

Jan Basiaga, Sylwia Badora

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Jan Basiaga

Akademia Wychowania Fizycznego im. Jerzego Kukuczki w Katowicach

Sylwia Badora

Państwowa Wyższa Szkoła Zawodowa im prof. Stanisława Tarnowskiego
w Tarnobrzegu

Between a feeling and a duty – on care within professional foster families

Introduction

Under the Polish custody system foster families are an important (if not the most important) element of child care system and social support. Foster families operating as emergency shelters for children were included in the child and family care system in 2000 [Dz. U. 2000, nr 19, poz. 238]. In 2004 all foster families operating as emergency shelters for children became professionals [Dz. U. 2004, nr 64, poz. 593]. The legislator assumes that the function of an emergency shelter for children is to provide intervention and that it is geared to provide short term care (no longer than four months with an option of a further extension for four months), which lasts until a child's family crisis is over or until they are placed in an adoptive family or foster care family [Dz. U. 2011, nr 149, poz. 887].

Care within such families is instituted in the instances when biological and moral development of a child is jeopardised and it involves direct fulfilment of material and emotional needs as well as organising conditions essential for the existence and development of a child. Therefore, it is basic in nature; its character features intervention and compensation, which balance a child's own family care defects. Such type of care is crucial because emergency shelters for children receive children highly neglected in all respects.

Procedure and research method

The objective of the carried out research was to describe the care process within foster families operating as emergency shelters for children, to specify its conditions and results. The subject of the research constituted the activities undertaken by foster carers related to the initial period of a child's stay with a foster family as well as activities undertaken to fulfil biological needs (providing a child with appropriate quality and quantity of meals, providing appropriate sanitary and hygiene conditions and care that a child follows rules of hygiene as well as providing appropriate clothing and room temperature); psychosocial needs (providing conditions allowing fulfilment of a child's needs of safety and security, belonging, love, kindness, acceptance, emotional contact, self-realisation, appreciation as well as efforts aimed at compensating for a child's feeling of loneliness through provision of conditions conducive to integration with peers); cognitive needs (activities facilitating child's cognition of the world, objects, phenomena and providing conditions to explore the reality surrounding a child). Moreover, the object of analyses were compensation and curative activities aimed at improving child's health, which are comprised in health condition diagnosis, undertaken curative and compensation activities and purchase of essential equipment.

Research was carried out with the individual case method, which is also specified as individual case study. It included 58 professional foster families operating as emergency shelters for children in the area of śląskie province, where 207 children from 156 biological families remained. The techniques applied were: individual semi-structured interview (carried out with persons performing the functions of a foster parent) and quantitative observation (carried out in foster family environments).

The manner of analysis of the research material was compliant with the qualitative strategy applied in the research and the individual case study method. The assumed research objective, which regarded description and evaluation of the custodial function performed by professional foster families, was decisive in the selection of research type and its analysis [Stake 2009].

Intervention and adaptation activities

Activities within the scope of intervention care are usually undertaken in the situations of real hazard, breach or blocking the needs of a child as well as negative effects of such state. Therefore, it is a reactive activity, initiated by a plethora of – most frequently negative symptoms of failure to fulfil the needs of a child. It is aimed at hazard removal and restoring the state of balance [Dąbrowski 2006, p. 109]. As a rule, it is a reaction to a situation with an existing threat to a child's health or life, that they may be abandoned or if parents' identity or/and their place of residence may not be established. In practice, intervention tasks involve

remaining in permanent (24h) readiness to receive a child, to pick them up from an address indicated by social workers or a court-appointed guardian.

Adaptation consists in an adjustment by an individual or a group to function in a changed social environment [Sobol 2006, p. 2]. In a pedagogical sense, adaptation is a process or result of a process of achieving needs balance of an individual in the conditions of a social environment [Okoń 2007, p. 427]. The adaptation activities undertaken by foster guardians mainly consist in an attempt to achieve a state when a child accepts the current situation (separated from their own family and placed in a foster environment). This is achieved mainly by means of discussions with a child about the situation in their family, with particular attention to a portrayal of the role fulfilled by foster parents in this process, with simultaneous display of acceptance, assuming an open approach manifesting understanding for the current situation of the child and their parents. An important element of the adaptation process is also a display of acceptance for a child by all family members, therefore, also by the carers' own children and other foster children. The effectiveness of the process of achieving a family balance by a child is therefore influenced by: permanence of the norms applicable in a foster environment and of the relations within a family, absence of manifestations of aggression (physical, emotional, verbal) as well as a rational and stable daily schedule.

The quality of intervention function fulfilment – besides the already mentioned permanent readiness to receive a child – is affected by technical means at a family's disposal, particularly those enabling intervention outside their place of residence. Research material analysis indicates that all carers are able to receive a report by means of a telephone and they have provided the district police stations with their telephone numbers. However, not all of them have at their disposal technical means to undertake intervention care activities at the address indicated by competent services – 96.6% of parents possess a vehicle, therefore they are able to reach an indicated address. 3.4% of carers who do not possess a vehicle usually refuse to undertake such intervention activities.

The respondents also undertake the intervention form of care (of advance character) also during a meeting of a child with their parent or parents – particularly in the initial period of a child's abode within a foster environment, as well as in situations indicative of an existence of aggressive behaviour on the part of a parent (parents). It is manifested, as recorded in the instance of 55.7% of carers, who organise a child's meetings with their parents in their own house, a public place or at a venue indicated by social services, by attention to prevent a meeting of a child with a parent (parents), who is under the influence of psychoactive substances as well as supervision over a meeting of a child with a parent (parents) directed at prevention of aggressive behaviour of a parent (parents). The remaining 44.3% of emergency shelters for children, which organise meetings at social service premises, abandons that function.

Within the scope of adaptation activities among the initial activities undertaken by carers is an attempt – as expressed by one foster mother – to calm a child. In a majority of cases, placing a child at an emergency shelter releases in them a wide spectrum of negative emotions, which result mainly from a lack of understanding and acceptance of their new situation. The “calming of a child” process is realised mainly by denying the parents any form of contact with the child. The respondents’ efforts, in the initial fortnight of a child’s abode within a foster environment, are aimed at the absence of parental visits, however in the instance of 10.3% of emergency shelters – due to the lack of a consent on behalf of social services – appears to be unachievable.

The respondents condition the implementation of this organisational technique on two reasons. Firstly, biological parents frequently – particularly during the initial period – blame the emergency shelters for the situation which has arisen and thus create in children a negative attitude to their foster parents, through which they hinder the adaptation process. Secondly, the period during which the parents do not visit their child, the emergency shelters try to use to explain to the child the reasons behind the separation from their parents and they try to indicate further possible solutions of the existing situation. The majority of the respondents (55.2%) believe it is necessary to talk honestly to the children about the situation within their families and the reasons behind the fact that they were placed in a foster environment, particularly with children at a late childhood stage and at an early adolescence stage. The standpoint of the parents is most likely a conviction of a need to talk honestly to their child – I never lie to my children. I always talk with them honestly – because in their opinion those are the only grounds to build appropriate relations but also an experience based on foster care practice, which clearly indicates that children are fully aware of the situation within their families. A similar standpoint is represented by 25,8% of emergency shelters, with the difference being that representatives of this percentage perceive the causes for a child being placed in a foster environment are constituted by health problems of their parents or other problems, which the parents must solve in order for the child to be reunited with them. As a rule, those families accept in their care children at the age of middle childhood. According to the respondents such solution is beneficial because children relatively quickly acclimate to their new environment and do not return to the subject related to the reason for their abode within a foster environment. 19.0% of carers receiving in their care children at the age of early childhood explain to the foster children their stay within a foster environment as a form of a holiday visit.

The effectiveness of undertaken adaptation activities is proved by an ability to implement an ordered mode of functioning of an emergency shelter for children, particularly within the scope of the fulfilment of fundamental needs of a child. All of the respondents declare that regardless of the number of children remaining

in their care as well as a diversification of their ages, they manage to maintain the daily schedule they had assumed. It is expressed in regular time periods of sleep, meals, and time designated for play, homework, rest, house duties, etc. In close reference to such principles, the parents attempt to maintain the regularity of the rules applicable at their emergency shelter for children. Such situation is beneficial for a child, because the stability of the principles allows them to function within specified boundaries, which translates to their feeling of safety. Fulfilment of the need for safety and security is also included in the stability of the relations between individual family members. Analysis of the research material indicates high awareness of respondents within this aspect. It is manifested by attention to maintain a position expressing acceptance of a foster child – on the part of the foster carers as well as other family members.

Fulfilment of children's needs

An analysis of negligence diagnosed in foster children from emergency shelters indicates the existence of a deep state of deprivation of their fundamental needs – frequently described as needs requiring protective intervention in order to be fulfilled [Dąbrowski 2006]. Therefore, foster parents' care constitutes mainly in fulfilment of deficiency-related needs through the provision of a sense of satiety, warmth and safety and security – particularly in the aspect of emotional safety – meaning a sense of mental comfort arising from the fact of being loved, accepted and important. The respondents achieve it through a direct contact and activities showing a positive emotional attitude – gestures, words, look, and facial expressions.

Fulfilment of the cognitive need also is significant. In infancy it is fulfilled by visual and auditory stimuli (variety of toys) motivating children to be physically active and to become familiar with their surroundings. At the toddler stage the cognitive need is fulfilled by providing a child with conditions for exploring their surroundings and to meet people, objects, phenomena, to carry out physical activities, play and creativity when playing. All foster parents taking care of infants make efforts to provide children with such conditions.

In the period of early childhood one of the most important needs of a child is the need for their own activity and for related success [Skłodowska 2005]. The endogenous factors of special needs in a significant percentage of foster children are primarily various aberrations, hereditary, congenital or acquired disabilities. Significantly similar to aberrations are acute or chronic illnesses in children [Dąbrowski 2006]. Carers fulfil those needs mainly through activities aimed at a diagnosis of the condition of a child's health, curing, care and recuperation.

Fulfilment of biological needs

Biological needs, which are related to biological bodily functions, are included in the fundamental needs category [Okoń 2007], often defined as common needs [Dąbrowski 2006]. As a standard they should be given a priority when fulfilling a child's needs since failure to fulfil the biological needs may impede the creation and normal development of mental needs. The evaluation of the level of fulfilment of biological needs has been based on material acquired on the grounds of the carried out observation.

The quality of care tasks fulfilment within the discussed scope is determined mainly by the level of nutritional needs fulfilment. Research material analysis indicated that the majority of foster carers (91.4%) perform this task at a high and very high level. Children are offered meals comprising numerous ingredients and made with natural produce. Lunch is usually a two-course-meal with a side dish of fresh vegetable salad. An average level of nutritional needs fulfilment concerns 8.6% of emergency shelters, in which mainly processed food or ready meals are served. The unfavourable situation taking place in every one per ten families is apparently due to children being permitted to snack (excessively) on crisps, chocolate bars, etc. between meals. This fact influences the observed in children unwillingness to eat lunch.

On the grounds of observation it has also been noted that within all families the carers' competence within the scope of adjusting the served meals to the age of their foster children as well as their special nutritional needs. Meals are prepared in accordance with nutritional guidelines for individual age groups. It should be emphasized that in many families (particularly those which accepted a high number of foster children) the kitchen cupboards feature doctor's indications and contraindications regarding children's nutrition. Parents make efforts to provide their children with age-suited cutlery.

Appropriate nutritional needs fulfilment with consideration of children's age (feeding, help with eating) is in 87.9% of emergency shelters performed well and very well. Infants are fed by carers (each of them individually) with observance of infant feeding principles. Older foster children are taught to be independent. Those activities take place at a table. Toddlers use special high chairs. Parents ensure there are no dishes with hot food (soup, gravy, tea, etc.) within the reach of a toddler's hands. Moreover, many families do not use tablecloths or arrange them in a manner preventing children from pulling them. It indicates attention to safety of their children. Carers participate in the meals and ensure the children do not eat too fast or help them – for example to break up food. At 6.9% of emergency shelters those tasks are performed at a very low level. As a rule, they constitute the families with a high number of foster children. The activities related to helping with eating are limited mainly to serving a meal. Children decide where they should consume their meal, which results, for instance, in them lying down in

front of television. Smaller children (toddlers) are fed “on the go” – while playing, for instance.

The fundamental needs performed by foster parents as their tasks include providing children with appropriate clothing. It is worth adding that in most cases (74.4%) children’s own clothes – due to their condition – are not suitable for wear. The research material analysis indicates that most foster parents (87.9%) fulfil this need at a high level. Clothes are of good quality, free from wear-and-tear, which allows an assumption that this group of respondents equips every foster child with a set of new clothes. Foster children in 12.1% of emergency shelters wear seriously worn out clothes. In the interview, those parents stated openly that – in their opinion – due to a too low amount of financial resources for a partial provision of child maintenance expenses, they are forced to buy second-hand clothes for the children or keep some clothes of those foster children who leave their emergency shelter.

Within the scope of common needs, parents are obliged to provide a child with appropriate temperature of their interiors. Foster environment research was carried out in the middle of the year which significantly influences this factor. In a majority of cases (91.4%) the temperature in the rooms and bathrooms was adequate to the weather conditions and, at the same time, compliant with the Polish standards on seasonal heating demand of habitable interiors [Dz. U. 2002, nr 75, poz. 690]. Temperature below the required standards concerned the premises equipped with a masonry heating system, where every room was heated individually. Inappropriate temperature of the interiors caused the need to dress children in warmer clothes and even in outer wear.

Appropriate fulfilment of fundamental needs is associated with the provision of appropriate hygiene. Research material analysis indicates that 86.2% of respondents fulfil those needs at a high level. Each child owns a towel (in foster families accepting a large number of children towels are marked with symbols or name tagged), age-suited toothbrush (toothbrushes are frequently marked, usually with a water-proof marker pen) and a comb or a hairbrush. Other toiletries (soap, shower gel, shampoo) are commonly shared. Bathrooms are warm and cosy. Children have a shower or a bath at their disposal. Under the sinks there are step stools and custom toilet seats are available for small children. Electric heaters to dry towels are fitted on the walls. The rooms and washing facilities are clean. Other families provide their foster children with average conditions. This is displayed by a lower attention to bathroom and washing facilities cleanliness and observation indicates that certain toiletries are shared.

Fulfilment of psychosocial needs

Fulfilment of psychosocial needs is manifested mainly by provision of conditions allowing a child to build a sense of emotional safety and security.

Such activities consist of fulfilment of belonging – attachment understood as a relation with another person, emotional contact – which is a positive emotional relationship, direct tender physical contact with carers. Other significant needs include: acceptance, interest, respect, recognition and possession. An important element determining the level of a foster child's psychosocial needs fulfilment is also the atmosphere in the family – the upbringing and care atmosphere.

[...] *Is it possible to bring children up without cuddling?* Such attitude – as expressed by one foster mother – is typical of 79.3% of carers expressing a positive emotional attitude through direct physical contact (cuddling). This group of parents treats such form of physical contact with a child accepted into care as something natural and in this regard they do not differentiate between their own children and foster children – [...] *you must cuddle children in all situations. They crave it so I reckon I should initiate such situations* – one of the mothers claims. Some respondents decide to sleep with a foster child (usually a child who requires permanent presence of a carer, for example suffering from separation anxiety disorder) in one bed. The remaining 20.7% carers also show their awareness of a child's need to cuddle, however – as they observed – they do it very carefully, in the sense that initially they try to learn the needs of a child – [...] *children who need it, keep cuddling. However, there are many children, who become stiff in such situations, they distance themselves.* Analysis of the answers of this percentage of foster carers shows that they do not feel [...] *reservations to cuddle their foster children*, but they do not initiate such behaviour. Nearly all foster parents cuddle and carry infants and toddlers. Only some perceive it as exaggerated care and limit such type of contact to a period of a child's illness.

The declared and recorded attitudes of carers are reflected in the manner they react when a child cries or screams. Most parents (79.3%) assume that their foster children, who come from environments with unfavourable conditions and /or due to the experience of being separated from their own family, are emotionally unstable and usually are prone to tears. In such instances, the carers try to provide a child with a maximum dose of acceptance and warmth – [...] *I pick them up, I cuddle them, I rock them. There's no discussion about it* – one of the mothers states. The remaining 20.7% of carers attempt to find the cause of such behaviour in children. Those parents believe that [...] *especially initially* (at the initial stage of their abode within a foster environment), *children cleanse themselves from accumulated emotions. Some of them cry and scream because they like it.* In the opinion of the respondents, a child needs time to *scream and cry*. Many children (particularly infants) suffer from Foetal Alcohol Syndrome (withdrawal syndromes) which causes permanent irritability manifested by crying and screaming. In such instances parents do not react either.

Fulfilling the psychosocial needs of a child is also displaying kindness – expressed in words, smiling, facial expressions, gestures as well as acceptance of

them as an individual and of their behaviour. [...] *oh, children really need it. Their self-esteem is significantly low, therefore, practically any situation is good to send out positive messages to such child* – such attitude is typical of a majority of parents (75.9%) who pay particular attention to the fulfilment of those needs. In the opinion of the remaining 24.1% of respondents, children's behaviour (particularly at the initial stage of their abode within a foster environment) significantly reduces the opportunity to show maximum kindness. Therefore, parents' manifestation of acceptance appears with a positive (required) behaviour of a child – as expressed by a foster parent – [...] *when they deserve it but in moderation*. The declared attitudes of the respondents are reflected in the research results constituting the grounds for an assumption that in the instance of 20.7% of carers a display of acceptance towards a child is conditional mainly upon their appropriate (compliant with the expectations) behaviour. The remaining 79.1% of foster parents manifested their direct emotional attitude towards a foster child naturally and unforced.

The level of fulfilment of the need for safety and security in a child is also affected by the emotional state of foster parents as well as the ability to control negative emotions. Observations show that a definite majority (89.7%) of foster parents possess kind patience. Forms of reprimanding a child were measured and expressed in a calm voice. In the instance of other foster carers a noticeable state of irritation was visible, which was caused by a child's failure to respect commands. It was expressed in a raised voice or shouting, occasionally a threat. An example of an extreme threat uttered by one foster mother is [...] *if you are not nice I will give you to the man* (the researcher). *He takes away such naughty boys*. Despite – as it may have seemed – a humorous nature of the threat, the child's reaction was a burst of tears.

The need for acceptance and belonging is also realised by the manner and forms of utterances about children received into foster care and their parents. The respondents show high awareness within that scope. Many state clearly that [...] *children are particularly sensitive to what is said about them and their parents*. Therefore, they pay particular attention to circumstances when children are not able to witness any discussions about their negative behaviour, developmental deficiencies and the situation within their families. Such attitude is also expressed in the fact that foster parents refrain from talking about the foster children in front of their natural children.

The level of satisfaction of psychosocial needs in children is undoubtedly influenced by the atmosphere of the upbringing and care of the home environment, perceived as developmental and educational conditions appropriate for mental, emotional and social development of an individual [Cudak 2003, p. 215]. To the carers participating in the research family atmosphere is of high significance and particularly: mutual trust, cooperation, subjective attitude towards family members and ordered and harmonious life. Nevertheless, respondents pay most

attention to the elimination of conflict (aggressive) behaviours – between the adults as well as among the children within a family. Many parents observe that an atmosphere of conflict negatively affects the sense of safety and security of foster children – [...] *even when older children argue – for instance about a toy – then the younger ones start crying immediately [...] I struggle with calming them down afterwards.* For this reasons foster parents make efforts to solve conflicts between foster children preventing their escalation. They try to solve their marital problem without the participation of children.

Observation results indicate that in the instance of the majority of researched environments (89.7%) the upbringing and care atmosphere may be evaluated as very good and good, based on cooperation, help and subjective attitude towards family members. The atmosphere in the remaining families may be evaluated as calm, however based on poor emotional bonds – between the spouses as well as between the foster carers and the children. Such environments often feature behaviour indicating emotional coldness and indifference.

In child development, it is highly significant to fulfil the need for social recognition, expressed by acceptance of diversified initiative of children and by manifestation of respect for a child. Observation results allow an assumption that the majority of respondents (74.5%) make efforts to listen carefully to a child to learn the reason for their worries, their opinion of an individual situation – without criticism, negative assessment or disregard. At the same time, a large intensification of activities aimed at encouraging a child to undertake activity has been observed. In the instance of 15.5% of foster carers the appropriate attitude has not been noticed within this aspect. Foster parents do not give their attention to children when talking to them. Behaviour involving criticising a child (particularly during activities related to personal hygiene and eating meals) as well as their creative output is more frequent. The children may also be treated with contempt. A very common feature is comparing children (especially within the aspect of behaviour and independence) to other foster children.

Most foster children remaining at emergency shelters for children come from environments, where one of the factors influencing the need to place a child in a foster environment were material difficulties of a family, most frequently due to an alcohol problem present. This fact allows an assumption that natural families did not provide their children with conditions conducive to the fulfilment of a need for property.

Analysis of the interview content indicates that the foster parents participating in the research are aware that through a possession of various object children fulfil the need for the attention of others, their acknowledgement as well as aesthetic needs. Therefore, they pay a lot of attention to this need fulfilment. In all foster environments every child owns their own clothes and a toy (a cuddly toy). Other toys are shared (excluding the toys a child received from their parents or from their

foster parents as a reward or a present). Individually, every child at kindergarten and school age owns a set of items constituting school equipment. On the day a child leaves their foster environment – in the instance of 32.8% of families – all items purchased for a foster child (clothes, toys, school kit) are packed and passed to the parents (if the child is reunited with the family) or carers who receive such child. 67.2% of emergency shelters decide to pass on only the items which were presented to the child by their natural or foster parents – as individual gifts. The respondents treat other items as the equipment of their emergency shelter for children. It is motivated by a difficult material situation declared.

A significant factor influencing fulfilment of psychosocial needs of children at emergency shelters constitute foster parents' activities aimed at compensating the sense of loneliness of children through creation of conditions facilitating integration with an environment of peers.

A sense of loneliness – often identified with emotional orphanhood [Cudak 2006] – it occurs where mutual bonds between people become loose or are visibly broken. The source of a child's loneliness is most frequently their family dysfunctionality: disruption of an internal structure, disintegration within the emotional sphere, alcoholism in family, poverty and other occurrences of social pathology. Malnourished, inappropriately dressed, deprived of basic conditions to study, rest, entertainment, development of their own interests, fulfilment of cultural needs and aspirations, they feel humiliated, sever contacts with their peers, bear a grudge against their parents and resent them. Educational failures (which constitute a natural result of neglected care and education they have experienced) may also be a reason why a child feels unaccepted at school: by a group of peers, by teachers [Izdebska 2003].

The first task within compensation of a sense of loneliness of a foster child accepted into care is to equip them with clothes which are not different from what children/teenagers generally wear. Probably never before – as it is currently present – have children/teenagers identified and catalogued themselves with regards to clothing, its quality and brands. Z. Melosik defines this phenomenon in a category of identity personification through various visualisations. Bodily identity becomes the body of identity – the author says [Melosik 2004, p. 79]. Research material analysis indicates that this aspect of activities is performed by foster parents at an appropriate level.

One of the most common forms of compensation of a sense of loneliness of a child accepted into foster care seems to be enabling them to establish contacts with their peers. Most frequently, it occurs by placing a child at kindergarten. However, due to insufficient availability of kindergarten places as well as the condition of a child's health the parents rarely undertake such decisions.

Another form of compensating a child's sense of loneliness is to create conditions allowing them to socialise with the peers in neighbourhood environments.

Most foster parents (70.7%) arrange meetings with neighbours or explore social relationships of their own children. Unfortunately, rather frequently the parents of children with whom foster children established social relationships, do not permit any further forms of friendship relations. 10.3% of parents find socialisation of their foster children with peers difficult since the closest neighbourhood lacks children at a similar age to that of their foster children. Among the respondents, 19.0% of foster parents do not undertake such type of activities due to the age of infants received into foster care.

A good atmosphere to build favourable relations between foster children at emergency shelters and their peers are situations in which children visit each other at their homes. However – as foster carers' experience shows – some parents of foster children's friends do not wish their children to maintain social relations with "*a child with a pathology*", particularly inviting such children to their own house. Therefore, to protect children from such reactions, 32.8% of foster parents prefer the meetings with children's friends to be held at their own house. One foster mother expressed her opinion in the following way. [...] *Obviously, my house is open – it is also a house of the foster children I take care of so they can invite their friends. However, since I am responsible for them and I do not want to let them out of my sight, I am rather unwilling for them to visit other children [...]. Besides, I do not know the parents' possible reaction if my children visit their home – I must admit, I am concerned they might not agree to it [...]. Also, there were instances when the parents of a friend of my foster child accused him of theft. I do not want to expose my children to such experiences.* Meanwhile, for the above named reasons, 10.3% of foster parents do not allow mutual visits at all.

Foster parents show an absolutely opposite attitude towards school events integrating peers. All parents of foster children at school age perceive this activity as a category of an unconditional obligation. Such attitude is manifested by efforts – regardless of declared financial difficulties resulting from the amount of financial resources granted – to ensure that a foster child participates in trips organised by schools as well as in cultural events. They pay a lot of attention to thorough preparation of a child before a school performance (role practicing, costume preparation). In the opinion of respondents, it helps a child to win approval in the eyes of their peers and their teachers – which with significantly poorer academic achievements becomes highly valuable in the educational process.

Fulfilment of cognitive needs

Cognitive needs develop and begin to dominate at the toddler stage. However, already at the infant stage it is fulfilled through various visual and auditory stimuli (various toys), motivating a child to undertake physical activity and to become familiar with the world [Skłodowska 2005]. Regardless of everything, at no other stage of human life does the need to get to know the world and the surrounding

reality manifest itself so vibrantly and extremely as in the early childhood. Child's curiosity of the world is fulfilled through meeting people, objects, phenomena, it stimulates physical activity, play, interest in the surrounding environment.

The task of foster parents is to facilitate the fulfilment of cognitive needs in a child. Therefore, it is crucial to provide adequate stimuli and materials – provide age-suited toys, to put a child in new situations: take them for a walk, to a park, to a shop, Zoo, to visit friends, etc. Fulfilment of the cognitive need in a child is conditional not solely upon an adequate number of stimuli encouraging their cognitive activity but also the presence of adults, help they assist a child with, support in becoming familiar with the world.

Results analysis shows that cognitive needs of foster children are fulfilled mainly by provision of stimuli in the form of: toys, games, multimedia and materials for art play. The achieved research material indicates that 84.5% of foster parents are fully aware that those materials serve not only as a means to spend their free time in appropriate conditions but they are also extremely important for their normal development. For this reason numerous toys feature educational value, enabling learning names, letters, numbers, colours, shapes, etc. Respondents highly value toys emitting sounds and words, books (made from soft materials) with colourful pictures as well as to furry toys. High engagement in fulfilment of children's cognitive needs concerns 75.9% of foster families. Foster parents' concern in that scope is particularly evident within families with children at infant and toddler stages. However, observations show that in the remaining families the declarations do not always correspond with the reality. Toys were scarce and often worn-out. In some families children played with household equipment.

All respondents declare that they provide conditions allowing children to play free from inhibitions. Their room is in most instances the space of foster children's exploratory activity. Additionally, 24.0% of foster carers ensure conditions allowing their foster children to develop their cognitive skills outdoors. Home gardens are equipped with a variety of toys and structures. Going for walks, play at local play grounds, visits to a park, forest, aqua park are among the most frequently preferred forms of fulfilment of children's cognitive need. Observation results, however, indicated that in the instance of 22.4% of environments, the living conditions, the number of foster children accepted into care and their age span may significantly limit children's play.

Respondents support, to a lower degree, realisation of the discussed need through being present with the child and support in their play process. Only 46.6% of parents declare that they consider the need to participate in children's play – those are mainly families accepting into foster care infants and toddlers as well as those, where the number of children does not exceed three children. It must be emphasised that all carers understand and consider the need to talk to a child about the surrounding world and explain the occurring phenomena.

The declared attitudes do not always find reflection in observation results. The level of foster parents' engagement in child's play was minimal in the majority of cases. It seems, however, that such state of affairs was highly influenced by the presence of a researcher in a foster environment. A pattern was observed in many families – situations in which foster parents reminded their children, who kept asking them to join in their fun, that on that particular day (the day research was carried out) they would play with them only in the evening.

A similar assessment applies to the significance of indicators specifying the level of parents' engagement in the process of meeting a child's need to get to know the world by answering their questions or explaining phenomena occurring in the surrounding world. In such situations the parents also reminded their children about the previously established arrangements for that particular day. Notably, with regards to infants and toddlers, respondents assumed a full scope of obligations initiating and supporting cognitive needs fulfilment.

Compensation and curative activities

Compensation and curative care is undertaken at foster families in two dimensions: domestic care and professional care. This results from the need to counter the effects of health negligence within children's natural families. Domestic care is based on the experience and expertise of foster parents in curing simple, light illnesses or injuries. All respondents undertake such curative activities at the moment they receive a child, even if it occurred at late hours of the night. Their scope consists in activities aimed at making and initial assessment of a child's health condition. Such activities are also undertaken by emergency shelters which managed to establish a procedure of placing children with regards to a necessity of a doctor's diagnosis of a child's health condition.

At the initial stage of a child's abode with a foster family the carers always make efforts, if possible, to cure children themselves in order to prevent them from enduring additional stress children experience during treatments at a doctor's surgery (including those diagnosis-oriented). This concerns 39.7% of foster parents. One mother explains her attitude in the following words. [...] *If I do not notice symptoms indicative of a serious illness I do not take a child to a doctor's surgery. For a child it is yet another strange place, yet another stranger. [...] My experience allows me to cure most illnesses children suffer from when I receive them into care – without a need to risk that they would endure additional fear and suffering.*

The remaining 60.3% of parents undertake professional curative activities the day following the date they received a foster child in their care. The main reason is lack of basic information about a child (particularly about the condition of their health). Notably, also the emergency shelters receiving children with medical procedure of diagnostics character in progress, continue with their own procedure of professional diagnosis of their health condition. This is how one foster parent

justifies their approach. [...] *Children are supposedly examined prior to being received into care. [...] However, at the moment of their receipt I am fully responsible for them. That is why, for my own safety, I take a child to a doctor – as soon as possible.* It is the sense of responsibility for a child accepted into care that makes foster parents to undertake professional activities – even in situations which are not indicative of an existence of such need.

All respondents declare the ability to undertake activities within curative care of domestic character – including that performed on the grounds of doctor's recommendations and prescriptions. The most frequently diagnosed health needs of children in foster care result from insufficient level of biological needs provision within their natural families. Those include various skin diseases (including those which occurred in effect of physical abuse they endured), respiratory system infections, diseases related to inappropriate nutrition, dental diseases. The undertaken curative activities involve also basic medical examinations and inoculations, which should be performed regularly for every child.

Foster parents' care to restore the health of an accepted child quickly makes 53.4% of them to use private medical services. Those families assess their cooperation with GP practices as inappropriate. Over a third of parents who want to accelerate the date of diagnosis of a child's developmental disorders and deficiencies, also decide to use private specialist medical care.

Research material analysis indicates that all respondents undertake recommendations specified by specialist practices. Some tasks are realised as part of domestic care. Usually, they are exercises related to the development of fine and gross motor skills, logopedic exercises and exercises improving visual and auditory perception. Equally often, foster parents realise compensating activities with respect to special nutritional needs diagnosed in children. In the instance of activities requiring specialist qualifications and technical means (equipment, appliances, medication), emergency shelters ensure a child participates in therapy groups strengthening and improving the damaged mental and physical spheres.

A separate category is realisation of tasks related to the purchase of equipment for the correction of the damaged physical spheres in a child – most frequently their senses. 36.2% of carers undertook such tasks. Financial insufficiencies often constitute a problem, therefore, only a third of parents decide to cover the cost of necessary equipment purchase. The remaining parents use their efforts to receive financing from the NHS funds or other institutions realising tasks within the aspect of rehabilitation – PFRON (National Fund for the Rehabilitation of Disabled), OPS/PCPR (Social Welfare Centre/Municipal Family Welfare Centre). However, due to administrative barriers and obstacles resulting from the approach of children's biological parents, this task is accomplished exceptionally rarely.

Summary – upbringing and care results

Despite the complexity of the evaluation of the results of upbringing and care activities, research results permit issuance of a statement that a professional foster family operating as an emergency shelter for children, fulfils an optimal level the needs significant to the existence and development of foster children. This conclusion seems to be fully justified, regardless of the noted differences in the level of fulfilment of individual upbringing and care tasks.

Observation of children's behaviour allows for a formulation of a conclusion that the process of adaptation of foster children is realised properly. The children participating in the research accept their foster carers and the role they perform towards them. Within all of the researched environments, child behaviour indicating dislike towards the foster carers or anxiety behaviours in contact with others were not observed.

The effects of the tasks – undertaken by families participating in the research – within the aspect of fundamental needs fulfilment must be assessed very highly. Within the aspect of hygiene deficiency the carers, in all instances, eradicated the effects of negligence which the children suffered at their family homes and trained their foster children to carry out hygiene routines. The effects of malnutrition in foster children were compensated or alleviated; this was manifested by receding appetite disorders, ability to accept solid foods and willingness to consume foods including healthy products. Observation results allow for a conclusion that in the majority of researched environments, the needs for safety and security were fulfilled to a high extent, although a fifth of researched children displayed attitudes of withdrawal, distancing and lack of spontaneous behaviour. This concerns the families with an excessive number of foster children, often with a lot of negligence, and the parents were most often overwhelmed with the burden of their duties.

Explicit effects of the activities of foster parents aimed at fulfilment of psychosocial needs of foster children may be indicated pursuant to an analysis of the following indicators: ability of foster children to focus their attention on a performed task, receding anxiety behaviour manifested by tearfulness, night-time screaming, enuresis and fear in contacts with adults, receding symptoms of separation anxiety disorder, receding child masturbation. The level of the observed results was diversified. Analysis of research material allows for a statement that the lower level was most likely determined by the number of children placed in a family and a large ages span.

The effects of compensation and curative activities undertaken by foster parents are conditional upon two legal and organisational factors: availability of services of doctor's surgeries (particularly specialists) and a lack of financial support for rehabilitation and compensation tasks foster parents undertake. Within the scopes in which the families participating in the research are not dependant on the indicated factors (domestic care and basic medical care) the recorded results must

be assessed as optimal for the needs of foster children. In this scope of upbringing and care no significant differences within the level of fulfilment of needs resulting from foster children's illnesses may be indicated. A high level of diversification becomes visible with respect to the results of curative and compensation tasks conditional upon a need to seek professional care. In the instance of a miniscule percentage of families who decide to cover the cost of using private surgeries which provide services at a fee or/and the purchase of equipment to correct a child's damaged senses, the results must be assessed highly. In the instance of the remaining families, the results of activities aimed at elimination of the effects of an illness or alleviation of disease processes, must be defined as scarce.

Abstract: The aim of this study was an attempt to estimate the way and quality of the realization of vocational foster family functions in the character of family rescue. Fifty eight vocational foster families were included in the study, in which 207 children are being upbringing, coming from the natural families. The focus of the study was directed to the intervention and adaptive behavior of the foster parents. That is tasks that were aimed to fulfill biological, psychological and social needs of the children as well as cognitive ones. This also encompasses compensatory and medical treatment. The research showed (despite noted differences in the level of realizations of the particular tasks) that foster family as family rescue and care environment, optimally fulfill the crucial life and development needs of the foster children.

Key-words: foster care, professional foster family, care within family, adaptation within family, fulfilment of needs, compensation

Streszczenie: Celem przeprowadzonych badań była próba określenia sposobu oraz jakości realizacji funkcji opiekuńczej w zawodowych rodzinach zastępczych o charakterze pogotowia rodzinnego. Badaniem objęto 58 zawodowych rodzin zastępczych o charakterze pogotowia rodzinnego w których wychowuje się 207 dzieci wywodzących się ze 156 rodzin naturalnych. Przedmiot zainteresowań stanowiły podejmowane przez rodziców zastępczych działania interwencyjno-adaptacyjne, czynności podejmowane celem zaspokojenia biologicznych, psychospołecznych oraz poznawczych potrzeb wychowanków, jak również działania kompensacyjno-lecznicze. Badania wykazały (pomimo odnotowanych różnic w poziomie realizacji poszczególnych zadań opiekuńczych), że rodzina zastępcza pełniąca zadania pogotowia rodzinnego, jako środowisko opiekuńcze, w optymalnym stopniu zaspokaja istotne dla życia i rozwoju wychowanków potrzeby.

Słowa kluczowe: opieka zastępcza, zawodowa rodzina zastępcza, opieka w rodzinie, adaptacja w rodzinie, zaspokajanie potrzeb, kompensacja

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