foster carers.

Placement of a child in the care of another person

This placement, where the care is provided by a child's relatives or individuals close to the child, is not mediated by official authorities, but taken by the court. This type of placement primarily presumes that the parents are able to pay (adequate) fee to a substitute carer. Historically, this form of placement has been used in cases where short-term care or an obstacle on the parents' side was involved; it is often used to prevent misuse of allowances. In this type of placement, the carer is not entitled to any special benefits or help and support in the form of guidance.

⁵ Act No. 359/1999 Coll., on the Social and Legal Protection of Children, specifies two types of foster carers: carers pursuant to Section 4a (b) (1), (2), (3) and (4); and registered persons pursuant to Section 4a (c) (a registered person is an individual who can provide temporary foster care).

Figure 1. Types of substitute family care in Czechia (in the circle), types of entitlements (square at the bottom) and number of placed children (on the top) (2019)⁶.



Additional parameters of the regulation and practices applied to foster care⁷ are provided below in comparison with the foster care system in Croatia.

3 Assessment of the policy measure

3.1 Foster care procedures

All types of substitute care for children (both family and residential) fall within the area of social care in Croatia. A child can be placed in substitute care directly by his or her parent. However, they can only approach a person who meets legal requirements for guardianship. A child can also be placed outside his or her family (with foster carers or in a social care institution) by a social care centre. Decisions are issued in administrative procedures (the competent ministry being the body of appeal). A court can place a child in long-term foster care or in a facility.

In Czechia, a child can be placed in foster care exclusively by a court. A child can be placed in several types of residential facilities for a limited period of time upon the request of his or her parent, the child himself or herself, or with the approval of a social and legal child protection authority. It is only up to the court to order institutionalisation.

3.2 The position of foster carers

In Croatia, foster care is seen as a social service for children and young adults under 26 years of age, the purpose of which is to provide care and support in a "stimulating and positive family environment tailored to the child's individual plan". In terms of local competence, applicants and foster carers fall under the discretion of a social care centre in the place of their residence. The permission to provide foster care is valid for five years (with the exception of professional foster carers); afterwards, the procedure on a foster carer's suitability is conducted again. The decision on the permission of foster care contains data on the type of foster care, for which applicable conditions should be met by the foster carer. It also include the number and "types" of children and young adults who can be placed with the foster carer. The approved foster carers are entered into an electronic foster care register.

⁶ Underlying study for the National Strategy of Children Rights' Protection for 2021-2029. As a matter of interest, we also provide information about the number of children placed in adoption and in the care of another person that do not have an entitlement to benefits or supporting guidance services attached.

⁷ This primarily involves the category of foster care's mediation, support with the performance of foster care and resources provided for the purpose of performing foster care.

In the Czech system, foster care falls under private-law and is only provided to children and young people under the age of 18. There is no unified central register of foster carers. The foster care system is complex and the entities involved at various levels include:

- local authorities (municipalities) with extended powers (work with foster care candidates and subsequent supervision and performance of foster care);
- regional authorities (they are responsible for mediation of foster care, identification of suitable foster carers, arranging for trainings and expert assessments, and methodological guidance in relation to municipalities);
- the Ministry of Labour and Social Affairs (a body of appeal, methodological body, inspections of standards at the level of social and legal children protection authorities);
- the Labour Office of Czechia (payment of foster care benefits and the state contribution for accompanying organisations, inspections of the accompanying organisations' quality); and
- accompanying organisations (that provide support and help to foster families).

3.3 Types of foster care

There are three types of foster care in Croatia: Kinship foster care; "traditional" foster care; and professional foster care. Foster care as an occupation is subdivided into standard and specialised foster care. Specialised foster care is intended for children with behavioural problems, children with various disabilities (physical, intellectual or sensory), or children on whom a treatment measure was imposed (under criminal law). Professional foster carers can also provide services to parents (the parent and his or her child live together in a foster family). Professional foster carers are entitled to benefits, remuneration and insurance as employees under special laws. Expert assessments seek to identify motivation of foster care candidates, their family relationships and implications of a potential child's placement, capacity and risks of the foster family. The content of foster carers' assessments and training is detailed by a decree of the competent ministry. Basic training lasts for 40 hours. Additional training of six to twelve hours is provided in case of specialised care. Further training of four and eight hours is intended for "standard" foster carers and professional fosterers, respectively.

As mentioned above, there are three types of foster care in Czechia: long-term foster care, temporary foster care (one year as a maximum), and a guardian's personal care (with an entitlement to foster care benefits). The process of foster care's mediation also includes an expert assessment of the applicant for a child's placement in substitute family care, and foster care applicants are obliged to take a training to facilitate a child's acceptance in the family in the following scope:

- 48 hours for applicants for mediation of long-term foster care; and
- 72 hours for applicants for the performance of temporary foster care.

3.4 Resources and trainings to support foster families

Foster carers in Croatia receive remuneration for their work and reimbursement for costs related to the needs of the children and young adults⁸ placed in their care. Cost reimbursements are determined on a case-by-case basis depending on the age and health condition of the child, and are proportionate to the length of placement with the fosterer and the scope of rendered services. However, cost reimbursements and foster carer's remuneration are not subject to taxation, not even in the case of professional

⁸ The remuneration's level is discussed in the Host Country Discussion Paper: "Foster Care for Children in Croatia: Country Overview".

foster care. On the other hand, professional fosterers are obliged to pay for healthcare and social insurance. Both a foster carer and a placed child are also entitled to professional assistance provided by social welfare centres that, for example, assist in planning the child's return to his or her family (or adoption, as the case may be), or the young adult's entering independent life. The child is provided with professional assistance for a minimum of three months after exiting the foster family, and a young adult would even be supported for one year in getting included in a community.

Professional assistance in Croatia, in terms of its nature, is similar to the "accompaniment" provided in Czechia based on agreements on performance of foster care. The Act on the Social and Legal Protection of Children sets forth rights and duties of foster carers, such as the right to the provision or mediation of professional assistance in performing foster care, duty to maintain the child's contact with his or her birth family, and duty to get additional training of 24 hours a year. Foster carers' support is arranged by accompanying organisations (directly the social and legal children protection authority, municipalities or a person authorised to perform social and legal protection of children – an NGO). The state provides organisations with a contribution for the performance of foster care in the amount of CZK 48,000 (approximately EUR 1,850) to accompany one family for one year. Accompanying organisations not only provide foster families with support but also monitor foster care's performance and cooperate with the social and legal children protection authority.

Foster care benefits in Czechia include:

- Foster carer's remuneration (subject to taxation and insurance)⁹: a recurring monthly benefit;
- Contribution to cover a child's needs: a monthly benefit that increases based on the degree of dependence on another person's care. It amounts to CZK 4,950 to 7,260 (approx. EUR 190 to EUR 280); and
- One-off benefits: a contribution upon the child's acceptance (CZK 8,000 to 10,000, approx. EUR 308 to 385); a motor vehicle contribution (three children and more, once in five years), and a contribution upon exiting from foster care (CZK 25,000, approx. EUR 960).

4 Assessment of success factors and transferability

Croatia accessed the Convention on the Rights of the Child in the same year as the former Czechoslovakia, i.e. in 1991. Over the past years, Croatia joined a group of European countries that implemented a major reform of the substitute care system.

A compact system of institutional responsibility (a single responsible ministry and a coherent network of regional centres) is a big advantage. Unlike in Czechia, in Croatia, foster care is seen as a distinct type of social service, including figures such as a children ombudsman or fully professional and specialised foster care.

The system of foster care in Czechia would certainly benefit from the introduction of foster care for young adults (under 26 years of age) and services for parents who live in a foster family with his or her child.

⁹ The current level of the foster carer's remuneration is as follows: CZK 12,000 (EUR 460) if one child is taken care of; CZK 18,000 (EUR 690) if two children are taken care of; CZK 30,000 (EUR 1,150) if at least three children or at least one child dependent on another person's help at level II-IV are taken care of. Additional CZK 6,000 (EUR 230) is paid for each additional child. The remuneration amounts to CZK 20,000 (EUR 770) for a temporary foster carer, even if he or she does not take care of any child and even if he or she takes care of more than one child (siblings) or of children with disability.

A survey published in 2017¹⁰ suggests that the following group of children has not been properly included in the system of substitute family care in Czechia:

- **Children with a physical, mental or combined disability.** This group accounted only for 1.8% of children raised in foster care. On the other hand, a certain form of disability could be seen in more than 1,200 children, i.e. almost in every fifth child, placed in a special institution for the purpose of treatment or protection.
- **Maltreated, abused or neglected children (about 1,500 children a year).** Most of these children (57%) are placed in facilities for children requiring immediate help or in other types of treatment institutions.
- **Children and young people with challenging behaviour.** About 2,000 children and young people live in special treatment institutions and children's homes with a school. Available data indicates that these children are likely to face tougher and more challenging adulthood than other children of the same age.
- **Children with a mental disorder.** The survey shows that specialised foster care with access to expert support and mental health services should be provided to as many as 500 children with a mental disorder.

We are convinced that the introduction and development of specialised foster care is a way to finding a family environment for the group of children mentioned above, and the Croatian approach and system could serve as a great model in this respect.

The following factors could be identified as the major challenges in transferring the Croatian (as well as any other) foster care know-how to the Czech system:

- Limited attention paid to vulnerable children and families at political level;
- High costs of the system of care for vulnerable children and families;¹¹ and
- Strong lobbying of institutionalisation's advocates.

The recently adopted National Strategy of Children Rights' Protection for 2021-2029, which take some steps to reform foster care, brings some hope. In this strategy, the government aim at establishing an operable system of consistent protection of children's rights and fulfilment of their needs by 2029. The key objective under the National Strategy is to achieve a situation where "Children and young people in Czechia live a quality life, are raised in a safe family setting and have equal opportunities to develop their potential to the fullest"¹².

5 Questions

We will appreciate having more information about the following areas:

- What is the process of hiring professional foster carers? What is the candidates' professional background (due to the level of remuneration)? What are your hiring strategies in regions where it is difficult to find foster carers?
- How do you define the focus of social care centres? What criteria are used in determining the services to be provided by a particular centre and its specialisation?

¹⁰ The Project Management Institute in Hradec Králové (2017). Analysis of Situation in Kinship Foster Care.

¹¹ Costs of foster care benefits totalled CZK 3,980.7 mil. (approximately EUR 153 mil.) in 2020.

¹² The National Strategy of Children Rights' Protection for 2021-2029 was adopted upon Government Resolution No. 1323 dated 14 December 2020.

- Would you please provide details about relationships among social care centres, NGOs and local authorities (municipalities and regions)?
- What additional type of support and help is available to foster families that take care of children with special needs?
- The proportion between children placed in residential facilities and children in foster care does not seem to change much (the number of children in residential facilities has not dropped). Do you know the reasons?

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Annex 1 Summary table

The main points covered by the paper are summarised below.

Situation in the peer country

- Current situation in Czechia
- Main changes in the system of foster care
- Overview of types of substitute family care

Assessment of the policy measure

- Assessment of foster care proceeding
- Comparison of position of foster Carers
- Comparison of types of foster care...
- Assessment of resources and trainings to support foster families

Assessment of success factors and transferability

- Main challenges of foster care system in Czechia
- Inspiration from the Croatian know-how
- Main obstacles in transferring the know-how...

Questions

- What is the process of hiring professional foster carers? What is the candidates' professional background (due to the level of remuneration)? What are your hiring strategies in regions where it is difficult to find foster carers?
- How do you define the focus of social care centres? What criteria are used in determining the services to be provided by a particular centre and its specialisation?
- Would you please provide details about relationships among social care centres, NGOs and local authorities (municipalities and regions)?
- What additional type of support and help is available to foster families that take care of children with special needs?
- The proportion between children placed in residential facilities and children in foster care does not seem to change much (the number of children in residential facilities has not dropped). Do you know the reasons?

Annex 2 Example of relevant practice

Name of the practice:	Dobrá rodina, o.p.s., Zdeněk Soudný, Director, Klimentská 1, 110 00 Praha 1, +420731431998, zdenek.soudny@dobrarodina.cz, www.dobrarodina.cz
Year of implementation:	2013 – 2021
Coordinating authority:	Prague City Hall, Ministry of Labour and Social Affairs
Objectives:	Systematic changes in the foster family care system
Main activities:	Support and accompanying services of foster care families, expert counselling, relieving services, assistance during contact between the child and the family, counselling and further education for caretakers and social workers, cooperation between the authorities of social care services, other non-profit organisations and individuals involved in the areas of social and legal protection of children and foster family care
Results so far:	Successful and well-established practice within the sphere of foster family care both legal and executive-wise, ongoing systematic changes, expert cooperation and discussion with other subjects within the system

**The text below represents the view of Dobra Rodina*

Although the system enforced in 2014 enabled the development of a non-institutional care for children in immediate danger and helped to further establish the basic principles of foster family care within the Czech environment, it still faces a number of fundamental issues. One of those is the general underfunding of the entire system – whether on the level of the providers of the care (the foster parents) or on the level of subjects which provide a support of the previous group (state bodies of social and legal protection, accompanying organisations). Beside the general lack of funding, the system struggles with not being adequately developed in terms of human resources or further assistance by specialists. Above all, the system is in need of proper collection of data – without those, it is not possible to properly evaluate the efficiency of the financial resources invested, yet even more importantly, the progress of a child through the system itself, and thus the efficiency of it as a whole. What is lacking is the proper distinction and definition of functions and obligations between foster parents or those of the organisations involved in support of the foster parents. The transformation of those bodies of state administration focusing on social and legal protection of children was never completed which has resulted in understaffing. This issue then prevents them from being able to provide the needed support and to be fully in charge of a smooth and quick process of securing for a child's best interests and security. A further problem lies in lengthy decision-making process of the Czech judicial system. The delay in even the most basic operations leads for instance to children being forced to stay in provisional foster care for much longer than was originally anticipated by the bill which had been passed. Dobrá Rodina belongs to organisations which strive for a systematic change and an improvement of the system in its complexity. Among the key aspects which are to be discussed in the upcoming future is further professionalisation of foster family care, support during frequently complicated and demanding foster care within family units, securing of specialist and relieving services for both the providers of the care and the children within the system of care.

The Dobrá Rodina organisation has in the past urged for the establishment of foster care as a distinct profession to guarantee that the caretaker's main concern is acting in the best interests of the child, as well as for the clear definition of injunctions which are frequently utilised in the sphere of foster care.

As Dobrá Rodina has already established a network of contacts and relations, it plans focus on these activities also in the upcoming years. Our further priority is raising a discussion and awareness on the issue among judges in charge of the legal decisions who are often estranged from the reality and common practice. What we perceive as fundamental is a multi-level cooperation – an effective collaboration between judges, accompanying organisations, social and legal children protection authorities, social services and other experts. This change will bring more effective, narrower and quicker cooperation as well as more swift and competent decision-making process on the part of the judicial system.

