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Rovinj, the 12th January 2021

Dear friends, donors and sponsors!

Below is a brief report on the work of the OAZA for the second half of 2020.

During this period, OAZA helped 40 children in 15 foster families. We provided financial assistance, food, clothing and footwear assistance, and we helped them with advice on how to solve problems with Social Welfare Centers, with children, or with their parents. From November, we started paying vehicle insurance for foster families, which will take a year, and maybe longer if there are enough funds.

As shown in the Children's Report, most children have adapted to families, the health of many has improved, and symptoms of illness or disorder have disappeared or diminished. All the children have recovered well, are going to regular check-ups and treatments, and are making excellent progress. School children progress better and master the material, and there is also a Roma law student. Some young people are still in their families, after completing their schooling and terminating their accommodation through a social welfare center. Since they have nowhere to go, especially now in this time of COVID, the family continues to take care of them and help them find work and become independent. This semester was a bit easier for fosters, because the measures due to COVID were abolished over the summer, and now that they are in force again towards the end of the year, fosters already have experience and know how to act in these conditions.

During this semester, in cooperation with the association Ethno Nova, we organized the distribution of food to the socially vulnerable, especially those affected by the situation with COVID. In October, in cooperation with the Evangelical Church, we celebrated the Thanks giving day, and we distributed fruits and vegetables to those in need on the town square free of charge. Unfortunately, due to this situation, we had to give up the planned camp for foster families. OAZA continues its work in helping foster parents and foster children, and others in need. Through various churches it also seeks to encourage the development of foster care, and helping children in need. This year, for the first time, OAZA encouraged churches to celebrate Orphans Sunday, and that was the theme of worship and activities in the church.

All your donations are a great help and encouragement to our work, and if you want to continue helping, you can send your help to the account: OAZA, Children's aid Center: HR 8023400091118004590; SWIFT CODE / BIC: PBZGHR2X

On behalf of all children and foster parents, I thank from the bottom of my heart all those who have followed and supported this work so far. We wish you an abundance of God's blessings and all the best this year, and we cordially greet you.

INCOME 01 12.2020.	HRK	OUTCOME 0112.2020.	HRK
HU OAZA	32.000,00	Help for children	127.038,20
Donations from Croatia	121.585,00	Office charges	2.650,84
Donations from abroad	86.649,33	Bank charges	1.248,22
Interest	0,86	Phone charges	1.100,00
Other	3.104,60	Mailing charges	4.204,57
Total income 2020	243.339,79	Fuel costs	3.676,96
		Vehicle's service.	29.711,69
		Equipment	500,00
		Program costs	11.389.68

Donations I Kuna 01 - 12. 2020.

4	Adria Crupa de a Zagrah	20,000,00	20	lurai Kašiá Dartulauić Cućurai	200.00
1	Adria Grupa d.o.o. Zagrab	20.000,00	38	Juraj Kačić Bartulović, Sućuraj	200,00
2	Anonimni donator A.C.	12.000,00	39	Kornelija Lekić, Garešnica	1.100,00
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4	Anonimno M. Đ., Rovinj	900,00	41	Kristina Gulić Galli, Poreč	300,00
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6	Aquafilcro d.o.o. Orosavlje	500,00	43	Lvans, Koprivnica	5.000,00
7	Blanka Pleš, Novska	6.500,00	44	Mago d.o.o. Pula	500,00
8	Buljan Ivan,	300,00	45	Mar Merchant d.o.o., Labin	500,00
9	Chanshin Samuel Park, Sesvete	2.000,00	46	Marija Kršić, Borovo	100,00
10	Crkva Božja, Crkvena općina Vinkovci	750,00	47	Media Virgon d.o.o., Rovinj d.o.o.	2.500,00
11	Čarobni Tim, Osijek	2.000,00	48	Metallum d.o.o. Pićan	1.000,00
12	Didacta advance, Čakovec	200,00	49	MGN Met. Gal. Novak, Varaždin	400,00
13	Dražen Vukotić, Pula	600,00	50	MIG MEDIA d.o.o. Zagreb	1.000,00
14	Elcon Geretebau, Rijeka	1.000,00	51	Mini Camp Mon Paradis, Rovinj	1.000,00
15	EPC Belišće	4.000,00	52	Miramare d.o.o. Rovinj	1.500,00
16	EPC Betanija Orahovica	500,00	53	Orešković Zlatica, Kutina	200,00
17	EPC Dar Milosti Šibenik	1.000,00	54	Petar Udovičić, Rovinj	500,00
18	EPC Isusa Krista Cerna	1.000,00	55	Petra Validžić, Zagreb	100,00
19	EPC Krista Kralja, Rijeka	1.500,00	56	Politus d.o.o. Novigrad	800,00
20	EPC Milost i istina, Karlovac	4.655,00	57	Robert Velenik, Veleniki,	300,00
21	EPC Pula	1.800,00	58	RP Global Projekti d.o.o. Zagreb	2.000,00
22	EPC Radosna vijest Đakovo	500,00	59	Sanja Keleš	100,00
23	EPC Split Isus svjetlo svijeta	400,00	60	Savjet. Fidelitas d.o.o. Zagreb	500,00
24	EPC Stijana spasenja Zagreb	6.000,00	61	Siniša Kundid, Split	7.000,00
25	ETNO NOVA - Zagreb	6.100,00	62	Slišković Mirjana	200,00
26	Ex-Scribo, Viškovo	500,00	63	Slobodan Jovanović, Zagreb	100,00
27	Frigo ing d.o.o. Kašina	1.000,00	64	Snježana Mekota, Poreč	1.400,00
28	Goran Liverić, Pula	1.800,00	65	STI.M d.o.o. Sesvete	100,00
29	Gracin Usluge d.o.o., Zagreb,	200,00	66	Sunny Way d.o.o. Poreč	500,00
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36	Jadranko i Ivona Banić, Garešnica	4.000,00	73	Zvonimir Šomođi, Belišće	1.000,00
37	Jelka Sekelj Garešnica (Br.B.)	2.500,00	74	Željka Mitrović, Vodnjan	100,00

Donations from abroad 01-12.2020. in Euro

Chiesa Battista di Sant'Angelo in Villa	1.600,00€	CSH Christliches Sozialwerk Heilbronn E.V.	€
Christliches Centrum Bethesda, Offenbach	1.800,00€	Eine-Welt-Kreis e.V.	1.500,00
Associazione Cristiana Evangelica KERJG MA	2.040,00 €	Flach Werner	300,00
Chiesa Evangelica Poschiavo, CH	3.605,00 CHF		

Donations in services and material 01-12.2020	
05 Vizija.net, Pula	LPROM Obrt za promidžbu i usluge Koprivnica
Association Partir offrir, Francuska	Marija Verdnik, Rovinj
C&A Poreč,	NORMA d.o.o.
FABIJAN d. o. o.Cres,	Obitelj Gaffal, Njemačka
Fabiola Beltran del Rio Puente, Rovinj	OREŠKOVIĆ B.K. d.o.o. Zagreb
Jana Beader	Sara Pešut
Kristijan i Angelika Poropat, Starići	TOP STIL LMS d.o.o. Zagreb

Report from our foster families

- 1) Foster K. writes: In my family are two girls: I. and R. and I also care for a boy M. (20) who was in my family for 7 years. I. (5y) a girl came from a children home in the age of 2.5, abused by her parents with severe physical and mental trauma, and as a result she has a developmental delay. With a lot of effort and work, she progresses slowly but surely. She start to walk at the age of 3 and at the same time slowly started talking, even though at the children home they said that she would never walk or talk. She is progressing slowly, but she still has some problems. She fit in great with the family and I will be able to adopt her soon. She has no contacts with her parents, who are in prison. R. (20y) is a Roma girl who fit into the family as her own, participates in all activities and calls me mom. When she arrived from the Roma settlement, she was finishing 8th grade and did not have enough prior knowledge, but she was very intelligent and with a strong desire to attend high school. With a lot of effort and work, she graduated from high school in economics with very good results, and passed the state graduation exam. She managed to enroll in law school and is now a full-time student in her second year. She learns a lot and progresses well. R. sees her parents every week.

 M. (20y) is a young man who came to my family from a Roma settlement at the age of 11. After a lot of work and effort
- M. (20y) is a young man who came to my family from a Roma settlement at the age of 11. After a lot of work and effort with him, he now behaves well in the family and treats me with respect. He finished primary and secondary school, and currently lives in a residential community with a friend. He works 3 hours a day in a restaurant and is looking for a job. He visits his family several times a week.
- 2) Foster D. writes: Our foster family has four foster children. Three of them are two siblings who came to the family after being in an orphanage for 2 years. Although they have been with us for almost two years, they have not relaxed yet. They ask at the table if they can take food. Every day we tell them that they are part of the family, that they are ours, but they tell us that they are afraid to take anything. They are still afraid to ask to go to the playground and have a fear of everything. They say they were not allowed to do anything at the orphanage and find it difficult to adjust. However, we see that they are gradually relaxing a bit. It is much easier to adjust if the children are smaller when they arrive in the family. Their mother is in prison and they do not have a father. The children talk to their mother on the phone twice a week.
- S. (13y) is a boy who was mentally very unstable, and as the eldest took all the blame for the family problem on himself (the unfortunate case of the death of the youngest baby). He had nightmares and would drink sedatives in the evening. Although all this is slowly calming down, he has a behavioral disorder and outbursts at home, and often gets into conflict with his younger brother. He attends the 6th grade of primary school according to a customized program and his learning is very difficult. His behavior at school is good. We go to the psychologist regularly with him.

His sister A. (10y) is a healthy girl who is good and obedient, and does all the duties with my help. She attends the 5th grade of elementary school and is a good student.

Their brother S. (8y) is a hyperactive and stubborn boy who is often in conflict with other children at home because he defies everyone. He attends the 2nd grade of primary school with great success, and there he also has good behavior. He is in good health, the only thing is that he is short-sighted and wears glasses.

- B. (4y) is a boy that was with us since his 8th month. When he came to the family, he weighed 6 kg, could not communicate, did not turn around in the crib, was fed on a tube, had 2 heart surgeries and 12 other diagnoses. Doctors then said that he will always be just like a plant. From coming to us he started eating, turning around, communicating, gradually getting up and walking. In 2018. he had his third heart operation, a mechanical valve, a pacemaker and some bypasses, and another operation is planned this spring. Every three days I measure his blood density and determine the therapy according to the result. Now he is a good, cheerful and playful little boy of small build, very emotionally attached to us, and we try to make his life better and easier. He hears from his parents several times a year.
- 3) Foster J. V. writes: N. (16y) a girl came to our family two years ago because her mother is in prison. She came in good health, and in the family she had quite bad relations with others. She was disobedient all the time and did not fulfill her obligations. N. attended the 2nd grade of high school of economics and although she had good results, she often unjustifiably missed classes, and covered it up with falsified excuses. However, she took care of her school obligations on her own. She had no contact with her parents. In early October, she left our foster family and went to live with her grandmother.

Brothers L. and P. arrived in the family at the end of 2019. The court took them from their mother due to alcohol addiction. L. (17y) was not in good health on arrival, but this gradually improved. He was a very obedient and withdrawn boy, who mostly communicated with his brother. He attended the second grade of the language grammar school with very good results and he solved all his obligations on his own. His brother P. (11y) came to the family in very poor health. He has always been a very sick child with chronic bronchitis and allergic asthma. During his stay in the family, his health condition improved significantly. His behavior in the family was good, but he also communicated poorly with other family members except his brother. He attended the fifth grade of elementary school with great success and solved all his school obligations on his own. Both brothers heard from their mother every day and visited her once a week. L. heard from his father every week, and the other father of little P. has a ban on approaching the child. At the end of 2020, both brothers returned to their mother.

At the end of last year, A. (17y) arrived in our family from his uncle due to a disagreement with his uncle. He is a young man who has mental problems due to which he visits a psychiatrist and uses sedation therapy, and as soon as he notices that he is suffering from depression, he immediately takes his medicine. He is good-natured, and adapts to family. He attends the third grade of technical high school, majoring in electrical engineering and is a very good student. He talks to his mother on the phone and visits her occasionally.

- D. (20y) and I. (21y) are brothers whose family accommodation has ended, but they are still with us because they have nowhere to go and cannot find employment. They have been here since they were little so they have stayed still because they are considered family members. I. finished school for business secretary, and D. for cook. We hope that they will get a job and become independent as soon as possible.
- We are expecting another girl to be placed in our foster family.
- 4) Foster J. G. writes: I. (10y) is a girl who came to us 2 years ago because her parents left her. She was a very neglected child, with damage to both kidneys and very slow growth. Now the health condition is much better, although there are still difficulties. She has progressed a lot, and although at the age of 9 she did not know how to count to 10, she is now doing very well in school in the fourth grade. She progressed greatly, she learned to add, multiply and divide. She hasn't seen Dad for 2 years and Mom for over a year. Dad first called 2 months ago and has been calling regularly ever since, which she has a hard time experiencing because she now idealizes Dad, and has a lot of emotional issues that are reflected in her behavior. At the moment, she is very sad because she wants to return to her dad, and there are problems with intentional vomiting, overeating, depression, etc.
- 5) Foster D. writes: In our family is N. (15y) a very cheerful and happy girl, who is with us since she was 3 years old. She and her siblings were taken away from their parents for violence and placed in an orphanage. She is very hardworking and obedient, but she is still insecure about herself, and is afraid to step into something new. She regularly goes to church with us where she sings in the choir. N. finished primary school with very good results, and enrolled in high school for hairdressing. N. is very good at school and regular in practice, which she especially likes to do in a hair salon. She has not been in contact with her parents at all for 4 years, she does not want to talk about them, nor is she interested to talk with them.
- 6) Foster N. writes: D. and K. are brothers who came to us 9 years ago when they were taken away from their mother for abuse and neglect. The mother sometimes calls but does not participate in the upbringing of the children. D. (9y) is a physically healthy boy and a good athlete, and at home he is very good sensitive and kind. He has memory problems at school, attends classes according to a customized program, and has very good results in the 3rd grade of elementary school. His brother K. (10y) is also physically healthy, and plays sports. At home he is good, kind, and a little sensitive. In the 4th grade of primary school, he has great learning difficulties, so he also follows a customized program and has a teaching assistant and has good overall success. He goes to therapists and psychologists for therapy. In our family there are 2 more sisters and a brother, and they came to us 7 years ago. The children are fatherless, the mother is of Roma ethnicity and she handed them over to the Center for Social Welfare. The children came abused and neglected, from families where there was complete neglect, violence and exploitation of children. Their mother lives nearby, but does not contact or visit them. L. (13y) is a boy who is now in puberty and it is quite difficult to agree with him about living together, but somehow we succeed. He attends the 6th grade of elementary school with good results. He

doesn't like school, but that's why he does all sports well, he plays water polo and football. He corresponds with his mother via social networks, and several times a year he goes to her to see his sisters and brother (the mother now has 4 children).

His sister L. (11y) came to us in a very neglected condition. At the age of 6 she could not speak, except for a few Croatian and Romani words. She has developmental difficulties, attends the 5th grade of primary school according to a customized program and has a teaching assistant. L. has no contact with her mother and does not want to hear about her. Every day there are some therapies for her, with speech therapists, psychologists, occupational therapies, etc. Their sister J. (9y) is a girl who came to us from an orphanage. She was taken away from her mother at the age of a few days due to neglect and starvation. Because of that, she stayed in the hospital for a long time and was in an orphanage until the age of three. She is a hyperactive girl with a behavioral disorder, has daily therapies, and in the family we all have a hard time dealing with her behavior. She attends the 3rd grade of primary school according to a customized program and has very good results. J. is often bored at school and always causes problems.

7) Foster M.O. writes: 4 years ago, due to the inability of parents to take care of their children, 2 brothers came to us. They were in an orphanage for 2 years before coming to the family, and their parents were deprived of parental care by the court.

The health condition of both brothers is good, they only have occasional colds.

The older boy, L. (8y) goes to the 2nd grade of primary school. There are a lot of problems in behavior at home, but also at school. He often reacts violently when something is asked of him, such as writing homework, reading and other assignments. He has all excellent grades in school, although he is often rude to children and teachers. The teachers and the professional service have a lot of patience with him, and when he is not in those angry stages, he is very dear and the children love him.

His younger brother M. will soon be 6 years, he goes to kindergarten and is good in the family. There is no contact with the parents because the Center of social welfare does not give them this right. Children very rarely mention their parents, but for the elderly this topic is still very difficult. Still, their grandmother is visiting them, and this year the process of finding an adoptive parent for them will be launched. We pray that God will give them the best family for them, in which they will stay in touch with us. It's hard for us to think about it because they've been with us for a long time and are especially connected to our son who has been with them since birth.

8) Foster M. H. writes: Our family cares for 7 brothers and sisters from the same family. They generally do not contact their parents because their parents are deprived of parental care due to neglect and aggression of the father. Since the 2 oldest brothers are of legal age, they occasionally used to visit their parents in the settlement. Mostly the mother is alone at home and the father is in prison most of the time. So they noticed that the mother was neglecting the two youngest sisters, who were born after the first seven children were taken from their parents. The brothers initiated proceedings at the Center for Social Welfare to deprive the two of them of their families. This process took quite a long time, and it was not until early January that the sisters were forcibly taken away from their parents, and brought into our family. They arrived early in the morning because in these situations the police and social workers pick them up in the early morning when they are still asleep and it is a very traumatic experience for the children. The only nice circumstance is that they have older siblings with them, so hopefully the habituation will pass more easily. Now our biggest problem is that they only speak Roma.

Younger I. (3y) has a second surname because her father did not recognize her because her mother became pregnant when he was in prison. The sisters are very attached, and the older D., although only 5 years old, acts like a mother to the younger one, who does not separate from her and eats only if D. also eats. It can be seen that the children were mostly alone and took care of each other. For now, I. does not want to go to the toilet because she is afraid, she wants to go outside on the grass, so we temporarily introduced diapers until she gets used to it and learns what a toilet is. She also doesn't understand anything we're telling her. Apart from them, their 3 brothers and 2 sisters are still with us.

E. (11y) is a girl who came to us at 18 months due to frequent hospitalizations. She had heart surgery a few days after birth, after which she had 2 bowel surgeries, and was hospitalized 17 times until she came to our family. The hospital informed the Center of social welfare that if they did not place her in a foster family, she would not survive. We later learned that doctors also gave her only a 2% chance of her recovering and surviving after heart surgery. She has never been to the hospital since she came to us. We have regular check-ups with a cardiologist and for now everything is fine

with her. She still occasionally has bowel problems because one part of her bowel has been removed and she has short bowel syndrome. E. is an extremely cheerful and communicative girl, very open and we can talk about everything, comfort her and encourage her. We notice that she has become more mature and serious, this is most noticeable in the church where she can sit and listen carefully to the whole sermon. She attends the fourth grade of elementary school according to a customized program. She cannot master numbers, has no sense of time and does not manage time, cannot determine the days of the week, nor the time of day (dyscalculia). She tries very hard and is very embarrassed and sad that the children at school started making fun of her for all these shortcomings. Although she is now adopted, she still has contact with the biological family. She visits them occasionally for a few hours, and her younger sister came to us for a few days during the holidays.

M. (14y) is a healthy boy who is polite and obedient at home, though he should be constantly reminded of his duties. He attends 8th grade, currently has three negative grades - the most difficult for him is mathematics. He doesn't have a customized program at school and could have better grades because he is a very resourceful and intelligent young man, but he is very lazy. We need a lot of time and effort to motivate him to learn, and when he starts, he learns very easily and quickly, but we have to constantly monitor him. Unfortunately, he often gets a negative grade first, and only then learns more intensively for correction. He likes to play the guy a little at school (we attribute that to his age). M. (17y) is a girl in good health who behaves very politely and responsibly at home. With very good success she attends the second grade of high school for beautician. Since she attended primary school according to a customized program, it is quite difficult for her in high school, but she is very diligent and responsible, so she has good grades. She has a lot of extracurricular activities, she trains boxing, karate, acts in a small local theater, goes to folklore and few months ago we pay her private singing lessons because she has an exceptional talent for singing.

M. (19y) is a healthy boy, who is very temperamental and impulsive, (luckily he runs and shoots all that energy). He reacts abruptly and violently in situations when something does not suit him. He's aware of that, we talk about it a lot and he's trying to fix it. He completed his schooling according to a customized program, but is still in foster care because he is further training to be a waiter and sports animator. M. is a very successful athlete and has won many medals and awards again over the past year. He currently holds the title of the third best long-distance runner in in Croatia, and in our city he received the award for the best athlete of the year. He also goes to driving school, unfortunately even after 6 attempts he has not yet passed the tests so he still can not start driving.

N. (29y) is a young man, but due to his illness he is at the level of a child of 5-6 years. He has problems with his teeth, but it is very difficult for us to go to the dentist with him because of his tics, and his other health condition is good. He speaks harder and is a student at the Center for Education and Upbringing. He is very kind and peaceful, has his own routine and finds it difficult to accept any change. He is very attached to all of us, participates in household chores, loves to play board games and is very gentle and attentive to younger children who love him very much.

In addition to these 7 siblings, a year and a half ago a boy S. (12y) was placed with us. He came to our family because he and his sister asked the social workers to remove them from the family. Their father was in prison, their mother left them, and they lived with a new very young illegitimate father's wife who greatly neglected them. His health is good, except for the consequences of neglect in learning and personal hygiene. Our biggest problem is that he still lies intensely, and he also likes to steal money. He looks very sweet and endearing, so we get even more disappointed every time we catch him lying. It seems to us that this is improving because, as we get to know each other better over time, we know what to pay attention to, and he knows that we already know him now, so he rarely tries to deceive us. He fit in well with the school and is visibly progressing in his learning, but with constant help and control. He attends sixth grade with good success but still reads poorly. Although he has not been taken away by the court, he has weak contacts with his father, and we have no contact for his mother, nor do we know where she is. We see that it bothers him, and sometimes we call his father to talk to him.

9) Foster R. writes: Our family takes care of 3 children. S.(11y) is a girl who came to us 2 years ago because her mother left her when she was little and her alcohol-addicted father neglected her. She has adapted well with us and we have no problems with her behavior. She behaves much more politely and calmly both at home and in society. The children at school accepted her, but she does not hang out with them outside of school, she prefers to be at home and in karate training. She is a healthy child, but she has difficulty mastering the material at school, due to neglect at the beginning of

school. She attends classes at the school according to the regular program, but it is quite difficult for her to study mathematics and German, and she usually gets a good one. She occasionally hears from her father, and sometimes refuses contact. Sometimes her mother calls her at my urging.

- L. (10y) is a girl who was placed in our family due to abuse by her mother. When she arrived we did not know that she had intellectual and physical difficulties, and that she was intellectually at the level of a 6-year-old child, and her health is not the best. We took her to an orthopedist and found that she had a shorter leg and scoliosis, which we are now slowly treat. She is a very emotional but good girl and we have a good and warm relationship with her. Sometimes there is a conflict with another foster girl, but it passes quickly. In collaboration with the school's teacher and psychologist, I performed all the tests, to assign her a customized program to make it easier due to her intellectual disabilities. She was already frustrated with bad grades in a previous school. She is now in third grade and has success between good and very good, she has only recently learned to read and write. Her father is not able to take care of her alone but sometimes he only takes her to him during the day and she can't wait to come back to us.
- D. 81y) is our little prince! He came to us from the maternity ward and recently celebrated his first birthday. The parents have been deprived of parental rights and we are waiting for him to go for adoption. He is a baby who has trouble sleeping and eating because of his mother's alcohol addiction and the horrors she experienced during her pregnancy.
- 10) Foster A. J. writes: A. (8y) a girl that is with us because she was taken away from her parents for emergency accommodation due to severe neglect. She came in at 6 months, starving, with sores on her legs from not changing diapers. She is good now, although there are problems with learning at school, which is why we go to a specialist for complete processing to see what it is. She is physically healthy but has some disorder because she has a lot of math problems. We don't know yet what it's about whether it's on an emotional basis or something more. She is very kind, but also very aware of what she wants and uses all the methods (and the inappropriate ones) to achieve her goal. Maybe we spoiled her a little. She finished first grade with great success, but then because of COVID the classes were online and I don't know what would have happened if it hadn't been so. Now she has a problem with math and nature, in general with attention and tests, but she is seeing constant progress which is encouraging.

Her sister A. (12y) came to us in agreement with her mother and social welfare after her younger sister. She was 6 years old when she arrived and was about to start first grade. She is a perfectly healthy and an intelligent child. It is quite difficult with her because she is never satisfied with anything, she does not see what she has, but she always wants what others have which creates a constant atmosphere of complaining, jealousy and comparison. She also does not follow the rules, he expects to get everything without having any duty. In any performance of her tasks, she uses inappropriate techniques to avoid them, and when we do not allow her, she protests very much and takes on the role of a victim. We try to show her how happy she is to have a home, family, room, toys, friends, but so far we haven't really succeeded. She attends 6th grade with success between very good and excellent, but with constant supervision, and is not yet completely independent in solving tasks.

Parents never call. We used to call them occasionally and go to them, but now due to the situation with COVID we do not go to visit. The younger sister has been asking about her mother lately, although she has no relationship with her, while the older one has less and less need to communicate with them because they constantly disappoint her, do not call her, do not ask about her, do not congratulate her on her birthday.

11) Foster I. writes: S. (15.5y) is a girl that came to me 9 years ago from a family with seven children, in which the father was in prison all his life, and the mother is illiterate and addicted to alcohol. S. lived in very difficult conditions, without water and toilets in one room of several square meters. She was less than 7 years old when she came and was supposed to start elementary school. She did not know Croatian at all and generally had very poorly developed communication skills. Through these years, S., with a lot of effort, discipline and sacrifice, mastered Croatian, finished elementary school as an excellent student and enrolled in the first grade of high school. She is a beautiful, cheerful, positive girl. Along with school, she loves to play the guitar, sing, make jewelry, enjoys entertaining others and daily prepares surprises and gifts for those around her. She is extremely attentive, gentle and compassionate. He has very rare contacts with the biological family. Here she found her place, her home where she knows she has a mom and family, that she is safe and that she belongs somewhere.

12) Foster mother Lj. writes: I. (17y) is placed in our family. Before retiring, I was an employee at a hospital for chronically ill children. There was a custom sometimes to take one of the children home, in order to experience the home atmosphere, because these children have been in the hospital all their lives. My husband and I started taking I. over the weekend, and we did that often. During those visits he became very attached to us and we to him, so we decided to take him completely to ourselves. He is a mentally ill child who has been in the institution since birth. His father is unknown and his mother is unable to take care of herself.

Before coming to us, I. vomited every meal he ate and returned that vomited contents (ate it again). When he first came to us for the weekend it was gone. He did not speak at all, we prayed that he would speak, and at the age of 7 he spoke, and then he immediately received a complete speech (he did not learn word for word). At the moment, his health condition is very good, he is physically completely healthy. His behavior at home is impulsive, he shouts, kicks objects and people, but that is part of the disease. I. attends the 8th grade of a special school, does not know how to write, but progress can still be seen. He has regular contacts with his mother and she is in a motherly mood towards him.

- 13) Foster A. K. writes: L. (14y) came 9 years ago due to a poor family situation and a serious health condition. She has a rare disease due to which there is no adipose tissue, she has dermatitis and insulin resistance. Given her age and entering puberty, when her appearance begins to be important, she bravely copes with her condition (sometimes good and sometimes difficult). L. and I have a good relationship, a mother-daughter relationship. As I got married 5 years after her placement, and she had a hard time accepting my husband because she thought I would leave her. However, that also changed over time, and when I later gave birth to my baby girl, she immediately had a very nice relationship with her and they love each other very much. She is a nice and cheerful girl and is therefore well received in school and in society. She masters all school assignments with very good success, and trains tennis, which she loves very much. L. has had no contact with her family for the last two years.
- 14) Foster A. A. V. writes: Mom M. spent her childhood in the orphanage and later in my foster family, and as a girl she voluntarily left the family. Later she gave birth to a boy A. (4.5y) and a girl (5 months). She often comes to me and I take the little A. for a longer period, as much as she allows it. Both children were born out of wedlock with different fathers. The mother M. has never been employed and is without cash income and permanent residence. Such a way of life left consequences on the boy. He is irritable, often crying, restless and very naughty, yet he is a smart child eager for attention. He recently had testicular surgery, and is fine now. On several occasions, due to unhygienic conditions, he had scabies. His little sister S. is a healthy and advanced baby. I try to persuade the mother to give me both children to take care, until she gets a job or settles down somewhere, but for now she refuses. I have already talked to social workers about the possibility of foster care, but so far without success.
- 15) During this semester, the foster family H. stopped taking care of the young man B. (17y) because he moved to another family.
- 16) Foster A. D. writes: After my husband and I fostered children for years, we had to stop fostering because we got our own children, and didn't have enough space, we were actually missing one room. After moving from apartment to a house, we decided again to engage in fostering, so that we could help new children. We have three children of our own and we think we can provide a home and family for children in need. These days we were visited by a social worker and confirmed that all the conditions were met, and she told us that she already has 2 children for us. We are still waiting for psychological tests and then we can accept new children. OAZA also helped us in renewing and equipping rooms for new children.