



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

Host Country Discussion Paper – Republic of Croatia

Foster care for children in Croatia: country overview

Online, 20-21 May 2021

DG Employment, Social Affairs and Inclusion



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Executive Summary

Foster care is a priority form of family-type care, especially for children. In 2018, a new law (Foster Care Act 2018) introduced certain innovations in foster care in Croatia. More specifically, it increased and standardised professional foster care for children with disabilities and behavioural problems.

This paper presents an overview of foster care services for children in Croatia since the new legal framework began to apply in 2019. The paper opens with a short historical review, followed by an analysis of the available statistics on foster care. It presents the legal framework for foster care and details the criteria for professional foster care, as well as describing elements of the foster care model in Croatia, with a particular focus on recruitment, training and support for foster care parents. Finally, the lessons learned are presented, with an emphasis on both difficulties and challenges but also the positive aspects of the foster care system in Croatia. The paper then outlines possible interventions to ensure quality care for children in family accommodation. The recommendations are based on these findings, as well as on interviews with the Ministry of Labour, Pension System, Family and Social Policy representatives, experts in the field of foster care, and representatives of foster parents' associations.

This paper was drafted in the framework of the Peer Review on 'Furthering quality and accessibility of Foster Care service in Croatia' organised by the European Commission, DG Employment, Social Affairs and Inclusion (DG EMPL).

1 Foster care in Croatia: an analysis of the situation in the host country

1.1 Short overview

Foster care - as an organised form of protection for children without adequate parental care - has a long history in the region (Puljiz, 2006; Kronstein and Škrabić-Aničić, 2010). However, in the years following the war, foster care did not develop in line with the needs of children or foster and biological families (Laklija, 2011), with placement in residential care preferred, resulting in overcrowded institutions (Gudbrandsson, 2004). However, that trend began to reverse in the period from 1998 to 2001.

Further reforms were introduced to improve foster care in view of Croatia's access to the European Union (EU). At that time, a deinstitutionalisation process (where children were relocated from residential institutions to alternative forms of family placement) led to the closure or transformation of children's care homes and those institutions not adapted to modern standards.

Foster care in Croatia

The Foster Care Act is the most comprehensive regulatory document on foster care, going through three versions, in 2007, 2011 and 2018. The most recent, Foster Care Act 2018, prescribes provisions to reinforce family-based placement and supports a stimulating and positive family environment tailored to the child's individual plan.

Who is a foster parent in Croatia?

A foster parent is a representative of a foster family or a single person who provides accommodation services¹. A foster family consists of a foster parent, his/her spouse or common-law partner, children, and other relatives with whom the foster parent lives in a joint household (Foster Care Act 2018).

The Foster Care Act 2018 brought innovation in types of foster care, with three possible types:

- Traditional foster care;
- Kinship foster care;
- Professional foster care/ foster care as an occupation, subdivided into:
 - standard foster care;
 - specialised foster care.

Specialised foster care includes placement for children and young adults with behavioural problems and children in specific circumstances who are entrusted to a foster family in accordance with family law regulations. Specialised foster parents are educated professionals who can provide complex, specific care to children and young adults who are seriously ill or who have severe physical, intellectual, sensory or multiple disabilities (see Table 1).

While the Foster Care Act 2018 no longer provides a framework for emergency foster care, Article 87 of the Social Welfare Act provides for temporary accommodation in crisis situations. Article 87 distinguishes between temporary and long-term accommodation: temporary placement can be either residential or family-based, while long-term placement of a child without adequate parental care is exclusively within a

¹ While only one foster parent's name is on the permit and in the Foster Care Register, both foster parents participate in education and meetings with the social welfare centre.

foster family, a family home or organised housing² (generally adolescents in supervised independent living).

Table 1. Requirements of the different types of foster care in Croatia

	TRADITIONAL FOSTER CARE	KINSHIP FOSTER CARE	PROFESSIONAL FOSTER CARE	
			STANDARD FOSTER CARE	SPECIALISED FOSTER CARE
PRECONDITIONS	<ol style="list-style-type: none"> 1. Adult Croatian citizen³ 2. Permanent residence and lives in the Republic of Croatia 3. Under the age of 60 (for first-time foster parents) 4. Completed at least secondary education 5. Completed foster care training 6. Adequate housing conditions 7. Written consent from all adult members of the joint household to undertake foster care 8. Maximum of three children at the same time (more if brothers and sisters are placed together) 	<ol style="list-style-type: none"> 1. Previous kinship relation with the child⁴ 2. No preconditions on the level of education 3. No preconditions on the maximum age limit 4. No precondition of foster care training 	<ol style="list-style-type: none"> 1. All preconditions for traditional foster care 2. Foster parent is not employed 3. Previous experience of traditional foster care 4. Providing accommodation services for three children at the same time (more, if siblings are placed together) 5. Foster parent resides in a local community with a foster care deficit⁵ 	<ol style="list-style-type: none"> 1. Permanent residence and lives in the Republic of Croatia 2. Foster parent is not employed 3. Household is in a local community with a foster care deficit 4. Foster parent is undergraduate or graduate of university of applied science in the field of social work, psychology, educational rehabilitation, social pedagogy, speech therapy, occupational therapy, physiotherapy or nursing 5. At least three years' work experience with children and young adults 6. Special knowledge and skills in line with the individual needs of the child to whom they provide the foster care service

² Family Law 103/15, 98/19, Ordinance on measures for the protection of personal rights and welfare of the child, 2014, Social Welfare Act, 157/13, 152/14, 99/15, 52/16, 16/17, 130/17, 98/19, 64/20, 138/20.

³ With the exception of foreign nationals in specially prescribed conditions.

⁴ Grandmother, grandfather, uncle, aunt, uncle, brothers/half-brothers, sisters/half-sisters, grandchildren and their spouses, and - exceptionally - other relatives of the child, if the social welfare centre decides that it is in the best interests of the child.

⁵ The foster parent will undergo selection by a special Foster Care Selection Committee to become a 'professional foster carer'. The permit will be granted if they reside in a local community with an identified need for professional foster care. Currently, this is the case for coastal areas and larger cities, especially the City of Zagreb.

PAYMENT	Allowance worth around EUR 110 per child per month plus child expenses of around EUR 260-277, depending on the age of the child plus an additional 20-40% of the allowance for children with disabilities	Child expenses of around EUR 260-277, depending on the age of the child plus an additional 20 to 40% of the allowance for children with disabilities	Fixed allowance (not depending on the number of children) of about EUR 330 per month plus child expenses of around EUR 260-277, depending on the age of the child plus an additional 20 to 40% for children with disabilities plus the right to pension, compulsory health insurance, and unemployment benefits	Universal payment, depending on the level of education of specialised foster parent, of about EUR 660-855 per month plus child expenses of around EUR 260-277, depending on the age of the child plus and additional 20-40% of the allowance for children with disabilities plus the right to pension, compulsory health insurance, and unemployment benefits
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Source: Foster Care Act 2018, Decision on the amount of compensation for the needs of users (2019), Decision on the amount of allowance for foster parents' work (2019).

As of March 2021, there are 1,319 foster families in Croatia, only 35 of which are professional foster parents and none designated a specialised foster carer under the Foster Care Act 2018. There are 25 specialised foster parents with a valid permit under the previous Foster Care Act, but they are unlikely to meet the requirements/preconditions for the specialised foster parent profile in the new legal framework⁶. Table 2 shows the number of registered foster care parents by foster care types in March 2021.

Table 2. Number of foster care families, by foster care type, March 2021

Type of foster care	Number of foster families
Traditional foster care	768
Kinship foster care	491
Professional foster care - standard foster parents	35

⁶ They would otherwise have been transferred to the new category of specialised foster parents under the Foster Care Act 2018.

Professional foster care - specialised foster parents for children	0
Specialised foster parents under the previous Foster Care Act (OG 90/11 and 78/12) ⁷	25
TOTAL	1,319

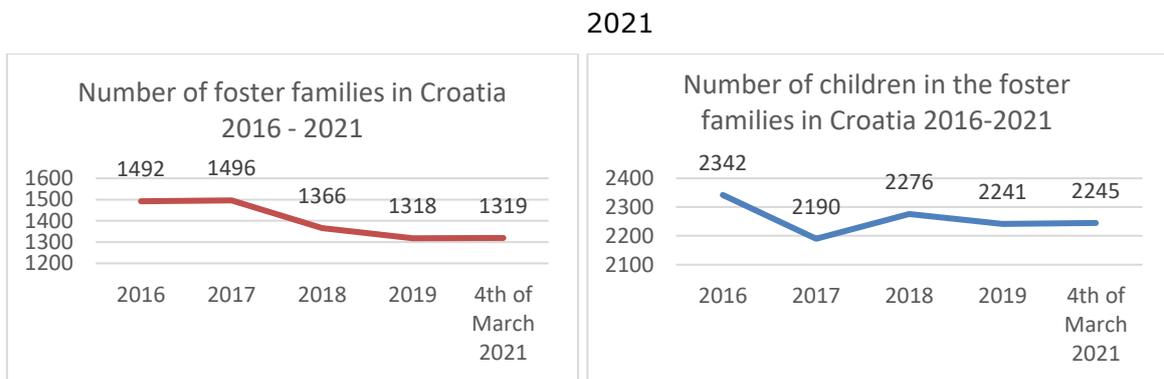
Source: Ministry of Labour, Pension System, Family and Social Policy, internal statistics, March 2021.

Statistics for 2016-2021 show a slight decline in the number of foster families⁸ in Croatia. In March 2021, 1,319 foster families (Figure 1) were caring for 2,245 children (Figure 2), which included 360 children with disabilities or behavioural disorders (16% of the total) (Ministry of Labour, Pension System, Family and Social Policy, 2019). As of March 2021, no one has specialised foster parent's status under the Foster Care Act 2018, even if they currently offer foster care to children with disabilities.

As shown in Figure 2, the number of foster children is relatively stable, except for the decline in 2017, when there was an increase in the number of children placed (or returned) from foster families back into institutions (Martinovic, 2019).

Figure 1. Number of foster families, 2016-2021

Figure 2. Number of children in foster care, 2016-



Source: Ministry of Labour, Pension System, Family and Social Policy (2019, 2021), Ministry of Demography, Family, Youth and Social Policy (2016, 2017, 2018).

There are large regional differences in the prevalence of foster care in the Republic of Croatia, with a higher number of foster care placements in central and eastern regions (see Figure 3). Uneven geographical distribution of foster care for children was also previously identified (Nidos and CMAC, 2019; United Nations Children's Fund (UNICEF) Croatia, 2010; Sabolić and Vejmelka, 2015). This difference can be traced to the fact that the western part of Croatia has more tourism and families prefer to rent out their available space - the number of beds in private accommodation increased by more than 200% between 2000 to 2019 (Ministry of Tourism, 2019).

1.2 Main actors of foster care in Croatia

The main actors responsible for the foster care service in Croatia are:

- Social welfare centres;
- Children's care homes and/or community service centres;

⁷ Foster care permits issued by the Foster Care Act (OG 90/11 and 78/12) remain valid for the period for which they were issued.

⁸ The official statistics yearbook uses the term 'foster families' but actually refers to the number of registered foster parents.

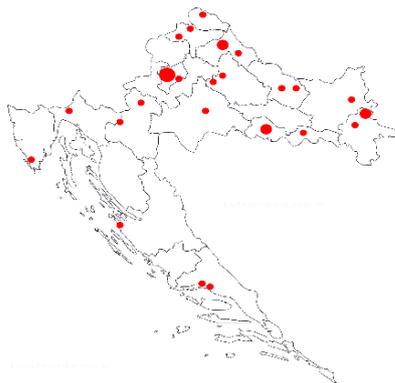
- Non-governmental organisations (NGOs), religious organisations and other private organisations.

Foster care service is organised by social welfare centres, which are responsible for all actions ranging from establishing initial contact with potential foster parents, screening and assessing foster families, and issuing permits to place children in a family. After the placement, social welfare centres monitor and supervise foster families, as well as organising support services.

Professional assistance and support in the provision of foster care is also provided by children's care homes and/or community service centres⁹. Founded by the State, these institutions are responsible for promoting foster care, training and supporting foster parents, and providing professional assistance and support to foster parents and their foster children.

While foster care is regulated and supervised by state institutions, NGOs involved solely to provide support services to foster families, in cooperation with state organisations (Foster Care Act 2018)¹⁰. The discrepancy in the geographical distribution of services for foster families is also evident in the concentration of civil society foster care organisations in particular regions. An analysis of the NGO Register of the Ministry of Justice and Public Administration¹¹ identified that most of the 30 foster care NGOs are distributed across the central and eastern parts of Croatia (See Figure 4.) NGOs in the field of foster care are active in supports and advocacy to improve foster care conditions in Croatia.

Figure 4. Map of NGO sector in the field of foster care



Source: Ministry of Justice and Public Administration (2021).

1.3 Child and foster parent profiles

Annual statistics provide some insights into the characteristics of children placed in foster families. 2019 data showed that:

- Almost 80% of children placed in foster care are without parents or without adequate parental care¹²;
- 13% are children with disabilities;

⁹ Unlike community service centres, children's care homes routinely provide accommodation services. Accommodation is only provided by a community service centre in exceptional services (Social Welfare Act, Social Welfare Act, 157/13, 152/14, 99/15, 52/16, 16/17, 130 / 17, 98/19, 64/20, 138/20).

¹⁰ This cooperation is not prescribed in detail in the Foster Care Act 2018.

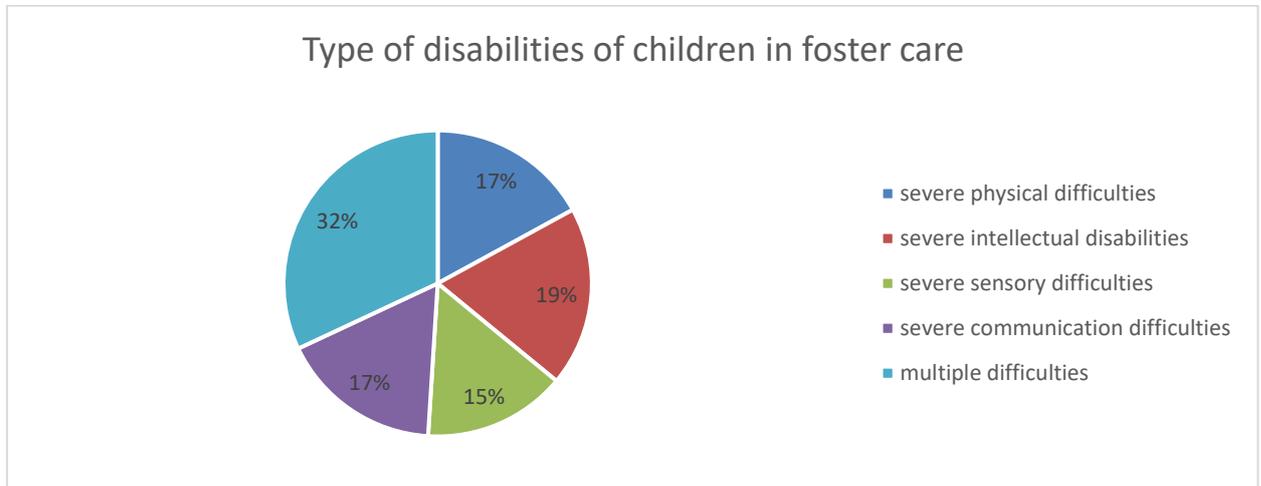
¹¹ NGO Register of the Ministry of Justice and Public Administration is available at: <https://registri.uprava.hr/#!udruga>

¹² Statistics do not clearly distinguish orphans within this group.

- 3% are children with behavioural problems.

Figure 5 outlines the types of disability among the 284 children placed in foster families in 2019¹³.

Figure 5. Types of disabilities of children in foster care



Source: Ministry of Labour, Pension System, Family and Social Policy (2020).

Statistics collected by the Ministry of Labour, Pension System, Family and Social Policy provide a comprehensive picture of children in foster care (2019 data)¹⁴:

- **Age of children in foster care:** primarily elementary school age (40%) followed by pre-schoolers (aged 3-7) (28%) and high school students (aged 15-18) (18.7%). Less than 13% were younger than three years old.
- **Length of foster care placement:** 17.9% of children were in foster care for less than one year. Around 45% had been in foster care for up to four years, 32% of children from four to 10 years, and 4.6% of children for more than 10 years.
- **Settlement prior to the placement to foster families:** 77% of children were placed in the same county as their prior placement. More than 80% of children entered foster care from their original families, while 5.5% were transferred to another foster family and 9.1% came from a children's care home.
- **Exit of children from foster care:** of 351 children who left foster care, 19% went back to their primary families, 16% were adopted and 4% of children were placed in an institution.

Data on the placements of brothers and sisters are not collected by the Ministry.

The profile of foster parent for children in Croatia cannot be identified from the available statistics. Characteristics such as age, education and health status are not distinguished between foster care for children and for adults. The limited internal statistical data of the Ministry of Labour, Pension System, Family and Social Policy (2021) exclusively for children's care services show that over 60% of foster parents for children were unemployed. However, the Ministry of Labour, Pension System, Family and Social Policy plans to develop the SocSkrbi information system (called SocSkrbi) further. It will provide a detailed analysis of foster families according to the various parameters of foster parents for children. It will also offer information to

¹³ 2020 data unavailable.

¹⁴ Ministry of Labour, Pension System, Family and Social Policy (2019), <https://mrosp.gov.hr/strategije-planovi-izvjesca-statistika/4165>

monitoring and analyse the reasons for separating children from the family and those that lead to termination of the foster placement or to further care of the child after leaving the social welfare system.

2 Foster care policy measures

2.1 Legal framework and key strategic documents

The right of a child to grow in a family environment is prescribed in the Convention on the Rights of the Child and in numerous other documents. In order to uphold this right, in the late 1990s, Croatia started the process of deinstitutionalisation and transformation of children's care. The process of accession to the EU contributed to the reform of the Croatian welfare system. In line with the international and European deinstitutionalisation trends, in 2010, the Ministry of Health and Social Welfare designed the 'Plan for deinstitutionalisation and transformation of social care homes and other legal entities performing social welfare activities in the Republic of Croatia' (2010 Deinstitutionalisation Plan). A year later, the government adopted the 'Strategy for the Development of the Social Welfare System 2011-2016', which stated that the process of deinstitutionalisation should promote foster care as a priority form of non-institutional care (Government of the Republic of Croatia, 2011).

One of the goals of the 2010 Deinstitutionalisation Plan was to place at least 80% of children in family-based care. Table 3 shows the ratio of children placed in residential care and family-based placement from 2010 to 2019.

Table 3 Ratio of children placed in residential care and family-based placement, 2010-2019

	Residential care	Family-based care
2010	40.08%	59.92%
2013	41.02%	58.98%
2016	23%	77%
2019	40% ¹⁵	60%

Source: Sabolić and Vejmelka (2015); Ministry of Labour, Pension System, Family and Social Policy (2019).

In 2018, to further develop foster care, the government adopted the 'Plan of deinstitutionalisation, transformation, and prevention of institutionalisation 2018-2020'. The 2018-2020 Deinstitutionalisation Plan aimed to strengthen the capacity of social welfare centres, social care homes and community service centres, as the main actors in the foster care process (goal 4)¹⁶. That Plan also focused on improving the overall children's care system and developing its services and supports, including

¹⁵ 44% of children within residential care were directed to the half-day treatment in the institutions while living in family settings.

¹⁶ Other specific goals of the 2018-2020 Deinstitutionalisation Plan were also key to the systematic implementation of deinstitutionalisation in Croatia: Goal 1 aimed to strengthen targeted, affordable and accessible support services for parents and families; Goal 2 aimed to ensure equal access to these services and strengthen the capacity of social welfare centres for early identification and timely action for families and children; Goal 3 aimed to improve the quality, accessibility and harmonisation of social services with the needs of parents and children in all counties by providing social services providers for children.

accessible and quality local services to strengthen families' capacity. (A complete list of current law regulations field of foster care in Croatia can be found in Annex 2.)

2.2 Milestones in foster care development

Six initiatives had a significant impact on the foster care system in Croatia over the past 15 years.

Foster Care Act 2007

This act represented a significant milestone in the development and legal regulation of foster care, despite the existence of a relatively long tradition of family-based placement in Croatia. Until 2007, foster care was regulated by the Social Welfare Act.

Education of experts

Between 2006 and 2008, the Swedish model of providing training sessions for group supervision¹⁷ of foster parents was adopted by the Centre for Social Policy Initiatives, in cooperation with the Croatian Ministry of Health and Social Care, Swedish International Development Cooperation Agency, and the University of Gothenburg. This two-year training programme was completed by 27 certified experts in the field of group support and foster care supervision. The training included theoretical concepts, methods, and techniques of group support to provide continuous support to foster parents during the placement of the child in their family.

Introduction of individual planning in the field of alternative childcare

Although mentioned in earlier legal documents, individual planning in the provision of social services gained importance with the reform of social welfare centres (Urbanc and Aduković, 2010). In 2014, the Ministry of Social Policy and Youth adopted the Regulation on Quality Standards for Social Services, which included individual care plans in the field of children's care. The Regulation set out the role of the social worker/case manager, who need to ensure compliance with all of the goals and activities of the individual care plan (Sladović Franz, 2015; Laklija, 2015). A manual was compiled and published for foster care professionals, which included the theoretical concepts alongside detailed practical guidelines on the elements of individual plans in foster care (Laklija, 2015; Sladović Franz, 2015).

Successful transformation of some children's care institutions and organisation and networking of foster parents

The process of deinstitutionalisation was instrumental in transforming six residential care institutions into community service centres. Another significant element was the possibility for foster parents to form NGOs and associations. The largest of these is the Forum for Quality Foster Care of Children, an umbrella for 13 foster parent NGOs. The Forum actively contributes to foster care policies and practice and continuously lobbies for the improvement of foster care in Croatia.

Successful partnership between public, non-profit and academic sectors in a comprehensive family empowerment programme

The activities of UNICEF Croatia, as well as civil society associations such as SIRIUS and the Society for Psychological Assistance, contributed significantly to the advancement of foster care. The most significant initiative, 'For A Stronger Family', was launched in 2017 for implementation between 2017 and 2021, in partnership with the Ministry for Demographics, Family, Youth and Social Policy and UNICEF Croatia,

¹⁷ Group support intervention for foster parents.

and in cooperation and consultation with the Croatian Association of Social Workers¹⁸. The main goal of this initiative is to improve the foster care system through:

- Advocating for enhancements to the law on foster care;
- Developing training curricula for foster carers;
- Tools for assessment, monitoring and matching of foster carers;
- Strengthening foster carers associations;
- A public information campaign on foster care.

One of the results of this initiative is the creation of a detailed manual for the implementation of basic and advanced training of foster parents. This initiative is an example of a successful and necessary multisectoral and interdisciplinary collaboration that takes a comprehensive approach to family empowerment and includes valuable initiatives to improve foster care.

Professionalisation of foster care covered in the legal framework

The professionalisation of foster care was an important step towards offering quality care, based on clear standards and adequate principles. The Foster Care Act 2018 introduced the professional foster parents unit in Croatia, enabling this type of family-based placement. This important milestone encouraged the development of standards for specialised foster parents, notwithstanding ongoing limitations and challenges (see Chapter 3).

2.3 Recruitment, training and support for foster care parents

Foster care is carried out by the social welfare centre, a function delegated by competent local public authorities. Foster care regulation¹⁹ stipulates that professional work in the unit/foster care department must be performed by a foster care team comprising one social worker, one psychologist and 0.3 lawyers per 100 foster families. Due to the low number of foster families in social welfare centres, professional staff rarely specialise in foster care alone.

The Foster Care Act 2018 regulates the obligations of the social welfare centre in relation to foster care. The competent centre (determined by the residence of the foster parent applicant) undertakes the following tasks:

- **Recruitment and screening** is preceded by psychological testing of the applicant, overall assessment of the family (e.g. motivation of potential foster parent and their family members, family relations and possible risks, personal and family capacities) and a field visit to the family home;
- **Education of foster parents in accordance with a special regulation²⁰:** the education process lasts for 40 hours, with additional training for temporary²¹ foster parents (6-12 hours);
- **Before the placement**, the centre participates in the placement preparation;

¹⁸ Other partners are the Society for Psychological Assistance, Centre for Parenting Support 'Growing Up Together', Sirius Centre for Psychological Counselling, Education and Research, Forum for Quality Foster Care of Children, and Croatia for Children Foundation. More information available at: https://www.unicef.org/croatia/sites/unicef.org.croatia/files/2019-10/Infografika_ISKAZNICA-ZA-SNAZNIJU-OBITELJ.pdf

¹⁹ Article 16 of the Ordinance on the minimum conditions of space, equipment, and number of required professional and other employees of the social welfare centre and branch, Official Gazette, No. 57/2014

²⁰ Ordinance on the manner and duration of training and additional training of foster parents (*Pravilnik o načinu i trajanju osposobljavanja i dodatnog usavršavanja udomitelja*) (NN 63/19).

²¹ There is no category of emergency foster care in the Foster Care Act 2018 itself.

- **During the placement,** the centre monitors the process of foster care and provides support;
- **Leaving care:** the centre provides support and monitors the situation after the child leaves their care placement (e.g. organising group support);
- **Data collection:** the centre manages the electronic registry²² of the Ministry of Labour, Pension System, Family and Social Policy;
- **Cooperation and promotion activities:** the centre assesses need and promotes community cooperation in respect of foster care.

The obligations of the social welfare centres (determined by the residence of children in foster care) are laid out by the Foster Care Act 2018:

- **Individual planning:** the centre develops, coordinates and monitors an individual care plan for each child;
- **Before placement:** the centre helps to prepare the child for placement;
- **During placement:** the centre provides professional assistance and support to children and foster families. It also monitors the conditions of foster families through visits or other appropriate forms of communication with users, foster parents, educational and health institutions and other organisations participating in implementing the individual plan, as well as helping to prepare the child to leave their foster care placement;
- **Leaving care:** The centre monitors and assists a child and their family after the termination of accommodation, and supports their integration into the local community.

Statutory activities carried out by the children's care home or community service centre are:

- **Foster care promotion:** they cooperate with social welfare centres, associations and other civil society organisations, schools and other institutions, and the media to promote foster care in the community;
- **Conduct training for foster parents:** they provide annual training (eight hours) to foster parents and their partners;
- **Support foster parents and children:** they offer professional assistance, including occasional support groups for foster parents and children, and conduct individual and group counselling for foster parents and children;
- **Work actively in the community:** they organise mobile teams to provide services in the foster family following individual plans;
- **Help to prepare a child for transfer or exit from care.**

Other organisations (NGOs and private entities) can also provide professional assistance services to a foster family, including early interventions, counselling, other family services, community level supports (Foster Care Act 2018) and promoting foster care. Table 4 shows a small decline in the number of new foster parent licences issued between 2015-2021. In 2018, UNICEF Croatia launched a national public campaign²³ to promote foster care and engage new foster families. No campaign specifically on professional foster care was conducted after the introduction of this type of foster care.

²² SocSkrb.

²³ UNICEF Croatia, Every Child Needs a Family, available at: <https://www.unicef.org/croatia/en/foster-parenting>

Table 4 Number of new foster parents, 2015-2021

2015-2017	283
2017-2019	316
2019-2021	265

Source: Ministry of Labour, Pension System, Family and Social Policy, Internal statistics, March 2021.

Distribution of foster care services

Social services in Croatia are often geographically concentrated, with some counties having a low number of foster families, thereby forcing social services to place children outside their communities. In these circumstances, children are placed according to the availability of foster care families rather than following child-centred matching. The 'For A Stronger Family' programme worked to strengthen the capacity of the foster parents' associations across Croatia.

2.4 Foster care funding

Funds for foster care are allocated through the national budget. In 2019, the State allocated the following amounts²⁴ for foster care for children and for adults.

- HRK 178,246,189.36 (EUR 23,519,044) for foster care compensation²⁵;
- HRK 40,901,842.88 (EUR 5,396,874) for personal foster care allowance²⁶.

The State budget 2021-2023 maintains foster care compensation at the same rate, while the personal foster care allowance will grow by 12%.

Financial support in the transformation of the children's care sector has also come from EU funds. Unfortunately, from 2014-2020, Croatia used only part of the monies from the [European Social Fund](#)²⁷, which amounted to 38% of the total allocations for Croatia. Nevertheless, this funding contributed substantially to the deinstitutionalisation and transition process, as well as expanding the community-based services network (Martinovic, 2019).

²⁴ Item A734186, Annual report on the execution of the State Budget of the Republic of Croatia for 2019 (*Godišnji izvještaj o izvršenju Državnog proračuna Republike Hrvatske za 2019. Godinu*), available at: https://narodne-novine.nn.hr/clanci/sluzbeni/2021_03_25_557.html

²⁵ Compensation for the child's expenses and everyday needs.

²⁶ Item A791001, fee for the service of foster parent.

²⁷ <https://cohesiondata.ec.europa.eu/countries/HR>

3 Lessons learned from Croatia foster care provision

3.1 Policy results

Despite numerous national policy reforms in recent years, substantial concerns persist in relation to the regulations and implementation of the foster care system for children. Nevertheless, the field of foster care for children has been continuously developed through policies, strategies and interventions in practice. The representatives of the foster parents' associations, as well as experts and Ministry representatives, highlighted the following:

- Several changes and amendments of legal provisions (through the Foster Care Act 2018), as well as harmonisation with European trends and guidelines, show the continuous efforts of the legislator to regulate this area in line with contemporary trends in the field of family-based placement;
- Access to the EU contributed to the development of an institutional and policy framework that provides more adequate conditions for the development of foster care associations, which remain an important actor in promoting foster care development in Croatia;
- The introduction of complex concepts such as individual planning for children in care is an important element for the implementation of these standards in practice. Despite the regulation on the individual care plan, however, organisational and operational challenges mean that it is not implemented in practice. This suggests the need for clear guidelines on the application of these important standards in everyday practice. It is important to underline that in 2021, other standardised instruments were developed and implemented in the SocSkrb information system. These tools are used by professionals in family assessment for foster care. This might lead to further development of standards and an increase of the quality of services in the field of foster care for children.
- The transformation of residential children's care institutions into community welfare centres shows a clear intention to develop community-based services to support families, particularly those at-risk and foster families. However, it is important to define and expand their services and their geographical coverage.

3.2 Positive aspects and the potential for transferability

There are several positive aspects of current foster care practice in Croatia.

Long history of developed foster care in some regions

Traditionally developed foster care is well established in some regions of Croatia, with professionals providing foster care services having substantial expertise and strong relationships with foster parents. In these regions, foster parents have organised themselves into associations that advocate for their rights and conditions in respect of quality foster care. Experts noted that the most successful examples of foster care promotion are positive case studies of foster families in local communities. In areas where foster care has existed for a long time and was traditionally developed, a more open and active foster care approach is passed down between generations. Family members who have grown up with foster children quite often decide to become foster parents themselves when they reach adulthood. In such communities, foster parents are recognised as active and distinguished members of society.

The promotion of foster care and the provision of support services for foster families in these regions were part of the everyday professional practice of the experts from social welfare centres and contributed to their expertise in the field of foster care.

The promotion of foster care was reinforced by the quality support provided by social care centres, which shared positive foster care experiences and facilitated the inter-generational transfer of foster care.

Positive model of transformation of children's care institutions

Certain children's homes have already successfully transformed into community service centres and could become a model of positive practice to increase family placement. This deinstitutionalisation process included the transformation and development of non-institutional services in the community, requiring radical changes in the work model and organisation²⁸, as well as investment in training for professionals. At the same time, the institutions had to develop plans for community services and adapt to the newer and more complex children's care system²⁹. This transformation has been extremely important for the development of foster care services, with the promotion and support of foster care being an important new service provided by today's community service centres. These centres have considerable potential to improve the quality and accessibility of services for families at risk and for foster care in general.

Strong public and non-governmental partnership as a basis for further improvements in foster care

Croatia set up a robust public and non-governmental partnership to strengthen primary families and foster families. 'For A Stronger Family'³⁰ brought together a number of organisations and actors in the field of foster care for the first time. Importantly, the activities were not directed solely at foster care, but were part of a larger programme to improve childcare and family support systems overall. It therefore covered numerous interventions for families in challenging life circumstances (families with children with disabilities or behavioural problems, families from ethnic minorities, families with other social challenging situations). The programme developed services and supports among all relevant actors, ensuring accessible, high-quality local services to strengthen family capacity – including foster care families - in the community. This initiative represents an important instance of multidisciplinary cross-sectoral cooperation and lays a foundation for continuous joint investment in quality foster care in Croatia, as well as improvements in children's wellbeing.

3.3 Difficulties and constraints

The process of transforming children's care homes to community service centres is slow and challenging, with the number of transformed institutions unchanged in 2021 compared to 2017 (Vejmelka, 2017; Ministry of Labour, Pension System, Family and Social Policy).

Individual care plans have not been fully implemented in practice due to a number of structural, operational, and systemic factors. The situation has not substantially changed since 2015, when Laklija (2015) stated that despite the legal obligation, most of the elements of individual planning in foster care remain unfulfilled due to insufficient human and organisational resources within social welfare centres.

²⁸ Particularly the adoption of internal regulations and reorganisation of work, adaptation of accommodation units for the purpose of providing services in the community, dismissal of employees who are not needed in the new work models and retraining of those who can contribute to the transformed institutions.

²⁹ The process was challenging and time-consuming, but successful for most children's care homes. The former institutions embraced new processes and procedures and assumed new functions. They provide alternative units of care and community-based services. They also invested in employees' education and training and took part in fundraising activities, partnerships with the non-profit sector and the academic community.

³⁰ https://www.unicef.org/croatia/sites/unicef.org.croatia/files/2019-10/Infografika_ISKAZNICA-ZA-SNAZNIJU-OBITELJ.pdf

Matching a child with a foster family in Croatia is, in practice, based on the principle of the availability of places in foster families rather than on the basis of a child-centred match. Emergency foster care is no longer recognised by the Foster Care Act 2018 (it is instead implemented through temporary foster care). Given the difficulties in finding emergency accommodation for children in a foster family, more attention should be paid to this type of foster care. It is important to emphasise that children in out-of-home placements already have certain difficulties and problems (e.g. attachment disorders), suggesting that all foster families, regardless of status, need continuous support during care placements.

The prerequisites outlined in the Foster Care Act 2018 are quite demanding and might not be achievable in practice. None of the foster parents who hold a valid specialised foster care permit under the previous Foster Care Act (OG 90/11 and 78/12) meet the updated criteria for specialised foster care in the new legal framework. Despite the fact that 360 children with difficulties and behavioural problems are placed in foster care at the moment, no foster parent currently meets the criteria for the specialised foster parent category. They typically lack the required high level of education and years of practical experience in working with children with additional needs, and the Foster Care Act 2018 requires highly educated and unemployed experts³¹. Again, there was no systematic or partial promotion of specialised foster care among the professionals who could apply for this service. Moreover, their potential income as full-time foster parents is below the average payments in this sector, while requiring full-time care for an especially challenging group of children and young people.

The Foster Care Act 2018 came into force on 1 January 2019 and has brought about were no significant changes in the number of foster children or the number of foster families. However, the COVID-19 pandemic that emerged in March 2020 likely slowed down foster care promotion as a result of the numerous epidemiological measures and the general lockdown³².

3.4 Steps forward

The improvements in the field of foster care outlined below are based on interviews with Ministry representatives, experts in the field of foster care, and representatives of the foster parents' association. Suggested steps to move foster care for children forward are identified at several levels, from legal amendments to operational and organisational changes. Considering the main issues to be addressed at the Peer Review, the improvements proposed by the experts interviewed are:

Approaches and forms of foster care for children at Member State level

Emergency foster care is not clearly defined by the Foster Care Act 2018. Representatives of foster parents' associations noted that changes should include clear legal regulation of emergency foster care and establish a register of emergency foster parents.

Continuous monitoring of comparable data at EU level and indicators of child wellbeing in a specific context such as alternative care is a prerequisite for planning activities and interventions in the field of foster care. Ministry representatives and foster care

³¹ Notably, the profession of medical doctor is not included in the list of specialised professions, meaning that paediatricians, for example, cannot apply to be a specialised foster parent. The eligible professions under the Foster Care Act are: social work, psychology, educational rehabilitation, social pedagogy, speech therapy, occupational therapy, physiotherapy and nursing.

³² During 2020, the Croatian Institute of Public Health and the Ministry of Labour, Pension System, Family and Social Policy published detailed 'Instructions for the Prevention and Suppression of the COVID-19 Epidemic for Providers of Non-Institutional Social Services in the Social Welfare System', which included recommendations for foster care and organised housing services. Among other things, the recommendations prescribed special epidemiological measures during placement in a foster family (Recommendations 2020a, 2020b).

experts agreed that statistical indicators (e.g. the profile of foster parents for children) should be disaggregated further.

Several specific interventions were proposed:

1. Providing evidence and performing evidence-based analysis to inform decision-making is crucial if services are to address the needs in the foster care sector. The funds should be directed to support systematic research in the field of foster care.
2. Incentives are needed to attract and motivate young families to engage in foster care. Tailored media campaigns and information could motivate young parents to become foster carers³³.
3. Foster parents' associations need capacity-building. For example, they often lack adequate infrastructure (their offices are generally in their private homes). Targeted investments and tailored grants would allow them to build capacity and increase the quality of their services and geographical reach.

Revised standards and measures to set up professional foster care schemes, especially for children with severe disabilities or behavioural disorders

The Foster Care Act 2018 sets out very weighty criteria to be fulfilled in order to become a 'specialised professional foster parent'. Such prerequisites will prevent potential foster parents of children with disabilities from benefiting from the additional supports foreseen by the new law. Future regulations and amendments might address this gap. Consideration should also be given to the possibility of upskilling current and potential foster parents who do not meet the existing criteria. The Ministry of Labour, Pension System, Family and Social Policy announced that the Foster Care Act would be amended to ensure better protection of the rights of beneficiaries, especially children, and the improvement and expansion of non-institutional services. The special focus will be on:

- Increasing the number of foster parents in general
- Increasing the number of children in foster families
- Increasing the number of specialised foster parents for children
- Regional availability of foster care
- Improving the quality of care in foster families

Further development of foster care services in local communities

The experts in children's care and representatives of the foster parents' association agreed that investment in local social services is needed. This could be done by reinforcing existing service providers and creating new ones where needed. It is important to monitor the community's needs and strengthen multisector cooperation in the field of foster care.

³³ Online training and support could be provided, at least to some extent, particularly in light of the COVID-19 pandemic.

4 Conclusions

In the last decade, Croatia has adopted principles and a robust legal framework for modern foster care in a family environment. Croatian legislation has been harmonised with international standards to ensure the rights and protection of children in care. On the basis of these general principles and rules, standards for foster care have been developed, together with curricula, training of trainers, and training for foster parents. A comprehensive family empowerment initiative (primarily related to standardisation and support for foster families) was launched, creating a foundation for cooperation and joint action.

However, the transition to community-based services has been slower than expected. Positive practice examples exist in Croatia: some regions have a long tradition in developing foster care, for example, and their insights can serve as models for other communities. There are also positive examples of the transformation of children's care homes to community service centres, with a positive impact on the foster care system and support services.

Changes should seek to strengthen the geographical coverage of services for foster families and reform certain typology of foster care, namely professional specialised foster care, and emergency foster care.

More systematic research on foster care policy is needed in order to encourage evidence-based practices. The monitoring of statistics and indicators also needs improvement, as key disaggregated data remain unavailable. Finally, it is necessary to continuously strengthen the capacities of service providers and the organisation of foster parents through financial, infrastructural and human resource investments.

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7 Annexes

ANNEX 1 Geographical distribution of the types of foster care in Croatia

COUNTY	TRADITION AL	PROFESSIONAL: STANDARD	KINSHI P	TOTA L
ZAGREBAČKA	71	5	35	111
KRAPINSKO-ZAGORSKA	8	4	13	25
SISAČKO -MOSLAVAČKA	33	4	13	50
KARLOVAČKA	26	0	11	37
VARAŽDINSKA	70	7	27	104
KOPRIVNIČKO- KRIŽEVAČKA	66	1	9	76
BJELOVARSKO- BILOGORSKA	23	3	10	36
PRIMORSKO-GORANSKA	57	1	28	86
LIČKO-SENJSKA	0	0	4	4
VIROVITIČKO- PODRAVSKA	22	0	8	30
POŽEŠKO-SLAVONSKA	5	0	4	9
BRODSKO-POSAVSKA	42	3	6	51
ZADARSKA	10	0	33	43
OSJEČKO-BARANJSKA	80	2	30	112
ŠIBENSKO-KNINSKA	8	0	9	17
VUKOVARSKO-SRIJEMSKA	35	2	36	73
SPLITSKO-DALMATINSKA	66	1	71	138
ISTARSKA	18	0	20	38
DUBROVAČKO- NERETVANSKA	4	0	6	10
MEĐIMURSKA	59	1	10	70
GRAD ZAGREB	90	1	108	199
TOTAL	895	35	491	1319

ANNEX 2 List of relevant international and national legal and strategic documents

International standards on child rights and protection and strategic documents:

- United Nations Convention on the Rights of the Child
- UN Guidelines for Alternative Child Care
- EU Agenda for the Rights of the Child
- Common European guidelines for the transition from institutions to community based care
- EU guidelines for the promotion and protection of children's rights
- Council of Europe Strategy on the Rights of the Child (2016-2021)
- European Disability Strategy 2010-2020
- United Nations Declaration on the Rights of Persons with Disabilities
- UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities
- National Strategic documents:
 - Plan for Deinstitutionalisation, Transformation and Prevention of Institutionalisation 2018-2020
 - Operational Plan for Deinstitutionalisation and Transformation 2014-2016
 - Strategy for Development of Social Welfare System in the Republic of Croatia 2011-2016

National legal provisions and current regulations in the field of foster care:

- Foster Care Act/ Zakon o udomiteljstvu (NN 115/18) ·
- Social Welfare Act/ Zakon o socijalnoj skrbi (NN 157/13, 152/14, 99/15, 52/16, 16/17, 130/17, 98/19, 64/20 i 138/20)
- Family Law/ Obiteljski zakon (NN 103/15 i 98/19)
- Decision on the amount of compensation for the needs of users/ Odluka o visini opskrbnine za potrebe korisnika (NN 9/2019) ·
- Decision on the amount of allowance for foster parents work/ Odluka o visini naknade za rad udomitelja (NN 9/2019)
- Ordinance on the composition and manner of work of the Commission for the Selection of Foster Parents for Foster Care as a Profession/ Pravilnik o sastavu i načinu rada Povjerenstva za izbor udomitelja za obavljanje udomiteljstva kao zanimanja (NN 46/19)
- Ordinance on housing conditions for foster care/ Pravilnik o stambenim uvjetima za obavljanje udomiteljstva (NN 46/19)
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