# The Functioning of Centers for Children and Families Within the Slovak Republic from the Perspective of a Social Worker

M. Cakarova (Melinda Cakarova)[1], T. Planka (Tomas Planka)[1], M. Culenova (Maria Culenova)[1], M. Olah (Michal Olah)[2]

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[1] Department of Social Work, Faculty of Education, Comenius University in Bratislava, SK
[2] St. Elizabeth University of Health and Social Work in Bratislava, SK

**E-mail address:**

planka3@uniba.sk

**Reprint address:**

Tomas Planka
Department of Social Work,
Faculty of Education,
Comenius University in Bratislava.
Soltesova 4
811 08 Bratislava
Slovak Republic

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**Reviewers:**

Zofia Szarota
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## Abstract:

Centers for children and family consistently monitor and ensure compliance with the rights of children, ensure the necessary protection of children for their well-being, healthy development, and growth, and respect their best interests. The Ministry of Labour, Social Affairs and Family of the Slovak Republic characterizes the goal of the measures as follows: "The basic goal of measures of the social and legal protection of children and social guardianship is to provide necessary assistance to families so 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 and are employed until the situation in the family improves. This option is the placement of the child in a center for children and families, which ensures the child is in a healthy environment for their 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

In line with the global trend of systematically phasing out institutional, segregated care—traditionally provided to individuals with long-term dependency, such as people with severe disabilities, the elderly, and children in foster care—and replacing it with community-based services and social guardianship measures within the natural social environment, the Government of the Slovak Republic adopted the Strategy for the Deinstitutionalization of the System of Social Services and Foster Care in the Slovak Republic by Resolution No. 761/2011 on 30 November 2011. This shift in the care model aligns with the objectives of EU policy on social inclusion and disability and also reflects the Slovak Republic's commitments within the framework of the international human rights agenda. These include:

- 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,
- The UN Convention on the Rights of the Child,
- The 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,
- a 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 are:

- depersonalization – insufficient respect for personal property, as well as for signs and symbols of one's own uniqueness and humanity,
- rigid, stereotyped, and routine activities – fixed time and structure of activities, a lack of respect for personal needs,
- flat-rate treatment and professional procedures – social service recipients are worked with en masse, without respecting their privacy or individuality,

- social distance and paternalism – the 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 Transition from Institutional to Community-based Care, European Commission, 2016).

Institutional care provides social services, which include:

- recipients being isolated from the wider society and forced to live together,
- having no power over their lives and the decisions that affect them,
- 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, which 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:

- respect the rights of beneficiaries and their involvement in decision-making processes,
- prevent institutionalization ,
- create community services,
- close institutions,
- limit investments in original institutions,
- human resources development,
- the efficient use of resources,
- quality control,
- a 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 centers, and resocialization centers into a new type of multifunctional facility called centers 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, the functionality of premises, and 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 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 knowledge the public has about how they function, the nature of the services provided, and its clientele, and whether they are aware of the legislative changes from 2019, especially regarding 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 using a questionnaire.

We set the following hypotheses:

**Hypothesis No. 1:** We assume that the public thinks that children who grow 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 Roma origin are overrepresented in centers for children and families compared to children of non-Roma origin.

**Hypothesis No. 3:** We assume that the public believes that children who leave a 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 parents continue to have contact with a child placed in a center for children and families after the child has been removed from their care.

**Organizational requirements for the survey**

We used Survio, an online platform for creating and distributing questionnaires that also provides tools for comprehensive response analysis. We chose this method for its advantages as a quantitative research tool, such as:

- **anonymity** – in our case, anonymity was provided in terms of the answers to the questionnaire questions. 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 respondents devoted to completing it was their personal choice,
- **the number of respondents** – a large number of respondents can be addressed.

We primarily used closed-ended questions in the questionnaire to reduce hesitation in completing it, especially if respondents found the questions too open-ended. The questions were designed to elicit clear responses, either in the form of a yes/no answer or by offering three or more specific choices.

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

In total, we addressed 310 respondents, and we excluded the following from the survey sample:

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

In our case, the questionnaire was completed by a larger number of women than men, 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 with a total of 72 respondents, or 36% of the total number. The second largest group was the age category 18-24 years with 38 respondents, 19.0% of the total number. The age groups 25-34 and 45-54 years both accounted for 17.0% of the respondents, or 34 individuals each, placing them in third position. The smallest group of respondents was the age group 55-64 years, with 22 respondents, or 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 had 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, or 43.0% of the total number of respondents. This was followed by respondents with a second-level university degree, there were 40 of them, representing 20.0% of the total number of respon-

dents. This was followed by 25 respondents with a secondary vocational school without a high school diploma, 12.5% of the total number. The next group, with 20 respondents and a 10.0% representation, were respondents with a 1st-level university degree. There were 17 respondents with a high school diploma, 8.5% of the total number. The next group consisted of respondents with a primary school degree, amounting to 12, or 6.0% of the total number. We also mentioned the possibility of using the "other" group, which the respondents did not use.

## Research part

We asked 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?* By asking this, we were investigating whether the public had noticed the changes effective from January 1, 2019. 67% of the respondents (134 respondents out of 200) did not know about the change. The remaining 66 respondents (33%) knew about the change, but it cannot be concluded that they actively use the new name. It is unclear whether they continue to refer to the institution by its older name, children's home, which has been in use for a longer period and is more deeply ingrained in the public's memory. It is also not possible to deduce from these answers that the respondents who noticed the change also understood the content change (the merging of functions, etc.).

**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 centers for children and families (CDRs)

| 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 CDRs who do not have parents, commonly referred to in the past as orphanages. 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%). A total of 17.5%, or 35 respondents, think that children in CDRs are half-orphans.

**Table 3** The biological family contacting children 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% |

As displayed in the table above, we learned from our respondents that more than half of the total number of 200, 105 respondents or 52.5%, think 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, 34, totaling 17.0%, answered that children are not allowed visitation at all.

**Table 4** Do you think that children are sufficiently prepared for real life after leaving CDRs 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 centers 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%), and only 43 respondents out of the 200 think the opposite (21.5%).

**Table 5** Do you think the statement that the majority of children in CDRs 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 the respondents answered that the statement is true, and 39% disagreed with the statement.

Hypothesis no. 2: We assume that the public believes that children of Roma origin are more represented in centers for children and families than children of non-Roma origin.

**Table 6** Do you think that children who leave CDRs 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 the public thinks that children who grow 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, this is the biggest difference between two answers because 180 respondents, 90%, chose yes, and just 10% of the total number, 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 no. 4: We assume the public believes that parents maintain contact with a child in a 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%).

## Discussion

Table 6 in the study corresponds to hypothesis number 1, where respondents were given the option to choose from two answers. This question stood out in the entire questionnaire due to the significant disparity in responses, with a distribution of 90% to 10%. Specifically, 180 respondents believed that children who leave a CDR are capable of starting a family and living an organized family life, despite not growing up in a traditional family setting or having a role model. Our hypothesis was **not confirmed**. We claimed the public thinks these children are not capable of this.

Hypothesis number 2 is related to Table 5 in the study, where we asked the public the following question: "In your opinion, is it true that the majority of children in CDRs are of Roma origin?" We hypothesized that the public believes that children of Roma origin are more prevalent in centers for children and families than children of non-Roma origin. Respondents were given the option to answer either "yes" or "no." The results showed that 122 respondents (61% of the total) believed that children of Roma origin make up the majority in CDRs, while 78 respondents (39%) disagreed with this statement. This means that our assumption was **confirmed.**

In the third hypothesis, we investigated whether the public believes that children are sufficiently prepared for life and can integrate into society without major difficulties after leaving a center for children and families. The questionnaire results clearly show that 157 respondents, or 78.5%, do not believe that children are ready for real life after leaving a CDR and will be able to integrate into society, as they answered no. Only 43 respondents, or 21.5% of the total, expressed confidence that these children are prepared for life and can successfully integrate into society. We can therefore conclude that hypothesis no. 3 is **unconfirmed.**

The final hypothesis, stated as "We assume that the public believes that parents maintain contact with the child in the CDR that was taken away from them," was examined using the data presented in Table 7. Respondents could choose from three answers. The first answer "yes" was chosen by 11 respondents. The answer "less often" was chosen by 172 respondents, representing 86% of the total number of respondents. The last option, " 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 – unconfirmed** – We assumed that the public thinks 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 – confirmed** – We assumed the public believes that children of Roma origin are more represented in centers for children and families than children of non-Roma origin. The public's answer was yes, the majority of children are Roma (61%).

**Hypothesis No. 3 – unconfirmed** – We assumed the public thinks that children are sufficiently prepared for life and can integrate into society without major problems after leaving a center for children and families. The public's answer was no (78.5%).

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

## Conclusion

When comparing hypotheses 1 and 3, a contradiction becomes apparent. While 78.5% of respondents believe that children leaving a CDR are not able to integrate into society, 90% believe they are capable of starting a family and living an organized family life. These views are somewhat conflicting because we think a person who cannot integrate into society also has a problem finding a life partner and thus starting a family. It's important to recognize that these children often come from environments that are not ideal for their physical, psychological, and social development, and it can have lasting effects. Not all children can process traumatic events quickly, if at all. Our goal and mission is to work with both the child and their family to eliminate shortcomings, problems, and complications so the child can return to their own biological family. During their stay in a CDR, we strive to create an environment that closely resembles a true home.

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