System, in support of children without parental care 
in Czech Republic

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MONEE Country Analytical Report 
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National Report 2006 - Czech Republic

Part A - System in support of children without parental care

1. Data sources

In the Czech Republic there are many different information sources available regarding institutional care, foster care and adoptions. Among the most important data sources rank the Ministry of Labour and Social Affairs, the Ministry of Education, Youth and Sports and the Ministry of Health.

These administrative data give information on institutes for infants, children’s homes, educational institutions, diagnostic institutions, and on institutions for the handicapped youth. All these data are based on blanket surveys organised by the respective government departments under which every of the above stated institutions comes. In particular, the data can be found that refer to the number of establishments, to the capacity of establishments, their types, number of charges, etc. Other features as for example the age, sex or ethnical group of the charges are not frequently surveyed at all.

A special issue is presented by the data on foster care gathered by the Ministry of Labour and Social Affairs, and by the data on adoptions that are recorded both at the Ministry of Labour and Social Affairs, and also at the Office for International Law Protection of Children having a seat in Brno. The problem consists in the fact that the data are rare and most suitable indicators are not surveyed at all.

As a reader can see for himself the biggest problem in compiling analysis on the system of supporting children without parental care is constituted by very heterogeneous data sources (Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Education, Youth and Sports) highlighting health, social or educational and pedagogical views respectively, according to the government department that administers the relevant statistical data. It makes their comparability even more difficult. (For instance the Ministry of Education, Youth and Sports takes the school year as a time unit, i.e. from September 1, to August 31; whereas other government departments consider the calendar year, i.e. from 1. 1. to 31. 12.)

2. Basic information on the system of alternative care for children without parental care

In the Czech Republic the system of alternative care for children without parents is in many respects highly complicated. Basic types of alternative care are institutional care, foster care and adoption.

According to the founder establishments, these institutions can be divided into three main categories. Under the Ministry of Health come Institutes for infants and children’s homes for children up to the age of three years. The Ministry of Education, Youth and Sports administers Establishments of institutional and protective education. Last but not least it is the Ministry of Labour and Social Affairs that manages the Institutions for disabled children and youth.
The institutes for infants and children’s homes for children up to the age of three years take care of children up to three years who cannot grow up in their own biological families. The establishments of institutional and protective education bring up abandoned children and children with raising problems aged from 3 up to 18 years. The institutions for disabled children and youth take care of physically and mentally handicapped children and of children with combined handicap.

The Ministry of Labour and Social Affairs also oversees the alternative family care. Under alternative family care the foster care and adoption are meant in the Czech Republic. Foster care is an alternative family care sustained by the State that provides for a child and also ensures adequate payment to foster parents. Adoption is then a type of alternative family care where kinsfolk relation is already created between the parents and their adoptive children.

3. The functioning of formal care system

There is an important fact, being true not only for us but also for developed countries – that approximately 1% of children population is doomed to growing up outside their own family. From this number it is only 1% to 2% of children who are real orphans. The remaining 98% of children are social orphans having at least one parent. This parent however is not either able, or willing or capable of taking care of a child. Unfortunately, the most frequent situation is that a parent does not want to be concerned with upbringing.

In 2004 the total number of children under formal care reached 29 859 children. The total number of children aged 0-17 amounted to 1 916 356 persons, and so the proportion of children under formal care to all children in the age category 0-17 fluctuated about 1.6% (this proportion shows a small inaccuracy because some children may be in the establishments of formal care even after reaching the age of 18 years at their own request, the difference is however minor).

The following table shows trends in the number of children under formal care in the years 2000 – 2004:

| Table 1: Number of children under formal care (state as of 31. 12.) |
|-----------------|----------------|----------------|----------------|----------------|----------------|
| Institutes for infants and children’s homes for children up to the age of three years | 2000 | 2001 | 2002 | 2003 | 2004 |
| Establishments of institutional and protective education1 | 1 723 | 1 655 | 1 630 | 1 624 | 1 570 |
| Including: children’s homes | 7 333 | 7 222 | 7 270 | 7 205 | 7 590 |
| Institutions for disabled children and youth | 12 783 | 12 750 | 12 806 | 12 851 | 12 864 |
| Foster care | 6 000 | 6 411 | 6 598 | 6 637 | 6 565 |
| SOS children’s villages (communities) | 1 073 | 965 | 992 | 1 076 | 1 270 |
| Total number of children under formal care | 28 912 | 29 003 | 29 296 | 29 393 | 29 859 |
| Total number of children aged 0-17 | 2 066 845 | 2 021 997 | 1 985 487 | 1 947 940 | 1 916 356 |

1 State as of October 15 of the current year
From the above stated table it is clear that while the number of children aged 0-17 tends to go down in the years 2000 - 2004 (a decrease of 8.9%), the number of children under formal care showed an increase of 3.3% during the same period. This begs the question: “What is the basic cause of such a trend?” Among the main reasons surely goes the failure of parental care.

In 1994 there were 847 charges under formal care per 1 000 000 children aged 0-17. In 2004 this ratio got to 1 149 charges.

### Table 2: Number of children under formal care per 100 000 children aged 0-17

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</thead>
<tbody>
<tr>
<td>Number of children under formal care per 100 000 children aged 0–17 let</td>
<td>847</td>
<td>904</td>
<td>949</td>
<td>979</td>
<td>1 001</td>
<td>1 023</td>
<td>1 057</td>
<td>1 070</td>
<td>1 093</td>
<td>1 113</td>
<td>1 149</td>
</tr>
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</table>

We can take as a positive the fact that the ratio of children under institutional care decreased since 1994 from 78% to 74%, thus the ratio of children raised under alternative family care increased from 5 871 children up to 7 835 children in the years 1994 – 2004, i.e. by 34%. However, the trend is very slow, apparently there are no larger variations in time. Hence, we can note that the support of alternative parental care is increasing slowly but surely.

**4. Institutional care**

As stated before, the system of institutional care meant for children not raised by their parents is very complicated. Individual institutions of alternative care are administered, together with regional authorities, by the Ministry of Health, the Ministry of Education, Youth and Sports and also by the Ministry of Labour and Social Affairs.

In the Czech Republic there were on the whole 37 institutes for infants and children’s homes for children up to the age of three years (coming under the authority of the Ministry of Health) at the end of 2004. The institutes for infants and children’s homes had at their disposal the total of 2001 beds, with 1 570 children accommodated as of December 31, 2004. The breakdown by public and private establishments is not available up to now. The number of children put in the institutes for infants and in children’s homes for children up to the age of three years declined by almost 9% from the year 2000.

In the establishments of institutional and protective education (coming under the authority of the Ministry of Education, Youth and Sports) there were 219 institutions registered in total, with the capacity of 8 314 beds, accommodating 7 590 charges as of October 15, 2004. As of this date the public establishments registered 7 471 occupants in 210 institutions with the capacity of 8 182 beds. The private establishments registered 119 occupants in 9 institutions with the capacity of 132 beds. It means that the private establishments represent only about 4% of the institutions, with 1.6% share of the charges. In
view of time, from the year 2002\(^2\) there was an increase in both the number of public establishments of institutional and protective education (from 64 to 70) and in the number of private establishments of institutional and protective education (from 8 to 9). The number of charges in the establishments of institutional and protective education grew at a much slower rate between the years 2002 and 2004 (from 7 156 to 7 471 charges and from 114 to 119 charges in the public and private sectors, respectively).

The Ministry of Labour and Social Affairs administers the establishments of social care for physically and mentally handicapped children. In 2004 the number of these establishments amounted to 170 institutions with the total capacity of 11 984 beds and as of December 31, 2004 the total of 10 370\(^3\) persons were accommodated there. As of this date the public establishments registered 144 institutions with the capacity of 11 305 beds which means that almost 85% of the establishments were public with 94% share in the total capacity. In view of time, from the year 2002 the total number of charges declined slightly from 10 426 charges in the year 2002 to 10 370 charges in the year 2004. There was also a decrease in both the number of public establishments from 159 to 144 and in the number of private establishments from 27 to 26. The capacity of public establishments reached 12 257 beds in the year 2002 while it was only 11 305 beds in the year 2004. A similar tendency could be seen also in private establishments with their capacity dropping from 919 beds to 679 beds during the mentioned reference period.

From the total summed data on establishments administered by the government departments of the Ministry of Education, Youth and Sports and of the Ministry of Labour and Social Affairs it follows that from the year 2002 the number of institutions increased by 1.8%, the number of charges increased by 1.5%, while the capacity volume in beds of these establishments dropped by 4%. As far as the private establishments are concerned, their number stagnated at the level of 35 establishments both in the year 2002 and in the year 2004. The number of charges declined however by 22%. Generally, it can be stated that the number of private establishments and their capacity represents only small part of all establishments of this type.

Additional data on sex and age in the establishments of institutional care could be obtained from the Ministry of Education only. The following table shows the structure of charges under institutional care by age, in the years 2002 – 2004.

**Table 3: Structure of charges by age in the years 2002 - 2004**
*(source - the Ministry of Education, Youth and Sports)*

<table>
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<tbody>
<tr>
<td>Pre-school age (mostly from 0 to 5-7 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3</td>
<td>9</td>
<td>9</td>
<td>47</td>
<td>522.2</td>
</tr>
<tr>
<td>3+</td>
<td>394</td>
<td>379</td>
<td>359</td>
<td>91.1</td>
</tr>
<tr>
<td>Age of compulsory school attendance (mostly from 6-7 years to 15-16 years)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-</td>
<td>3 314</td>
<td>3 327</td>
<td>3 485</td>
<td>105.2</td>
</tr>
<tr>
<td>15+</td>
<td>650</td>
<td>646</td>
<td>788</td>
<td>121.2</td>
</tr>
<tr>
<td>After finishing compulsory school attendance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-18</td>
<td>2 610</td>
<td>2 520</td>
<td>2 507</td>
<td>96.1</td>
</tr>
<tr>
<td>18+</td>
<td>293</td>
<td>324</td>
<td>404</td>
<td>137.9</td>
</tr>
<tr>
<td>Total</td>
<td>7 270</td>
<td>7 205</td>
<td>7 590</td>
<td>104.4</td>
</tr>
</tbody>
</table>

\(^2\) Before the year 2002 the data on private and public establishments are not available

\(^3\) It refers to the institutions for physically and mentally handicapped youth only
It is clearly seen from the above stated table that the greatest growth was achieved in the age group 0-3 years. This growth can be attributed to the fact that in the year 2004 more children were put into the establishments of institutional and protective care than in the previous years. Nevertheless, if we look at this age group in general, i.e. if we count up the children in the institutes for infants (administered by the Ministry of Health) and the children in the establishments of institutional and protective care (administered by the Ministry of Education, Youth and Sports), the number of children in this age category went down slightly from 1 639 children in the year 2002 to 1 617 children in the year 2004, i.e. by 1.3%. So it is apparent that a part of children got to the establishments of institutional care sooner than it was originally usual.

As far as the number of children by sex is concerned in the years under survey, then there were always fewer girls, round about 40% of all children given in charge. In the year 2004 as of October 15, they were 3 017 of them registered, while the number of boys was 4 573.

The numbers of handicapped children registered in the years 2002 – 2004 in the establishments administered by the government departments of the Ministry of Education, Youth and Sports, and of the Ministry of Labour and Social Affairs amounted to about ¾ of the number of all children in these establishments (in the establishments administered by the Ministry of Labour and Social Affairs all the children are handicapped). In the year 2004 there were 17 690 children in total registered in these establishments, of which 13 873 were handicapped. Unfortunately, the Ministry of Health does not record the numbers of handicapped children in the institutes for infants. Likewise, it is not possible to determine the age and sex of the handicapped children in all mentioned government departments.

It is very difficult to specify the numbers of children leaving the institutional care. The reason consists again in varied data sources recording different types of children’s departures from institutional care. First let us have a look at the institutes for infants. During the year 2004 there were 1 887 children released from the institutes for infants and from the children’s homes for children up to the age of three years. One third of them stayed in the institute for less then 2 months, 20% of them spent there 3 to 5 months, 16% of children 6 to 11 months and 30% of children one year or longer time. The children going back to their own families leaved the institute after the shortest time, and vice versa, the longest time passed here the children that were later on put into the institutes of social care, to other form of alternative family care or to the children’s home. More than one-half of the children given to adoption spent in the institute for infants minimally half-year. 84% of the released children, i.e. 1 588 children, were put to some form of family care (to own family, to adoption or other form of alternative family care).

In the year 2004 there were 2 150 children from the establishments of institutional and protective education under the government department of the Ministry of Education, Youth and Sports released to adoptive families, to foster care or these charges were released forever. In the year 2004 in total 559 charges left from the permanent stay in the establishments of social care. The following table shows the numbers of children that left the institutional care for the above-mentioned reasons.
Table 4: Numbers of children leaving the institutional care in the reference year (i.e. between 1. 1. and 31. 12.)

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<tbody>
<tr>
<td>Institutes for infants and children’s homes for children up to the age of 3 years</td>
<td>1 482</td>
<td>1 598</td>
<td>1 468</td>
<td>1 600</td>
<td>1 588</td>
<td>99.4</td>
</tr>
<tr>
<td>Establishments of institutional and protective education</td>
<td>1 868</td>
<td>2 024</td>
<td>2 000</td>
<td>2 047</td>
<td>2 150</td>
<td>106.2</td>
</tr>
<tr>
<td>Institutions for the handicapped youth</td>
<td>1 559</td>
<td>1 581</td>
<td>1 575</td>
<td>1 559</td>
<td>1 559</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>5 350</td>
<td>6 182</td>
<td>6 051</td>
<td>6 225</td>
<td>6 301</td>
<td>101.9</td>
</tr>
</tbody>
</table>

In terms of time the number of leaving children increased only slightly from the year 2001 - by 1.9%. Fluctuations were observed particularly in children in the institutes for infants. Their number grew up moderately from the year 2001. From the year 2001 the number of children leaving the establishments of institutional and protective education increased by 6.2%. The numbers of children leaving the institutes for handicapped youth are basically at a standstill. Unfortunately, neither the age nor sex groups are monitored, so it is not possible to analyse them over time.

In terms of age it can be only stated that children aged 0-3 years are placed to alternative family care or to adoptions most successfully, the rate is about 85% of the children. In older children this opportunity is markedly on the wane, being estimated around 2%.

In the year 2004 the most common reason for the children’s leaving from the institutional care was permanent release (47% of the leaving children, in most cases children that reached the age of 18 and decided to leave the institution). About 21% of children were released to their own families, 13% to adoptions, and 7% to another form of alternative family care.

5. Principal imperfections and problems of residential care system in the Czech Republic

The greatest problem of the residential care system in the Czech Republic seems to be the splitting among three government departments – health service, education, labour and social affairs. This division into three government departments has the following consequences:

- separation of siblings by age and state of health,
- repeated changes in residential care establishments – from health service establishments to educational ones
- extremely serious deficiency of impetuses in children aged to three years who are brought up in groups of up to ten children per a nurse and have no chance to draw incentives from older children.

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4 The year under survey refers to the period from 1. 9. to 31. 8.
• very frequent switches in the staff taking care of the children in health service establishments.

Another sizeable problem is posed by unsuitable types of residential care establishments even within the government department of education, and by varied standard of care even within one type of establishment, resulting in the following:

• separation of siblings even within the system of educational establishments (by their age, sex, mental level, and educational problems) into children’s diagnostic institutes, diagnostic institutions for youth, children’s homes, special residential schools, children’s educational institutions, educational institutions for youth,

• unnecessary diagnostics of children without behavioural disorders and their upbringing in company with the children having experience with delinquency, drugs, alcohol, and prostitution,

• establishments are lacking for children with addictions and serious behavioural disorders, as well as clearly specified differentiation of educational institutions by the rigidity of regime

• the children who finished their primary school attendance are often placed into educational institutions, even though they have no behavioural disorder,

• the establishments vary both in material provision (bedrooms by ten children and also small rooms for one or two children) and in the relationship with the educators (from using the second person in addressing and compellations such as aunt or uncle, to using the polite form and compellations as sir),

• different number of children in groups, ranging between eight and fifteen per an educator,

• different chances for the children to learn about ordinary life, from enabling so called host care to greenhouse upbringing only within the establishment,

• residential way of education (i.e. the absence of family cells) is quite unsuitable.

6. Alternative family care – foster care

Alternative family care is such a form of care for children when “substitute parents” in the setting most resembling the life in natural family raise a child. In our country it is particularly adoption and foster care. Foster care is divided into individual foster care, guardian’s care, and foster care in group.

Individual foster care can be held by strange persons or by relatives for instance by grandparents. Group foster care is divided into establishments for the execution of foster care and into SOS children’s villages (communities) where foster mother takes care of the children.
In case a child’s parents died or were deprived of parental responsibility, a guardian must be designated for the child. Guardian has the same rights as foster parent. However, he is obliged to take care of the child personally and to replace fully the care of parents. But this role does not constitute any obligation towards the child to provide maintenance. Any decision made by the guardian in an important matter has to be authorized by court. The designation of guardian is decided by court. The guardianship comes to an end by attaining majority, by the death of the child or the guardian, by resumption of the original parents’ responsibility and on the basis of the court’s decision, if the guardian is not qualified for this role and breaches his/her commitments.

Foster care is a form of an alternative family care guaranteed by the State that ensures sufficient material provision of a child and also an adequate remuneration to those who took him/her in. A child can be commended into foster care of a natural person or to common foster care of a married couple; the only substantive law requirement is the benefit of child. The personality of foster parent has to offer guarantee of proper upbringing. The foster is entitled to act for the child and to administer his/her matters only in commonplace causes, for the execution of exceptional matters (e.g. arranging of passport) he/she asks for the consent of the child’s legitimate representative. The foster care is meant primarily for the children who for the health or social reasons cannot be put to adoption. It often refers to older children and to groups of siblings. The reasons, why their original parents are not capable of properly exercising their parental rights and doing their duties, have to be of a long-lasting character. Preference is given to the foster care over the placement into residential care institutions, for the sake of the child’s fundamental right to grow up in family setting.

Legal definition of foster care is set down by the Act on Family from the year 1963, in the wording of later regulations, and by the Act on Foster Care from the year 1973, in the wording of later regulations. If a child is commended into foster care in the age when he/she is able to pass judgement on its factual content, his/her statement is supposed to be secured too. By the court’s decision the legal relations of a child to his/her original family are not terminated. In consequence of foster care no kinship relations arise between the foster parent and the child.

During the time of foster care the foster is a holder of parental rights and obligations in the area of the child’s upbringing. In other causes these rights belong to biological parents provided they have parental responsibility. The biological parents also retain the right to meet with the child unless the court pronounces the prohibition of contact. By limitation or
deprivation of the biological parents` responsibility their obligation to provide maintenance for their children does not terminate.

Material claims (foster care benefit) are regulated by the State Social Support Act from the year 1995. This benefit is divided into the allowance for the compensation of the child’s needs, and into the foster’s remuneration. The foster is also entitled to one-off allowance on taking over the child. This allowance comes to quadruple of the amount of subsistence level covering personal needs of the child. For comparison it can be stated that the childbirth grant amounts to quintuple of this sum. There is also an allowance for purchasing motor vehicle to which such a foster is entitled who has at least four children under his/her foster care or who is entitled to foster’s remuneration on the grounds of taking care of four children (including major not provided for children), if he/she has bought passenger motor vehicle or if he/she has ensured necessary overhauling of the motor vehicle and he/she does not use this vehicle for gainful occupation. This allowance amounts to 70% of the acquisition value of the personal motor vehicle or of proven repair costs, but no more than CZK 100 000 (i.e. EUR 3 570). The sum of allowances for the last ten years before submitting the application must not exceed the amount of CZK 200 000 (i.e. EUR 7 140).

| Table 5: Foster care allowances in the year 2005 (monthly per one child, in comparison with average monthly gross wage) |
| in CZK, 1 EUR = 28 CZK |
| Allowance for the compensation of child’s needs (healthy child) | Foster’s remuneration | Average monthly gross wage | % of allowance for child + foster’s remuneration to average monthly gross wage |
| up to 6 years | 6 880 | 1 180 | | 42.4% |
| from 6 to 10 years | 7 680 | 1 180 | 19 030 | 46.6% |
| from 10 to 15 years | 9 080 | 1 180 | | 53.9% |
| from 15 to 26 years | 9 960 | 1 180 | | 58.5% |

In comparison with the average monthly gross wage, the amount of foster care allowances ranges from 42.4 to 58.5%, by the age of child. The child’s state of health is also an important precondition. The table 5 shows allowances for fosters who are bringing up healthy children. If a foster family takes care of handicapped children, the allowances increase not only by the age but also by the extent of handicap. We can distinguish three types of handicap, namely child ill in the long run, child handicapped in the long run, and child severely handicapped in the long run. The amount of an allowance for the compensation of needs of a child severely handicapped in the long run comes approximately to about CZK 19 500.

The applicants, who are interested in taking a child into their foster care, submit an application to the respective local authority of a municipality with extended powers, and during its execution they proceed in the same way as the applicants for adoption. Initially, it is the respective local authority of the municipality with extended powers that decides on origination of the foster care at the request of prospective foster parents. Within three months
from entering into force of this decision, the foster parents may file a motion to the court to
commend a child into their foster care. The foster care comes into existence by the court’s
decision that came into force, and is terminated by the child’s majority, by death of the child
or of the foster parent. The common foster care ends also with the divorce of the foster
parents’ wedlock or with the death of one of the married couple. The court may also void the
common foster care by its decision if there are important reasons for it. In case it is the foster
parent who asks for the cancellation, the court is bound to sustain his/her motion.

Only the regional authorities, the Ministry of Labour and Social Affairs, and the Office
for International Legal Protection of Children having a seat in Brno may carry out the
intermediation of foster care. Other legal persons or natural person are only allowed, on the
basis of the Ministry’s authorization, to look for persons or children suitable for alternative
family care. Advisory board is a professional team that is busy with searching for new families
for children suitable to alternative family care.

The control of foster care has several stages. If a family decides to accept an abandoned
child, they must first of all obtain necessary recommendation from the respective authority
(for instance from municipal government or other authorized office). It means that social
worker conducts an interview with the applicant’s family and elaborates documentation file
containing personal data, health report, report on social background of the family, etc. Further,
the social worker visits the applicant’s family at home and determines the housing and family
state of affairs. After consideration and processing of all available data, the application is
thereafter passed on to the workplace of regional authority. Furthermore, the psychological
examination is under way when such circumstances are investigated as life experience,
childhood, marriage, its stability, qualities, parental attitudes, and the motives that moved the
family to receive an abandoned child, etc. The conclusion of psychological examination
always becomes part of the application.

Before acceptance of a child every foster has to attend an applicant’s preparatory course
that is arranged by the authority itself or in cooperation with other authority, or by an
authorized person. Mission of the preparatory course is to provide the expectant fosters with
the necessary minimum knowledge on specific issues of the alternative family care, to give
them practical information on the situation and needs of children living outside their own
families, and to enable an insight into their own faculty for accepting a child. During the
course the fosters meet both the specialists and also other fosters and they can exchange their
experience. The course has a form of lectures, panel discussions or training seminars. The law
finds the preparation to be needful and useful for all applicants, with the exception of well-
founded cases of applicants who have previously gone through it in connection with accepting
a child, who have a child under their care and demonstrate good pedagogical competence, or
who for serious reasons (to be individually assessed by the authority) are not able to
participate in the preparation. The expenses connected with the implementation of preparatory
courses are born by the authority or the authorized person. The applicants carry travel
expenses, board and lodging.

When all the essential requirements are met and all necessary formalities are approved,
the child is given into the family. New relations constitute a serious inroad into the life of
children as well as of the alternative families. Therefore, law guarantees a necessary period of
at least three months before the court’s decision. It is so called pre-foster care for the
adaptation of a child and the applicants to new situation. During this period it is possible to
verify and weigh up what are the prospects for building a fruitful and true relationship between the child and the family. The children and the foster parents are invited to control psychological examination where not only the psychomotor progress of the child is assessed but also the quality of established relationships in the new setting is considered. Another control comprises a visit of social worker. It is possible to have a talk with her and to consult factual situation or potential difficulties. When this period elapses, the time comes to settle court affairs.

In case of foster care the necessary legal essentials are ensured with substantial help of the authority. In cooperation with the social worker a motion to commend a child under foster care is moved to the court. Other necessary essentials are ensured in accordance with the real individual situation of the child and family. It is again court that decides on giving the child under foster care. The child under foster care retains his/her original surname unless a request for change is made in the court. The family may continuously consult with the social worker of the respective authority everything unclear linked to handling the official arrangements.

Moreover, the respective authority renders all-embracing assistance to the foster parent needed for ensuring favourable conditions for upbringing and as well as all-round development of the children commended under foster care. They regularly monitor whether the foster care is exercised properly and whether it fulfills its purpose, at the same time the authority may take necessary measures pursuant to the Act on Family and the relevant implementing regulations. The foster is obliged to enable the respective authority to carry out control over the execution of the foster care.

There are regular sessions held in each region of the advisory board (i.e. professional team) composed of social workers, psychologists, pediatrics, directors of institutes for infants, of children’s homes or of other residential establishments. These people pass judgements on individual cases of abandoned children who can be given into new family. Using the applicants´ files they recommend suitable foster parents to individual children. They proceed by certain order and on the basis of comprehensive evaluation of the prospective foster parents´ applications.

Table 6: Number of children leaving the foster care, state as of 31. 12.

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<tbody>
<tr>
<td>Number of children under foster care</td>
<td>6411</td>
<td>6598</td>
<td>6637</td>
<td>6565</td>
<td>102.4</td>
</tr>
<tr>
<td>Including: handicapped children</td>
<td>412</td>
<td>460</td>
<td>414</td>
<td>391</td>
<td>94.9</td>
</tr>
<tr>
<td>Terminations of foster care</td>
<td>760</td>
<td>751</td>
<td>1057</td>
<td>1142</td>
<td>150.3</td>
</tr>
<tr>
<td>Including: proposed by foster</td>
<td>48</td>
<td>48</td>
<td>53</td>
<td>67</td>
<td>139.6</td>
</tr>
<tr>
<td>proposed by section of family and children care</td>
<td>16</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>137.5</td>
</tr>
<tr>
<td>majority of child</td>
<td>468</td>
<td>504</td>
<td>545</td>
<td>725</td>
<td>154.9</td>
</tr>
<tr>
<td>other reason</td>
<td>228</td>
<td>179</td>
<td>438</td>
<td>328</td>
<td>143.9</td>
</tr>
</tbody>
</table>

From the year 2001 the number of children under foster care increased slightly by 2.4%. During the reference period there was a large growth recorded by more than 50% in the cases of foster care termination. Primarily, it was caused by the majority of children that legally ends the foster care.
7. Adoption

Another type alternative family care is adoption. Legal definition of adoption is set down by the Act on Family from the year 1963 and by an Act from the year 1982 amending the Act on Family. During adoption the family undergoes basically the same procedures as when receiving a child into foster care.

Social and legal protection is ensured by regional authorities, local municipal authorities, by the Ministry, regions within their independent competence, commission for social and legal protection of children and by other legal entities and natural persons if they are entrusted with the exercise of social and legal protection.

At adoption the married couples or individuals adopt an abandoned child and they have the same rights and duties to him/her as if they were his/her parents. Simultaneously the child acquires the family name of his/her new parents. Thus the relationship between the child and the kinsmen of adoptive parents is of filiation nature. Only minor child can be adopted. The court decides on the adoption and before the adoption order is issued at least three months have to elapse. During this time the applicant takes care of the child fully at his/her own expenses.

The chart shows two types of adoption:

1. “Dissoluble” adoption, i.e. 1st level adoption (simple adoption) is a care when the rights and duties of parents are assigned to the adoptive parents, but in the child’s certificate of birth the original child’s parents remain stated and the simple adoption can be made void. The mutual rights and duties between the adoptive child and the original family are not abolished. This type of adoption is used, or more precisely, is a condition in case of adopting a child aged less than one year because irrevocable adoption is possible only with a child older than one year.

2. “Indissoluble” adoption, i.e. 2nd level adoption is in practise used more frequently and it differs from the simple adoption in the fact that the adoptive parents are entered into the child’s certificate of birth instead of the parents. This adoption cannot be made abolished. Married couple, husband (wife) of the child’s parent or an individual may adopt child. The adoption by individual is possible under law in case that there is an assumption that the given adoption will fulfil its social mission.
The number of applicants for adoptions increases from the year 2002. In the year 2000 there were 1,969 of them registered as of December 31, in the year 2004 it was 2,524 as of the same date, so the growth was by 28%. In the monitored year 2004 the application for adoption was submitted by 920 applicants.

Table 7: Number of adoptions accomplished in the years 2000 - 2004

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<tbody>
<tr>
<td>Total number of adoptions accomplished</td>
<td>512</td>
<td>545</td>
<td>464</td>
<td>588</td>
<td>552</td>
<td>107.8</td>
</tr>
<tr>
<td>including: adoptions abroad</td>
<td>54</td>
<td>58</td>
<td>20</td>
<td>43</td>
<td>46</td>
<td>85.2</td>
</tr>
<tr>
<td>Number of applicants for adoption</td>
<td>1,969</td>
<td>2,100</td>
<td>2,369</td>
<td>2,440</td>
<td>2,524</td>
<td>128.2</td>
</tr>
</tbody>
</table>

From the year 2000 the total number of adoptions accomplished grew up by almost 8%, from 512 to 552 adoptions in the year 2004. However, the adoptions abroad went down by 15%. The adoptions abroad have not become yet a standard matter in the Czech Republic, it means that the time series is not consistent and only in the future we can see in which way the development will proceed further. As far as the distribution of adoptions by relation to child is concerned, i.e. whether the child has a filiation with the adoptive parent, this cannot be in principle traced down. From the data published by the Ministry of Labour and Social Affairs we can guess that most children are adopted by strange person.

Neither exist data on the numbers of children adopted by age and on their structure in functional dependence on age. However, it can be assumed from the data published by the Ministry of Health and from special articles dealing with the adoption problems that the younger and healthier the child is the greater is the interest in him/her.

Another big problem presents belonging to an ethnical group. Frequently, the membership of ethnical group is not surveyed at all, or the data are distorted very much. The results can be only estimated. In the children’s homes the largest proportion of children from other ethnical groups is formed by the children of Romany origin (for instance in the institutes for infants from the total number of children accepted annually from the year 2001 almost 30% represent the Romany children) in whom the interest is markedly smaller and that is why these children have dramatically lower chance to get to an alternative family.

In practise it may look as follows: Parents who wish to adopt a child are mostly people who cannot have their own child. In most cases they desire that the child is as little, healthy, and intelligent as possible, blue-eyed and blonde if possible, and in addition to that a girl. But these children are more and more scarce. Some fifteen years ago there were in Bohemia and Moravia about one thousand of children adopted annually. Nowadays it is roughly about five hundred children. In comparison with the previous years, however, the today’s number of applicants for adoption is approximately 4 - 5 times higher, ranging between 2,000 and 2,500. In practise it is not possible to satisfy all the applicants because not all children that are free for adoption are little, healthy, blonde and girls. As a consequence of improved medical care, particularly during the time of pregnancy, obstetrical and postnatal care, even such children survive today that would otherwise perish fifteen years ago. Thanks to that the infant mortality went down on the one hand, but on the other hand the number of chronically ill children increased. More often as not it happens that these very children are coming from problematic family setting. A certain part in it may also play some hereditary proneness or mother’s
unsuitable way of life at the time of pregnancy. Particularly these children are then often becoming social orphans.

7. Protection of children against violence

The criminality committed to the youth may represent a quantitatively smaller part of the total criminality activities discovered but it is characterized as highly dangerous for the society. Already in the early 80th already the criminologists of West European provenance started to draw more distinctly attention to the fact that before many young perpetrators committed a crime, they themselves in their childhood became a victim of criminal activity. Although a reliable empirical verification is still lacking, a hypothesis can be proposed that the criminal acts committed to children and adolescents are potential criminogenic factor of the youth's criminality. In keeping with this fact, the Report on security situation in the Czech Republic notes that sexual abuse of children and maltreatment of a person given in charge may create a criminogenic background and give rise to later criminal activity.

The protection of child is covered in various domestic legal regulations. Traditionally, the basis of child's legal status is included, apart from the constitutional law, in the family law. In the year 1998 the Act on Family was amended, chiefly in the provision on social and legal protection, to achieve the child's welfare. Also the subsequently passed act on social and legal protection of children stipulated high priority of the concern in the child's welfare. Besides other things, the Act sets down the obligation of State and state authorities to provide the families having children with an effective assistance, the obligation of state authorities to protect children against physical and mental violence, the obligation of State to guarantee the rehabilitation and recovery of a child who became a victim of maltreatment, abuse, neglect or of other smothering treatment.

The most extreme protection of children and adolescents against criminal activities is guaranteed under criminal law. First of all, it is executed in provisions on protection that apply to the youth exclusively. Secondly, it refers to provisions related to criminal acts the victims of which every can be person, but if these criminal acts are committed to the youth they are viewed to be more dangerous for society, and so an increased penalty is imposed.

Attention is aimed to the following:

- protection of children against the non-fulfilment of parents’ duties;
- protection of children against aggressive behaviour of different forms and intensity;
- protection against trafficking in children;
- protection of desirable sexual development of the youth;
- protection of the youth's morality against the pieces of pornographic work to be offered, bequeathed, made available, or put on display and made accessible on such places that are open to persons aged under 18 years;
- protection of the youth against the abuse of addictive substances and against serving alcoholic drinks, and from the year 1994 against administering the anabolic steroids.

There are no systematic records in the Czech Republic on the incidence of criminal acts committed to children and adolescents. In the year 1992 an interdepartmental commission was
set up under the Ministry of Health. It concerned itself mainly with harming and maltreatment of children and adolescents, but it does not have necessary powers to survey data on the incidence and forms of doing harm to children and adolescents in the Czech Republic. Neither is it authorised to statistical registration of criminal acts committed to children and adolescents. There is no statistical summary in existence of criminal acts (i.e. acts proved in court) against children and the youth, because the statistics of the Ministry of Justice of the Czech Republic do not keep files of the criminal activity victims (i.e. neither of the children's victims). Some partial data on criminal activity against children and adolescents can be obtained only from the Police of the Czech Republic who registers indirectly the data on criminal activity victims, by way of data on so called "assaulted subjects".

Annually, there are about 3 000 victims of criminal activities aged under 15 years registered by the Police of the Czech Republic, including almost 2 000 violent criminal acts and over 1 000 offences connected with vice. Boys are becoming the victims of violent criminal acts roughly six times more frequently than girls, and on the contrary, girls are victims of vice crimes approximately three times more frequently than boys. Annually, there are about two tens of children murdered, about one hundred of them is maltreated and health of almost 400 children is injured knowingly. Every year the Police registers some 1 000 cases of sexual abuse of children, about one fifth of them is ascertained in the relation of dependence (of child on perpetrator). However, the commercial aspects of these crimes can be proved only with difficulties and it is not yet surveyed statistically and systematically. Certain data are at the disposal of non-government organizations, for instance the Line of safety, Our child, Children's crisis centre, etc. But on the basis of their internal information, it is not possible to make a complete register covering the problems in question. No less complicated and lengthy is it to prove more general facts of the case of the criminal act of threatening moral evolution of the youth. There are about nine hundred of perpetrators of this criminal act prosecuted annually, one third comprises women.

So called neglect of children (as per the classification of the European Council) is not overall surveyed in our country. The Convention on the Rights of the Child emphasizes the right of every child to the living standard indispensable for his/her physical, mental, moral, and social development. The parents or other persons who take care of a child bear, within the frame of their abilities and financial possibilities, basic reliability for the assurance of living conditions necessary for the child's development. An extreme protection of this right of children is represented by the criminal act of neglecting the alimentary obligation. Its occurrence is far from being rare. It can be demonstrated on the data registered by the Ministry of Justice of the Czech Republic. It follows from them that every tenth person prosecuted (but also accused and convicted) is prosecuted because of the criminal act of neglecting the alimentary obligation.