

INFLUENCE OF FEATURES OF CHILDREN SUITABLE FOR SUBSTITUTE FAMILY CARE ON THEIR ADOPTION AND PLACEMENT IN FOSTER CARE

Pavla Štochlová, Lucie Kozlová

University of South Bohemia, Faculty of Health and Social Studies, Department of Social Work, České Budějovice, Czech Republic

Submitted: 2012-04-05

Accepted: 2012-05-03

Published online: 2012-06-28

Abstract

The article describes the situation regarding features of children and their placement in adoption and foster care in the Czech Republic. The introduction of the article offers theoretic grounds concerning activities of authorities of social-legal protection of children especially in connection with applicants for adoption and foster care. The aim of the research was to determine whether or not there is relation between age, ethnicity and health condition of children who are suitable for substitute family care and success of their placement in adoption and foster care in the Czech Republic. The quantitative sociologic approach was used in order to get the necessary data. The empiric part of the article states relevant data regarding children who are registered in the database of regional authorities concerning substitute family care focusing on their age, ethnicity and health condition. The data are stated as a whole representing the Czech Republic being divided in individual regions.

Key words: *a child; age; ethnicity; health condition; adoption; foster care*

Abbreviations:

CR – the Czech Republic
FCN – the Fund for Children in Need
MLSA – the Ministry of Labour and Social Affairs
SFC – Substitute family care
ASLPC – the Authority of Social-Legal Protection of Children

INTRODUCTION

The Czech Republic has been facing critics for a too high number of children in institutional care for a very long time. However, what has not been mentioned so often is the fact that only a certain percentage of these children are determined for placement in substitute family care for various reasons. These are

the so-called children suitable for adoption and foster care. The term “children suitable for adoption” comprises children whose health and psychomotoric development is expected to be less problematic according to the information and data gained and whose placement in substitute family care in an early age is possible. Their legal relation with their original family must be solved. “Children suitable for foster care” are those children who are mainly socially orphaned, who need continuous or long-term individual care and upbringing in a substitute family and who are not suitable for adoption for various reasons. These are usually children with various health or psychomotoric difficulties, older children, groups of siblings, or children of a different ethnicity, in our country this usually means Romany children (Zprostředkování náhradní rodinné péče

2005). For a number of these children return from institutional care to the original family is very difficult or impossible and in many cases it is not even possible to find a suitable substitute family for them. In this article the authors deal with an influence of selected criteria on success of placement of these children in new adoptive and foster families.

Keeping records of children suitable for substitute family care by regional authority

The department of substitute family care of the relevant regional authority keeps records of children who are suitable for substitute family care and records of persons who are suitable to become adoptive or foster parents. Since January 1, 2006 this department has also been keeping records of persons who can perform foster care for a temporary period. Municipalities with extended scope of authority are the bodies that report children in the regional authority records. These municipalities in cooperation with institutional facilities and municipalities generally search for children suitable for SFC. Pursuant to the Act on Social-Legal Protection of Children the municipalities with extended scope of authority are obliged to visit a child with institutional upbringing in person once every three months at least and besides others to monitor the child's family situation. Institutional facilities are obliged to notify the municipality with extended scope of authority without delay of children who are suitable for SFC. Then the municipality collects the child's documentary materials and submits them to the appropriate regional authority. The regional authority that is geographically competent regarding the permanent address of the child keeps records of children who are suitable for substitute family care. These records include the following:

- a copy of documentary materials of the child having been rendered by the municipality with extended scope of authority;
- the so-called specialist opinion if necessary;
- the child's statement (if it is possible regarding age of the child);
- other documents necessary for mediation of adoption or foster care.

The specialist opinion of children is conducted by the regional authority considering age of the child, statement of the specialist doctor or other serious facts, and is based on assessment of the level of the child's physical and mental development including the child's specific needs and requirements, and on assessment of suitability of substitute family care and of its forms (Zprostředkování náhradní rodinné péče 2005).

Applicants and their motivation to apply for substitute family care

Pursuant to Act no. 94/1963 Coll., on Family (§ 64), applicants for adoption are described as physical entities whose way of life guarantees that adoption will benefit both the child and the society. A person who is not qualified to performing legal acts cannot become an adoptive parent. In case of an applicant for foster care it is specified that the court can commit a child to foster care of a physical entity if it is in the child's interest to be committed to such care and if the entity of the foster parent provides a guarantee of the child's proper upbringing (Act no. 94/1963 Coll., on Family, § 45).

Before the mediation itself and during the whole process of the mediation, motivation is one of the most significant factors. It often influences not only choice of the care form that the applicants prefer but also their requirements and expectations. Applicants' motivation is one of the indicators that specialists have to assess before committing the child to substitute care so that possible disappointment and return of the child from the family to institutional upbringing is prevented. Regarding motivation to adopt a child, the two most usual factors are sterility and substitution for a child that died. Sterility together with its psychical consequences prevails significantly. Substitution for a child that died in case a family cannot have another one is a relatively rare motivation factor at present (Matějček et al. 1999). Research that was conducted among sterile couples showed that at present sterile couples try to solve their situation through attempts to conceive a child in the natural way with help of medicine rather than through adoption of a "strange" child. This inclination to the medical solution of sterility is probably related to the fact that the stigma of the sterile ones has been effaced

(Illich 2000): in the medical context sterile people are considered to be ill, their disease is not their fault and they demonstrate their readiness to undergo treatment. According to Novotný and Novotná (1997), a half of sterile couples who search for help conceive and carry a child to term. In this respect it is also interesting to mention that although a stable sterile couple has decided to fight for their fertility against nature, they also take timely precautions by means of an application for adoption (Ulčová Gallová 1999). This statement is not supported by research of Štochlová (2004), which showed that only 3% of sterile couples having been questioned within the research applied for adoption.

Motivation to apply for foster care is different and it is less often that foster care is to solve a burdensome psychical situation of a childless couple or a couple who have lost their only child. Foster parents usually have their own child or children. What is more significant here is a desire or an increased need to have more children that would satisfy basic psychical needs of the couple – to fulfil motherhood and fatherhood. There is also a desire to help a “deserted” child, to do “something good”, to show “gratitude” for personal good luck, or vice-versa to redress a personal fault, etc., usually in the religious or other sense. At the same time we also cannot omit the issue of the family’s economic benefit (Matějček et al. 1999).

Child requirements of applicants for SFC

Requirements of applicants for substitute family care are generally high and do not often correspond with features of children who are suitable for adoption or foster care. As an article on the server of the Klokánek FCN confirms, not all children who are legally free have a chance to be adopted. Children in the infant or toddler age, healthy children, children from the so-called common population, and children whose minority origins are not obvious are the most usual to be adopted (Osvojení 2011). During research that was conducted within the Bachelor Work called Placement of Children in Substitute Family Care it turned out that applicants for substitute family care in our country rarely have an integral idea of children who are determined for adoption or foster care, and in

connection with not being aware of these facts their requirements regarding the child are too high, which consequently makes realisation of substitute family care much slower or even impossible (Štochlová 2007).

The child’s age is a significant decisive factor. Applicants for adoptions usually wish to adopt a child who is as young as possible. Thus, infants and toddlers are adopted if possible. The older the child, the lower is the child’s chance of being adopted. The age of approximately 6 years is usually the border when rather foster care is considered. In this age consequences of institutional care become evident and it may be more complicated for the child to adapt to a new family. Children of older school age and teenage children are very difficult to be placed in a family because their adaptation possibilities are very small and some of the children are even not interested in being placed in a family (Popovská 2009). While choosing a form of substitute family care, sex of the child should not matter, but applicants often specify sex preference within their requirements (Štochlová 2007). The issue of sex and age may be important only when choosing a child for group foster care; the reason for this is adequate balance of the group of children in terms of sex and age. In terms of the child’s ethnicity, it is generally known that applicants are not very tolerant. Grega examined 158 applications for SFC and he found out that only 10.8% of applicants would be willing to accept a child of different ethnicity (Grega 2006). Children whose ethnicity is different from the majority one are more often placed in foster care because applicants for foster care do not have such high requirements as applicants for adoption. International adoption is often mediated in case of younger children who can be adopted from the legal point of view (Popovská 2009). It is a very sensitive issue, especially in the area of substitute family care. What the authors consider worrying is the fact that for various reasons, especially due to discrimination, children’s ethnicity is not specified in the SFC records. If we consider our ethnicity to be a discriminating phenomenon, it is only a matter of time to stop mentioning children’s sex in their documentation for the reason of discrimination. The authors are also convinced that applicants for substitute family care regarding a particular child have

the full right to receive as much information as possible about origins of the child who they decide to adopt. This information is extremely important in order to take care of the child in a proper way, and success of substitute family care realisation is thus increased.

While choosing a suitable form of care, the child's health conditions plays a very important part, too. To make it simple, it is possible to say that the more threatened is the child's health condition, the lower is the possibility of the child to be adopted. Although there is an effort to place such children in foster care, many of them grow up in institutional facilities.

Specialist opinion and preparation of applicants for substitute family care

Act no. 359/1999 Coll., on Social-Legal Protection of Children (§ 27) determines that for purposes of mediation of adoption and foster care the regional authority or the Ministry of Labour and Social Affairs of the CR (hereinafter referred to as "MLSA") assesses the applicants' personality, psychical condition, conditions for upbringing of a child, motivation that led to the application for adoption of a child or for a child being committed to their foster care, stability of the marital relationship and family environment, or other facts that are decisive for adoption of a child or for committing a child to foster care. The regional authority or the MLSA are entitled to inviting applicants for personal proceedings in order to assess the conditions and facts decisive for committing a child to them. In this area they cooperate with municipalities with extended scope of authority, other municipalities, medical and school facilities and other specialised facilities, authorized persons, and specialists in the issue of upbringing and child care. According to methodical instructions by the MLSA CR (2009) the aim of the specialist assessment is to determine to what extent the applicants are qualified for a particular form of SFC, to what extent the applicants are currently prepared for takeover of a child, and last but not least which child the applicants would be suitable for.

Applicants for SFC are assessed regarding the following areas:

- social – performed by social workers at the relevant authority;
 - health – performed by a contractual doctor of the regional authority, who uses as the basis questionnaires on health condition, medical reports by general practitioners and findings of specialist doctors not older than 6 months;
 - psychological – performed by psychologists of regional authorities, who assess applicants based on testing, projective and clinical (monitoring and interview) methods, and after evaluation of the results they complete a written report (Popovská 2009).
- Reasons for making a psychological conclusion not recommending the applicants for SFC can be of various nature. A contribution in the Collection of Lectures of 6th Conference on Substitute Family Care mentions for example a higher divorce rate and presence of a number of undesirable psychological conditions – unsuitable motivation, psychosocial immaturity, low ability of adaptation, lack of frustration tolerance. Further it could be high expectations or expectations that are too specific, low ability of empathy, etc. As the contribution authors also say, altruistic motivation, which is presented more often, is interesting, too (Papáčková, Směkalová 1999).
- Special preparation is an inherent part of substitute family care mediation. The purpose of the special preparation is an effort to provide conditions for optimum and mutually satisfactory integration of a child to a new family with help of not only experts specializing in the given issue, but also of the families that already have experience with adopted or fostered children. In compliance with the amendment to the Act on Social-Legal Protection of Children, the special preparation is provided by the regional authority instead of municipalities with extended scope of authority, which were previously responsible for it. The act does not specify the form and contents of the preparation in detail. The preparation provider uses as the basis the Recommendation for realisation of preparation of future adoptive and foster parents for accepting child in Family, which was issued by the MLSA. The preparation usually consists of two parts, theoretical and practical. The theoretical part includes a cycle of lectures, discussions and seminars. It is provided by experts specializing in SFC (a

psychologist, a paediatrician, a lawyer, etc.). The MLSA recommends that the contents deal with issues of psychology, upbringing, medicine, and with social-legal issues. The practical part has a form of discussion groups of applicants together with specialists and families that already have their own experience with SFC; they discuss particular problems of upbringing and family life. This part of preparation usually has a character of a weekend stay. It also includes a visit to an infant institute, children's home or a selected foster family. After each special preparation has finished, a psychologist completes a report of its progress, in which he/she states his/her opinion of the applicants and also the fact whether or not material facts decisive for SFC mediation were found during the preparatory course. This report becomes a part of written documentation of applicants and has an influence on the overall specialist assessment (Popovská 2009).

At present, the special preparation is a part of specialist assessment, i.e. applicants have to participate in the preparation before they know whether or not they will be included in the records of applicants. In the past the sequence of steps was opposite. Discussions on which of these two alternatives is better have been taking place for a long time. It is not possible to come to an objective conclusion so far because the period of the special preparation being a part of the specialist assessment has been too short. Psychologists Gabriel and Novák (2008) say that placing the preparation before the psychological examination of applicants help to a much clearer idea and information equipment regarding requirements and particularities of SFC than before. On the other hand the information that applicants receive during the preparation will give them a clearer idea of what we probably want to hear regarding sensitive and controversial issues during the consequent examination.

AIM OF RESEARCH AND HYPOTHESES

The aim of the research was to determine whether or not there is relation between age, ethnicity and health condition of children

who are suitable for substitute family care and success of their placement in adoption and foster care in the Czech Republic. For the needs of the research, the universal term of "substitute family care" was used for all the above-mentioned forms of substitute family care, i.e. adoption and foster care. The results concerning relation of the above-mentioned variables were processed both as a total for the whole Czech Republic and for each geographical unit, i.e. the regions of the Czech Republic.

In order to gain the necessary results three hypotheses were determined and matched with corresponding zero hypotheses – H_0 .

H1: Age of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

H_0 : Age of children suitable for substitute family care does not have an influence on success of their placement in adoption or foster care.

H2: Ethnicity of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

H_0 : Ethnicity of children suitable for substitute family care does not have an influence on success of their placement in adoption or foster care.

H3: Health condition of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

H_0 : Health condition of children suitable for substitute family care does not have an influence on success of their placement in adoption or foster care.

MATERIAL AND METHODS

Description of research file

The research file consisted of children who were included in the records of children suitable for placement in adoption and foster care at authorities of social-legal protection of children at the regional authorities of all fourteen regions of the Czech Republic in

the research period (i.e. 2006). The research file consisted of the total of 847 respondents. While the research was being carried out, a comprehensive basic file of children who were included in the records of regional authorities of the Czech Republic as children suitable for adoption and foster care was provided.

Methodology

In order to receive the necessary data, a quantitative research strategy was used using a secondary data analysis, contents analysis of official documentation data, field research, mathematical-statistical technique, and logical analysis.

A statistical software called NCSS version 7.1 was used to achieve the necessary results in order to fulfil the above-mentioned research aim. The software helped discover relation between the variables. A method for the categorical data analysis was especially used while testing the H1, H2 and H3 hypotheses. Independence tests in contingency tables were used (chi-quadratic test, Wilcoxon signed-rank test). Numeric evaluation of the received data was carried out using a professional

statistic software SPSS version 10 and NCSS version 7.1.

The data were collected while complete anonymity of respondents was maintained; appropriate forms regarding confidentiality were signed at all departments of authorities of social-legal protection of children. Due to the fact that the information regarding ethnicity of children is considered to be sensitive data, such information was received based on subjective assessment of social workers of the authorities of social-legal protection of children of the relevant region. These workers had worked with the children long and had enough information about their origins.

RESULTS

The results showed in Table 1 depict materiality levels for testing of association between the selected features of children suitable for substitute family care and success of their placement in adoption and foster care within individual regions of the Czech Republic.

Table 1. Materiality levels for testing association between features of children and success of their placement in substitute family care

Region	Age	Ethnicity	Health condition
South-Bohemian	<0.001	>0.05	>0.05
South-Moravian	<0.001	<0.001	<0.001
Karlovy Vary	0.005	<0.001	0.013
Hradec Králové	0.002	>0.05	>0.05
Liberec	<0.001	0.004	>0.05
Moravian-Silesian	<0.001	0.002	0.008
Olomouc	<0.001	<0.001	>0.05
Pardubice	0.021	0.002	>0.05
Plzeň	>0.05	>0.05	>0.05
Central-Bohemian	<0.001	0.007	0.008
Ústí nad Labem	<0.001	<0.001	0.008
Highlands	<0.001	>0.05	0.011
Zlín	>0.05	>0.05	0.003
Capital of Prague	<0.001	>0.05	0.024
TOTAL	<0.001	<0.001	<0.001

As Table 1 proves, in the whole research file there is statistical relation between success of placement of children in adoption and foster care and their age, ethnicity and health condition. While analysing the issue in detail, this relation was not found in all regions. For example in the Region of Plzeň no relation between success of placement of children in adoption and foster care and other three variables was found. In the Region of Zlín the statistical relation was only found in case of children's health condition, in the Region of Hradec Králové and in the South-Bohemian Region there is only relation between children's age and their placement in adoption and foster care.

Based on the result of Wilcoxon signed-rank test ($p < 0.001$) the authors reached the conclusion that on the selected materiality level ($\alpha = 0.05$) there is enough evidence to reject the zero hypothesis. Thus the H1 hypothesis was confirmed. Thus we can say that age of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

Based on the result of the chi-quadratic test ($p < 0.001$) it is possible to reach the conclusion that on the selected materiality level ($\alpha = 0.05$) there is enough evidence to reject the zero hypothesis. Thus the H2 hypothesis was confirmed. It is possible to say that ethnicity of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

Based on the result of the chi-quadratic test ($p < 0.001$) it is possible to say that on the selected materiality level ($\alpha = 0.05$) there is enough evidence to reject the zero hypothesis. Thus the H3 hypothesis was confirmed. We can express a conclusion that health condition of children suitable for substitute family care has an influence on success of their placement in adoption or foster care.

DISCUSSION

Three hypotheses were formulated in relation to the aim of the research, the task of which was to determine whether or not there is relation between features of children suitable for substitute family care and success of their placement in adoption and foster care.

The determined H1 hypothesis, which assumed that age of children suitable for substitute family care has an influence on success of their placement in adoption and foster care, was confirmed based on the research having been conducted. This result is not surprising at all. If a person, a married couple or a partner couple decide to accept a "strange" child to their care, they wish that the child is as young as possible, ideally a newborn baby. This is confirmed by an article on the server called *Šance pro děti* (Chance for Children), which states that the younger the child, the bigger is his/her chance of being placed in a family (*Šance pro děti 2011*). This fact is also proved by words of Prime Minister Petr Nečas, who said in his speech of August 2011 that in case of adoption or foster care it is true that the older the child, the more difficult it is to place him in adoption or substitute family care (*Procházková 2011*). Of course, it is not a rule, there is still certain percentage of applicants who are willing to accept an older child. Nevertheless, there is still a minority of them. Of course, it is not only up to applicants for substitute family care and up to workers of the ASLPC. Especially biological parents play a significant part here. In case of newborn babies whose parents give consent to adoption of their child after 6 weeks elapse, the process of adoption is the fastest. If the parents do not show interest in their child for the period of 6 months, the court may decide on legal release to adoption. Unfortunately, this may take up to 9 months and thus, a child gets to a new family in the age of two. However, we come across parents who keep minimum contact with their child and appeal against commitment of the child to foster care (*Šance pro děti 2011*).

The H2 hypothesis, which assumed that ethnicity of children suitable for substitute family care has an influence on success of their placement in adoption or foster care, was confirmed. While formulating this hypothesis, the authors took into consideration a general assumption that it is generally difficult to find a substitute family for a child of different ethnicity. The main reasons for which people do not want to accept children of different appearance can be their own internalized stereotypes connected with the relevant "group of people", but also potential negative reactions from their neighbourhood

(Šanderová 2011). Jennings (2006) carried out research that, besides others, dealt with worries related with accepting a differently-looking child to SFC. Respondents of this research demonstrated their worries of accepting the child's different skin colour by their friends, neighbours and members of their family. An article called Romanies as the Ethnic Group focused on this topic in detail. The article deals with children's ethnicity and its influence on placement of the child in substitute family care. In its introduction the article deals with the public attitude to Romanies and states that the Czech Republic belongs to a group of countries the inhabitants of which have the most xenophobic attitude to foreigners and ethnic minorities, especially to Romanies. It can be proved by the finding that in these countries there is the highest number of inhabitants who would not feel comfortable being neighbours of a different ethnicity member (in case of the Romany ethnicity inhabitants of the Czech Republic have the least positive attitudes out of all monitored European Union countries). The Czech Republic also belongs to a group of European Union countries inhabitants of which wish the least that high political positions are occupied by members of different ethnicities (Romanies as the Ethnic Group 2011). A child's point of view is important, too. Author Vančáková (2008) deals with Romany children and their identity in substitute family care, and she states that a part of personal identity of each person is a feeling of belonging to their nation, knowledge of their historic roots, cultural heritage, significant personalities from history and present, and specific social standards and customs. Romany children who grow up with non-Romany parents get caught between two worlds. The non-Romany world of their new family, their school and society becomes a new starting point for them and they want to adapt to it as much as possible. If the family does not purposefully work with their Romany identity, Czech or Moravian customs are kept at home and Czech language is taught at school as well as history of Czech lands which includes nothing more than a short mention of Romanies. Howell (2007) labels this approach of teaching a child about his/her culture as "folklorization" of culture of adopted children without reference to real socio-cultural differences. Vančáková (2008) points out

that unfortunately, sooner or later, Romany children go through painful experience that even though they behave according to the majority society rules, they are rejected by this majority world and referred to the world of their biological origins by means of unsuitable or even purposefully hurting comments. However, they have only very little experience with the Romany society and this world does not accept them because they do not have knowledge of its cultural standards. Thus they get caught between two worlds. They belong to both of them but they feel "at home" at neither of them. They do not know who they really are and where they belong. They have not built a strong identity. Moreover, there is even a more general risk of building an identity that all children who grow up out of their family are threatened with. This risk lies in lacking or negative information about their biological parents and the circumstances that preceded their placement in other people's care. Author Vančáková (2008) also mentions the fact that without knowing the real causes Romany children are often connected with "calling of the voice of blood". Those children for whom their roots are covered with mystery sometimes dream whole myths about their ideal biological parents and set off to search for their original parents or siblings on their own (this phenomenon applies generally for adopted children). Weyer (1996) highlights the fact that a child cannot root in two cultures at the same time.

The H3 hypothesis, which determined that health condition of children suitable for substitute family care has an influence on success of their placement in adoption or foster care, was confirmed. It is probably not surprising that it is very difficult to place a child whose health condition is worse or who is handicapped in adoption or foster care. Many substitute parents are very afraid of possible health risks, the same applies for upbringing of a child with a physical, sensorial or mental handicap. They worry that they will fail to take care of such a child, that they will not cope with such pressure, that they will not be good parents to such a child. Of course, their reasons are easy to understand. Therefore it is very difficult to place a child with health troubles in SFC. Concerning this topic, the server Šance pro děti states that there are increasingly more applicants for

substitute family care than children in the Czech Republic. However, due to this fact it is possible to choose the most suitable family for a particular child. In case a child is handicapped it is almost impossible to place him/her in substitute family care (Šance pro děti 2011). However, as the research proves, it is difficult to place a child whose health condition is problematic or who is handicapped in SFC, but it is not impossible at all. There is still certain percentage of applicants who are willing to accept such a child in their care. Šanderová (2011) explains the motivation of applicants for accepting a handicapped child in relation to the main socially shared value, which is the necessity to help. These applicants for foster care are usually people who already had their own child. In case of childless sterile couples the desire to help is drowned by the desire to have a “perfect” child, whose criteria a handicapped child can never meet. Author Vágnerová (2011) developed special methodology for these purposes. It is called Medically Disadvantaged Child in SFC and its aim is to inform foster and adoptive parents of possible impacts of various medical troubles, to give them information about problems that arise from these troubles in relation to other development and upbringing of such a handicapped child, to remind them of the fact that other substitute parents have similar problems and that all of them feel insecure in the given circumstances. According to her, not only the children in SFC, but also substitute parents themselves need support and help because their task is not easy. In the author’s opinion, it is sometimes clear immediately that the child has a health handicap, but in the course of time other unexpected problems may appear. Sometimes, when a child comes to a new family, it is not clearly said that the child has a serious health trouble, but as the child behaves in a different way from what is considered to be common, the substitute parents start to search for a reason for such behaviour. Due to their feelings of anxiety, which are often more intensive than normally, they can feel that they do not take care of the child properly or that someone else failed to attend to something. Any diagnostic or

advisory help is very useful in such cases because it eliminates unnecessary feelings of uncertainty and provides substitute parents with a guide how to work with the child (Vágnerová 2011).

CONCLUSION

This article monitors the situation in the Czech Republic in the area of substitute family care and offers an answer to the question asking whether or not features of children who are suitable for adoption or foster care influence the success of their placement in new adoptive or foster families. The research investigation confirmed that age, ethnicity and health condition of a child have an influence on realisation of substitute family care. According to the authors, it is important to build on this fact and to work on gradual elimination of this fact. This is possible to be achieved by means of intensive work with applicants for substitute family care, especially at the beginning of the procedure. It is necessary to educate applicants sufficiently, to give them enough relevant information regarding the whole issue and the situation in the Czech Republic. Within this cooperation it is important to appeal to future substitute parents to become more tolerant to accepting a child who is of higher age, of different ethnicity or who has health troubles. Of course, a significant condition is intensive care with families in terms of high-quality consultancy and providing services that the families need after the adoption or foster care has been realized.

ACKNOWLEDGEMENT, SPECIFICATION OF GRANT

The authors of the article would like to thank especially to the Grant Agency of the University of South Bohemia in České Budějovice, which supported the research realisation within a successful project called Comparison of Features of Children Suitable for Adoption and Foster Care in Czech Republic.

REFERENCES

1. Gabriel Z, Novák T (2008). Psychologické poradenství v náhradní rodinné péči [Psychologic Consultancy in Substitute Family Care]. Prague: Grada. 144 p. ISBN 978-80-247-1788-3 (Czech).
2. Grega R (2006). Žadatelé o osvojení v Plzni: očekávání a skutečnost. Diploma Thesis. [Applicants for Adoption in Plzeň: Expectations and Reality]. Plzeň:Plzeň: University of West Bohemia. Paedagogical Faculty (Czech).
3. Howell S (2007). The Kinning of Foreigners: Transnational Adoption in a Global Perspective. Berghahn Books. 276 p. ISBN 978-1-84545-330-5.
4. Illich I (2000). Limits to Medicine: Medical Nemesis the Expropriation of Health. London: Marion Boyars Publishers Ltd. 294 p. ISBN 0-7145-2993-1.
5. Jennings PK (2006). The Trouble with the Multiethnic Placement Act: An Empirical Look at Transracial Adoption. *Sociological Perspectives*. 49(4): 559–581.
6. Matějček Z et al. (1999). Náhradní rodinná péče: průvodce pro odborníky, osvojitele a pěstouny [Substitute Family Care: Guide for Experts, Adoptive and Foster Parents]. 1st ed.. Prague: Portál. 183 p. ISBN 80-7178-304-8 (Czech).
7. MLSA CR (2009). Metodické doporučení MPSV č. 7/2009 k odbornému posuzování žadatelů o zprostředkování náhradní rodinné péče [Methodical Recommendation of MLSA no. 7/2009 Concerning Specialist Assessment of Applicants for Mediation of Substitute Family Care]. Prague: MLSA (Czech).
8. Novotny P and P (1997). Co dělat při neplodnosti [What To Do When You Are Sterile]. 1st ed. Prague: Pragma. 183 p. ISBN 80-7205-494-5 (Czech).
9. Osvojení (adopce) [Adoption]. [online]. 2011, last update 2011 [cit. 2011-12-03]. Available at: <http://www.fod.cz/stranky/adopce/nrp/osvojeni.htm> (Czech).
10. Papáčková B, Smékalová H (1999). Příspěvek posuzování žadatelů o náhradní rodinnou péči. In: Sborník přednášek ze 6. konference o náhradní rodinné péči [Contribution of Assessment of Applicants for Substitute Family Care in the Collection of Lectures of 6th Conference on Substitute Family Care]. Prague: MLSA CR. 222 p. ISBN 80-85529-66-1 (Czech).
11. Popovská J (2009). Očekávání a realita v náhradní rodinné péči. Diploma Thesis [Expectations and Reality in Substitute Family Care]. Brno: MU. 100 p. Thesis Supervisor Mgr. Tomáš Dvořáček, DiS. (Czech).
12. Procházková M (2011). Z tisíců dětí v ústavech lze adoptovat jen pár stovek, upozornil Nečas [Out of Thousands of Institutionalized Children Only a Few Hundred Can Be Adpoted, warned Nečas]. [online]. 2011, last update 2011 [cit. 2011-12-03]. Available at: <http://zpravy.idnes.cz/> (Czech).
13. Romanies as the Ethnic Group [online]. 2011, last update 2011 [cited 2011-12-03]. Available from: <http://mighealth.net/cz/index.php/>>.
14. Šance pro děti [Chance for Children]. [online]. 2011, last update 2011 [cit. 27/11/2011]. Available at: <http://www.sanceprodeti.cz/komu-pomahate.html> (Czech).
15. Šanderová P (2011). Tělesnost jako významný faktor procesu adopce: kulturně antropologický problém [Corporality as Significant Factor of Adoption Procedure: Cultural-Antropological Problem]. Prague: SLON. 162 p. ISBN 978-80-7419-046-9 (Czech).
16. Štochlová P (2004). Neplodnost a její zdravotně sociální dopady. Year Work [Sterility and Its Medical-Social Impacts]. České Budějovice: Faculty of Health and Social Studies, University of South Bohemia 53 p. Work Supervisor MUDr. Miloš Velemínský ml. (Czech).
17. Štochlová P (2007). Umisťování dětí do náhradní rodinné péče. Bachelor Thesis [Placement of Children in Substitute Family Care]. Brno: MU. 96 p. Thesis Supervisor PhDr. Dana Knotová, Ph.D. (Czech).
18. Ulčová Gallová Z (1999). Diagnóza neplodnost [Diagnosis Sterility]. 1st ed. Prague: Petrklíč. 118 p. ISBN 80-7229-020-7 (Czech).
19. Vágnerová M (2011). Zdravotně znevýhodněné dítě v náhradní rodinné péči [Medically Disadvantaged Child in Substitute Family Care]. 1st ed. Prague: Středisko náhradní rodinné péče o. s., 52 p. ISBN 978-80-87455-04-03 (Czech).
20. Vančáková M (2008). Romské dítě v náhradní rodině [Romany Child in Substitute Family]. 1st ed. Prague: Rozum a cit. 47 p. (Czech).

21. Weyerová M (1996). Chci zase zpátky. In: Zkušenosti adoptivních rodičů a pěstounů odjinud: Collection of Works by German and Austrian Authors [I Want Back. In: Experience of Adoptive and Foster Parents from Elsewhere]. Prague: Fond ohrožených dětí, p. 52–55 (Czech).
 22. Zákon č. 94/1963 Sb., o rodině, v platném znění [Act no. 94/1963 Coll., on Family, as amended] (Czech).
 23. Zákon č. 359/1999 Sb., o sociálně-právní ochraně dětí, v platném znění [Act no. 359/1999 Coll., on Social-Legal Protection of Children, as amended] (Czech).
 24. Zprostředkování náhradní rodinné péče. South-Bohemian Region [Mediation of Substitute Family Care]. [online]. 2005, last update 2005 [cit. 25/11/2006]. Available at: <http://www.kraj-jihocesky.cz> (Czech).
-

 **Contact:**

Pavla Štochlová, Högrova 2, 612 00 Brno
E-mail: pavla.stochlova@gmail.com