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Closer to children and families: Benefits and costs of improvements to children's residential care in Slovakia

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Abstract

The purpose of the paper is to describe the transformation of the Slovak residential care system over the last two to three decades. The goal is to analyse the benefits and costs of the most important changes in light of the political, theoretical and ideological shifts. The residential care system for children in Slovakia has improved significantly in many respects. Children's homes have been transformed from large facilities into smaller units; and children under the age of six can only be placed in foster families or family care. Children's rights have been implemented through care policies, and there has been gradual recognition of the need to address the difficulties faced by birth families. Many decisions in policy and practice have been underpinned by a pro-family orientation and concepts such as attachment theory. Nonetheless, the process of pursuing better quality care and of building a system that meets international quality criteria has been followed by collateral shifts. Re-education, diagnostic and specialist facilities have not been the primary focus. The labelling of children in care as problematic and a derogatory discourse about Roma children has persisted to a significant extent. With the facilities no longer being under the direct control of the state administration and the education and health ministries, some of their psychological and pedagogical experience and knowledge has been lost.

Keywords

Slovakia, post-communist country, deinstitutionalisation, residential care;Article

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Introduction

Slovakia is a young post-communist country located in Central Europe, which was founded in 1993. Thirty years ago, in 1989, the Velvet Revolution started in former Czechoslovakia. It gave people hope, especially regarding their struggle to transform the country into a democratic state. Crucial changes occurred in political, social and private life and this was also the case in children's residential care.

Nowadays, Slovakia, a country with approximately 5.5 million inhabitants, has over one million children under the age of 18, and 1.3% of them live outside their biological families (Central Office of Ministry of Labour, Social Affairs and Family Statistics, 2015). Placements are either residential or non-residential in nature. Children who are not in residential care are either placed with kin, foster carers or adoptive carers. Residential care is mainly provided in children's homes and, to a lesser extent, in specialist educational units such as re-education centres, diagnostic centres, and therapeutic and educational sanatoriums (Family Act 36/2005).

In the article, we will highlight the main changes aimed at improving the residential care system for children over the last two to three decades in Slovakia and describe the benefits and costs.

Our past - children in collective state care

It would be difficult to describe the advantages and disadvantages of the improvements to children's residential care without explaining the past. By looking at previous decades we can convey some idea of the residential care legacy that constituted the starting point of transformation.

Politically, Czechoslovakia was transformed from a totalitarian communist regime to a state with a democratic system of government. And later, in 1993 when the country was peacefully divided, Slovakia continued its own transition. In the communist era, large numbers of children were institutionalised (Kriglerová, 2015). This did not just mean that children were taken away from their families due to inadequate parental care, but that parents were also

encouraged, if not required, to send children with disabilities to residential schools and specialist units. It was both politically and ideologically unacceptable for children and people who were 'different' to be seen in public. For only then could the ruling party promote its image of a healthy, strong country. Children's homes were called 'internats', and usually consisted of a large building containing shared bedrooms, bathrooms, a canteen and staffed by carers working shifts who looked after the children. There were specialist internat schools for children with other health and mental disabilities. Another type of children's residential care was the so-called 'reformatories' for children who, colloquially put, misbehaved. Professor Matějček was an important figure in the theory and practice of institutional care[1]. The research he and his colleagues did on psychological deprivation and child development contributed substantially to the understanding of children's mental needs, especially in residential settings. Their findings, along with a political ideological shift in the 1960s that reinvented the principles of humanity and allowed inspiration to be gleaned from western knowledge, contributed to the reintroduction of foster care in 1973 (Kusá, 2009). In 1974 Zlatovce Children's Village was founded, inspired by the '*Kinderdorf Pestalozzi*' SOS Villages in Switzerland (Škoviera, 2007). In its day Zlatovce Children's Village was a unique project, which, apart from providing high quality care to the children living there, served as a showcase care facility for foreign visitors. The idea was that the care should emulate family conditions. The village, equipped with its own education, sport, culture and leisure facilities, consisted of 17 households with capacity for approximately 200 children. It was located on the outskirts of the town and the units were relatively independent – a practice later criticized as not meeting the new standards of inclusion (Škoviera, 2007).

In the socialist era children's residential care was exclusively state-run, collective care in which the promotion of communist propaganda was central. Institutionalization and collectivization were prioritised over individual needs, leading to the isolation of large numbers of children for the sake of the socialist community and depriving children of contact with their biological families.

[1] See for example: Langmeier, J., and Z. Matejcek. (1975) Psychological Deprivation in Childhood. New York: Halsted Press.

This description of the care system setting paints a terrible picture of the care provided in the past, but it would be incomplete if we did not also highlight the positives. Scholars and those variously involved in care have provided testimonies of good experiences of care, including the nurture and development of positive relationships between children, peers as well as carers. They valued the stability of the placements and the strong collective identity they developed as 'children from children's homes' (Škoviera, 2007; see for example Ladický, 2013).

Following the collapse of the communist regime in 1989 the children's care system joined the list of items requiring reform and alignment with the newly redefined democratic values.

Transformation and deinstitutionalisation

The state monopoly in the provision of substitute care ended after the Velvet Revolution. The state abandoned its role as executor of collective care in institutions and become an enabler, guaranteeing and supervising the child's right to adequate care. Care was no longer restricted to 'traditional' approaches, but embraced more liberal and foreign ideas. It is easier to look back to the start of the transformation process, right after the founding of the Slovak Republic in 1993, than it is to estimate when the process will finally be completed. Endeavours are continuing and the most recent strategy sets out the priorities for 2016–2020.

'The key changes [transformation] occurred in 1993 to 2005, although the laws enacted at that time are still being adjusted and amended' (Návrat, 2012, p. 8).

The transformation and deinstitutionalisation of alternative care was mainly triggered by nongovernmental and charitable organisations. They played a crucial role in prompting changes to residential (and substitute) care in Slovakia by pursuing children's rights and promoting the idea that placements should closely resemble family conditions and prevention strengthened to reduce the number of children taken into care (Návrat, 2012).

The transformation has gradually led to the predominance of the kind of care provision that prioritises family conditions. The first Family-type Children's Home was set out in the 1998 Social Assistance Act. In the communist era, especially

in the 1950s, family-type foster care was almost abolished, while during the transformation the goal was to ensure that the majority of looked-after children were brought up in family-style conditions. Children's homes were transformed, where possible, from large facilities (big buildings) into smaller houses or household-like units within these buildings. Special attention was paid to children under the age of three, who could only be placed with carers under home conditions – foster carers or professional parents. This rule now applies to children up to the age of six (Legal Protection of Children Act, 2005). In 1993 a special profession was introduced – 'professional parents' – (Búšová, 2009). These are employed by children's homes and care for children throughout the day under home conditions, whether in a house or flat.

In 1996 and 1997 responsibility for regulating children's care facilities was transferred from the various ministries (Ministry of Health for pre-school homes, and Ministry of Education for children's homes) to the Ministry of Labour, Social Affairs and the Family. The aim was to provide continuity and a unified approach to children's care.

The 2005 Legal Protection of Children Act and the Family Act placed the child's best interests at the centre of social work and defined the family as the primary place of child care. The alternative care principles were no longer intended to serve and satisfy the system, a communist-era legacy, but were designed to satisfy the needs of the child.

In 2011 the Slovak government approved its Strategy for the Deinstitutionalisation of the Social Services System and Foster Care in the Slovak Republic. The principles it lays out reflect the efforts to ensure implementation of the United Nations Convention on the Rights of the Child, and the transition from institutional to community-based care (Strategy, 2011). The Strategy recognised both the need to minimize the number of children in the care system and to address the difficulties facing birth families before children enter the system. It also promoted a strong preference for community-based care and professional parenting. In the past, it was believed that children should be prevented from developing relationships (including good or beneficial ones) if they were intended to end in the future (Návrat, 2012). In the transformational years pro-family attitudes were promoted and bonding has come to be seen as

beneficial in alternative care. Theories such as attachment theory became gradually more accepted in the theory and practice of care. Findings associated with attachment theory and related concepts have underpinned many decisions regarding the law and practice.

Elements lost and neglected in residential care

The transformation was supposed to be conducted in four different areas – infrastructure, finances, staffing, and conceptual approach. Critics rightly pointed out that many facilities had undergone financial and infrastructural transformation including changes to the physical setting, whereas there has either been no change or only minimal change to staffing and conceptual approaches within the care system, and this is still true today (Kriglerová, 2015).

Following legislative change in 1996, a group of professionals and practitioners criticised the fact that alternative children's care was being moved out of the education sphere. They did not see themselves as 'social workers'; instead they felt the pedagogical knowledge and experience was being lost with the uncritical importing of western ideas. For example, after the transformation carers had less opportunity to engage in psychotherapeutic training (Škoviera, 2015). They thought it necessary to maintain and further develop the educational and pedagogical approach rather than adopting a dominant 'care approach'. They argued that the care approach merely focused on meeting the child's basic needs and neglected the holistic side of developing the child's personality.

Pro-family organisations that claimed family conditions were key and best for children and the efforts to eliminate all that was old in the care system meant that residential care came to be perceived as the least preferred setting for children's care, sometimes regardless of the child's unique circumstances. The strong emphasis on family-type care does not mean that it is the best kind of placement for all children. There will always be some children for whom residential care is the best option possible. The risk that the potential offered by residential forms of care for certain groups of children is overlooked remains one of the challenges.

The effort put into transforming children's homes was accompanied by a shift in focus away from other types of residential unit. Re-education centres, diagnostic centres and specialist facilities have remained under the administration of the Ministry of Education and their formal set-up remains more or less institutionalised. These units partially escaped transformational attention, despite being designed to accommodate clients similar to those in children's homes[2].

Labelling and essentialising – discourse about children in care

Although the rights of the child are guaranteed under Slovak law, practices still have some room for improvement, especially regarding the inclusion of children in decisions about their care (Council of Europe, 2012). The axiom 'caring for children, but without children' also reflects the way children are discussed. In the care discourse, in academia and practice, children are often described in terms of their behavioural and emotional problems and are seen as problematic or difficult to handle. It may be that the theoretical concepts in traditional developmental psychology still exert an influence on the way children are understood. They contain normative ideas about child development and suggest it follows a predictable path of change. It is believed that children sometimes progress through the developmental stages more slowly and exhibiting individual differences, but any major deviation from the norm is considered pathological (Lukšík and Lemešová, 2013). In the substitute-care literature published in Slovakia the population of children in residential care is described in terms of their problematic family background and is suggestive of the reasons why children are removed (e.g. 'unwanted' children, 'abandoned' children). Often a considerable section is dedicated to listing the 'typical' characteristics of children in care, such as disabilities (cognitive, physical), adaptational, emotional and behavioural problems, learning outcomes below that of the normal population,

[2] The general population tends to think children who have no parents are placed in children's homes whereas reformatories are for children with behavioural difficulties. In fact, the majority of children in both groups have living parents, experience similar adversities and it is very common for many of the children in the re-education centres to have come from children's homes where carers were no longer able to cope with their behaviour.

attachment disorders, emotional deprivation and trauma (see e.g. Bizová, 2015; Škoviera, 2007). Some children in care are labelled as 'unadoptable' or 'difficult to adopt'. They tend to be older children, of Roma[3] origin, have health issues or are siblings.

The percentage of children of Roma ethnicity in children's homes (60%) is significantly higher than among the general population (Mikloško, 2013). Perceptions of Roma children in care are shaped by stereotypes and prejudice. Views of personality traits among Roma children are still derived from essentialist ideas about their Indian roots. They are often described in scholarly articles and book publications as being lively, disobedient, fidgety, of a different temperament, sometimes of different (lower) intelligence and as being musically talented; their different lifestyle is seen as being 'in their blood' (Gallová-Krieglerová, 2015; Lukšík and Lemešová, 2013).

The focus in the discourse about children in care on special characteristics, names and labels can be explained by a desire to better understand their specific needs, life situations and features. It is therefore driven by an aspiration to improve care and services. However, we might question whether maintaining such a strong focus on the child as the subject of expert attention and the framing of children in terms of their specific needs and characteristics does not divert attention away from the child's positive personal traits and potential, and away from attempts to understand care within the broader context of the child's relationships with carers, siblings, peers and the community.

Conclusion

The Slovak system of care has undergone many changes intended to improve care for children living outside their birth families. Undeniably, many mistakes have occurred in the process and some question the conceptual direction, the overwhelming number of legislative changes, and insufficient level of personal

[3] Roma or Romani people, sometimes referred to as Gypsies, are an ethnic group living predominantly in Europe (e.g. in Central European and Balkan states, Russia, Spain, France, Ireland). People of Roma origin are the second largest ethnic minority in Slovakia (estimated to account for up to 7.5% of the population), and they often face discrimination and prejudice.

support. It is customary in the last paragraph to conclude and make suggestions. Instead, I would like to express my gratitude. I am too young to have experienced or to have been involved in all that I have written about. My motivation to study residential care issues came out of my scientific curiosity and workshop experiences with practitioners. As a citizen of a democratic country and as a researcher I am grateful for the freedom to share our views with people from another country. I am happy that I can freely and openly discuss the advantages and all the imperfections of the system. I always enjoy talking about the need to provide training and professional support to practitioners, or asking questions about how conditions in marginal residential units can be improved, or discussing the necessity of engaging children in decisions made about their lives outside their families. This could not have happened thirty years ago, or at least only under very restricted circumstances. It is not something I take for granted. The most significant change (in residential care) I would like to highlight is the freedom to express our ideas and to be inspired by different ideas and opinions.

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