The functioning of the Center for Children and Families within the Slovak Republic from the perspective of a social worker

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Original Article

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Abstract:

The company consistently monitors and ensures compliance with the rights of the child, ensures the protection of the child necessary for his well-being, healthy development and growth, and respects his best interest. The Ministry of Labor, Social Affairs and Family of the Slovak Republic characterizes the goal of the measures as follows: "The basic goal of measures of social and legal protection of children and social guardianship is to provide necessary assistance to families so that children can grow up in the care of their parents." If this goal cannot be achieved, other legal options and aspects of care come into play, which are used until the situation in the

family improves. This option is the placement of the child in the Center for Children and Families, which will ensure a healthy environment for the child's development and benefit. In the presented study, we focus on these centers and their basic functioning, as well as on the basic aspects of child upbringing.

Institutional care versus deinstitutionalization

Based on and in line with the global trend of systematically eliminating the prevailing model of institutional segregated care, which was provided to those who were long-term dependent on the help of another person, such as persons with severe disabilities, the elderly, children in foster care, and replacing it with a model of community services and measures of social guardianship in the natural social environment of the community, the Government of the Slovak Republic, by its Resolution No. 761/2011 of 30 November 2011, approved the Strategy for the Deinstitutionalization of the System of Social Services and Foster Care in the Slovak Republic. Such a change in the model is both one of the objectives of the EU policy in the field of social inclusion and disability and is also part of the Slovak Republic's commitments in the international human rights agenda. These are:

- The European Disability Strategy 2010-2020,
- European social guidelines for the transition from institutional to community-based care,
- Tools for using structural funds for the transition from institutional to community-based care,
- The United Nations Convention on the Rights of Persons with Disabilities and the Optional Protocol to that Convention,
- UN Convention on the Rights of the Child,
- European Social Charter.

The development of the National Action Plan for the Transition from Institutional to Community-Based Care in the Social Services System for 2012–2015 (hereinafter referred to as the "National Action Plan for DI") was one of the basic tasks of the Strategy for the Deinstitutionalization of the Social Services and Alternative Care System in the Slovak Republic (hereinafter referred to as the "DI Strategy"). Both the DI Strategy and the National Action Plan for DI were prepared with the help of a broad working group of experts in the field of social services and alternative care. (MPSVR, 2016). "The basic objective of the National Action Plan for DI was to support the deinstitutionalization of the social services system by implementing pilot projects and creating additional support mechanisms in legislation, financing and organization of the DI process." (MPSVR SR, p. 3).

The main principles that guided the pilot phase of the DI social services system were:

- respect for human rights,
- demedicalization ,
- self-realization,
- self-help,
- self-advocacy /advocacy,
- removing barriers,
- examples of good practice,
- cross-sectional approach.

According to WHO, an institution is "any setting in which persons with disabilities, seniors or children live together outside their family; an environment where people do not have control over their own lives and daily activities." (MPSVaR In: World Health Organisation , The World Bank. World report on disability , 2016, p. 8).

The main features that characterize institutional culture:

- depersonalization – insufficient respect not only for personal property, but also for signs and symbols of one's own uniqueness and humanity,
- rigid, stereotyped and routine activities – fixed time, structure of activities, lack of respect for personal needs,
- flat-rate treatment and professional procedures – social service recipients are worked with en masse, without respecting not only their privacy but also their individuality,
- social distance and paternalism – different status of staff and clients,

- segregation from the local community – the location of the social services facility is eccentric, distant from the local community, and services are concentrated in one place,
- learned passivity – passive behavior of social service recipients that they have acquired and their helplessness,
- underdeveloped social relations. (MPSVaR In: Report of the Ad Hoc Expert Group on the Trasition from institutional to Community - based Care , European Commission, 2016).

Institutional care provides social services, which include:

- their recipients are isolated from the wider society and forced to live together,
- they have no power over their lives and the decisions that affect them,
- is the tendency to prioritize the requirements of the organization itself over the individual needs of individual recipients of social services (MPSVR, 2016).

Deinstitutionalization is based on a fundamental value-based change in the relationship to people who are dependent on the help of society. It represents a process of change (transformation) of the system, form, structure, and content of social services, which is manifested in a departure from the model of traditional care that was applied in classic facilities with an institutional culture. It moves from a passive model to an active model that requires a change in the approach to clients, especially by respecting them as individuals and holders of rights. (MPSVR, 2016). Oláh et al. (2008, p.240) characterized deinstitutionalization as "an influential trend in contemporary social work that promotes, in all cases where possible, non-constitutional forms of care that are easily accessible to the client and do not tear the client out of their natural environment, i.e. care provided within the community."

The overall transition was based on the following recommendations of the DI Ad-hoc Group Report:

- respecting the rights of beneficiaries and their involvement in decision-making processes,
- prevention of institutionalization,
- creating community services,
- closing institutions,
- limiting investments in original institutions,
- human resources development,
- efficient use of resources,
- quality control,
- holistic (comprehensive) approach,
- continuous awareness raising. (MPSVR, 2016, p. 10).

The amendment to Act No. 305/2005 Coll. on the social and legal protection of children and social guardianship on 1 January 2019 brought about significant legislative changes. The biggest change concerned the transition of children's homes, crisis centres and resocialisation centres into a new type of multifunctional facility called the Centre for Children and Families (CDR). This involved the transformation of spatial conditions, personnel structure, educational conditions and economic conditions. If a home transformed into separate groups is compared with a boarding school type, at first glance the transformed homes appear more advantageous. When it comes to the quality of housing, project design, functionality of premises, equipment, the position of separate groups is almost unshakable. (Škoviera , 2006). Škoviera (2006, p.74) offers us another perspective, namely, "if we add a standard home environment to the comparison pair and choose as a criterion what can be called the "truthfulness" of the environment (we understand it as the relationship between what the environment really is and what it is declared to be externally), the outcome in favor of family types is not so clear." The author explains his statement:

- A true home is a home without any need to declare it outwardly, it is defined by the emotional and legal relationship between parent and child,
- The boarding school declared itself to be an alternative solution, but did not create the illusion of a real home.
- The so-called family type - if aspirations are to replace a real home - only creates the illusion of a real home.

Empirical verification of the functionality of deinstitutionalization

The purpose of the survey we conducted was to determine the general public's view of the Centers for Children and Families, what knowl-

edge the public has about its functioning, the nature of the services provided, its clientele, and whether they perceive the legislative changes from 2019, especially the transformation of former children's homes into Centers for Children and Families. We asked them specific questions that gave them the opportunity to express their views on the topic, and the method used was a questionnaire.

We set the following hypotheses:

Hypothesis No. 1: We assume that the public thinks that children who grew up in Centers for Children and Families are unable to start a family and live an organized family life because they did not grow up in a classic family environment and did not have a role model.

Hypothesis No. 2: We assume that the public believes that children of Romani origin are overrepresented in Centers for Children and Families than children of non-Romani origin.

Hypothesis No. 3: We assume that the public believes that children who leave the Center for Children and Families are sufficiently prepared for life and can integrate into society without major problems.

Hypothesis No. 4: We assume that the public believes that parents maintain contact with a child in a CDR that has been taken away from them.

Organizational requirements for the survey

When working with the questionnaire, we used Survio . It is an online platform for creating questionnaires. It works on the principle of an online service and includes tools for distributing and comprehensively analyzing questionnaire responses. When choosing a research method, we were interested in the advantages that the questionnaire offers as one of the quantitative research methods, for example:

- **anonymity** – in our case, anonymity was in terms of the answers to the questions in the questionnaire. The sample we addressed were respondents we know personally, but the questionnaire was filled out anonymously, without personal contact and without knowing which of the respondents had filled out the questionnaire at all,
- **time to think** – the time period for completing the questionnaire was from 09/2023 to 10/2023, however, the time the respondent devoted to completing it was personal,
- **number of respondents** – a large number of respondents can be addressed.

We mainly used closed questions in the questionnaire, mainly to eliminate reluctance to complete the questionnaire if the respondent assessed the question as too open. We formulated the questions in such a way that they had a clear answer, either in the form of yes / no or where the respondent could choose from three or more specific answers.

The questionnaire began with 3 identification questions, where respondents indicated their age, gender, and education, thus obtaining basic demographic data. Respondents then answered 19 questions. As mentioned, we avoided leading questions so that the data obtained would not distort the survey results.

In total, we addressed 310 respondents, creating groups that we excluded from the survey sample:

- children and youth under 18 years of age
- CDR employees
- other interested persons in this issue
- children placed in CDR

In our case, the questionnaire was completed by a larger number of women than men, in the ratio of 71.5% women and 28.5% men, namely 143 women and 57 men. The selection was not targeted, but random. The largest representation was in the age category 35-44 years, namely with a number of 72 respondents, which is 36% of the total number. The second most numerous group was the age category 18-24 years, with a number of 38 respondents, i.e. 19.0% of the total number. By 2%, exactly 17.0%, the age categories 25-34 and 45-54 years were also placed in third position, identically with the number of respondents 34. The smallest group of respondents was the age group 55-64 years with a number of 22 and a ratio of 11.0% of the total number.

When determining the level of education, the respondents provided the following data. The largest number of respondents was represented by those who graduated from a secondary vocational school and completed their studies with a high school diploma. The number of respondents with

a high school diploma was 86, i.e. 43.0% of the total number of respondents. This was followed by respondents with a second-level university degree, in the number of 40, the percentage is 20.0% of the total number of respondents. This was followed by respondents with a secondary vocational school without a high school diploma, in the number of 25 respondents, 12.5% of the total number. The next group, with a number of 20 respondents and a 10.0% representation, were respondents with a 1st-level university degree. There were 17 respondents with a high school diploma, i.e. 8.5% of the total number. The penultimate group consisted of respondents with a primary school degree, in the number of 12, the percentage is 6.0% of the total number. We also mentioned the possibility of using the other group, which the respondents did not use.

Table 1 Did you know that since January 1, 2019, the name Center for Children and Families has been used and the original name Children's Home has been discontinued?

ANSWER	ANSWERS	SHARE
yes	66	33.0%
no	134	67.0%

Table 2 Children placed in the Center for Children and Families (CDR)

ANSWER	ANSWERS	SHARE
orphans	76	38.0%
half-orphans	35	17.5%
they have both parents	89	44.5%

The table refutes the myth that there are only children in CDR who do not have parents. As they were called in ancient times - orphanages. As many as 89 respondents, or 44.5% of the total number of respondents, chose the answer that the children have both parents. The answer orphans was chosen as an option by 76 respondents (38%) and a total of 17.5%, or 35 respondents, think that children in CDR are half-orphans.

Table 3 Contacting children by biological family is permitted

ANSWER	ANSWERS	SHARE
allowed anytime	105	52.5%
only allowed a few times a year	61	30.5%
not allowed at all	34	17.0%

From the above table, we learned from the answers of our respondents that more than half of the total number of 200, namely 105 respondents, which is 52.5%, think that the biological family can visit the child at any time. Of course, court orders, agreements with the CDR on visits, etc. must also be taken into account. 61 respondents (30.5%) are convinced that children can only be visited a few times a year. The rest of the respondents, numbering 34, a percentage of 17.0%, were inclined to answer that children are not allowed to visit at all.

Research part

By asking the question *Did you know that since January 1, 2019, the name Center for Children and Families has been used and the original name Children's Home has been discontinued?* we were investigating whether the public had noticed the changes effective from January 1, 2019. 67% of respondents (134 respondents out of 200) missed the change. The remaining 66 respondents (33%) did not miss the change,

Table 4 Do you think that children are sufficiently prepared for real life after leaving CDR and can integrate into society without major problems?

ANSWER	ANSWERS	SHARE
yes	43	21.5%
no	157	78.5%

Our hypothesis No. 3 is also related to this question: We assume that the public thinks that children who leave the Center for Children and Families are sufficiently prepared for life and can integrate into society without major problems.

As the table shows, 157 respondents think that the problem occurs when integrating into society (78.5%), only 43 respondents out of 200 think the opposite (21.5%).

Table 5 Do you think the statement that the majority of children in CDR are of Roma origin is true?

ANSWER	ANSWERS	SHARE
yes	122	61.0%
no	78	39.0%

This question was very important for us because it is the basis of our hypothesis. 61% of respondents answered that the statement is true, 39% disagreed with the statement.

Hypothesis No. 2: We assume that the public believes that children of Romani origin are more represented in Centers for Children and Families than children of non-Romani origin.

Table 6 Do you think that children who leave the CDR are able to start a family and live an organized family life, despite the fact that they did not grow up in a classic family environment and did not have a role model?

ANSWER	ANSWERS	SHARE
yes	180	90.0%
no	20	10.0%

This question was key for us because it is linked to hypothesis no. 1: We assume that the public thinks that children who grew up in Centers for Children and Families are not able to start a family and live an organized family life because they did not grow up in a classic family environment and did not have a role model. So far, the biggest difference between the two answers is because 180 respondents, 90%, chose yes, and 10% of the total number, which is 20 respondents, chose no.

Table 7 Do the biological parents from whom the child was taken maintain contact with the child in the CDR?

ANSWER	ANSWERS	SHARE
yes, often	11	5.5%
less often	172	86.0%
they don't contact their child at all	17	8.5%

Another key question related to hypothesis #4: We assume that the public believes that parents maintain contact with a child in the CDR who has been taken away from them.

We offered 3 possible answers to the question we asked. There were also striking differences in the answers. The answer "less often" was chosen by 172 respondents out of 200 (86%), the answer " they do not contact their child at all" was chosen by 17 respondents (8.5%), and the answer "yes, often" was chosen by a total of 11 respondents (5.5%).

but it cannot be said that they actually use it and whether they do not continue to use the old name Children's Home, which has been used longer in terms of time and is more ingrained in the public's memory. It is also not possible to deduce from these answers that the respondents who noticed the change also understand the content change (merger of functions, etc.).

Discussion

Table number 6 in the study is related to hypothesis number 1, where we gave respondents the opportunity to choose from two answers. In the entire questionnaire, only for this question was there such a striking difference in the distribution of votes, namely 90%: 10%. 180 respondents answered that children after leaving the CDR are able to start a family and live an organized family life, despite the fact that they did not grow up in a classic family environment and did not have a role model. Our hypothesis was **not confirmed** . We claimed that the public thinks that children are not capable of this.

Hypothesis number 2 is linked to table number 5 in the study, which we asked the public and reads as follows: "In your opinion, is it true that the majority of children in CDR are of Roma origin?" We assumed that the public has the opinion that children of Roma origin are more represented in the Centers for Children and Families than children of non-Roma origin. As an answer option, they could choose between yes and no. 122 respondents, that is, 61% of the total number, think that there are more children in CDR of Roma origin and only 78 respondents (39%) disagreed with this statement. This means that our assumption was **confirmed.**

In the third hypothesis, we investigated whether the public thinks that children after leaving the Center for Children and Families are sufficiently prepared for life and can integrate into society without major problems. The questionnaire clearly shows that 157 respondents, which is 78.5%, do not think that children are ready for real life after leaving the CDR and will be able to integrate into society, which is why they answered no. Out of a total of 200 respondents, only 43 trust children. In percentage terms, this is only 21.5% of the total number of respondents. We can therefore conclude that hypothesis no. 3 is **unconfirmed.**

In the last hypothesis, which reads as follows: "We assume that the public believes that parents maintain contact with the child in the CDR that was taken away from them.", table number 7 was linked. Respondents could choose from three answers. The first answer was yes, which was chosen by 11 respondents. The answer less often was chosen by 172 respondents, which represents 86% of the total number of respondents. The last option, the answer that they do not contact their child at all, was chosen by

17 respondents. This leads to the only conclusion: the hypothesis is **unconfirmed.**

Hypothesis No. 1 – is unconfirmed – we assumed that the public thinks that children are not capable of starting a family and living an organized family life because they did not grow up in a classic family environment and did not have a role model – the public's answer was yes, they are capable of it (90%),

Hypothesis No. 2 – is confirmed – we assumed that the public has the opinion that children of Roma origin are more represented in the Centers for Children and Families than children of non-Roma origin - the public's answer is yes, the majority of children are Roma (61%),

Hypothesis No. 3 – is unconfirmed – we assumed that the public thinks that children after leaving the Center for Children and Families are sufficiently prepared for life and can integrate into society without major problems - the public's answer is no, (78.5%),

Hypothesis No. 4 – is unconfirmed – we assumed that the public believes that parents maintain contact with a child in the CDR who was taken away from them - the answer "yes, often" was chosen by only 5.5% of respondents.

Conclusion

If we compare the answers to hypothesis number 1 and 3, where the public answered that children are not able to integrate into society after leaving the CDR (78.5%), on the other hand, they will be able to start a family and live an organized family life (90%), this is at least a bit contradictory, because we think that a person who cannot integrate into society also has a problem with finding a life partner and thus starting a family. We must admit that these children often come from an environment that was not ideal for their development (neither physical, nor psychological, nor social) and it leaves a mark on them. Not everyone can process traumatic events so quickly, if they can process them at all. Our goal and mission is to work with the child and his family, to eliminate shortcomings, problems and complications so that the child can return to his own biological family. But while they are in the CDR, we try to make their stay as similar as possible to that at home.

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