

# Foster families in the Czech Republic: Evaluating their functioning and resilience

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## Abstract

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This article from the field of family psychology is concerned with complex aspects of family functioning in Czech foster families. It summarizes the main points of an empirical research which involved 50 foster families participating in family foster care programmes. The theoretical background was a systems approach to the family and theories of family stress, coping and resilience. Both qualitative and quantitative methods were used: detailed interviews with foster parents, home visits, observation of family interactions, and questionnaires. Characteristics of Czech foster families are reported, as well as features of resilience and effective coping strategies. The study revealed that psychologists are well-placed to support healthy family functioning and family resilience within the framework of professional services. Further, the importance of a qualitative approach is discussed in a broader context of family research.

**Key words:** foster care, foster family, coping, resilience, Czech Republic

Family foster care in the Czech Republic traditionally represents long-term placements which are very close to adoption (not legally but psychologically). Foster parents and children have a sense of permanence and belonging. Czech experts are convinced that long-term placements are the most important conditions for satisfying psychic needs of vulnerable children. It does not mean that foster care in the Czech Republic is considered to be some kind of “quasi-adoption” which is no longer accepted in Great Britain (Sinclair, Wilson, & Gibbs, 2005). There is a very strong tendency to offer more options for children in our country and our law system has recently included the concept of short-term placements. However, the contacts of children with their biological family are not so common as in other countries. Foster parents are afraid of such contacts because they often have negative effects on children who are upset and distressed. Most biological parents are people extremely deteriorated with alcoholism or drug addiction, people unwilling or unable to care for their child, prostitutes, people with severe mental health problems etc. The real gap in our child-care system is absence of preventive and therapeutic programmes for biological families, therefore the hostile and rejecting parents remain rejecting, abusive parents remain abusive, etc.

There is a long tradition of research in foster care in the Czech Republic. It is connected with the research of psychic deprivation. Langmeier and Matějček worked out the multilevel concept of psychic needs and theoretical issues of psychic deprivation. It is considered to be a condition that occurs when basic psychic needs are not met and there is a gross damage of psychic development. The importance of their book was acknowledged in the international

context of child psychology and psychiatry (Langmeier, & Matějček, 1974). Other Czech psychologists have proved the reparability of psychic deprivation in well-chosen foster families. Some of the studies were published abroad (Koluchová, 1972, 1976, 1979). These and other studies reveal that a child needs a well-functioning family for its healthy development which fully satisfies the need of stimuli, the need of meaningful life, the need of safety and emotional certainty, the need of social acceptance and the need of open and shared future.

It is very interesting to compare the Czech system of foster care with some others, for example with the British one (Kelly, & Gilligan, 2002; Rowe et al., 1984). The permanence and durability of placements seem to be the positive sides of the Czech foster care system. One of the latest researches on foster care in Great Britain concludes: "Permanence: The majority of the children replying to our questionnaire said they wanted to stay in their placements to 18 or beyond. Very few of them seemed likely to do so. What can be done about this?" (Sinclair, Wilson, & Gibbs, 2005, p. 233).

The presented empirical research of foster families is closely connected with family counselling. The author of this article has been working with foster families for 18 years already as a psychologist in two voluntary organizations of foster families. This work includes research, individual and family counselling, lectures, methodological assistance in creating programmes for foster families during weekend and holiday breaks (family camps), supervising students who work with children in foster care, etc.

The strength-based approach to the family, openness and principle of partnership and participation (see also Buchanan, 1994) are used in counselling and therapeutic contacts with foster families. The research is based on mutual trust between a psychologist and the members of foster families. The first concern of psychologists and social workers is to help families and not to put them into some kind of research or a therapeutic model.

## Theoretical overview

The theoretical background of the presented research is a systems approach to the family, theory of family stress, coping and resilience (McCubbin, Thompson, & McCubbin, 1996). Similar research aimed at family coping in families with hearing impaired children is carried out by Štěrbová (2003).

### *Family functioning*

Basic parameters of family functioning are described rather differently by a lot of authors. It is generally agreed that three key dimensions are cohesion, adaptability and communication (Olson, Russell, & Sprenkle, 1983; Olson et al., 1985). A general definition of family functioning can be found in *The Dictionary of Family Psychology and Family Therapy* (Sauber et al., 1993, p. 153): "Family functioning is the ability of a family to function in four critical areas:

- a) personal functioning (e.g. satisfaction with self in the family)
- b) marital functioning (e.g. giving and receiving attention or the gratification of sexual needs)
- c) parental functioning (e.g. use of parental authority, socialization of children)
- d) socioeconomic functioning (e.g. family values or economic status)."

The important contribution to the theory of family functioning in the Czech psychological literature has been made by Plaňava (1994) who offers an attempt at a synthesis of a lot of analysed models of family functioning (Beaver's model, McMaster's model, Riskin's hypothesis, etc.). He has identified four components of family functioning (structure and organization of family, intimacy, personal autonomy and value orientation) and two processes (dynamics of family life including developmental stages and communication processes). Plaňava describes

functional as well as dysfunctional variants and stresses mutual interrelations of the components and processes.

Recent research focuses on significant issues of healthy family functioning, family health or family well-being. This approach is aimed at family strengths, resources, adaptability and coping. Although literature reflects wide use of the term "family health", the concept is rather ambiguous and still lacks conceptual clarity (Denham, 1999). Healthy family functioning is often understood as the capacity to adapt to changes and demanding life situations and to cope with stress (Shapiro, 1983; Olson et al., 1985; McCubbin, Thompson, & McCubbin, 1996).

## ***Theory of family stress and coping***

Not even one family is completely free of stress, problems of adaptation, frustrations and fears (Textor, 1989). The pioneer work on family stress was written by R. Hill (1949). Investigations on family stress are not so extensive as investigations on individual stress. Similarly, most models of coping have focused primarily on the individual. One of the most detailed analyses of individual coping mechanisms is presented in Czech psychological literature by the work of Šiška (2003). Some of the individual concepts were transferred to family level, such as hardiness (Kobasa, 1979; McCubbin, Thompson, & McCubbin, 1996) and coping (Shapiro, 1983; Moos, 1986; Judge, 1998; Eckenrode, 1991). The work of Lazarus and Folkman (1984) and Pearlin and Schooler (1978) indicate that coping is a major factor in the relation between stressful events and adaptational outcomes.

Families use a variety of coping strategies that may influence family functioning: active and planned problem-solving, seeking social support, acquiring spiritual support, avoiding a problem, positive reappraisal (reframing), etc. Family coping strategies can strengthen or maintain family resources that serve to protect a family from a full impact of difficulties. However, very few studies provide an empirical basis of understanding the family coping strategies that help promote family strengths and facilitate adaptation (Judge, 1998). We can conclude that family coping is a new concept in need of further theoretical formulation and empirical investigation (Shapiro, 1983).

## ***Family resilience***

Family resilience is quite a new construct that raised from prior studies on resilience in children at risk (i.e. Garmezy, 1991; Masten, 1994; Rutter, 1987; Werner, & Smith, 1992) and is built on a family stress and coping theory. The most evident achievement in this area was attained through the research activities of Hamilton McCubbin and his colleagues in the Family Stress, Coping and Health Project (University of Wisconsin, Madison). Family resilience is defined as positive behavioural patterns and functional competences which the family demonstrates under stressful or adverse circumstances, which determine the family's ability to maintain its integrity under stress and which enable restoring harmony and balance in a family (McCubbin, Thompson, & McCubbin, 1996). The research on family resilience has shed light on the family protective factors and family recovery factors that appear to play a critical role in promoting the family's ability to maintain its established patterns of functioning after being challenged by risk factors and in fostering the family's ability to recover or bounce back quickly from family crises and adversities (McCubbin, McCubbin, & Thompson, 1997). The team of McCubbin proposed the theory and model of family resilience and developed a lot of family measures (McCubbin, Thompson, & McCubbin, 1996).

Another important contribution has been made by Patterson who considers family resilience as an ongoing process in families and not a stable trait. Resilience is a "family regenerative power, particularly when good outcomes follow significant risk situations confronting a family" (Patterson, 2002, p. 237).

Walsh (1998, 2003) analysed the connections between healthy family functioning, family resilience and supportive family and community networks. She presents a conceptual map of key processes in family resilience within three domains of family functioning: family belief systems, organization patterns, and communication processes. The family resilience model has remarkable implications in practice: it can be used in prevention and intervention programmes, in family counselling and family therapy.

## The aim of the study

The field of foster care has not been generally well-researched (Berridge, 1997). The previous research studies were focused mainly on the general trend of child development in a foster family, forming the personality of a child, its social acceptance, partner relations, parental attitudes and social integration (Matějček, Bubleová, & Kovařík, 1996; Koluchová, 1992). However, this concern in outcomes of foster placements brought a lot of valuable knowledge. Much less interest was paid so far to family functioning and strengths in foster families from the systems point of view. It seems to be a neglected area in Czech as well as foreign literature. For this reason, the author's foregoing research dealt with foster family units which consisted of a parental couple and around six to eight foster children, mainly siblings (Sobotková, 2000).

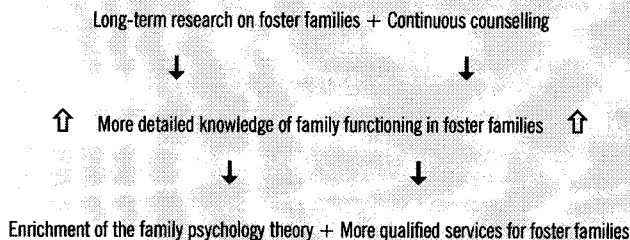
The possibility of comparison between foreign research studies of foster care and Czech studies is very limited due to organizational, legislative and procedural differences in a substitute family care system. Despite this limitation some similarities can be found. For example, stressing the point that long-term foster placement is the best chance of a secure family life for vulnerable children (Schofield et al., 2000).

The aim of the presented research was to investigate the foster family as a system: family functioning, family resilience resources and coping strategies and to provide recommendations for improving professional psychological services in family foster care (Sobotková, 2003).

The main questions that emerged from the aim of the research were: Which factors influence the functioning of foster families? How can we evaluate the functioning, what are the criteria? What coping strategies are used by foster families? What are the connections of these strategies with family hardiness and family functioning? Are the findings applicable to "common" families and to what extent? What can be improved or developed in professional services on the basis of obtained findings?

The research project was based on the idea of connecting research, theory and practice (Walsh, 1995; Sobotková, 2001). The issue of the research was the following conceptual framework:

**Table 1**  
The conceptual framework of the research project



# Research sample

The research sample includes 50 foster families. 44 of them are two-parent families and 6 are one-parent families. It means 94 adult participants altogether. The average age of the foster fathers was 46 years; the average age of the foster mothers was nearly 44 years. 58% of the foster parents had their own children; the remaining 42% were childless before fostering. The length of fostering was 7 years and 4 months on average in the sample of two-parent families and 10 years and 10 months in the sample of one-parent families. The whole number of the foster children in these 50 families was 113, out of which there were 53 boys and 60 girls, the average age 11 years. They went through 1 to 3 institutional placements before coming to the foster family. The average number of children in one family was 2.3. In fact, it ranged from one child to nine children in a family. Most children placed there were suffering from consequences of psychic deprivation. 16% of the children were physically or mentally handicapped. Physical abuse was documented in 18% of the children. 23% of the children were of other ethnic origins – mostly of a Gipsy one and some of Vietnamese one, too. The children came to the foster families from children's homes or from biological families that had produced severe child-care problems as child abuse, delinquency of parents, psychiatric illness, alcohol or drugs addiction, etc.

All foster families were observed as complex dynamic systems. The data were collected for several years. The families were repeatedly met so that we could map family functioning, family hardiness and coping strategies in the developmental context. The main core of the research data was obtained during the counselling and relaxation breaks for foster families which took place in summer and at weekends, obviously in beautiful places in the countryside. The supplement data were collected during home visits. This type of research seems to be very beneficial because it reflects the important tendency to observe families in real life situations.

## Methods

To understand foster families and their functioning, it was appropriate to use predominately qualitative research methods. Those particular methods followed the above mentioned research aim and questions, as well as combining research and counselling aspects. Both qualitative and quantitative methods were employed.

### *Qualitative methods*

- Detailed interviews with foster parents were aimed at the subjective experience of foster parenting. Many aspects of fostering were explored – motivation, value system, attitudes and expectations, relationships and their changes, problems with children and managing them, etc.
- Observation during counselling and relaxation breaks for foster families was focused on family interaction and communication.
- Informal home visits were the most valuable way of understanding the family life, mutual relations and interactions in the family. A home visit is a very demanding method because it is not possible to set up the same situation in all families. The researcher has to be sensitive to the unique conditions and the real atmosphere in the family.
- Family case studies.

## *Test methods*

- the Family Environment Scale – FES (Moos, & Moos 1981);
- the Family Hardiness Index – FHI (McCubbin, Thompson, & McCubbin, 1996);
- the Family Crisis Oriented Personal Evaluation Scales – F-COPES (McCubbin, Thompson, & McCubbin, 1996).

## **Results**

Qualitative methods, particularly in-depth interviews with foster parents, brought a lot of valuable information. The results are encouraging – 90% of all families proved to be excellent or good foster homes for the children. Optimum family functioning was identified in 58% of families ( $n = 29$ ) and average functioning in 32% of families ( $n = 16$ ). The remaining 10% are families with problem functioning ( $n = 5$ ). However, the reasons for their problems are removable: not proper psychological assessment of the foster care applicants or absence of continuous psychological guidance of the family.

The families were assessed on the basis of criteria of optimum functioning, which had been confirmed in previous extensive study of foster families already (Sobotková, 2000). Qualitative findings were compared with the results of the test methods, which was very useful. (Qualitative approaches in combination with the quantitative ones are recommended by many well-known researchers (see also Walsh, 1995).

The criteria of optimum family functioning are expressed as characteristic features of the most viable and resilient family systems:

- High cohesion, which allows autonomy of the family members and tolerance of individual differences.
- Joy that comes from healthy togetherness and real mutuality.
- Effective communication and a good contact with a wider social environment.
- Ability to reflect the situation in the family.
- Full current life, acceptance of the past and orientation towards the future.
- Marital satisfaction.
- Spiritual and moral maturity.
- Ability to co-operate and divide duties among the family members.
- Ability to relax and play with the others.
- A sense of life enrichment in contrast to a sense of family distress.

Foster families are characterized by a number of changes and unexpected situations. They need to be very flexible when they attempt to work out their relationship rules, traditions and problem-solving strategies to meet the demands of different individuals who vary widely in age, temperament, cultural background, personal and familial history.

Families at optimum level of functioning show the highest score of family hardiness (according to FHI). Family hardiness is considered to be one of the relevant components of family resilience (McCubbin, Thompson, & McCubbin, 1996). When these healthy families are confronted with risk factors and stress-producing events, they show high-shared commitment, high sense of control and they define the hardships as challenges. The acute stress decreases a total family hardiness score, especially the commitment as a sense of internal strengths and the ability to work together. Surprisingly, families with children of different ethnic origin have a higher sense of control than families with white children. Higher sense of control occurs in families with Christian faith, too. Eighty eight % of families at optimum level of functioning were families leading active Christian life.

Family resources and family coping strategies were measured by F-COPES. Families at optimum level of functioning have a higher score in the reframing scale and they also have very ac-

tive approach to life hardships. The seeking spiritual support dimension was not directly connected with the quality of family functioning. Problem families that are trying to solve their problems using community resources achieved the highest scores in the dimension labelled as mobilizing family support. The relevant variable is the age of foster parents: young and middle adulthood (up to 48 years) is positively connected with higher acquiring social support from a family and friends, but negatively with using reframing. Christian families have a significantly higher total coping score than other families.

The typical profile of a Czech foster family was obtained in FES. It is orientated towards mutual relations and emotional intimacy, moral aspects and the family system maintenance, i.e. organization in the family and family rules. Healthy foster families achieved high scores particularly in cohesion and expressiveness, independence of the family members, moral-religious emphasis and organization. Generally, they scored high in the relationships dimension except conflict; high scores were found also in the personal growth dimension except achievement orientation and in the family system maintenance dimension (in organization, not in control). The most valuable data were obtained from in-depth interviews with foster parents. The first question was about the basic motivation for fostering. One-third of foster parents spoke about their strength to bring up and love more children and about willingness to help children in need. One foster mother said: "We did not take children in foster care because we were missing something, we took children because we had a plenty of something – and it was love." This type of motivation is similar to motivation of "second families" in Schofield's research (2000). These were more experienced couples with older or adult children who felt strong enough to care for other children. They were very altruistic and wanted to do something "worthwhile" for children.

About 30% of foster parents admitted that their motivation was the fact they could not have their own children. These childless couples wanted a child "to be a family" and fostering was the way of fulfilling their parental needs. In terms of Schofield (2000) they are "family builders". Some families asked for fostering as they knew that it would take a long time to wait for adoption. The risk factor for foster family functioning is just the persistence of the so called adoptive parent motivation which can be expressed in this way: "We want a child in order to be a normal family". It may cause maintaining unrealistic expectations. In real life, the initial adoptive motivation of many foster parents fortunately transmutes into altruistic foster motivation during the time. About 20% of families were inspired by other foster carers or by television programmes about fostering.

Another item asked whether foster parents had the possibility to choose a child and if they consider this possibility as personally important. Most of the families accepted the first child offered to them as a matter of course. One-fifth of foster parents do not want to choose a child, because they do not want to have pricks of conscience in the case of the children they have not chosen. About 13% of families had the possibility of choice. Three families refused the first child offered, because they were afraid of its health prognosis or of a group of three siblings. We find that as a positive feature, as foster parents considered their strengths and were not afraid to admit their fears. On the other hand, families who accepted the first child offered to have a child soon, even if he/she did not meet their wishes, were in risk of worse family functioning.

In the next item, foster parents thought about how much information they got about the child. More information was given in the cases of small children, but even there the prognosis is quite often missing. In the case of older children, most information is provided by social workers. In general we can say that foster families are lacking particular information about the child, which can prevent problems in understanding the child. In addition, children are not well prepared for entering the family either. Still there is lack of information on substitute family care.

Another item asked was about the experience with help of a psychologist. The results of the survey lead to these practical recommendations. First, all experts who deal with foster families

should have appropriate information about this field. Second, the relation of trust and partnership is very important. Some young foster parents, mainly childless couples before fostering, hesitate to accept professional help at the beginning of foster care. Schofield et al. (2000, p. 233) found the same: "Some "family builders" were, for example, resistant to professional involvement of any kind. They wished to be autonomous as a family unit and preferred to use their own sources of support". Third, foster parents need better information on managing behavioural disorders in children, as it is the most pressing problem in foster families. Not only in Czech foster families where almost 40% of parents were upset by behavioural disorders of the children but in long-term foster placements in Great Britain, too. For example, conduct was the major problem area in British research, with 58% of the children scoring in the "abnormal" range in Goodman's Strengths and Difficulties Questionnaire (Schofield et al., 2000, p. 38).

Foster parents were asked how the acceptance of foster child/children had changed the husband – wife relationship. About 60% said that their relationship and mutual understanding had become deeper. Some problems appeared in families with their own (biological) children who had not been properly prepared for the new foster siblings. One very important factor of success of foster care is the support provided not only by all the family members (especially by the parents of the fosterers) and friends, but by broader social surrounding, too.

Most foster parents (84%) plan to support their foster children even after they reach the age of 18. They feel a deep commitment and love and they anticipate the role of grandparents to their foster children.

## Discussion

The presented research, especially the qualitative methods such as the interviews with parents, has indicated that psychologists have a real possibility to support healthy family functioning within the framework of professional services. Placements should be creatively negotiated with the children's needs, the needs of their foster parents and the unique situation of the whole family and its external relations. The research has proved the proposition that the relationship between parents and professionals should be based on good partnership. It can be defined as mutually supportive interactions between families and professionals which focus on meeting the needs of children and families with competence, commitment, equality, positive communication, respect and trust (Blue-Banning, Summers, Frankland, Nelson, & Beegle, 2004). Psychologists working for civic associations of foster families in the Czech Republic spend some weekends and one week in summer with foster families, and so friendly and open relations have grown during several years.

The most salient problems seem to be behavioural disorders in foster children. The high levels of emotional and behavioural problems of children were found in other studies (i.e. Quinton et al., 1998). "Parenting children with serious behavioural and emotional difficulties is the most frequently cited stressor" (Buehler, Cox, & Cuddeback, 2003, p. 68). Social workers and foster parents feel that behaviour management is a "gap" in the foster carers' training (Schofield et al., 2000).

The findings indicate that continuous psychological assistance is needed despite the fact that 90% of foster families can be labelled as "successful" families. The ways of coping stress and adapting to life hardships in healthy foster families can be considered as a key to understanding their resilience. Even if foster families have their specific problems (as contacts with biological families or joining older children to the family) our findings can be carefully applied to any other types of families. It could be recommended to enhance their resilience through caring about cohesion and expressiveness in the family, as well as promoting individual autonomy. Family rules should be appropriate to the phase of family life cycle and the orientation towards moral, spiritual and social aspects of life is beneficial.



The findings increase our understanding of specific coping strategies that are associated with family strengths in foster families. Foster parents used a variety of different coping styles; however, active problem-solving and reframing (reframing only in “older” families) seemed to be the most efficient and positively related to healthy family functioning. Family practitioners should investigate how to encourage effective coping skills in foster families because psychological support enhances the chances of positive outcomes. Generally, social supports enable parents to maintain a positive outlook of life and give them strength.

The characteristic features of successful foster families in this research are similar to those mentioned by Buehler, Cox and Cuddeback (2003). In their qualitative study they examined factors that promote or inhibit successful fostering. Their findings suggest that helping characteristics include: faith, a deep concern for children, tolerance, a strong cooperative marriage and organized but flexible daily life (Buehler, Cox, & Cuddeback, 2003, p. 61).

The psychology of the family substitute care is one of the special applied disciplines of family psychology. It is necessary to say that family psychology, as an academic discipline is quite new in the Czech Republic. The first book on family psychology was published in 2001 (Sobotková, 2001). Main theoretical issues and methodological specifications of family psychology are summarised there. Other practical applications of family psychology – family therapy and family counselling – have been developing in the Czech Republic successfully for many years. The International Family Therapy Association (IFTA) was founded at the International Family Therapy Conference in Prague in 1987.

A lot of work has been done in the area of family substitute care in the Czech Republic recently (Matějček et al., 2002). There exists a good training for foster applicants; psychological assessment is a compulsory part of the assessment process before the foster care starts. Foster care is approved by court and carefully observed by specialists from state institutions under the Ministry of Social Welfare. Social workers and psychologists working for non-state, i.e. civic associations of foster families, try to find new families for abandoned children and help them with psychosocial adjustment not only after the placement of the child to the family but for all the years the foster care exists. Czech professionals prefer the term “foster parenting” before “foster care” (see also Berridge, 1997), because fostering is about real life, real family, living with real children. “Do long-term foster carers “care for” or “parent” children?” ask Schofield et al. (2000, p. 285).

The civic association “Isis” is named after the Egyptian goddess of the family hearth. This association resident in the old university town of Olomouc was founded in 1992 and joins foster families and professionals. Psychologists working there created an original prevention and intervention programme in order to recover and strengthen the personal identity of children placed in foster care. As Rowe et al. (1984) pointed out, stress, insecurity or changes in life generally influence children’s self-esteem and identity. The programme is applied regularly at weekend and one week holiday stays (family camps) to help the children and adolescents who have some problems with the sense of normality, healthy identity and continuity. Students of psychology who lead the programme for foster children are their respectful “older friends”. The students are working under supervision of experienced psychologists. It is desirable to prevent the development of maladaptive behaviour through teaching and reinforcing developmentally appropriate skills and problem-solving strategies, promoting pro-social behaviour and moral reasoning, monitoring feelings and self-control. Positive effects sustain for a long time or hopefully for ever.

Life stories as a technique of narrative therapy with adolescents are used in connection with this programme. All children in foster care should have clear understanding of why they entered and remain in their foster family. They need sensitive help in understanding their feelings about their biological family. Telling the child’s own story under supervision of a psychologist helps fill the gap in knowledge, which creates the sense of personal identity and continuity (see also Rose, & Philpot, 2005).

The programmes for children and whole families are conceptualized in terms of individual and family resilience (Gilligan, 2001; Walsh, 1998). The importance of individual approach to

children and system approach to the families, combining these perspectives and personal "face-to-face" contact enables a more effective way of working with foster families. In lectures, discussions and informal meetings with foster parents the importance of positive outlook is emphasized. Some of the families have managed a lot of adverse situations and crises that have strengthened their sense of mastery. Walsh wrote: "Those who are resilient are able to view a crisis or a setback as a challenge. They approach it in an active way, invest in mastering the challenge and they emerge stronger for having done so" (Walsh, 1998, pp. 60-61). Implications for future research became evident: it would be useful to widen and appreciate the qualitative research which can yield new interesting data about family functioning and family resilience. Some academic centres in the Czech Republic have begun to support the qualitative approach in research in the last few years, including the Department of Psychology at Palacký University in Olomouc (Sobotková, 2004). Strong prejudices that qualitative approach is not "scientific" enough had to be overcome. Some good diploma theses with a focus on the qualitative methodology arose in the field of family psychology, too. For example, there were topics such as families with children suffering from epilepsy, autistic children or children with some form of cancer, psychological aspects of childlessness in a couple or coping with the process of coming-out in families with homosexual sons. Practical recommendations that could help refine psychological services for these families are suggested in all the theses.

Family psychologists suppose that qualitative methodology will acquire an honest and respectable position and will become a favourite way of research despite its demandingness. Qualitative research in psychology seems to be a growing challenge because the researcher:

- must be creative and well-disciplined, patient and accurate at the same time
- must respect the life reality and take off his obvious expert role
- and must be very honest in his/her work to achieve meaningful findings.

A qualitative approach in family research is really effective and develops in connection with the needs of practice. A very interesting and detailed review of the contributions of qualitative methods in resilience research is provided by Ungar (2003).

## Conclusion

This study provided a deep analysis of family life in Czech foster families. Only a small part of the research findings could be presented here. The data support the basic assumption that fostering is a very useful form of substitute family care. In general our findings emphasise the crucial importance of proper psychological assessment and training of foster care applicants and the need of continuous psychological guidance of foster families.

The following issues relevant to successful fostering were discussed: the functioning of foster families, parents' motivation for accepting a child, coping strategies and strengths in families, their hardiness and resilience resources etc.

Evaluating family functioning in foster families is rather complex and requires examination of a lot of aspects. This task is challenging because the dynamic nature of life in foster families. Czech psychologists observe the benefits of stable foster placements in young adults who have grown up in foster care. They had a position of wanted children and the foster parents were their real psychological parents. They are happy, competent and responsible young people now, their present status steps fairly beyond the original expectations. Most of them stayed on with their foster parents after the age of 18 when the foster care officially ends and they have their foster parents' ongoing support. There were not any differences in outcomes between children of different ethnicities (Gypsy and non-Gypsy children).

Exploring family resilience provides a perspective for family therapists, counsellors, social workers and other professionals to work with families in a more positive way. In this empirical

research, the obtained information is useful for practitioners and for foster parents as well. Especially post-placement services could be improved to better meet the needs of foster families. A good foster family has an extremely high healing potential that should be considered in connection with supporting resilience in children. Consequently, the professionals have a responsibility to enhance their knowledge about coping and resilience at both individual and family levels. It enables them to implement relevant research findings into practice and improve the quality of life in foster families through counselling, therapeutic and educational support.

## References

- BERRIDGE, D. (1997). *Foster care: A research review*. London: HMSO.
- BLUE-BANNING, M., SUMMERS, J.A., FRANKLAND, C., NELSON, L.G., & BEEGLE, G. (2004). Dimensions of family and professional partnerships: Constructive guidelines for collaborations. *Exceptional Children*, 70, 2, 167-184.
- BUCHANAN, A. (Ed.). (1994). *Partnership in practice*. Aldershot: Avebury.
- BUEHLER, Ch., COX, M. E., & CUDDEBACK, G. (2003). Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work*, 2, 1, 61-83.
- DENHAM, S.A. (1999). Part 1: The definition and practice of family health. *Journal of Family Nursing*, 5, 133-159.
- ECKENRODE, J. (Ed.) (1991). *The social context of coping*. New York: Plenum Press.
- GARMEZY, N. (1991). Resilience and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist*, 34, 416-430.
- GILLIGAN, R. (2001). *Promoting resilience. A resource guide on working with children in the care system*. London: British Agencies for Adoption and Fostering.
- HILL, R. (1949). *Families under stress*. New York: Harper & Row.
- JUDGE, S.L. (1998). Parental coping strategies and strengths in families of young children with disabilities. *Family Relations*, 47, 263-268.
- KELLY, G., & GILLIGAN, R. (Eds.). (2002). *Issues in foster care: Policy, practice and research*. London: Jessica Kingsley Publishers.
- KOBASA, S.C. (1979). Stressful life events, personality and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, 37, 1-11.
- KOLUCHOVÁ, J. (1972). Severe deprivation in twins: A case study. *J. Child. Psychol. Psychiat.*, 13, 107-114.
- KOLUCHOVÁ, J. (1976). A report on the further development of twins after severe and prolonged deprivation. In A.M. Clarke, & A.D.B. Clarke (Eds.), *Early experience – myth and evidence* (pp. 55-56). London: Open Books.
- KOLUCHOVÁ, J. (1979). An experience of deprivation: A follow-up study. In J. G. Howells (Ed.), *Modern perspectives in the psychiatry of infancy* (pp. 163-174). New York: Brunner/Mazel.
- KOLUCHOVÁ, J. (1992). *Psychický vývoj dětí v pěstounské péči*. Praha: MPSV ČR.
- LANGMEIER, J., & MATĚJČEK, Z. (1974). *Psychická deprivace v dětství*. Praha: Avicenum.
- LAZARUS, R.S., & FOLKMAN, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- MASTEN, A. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In M. Wang, & E. Gordon (Eds.), *Educational resilience in inner-city America: Challenges and prospects* (pp. 3-25). Hillsdale, NJ: Lawrence Erlbaum.
- MATĚJČEK, Z., et al. (2002). *Osvojení a pěstounská péče*. Praha: Portál.
- MATĚJČEK, Z., BUBLEOVÁ, V., & KOVAŘÍK, J. (1996). Pozdní následky psychické deprivace a subdeprivace III. *Čs. psychologie*, 40, 2, 81-94.
- MCCUBBIN, H.I., MCCUBBIN, M.A., & THOMPSON, A.I., et al. (1997). Families under stress: What makes them resilient. *Journal of Family and Consumer Sciences*, 89, 3, 2-11.

- MCCUBBIN, H.I., THOMPSON, A.I., & MCCUBBIN, M.A. (1996). *Family assessment: Resiliency, coping and adaptation – inventories for research and practice*. Madison: University of Wisconsin Publishers.
- MOOS, R.H. (Ed.). (1986). *Coping with life crises*. New York: Plenum Press.
- MOOS, R.H., & MOOS, B.S. (1981). *Family environment scale manual*. Palo Alto: Consulting Psychologists Press.
- OLSON, D.H., et al. (1985). *Families: what makes them work*. Beverly Hills: Sage Publications.
- OLSON, D.H., RUSSELL, L.S., & SPRENKLE, D.H. (1983). Circumplex model VI: Theoretical update. *Family Process*, 22, 69-83.
- PATTERSON, J.M. (2002). Understanding family resilience. *Journal of Clinical Psychology*, 58, 233-246.
- PEARLIN, L.I., & SCHOOLER, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, 19, 2-21.
- PLAŇAVA, I. (1994). Komponenty a procesy fungující rodiny a man elství. *Čs. psychologie*, 38, 1, 1-14.
- QUINTON, D. et al. (1998). *Joining new families*. Chichester: Wiley.
- ROSE, R., & PHILPOT, T. (2005). *The child's own story*. London: Jessica Kingsley Publishers.
- ROWE, J., et al. (1984). *Long-term foster care*. London: Batsford.
- RUTTER, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331.
- SAUBER, S.R., et al. (1993). *The dictionary of family psychology and family therapy*. London: Sage Publications.
- SCHOFIELD, G., et al. (2000). *Growing up in foster care*. London: British Agencies for Adoption and Fostering.
- SHAPIRO, J. (1983). Family reactions and coping strategies in response to the physically ill or handicapped child: A review. *Social Science and Medicine*, 17, 913-931.
- SINCLAIR, I., WILSON, K., & GIBBS, I. (2005). *Foster placements: Why they succeed and why they fail*. London: Jessica Kingsley Publishers.
- SOBOTKOVÁ, I. (2000). Psychological assessment of family units: The unique type of foster care in the Czech Republic. *Child Abuse Review*, 9, 217-222.
- SOBOTKOVÁ, I. (2001). *Psychologie rodiny*. Praha: Portál.
- SOBOTKOVÁ, I. (2003). Pistounské rodiny: jejich fungování a odolnost. Praha: MPSV.
- SOBOTKOVÁ, I. (2004). Kvalitativní přístup ve výzkumu rodin: dosavadní výsledky na Katedře psychologie FF UP v Olomouci. In M. Miovský, I. Čermák, & V. Řehan (Eds.), *Kvalitativní přístup a metody ve vědách o člověku III* (pp. 87-96). Olomouc: Univerzita Palackého.
- ŠÍŠKA, E. (2003). K terminologii a vymezení stresu, stresorů a tzv. "coping". In *Acta Universitatis Palackianae Olomucensis, Varia Psychologica IX* (pp. 47-58). Olomouc: Univerzita Palackého.
- ŠTĚRBOVÁ, D. (2003). Stres a zvládání zátě e v rodinách se sluchově posti enými dětmi. In D. Heller, I. Sobotková, & J. Šturma (Eds.), *Kořeny a vykořenění* (pp. 131-137). Olomouc: ČMPS.
- TEXTOR, M.R. (1989). The "healthy" family. *Journal of Family Therapy*, 11, 59-75.
- UNGAR, M. (2003). Qualitative contributions to resilience research. *Qualitative Social Work*, 2, 1, 85-102.
- WALSH, F. (1995). From family damage to family challenge. In R.H. Mikesell, D.D. Lusterman, & S.H. McDaniel (Eds.), *Integrating family therapy: Handbook of family psychology and systems theory* (pp. 587-606). Washington: American Psychological Association.
- WALSH, F. (1998). *Strengthening family resilience*. New York: The Guilford Press.
- WALSH, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42, 1-18.
- WERNER, E., & SMITH, R. (1992). *Overcoming the odds: High risk children from birth to adulthood*. New York: Cornell University Press.

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