

# Report for institutions and organisations dealing with residential care in Slovakia



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From the APVV-0368-12 research project: ‘Training of young people in children’s homes and re-education centres - analysis and innovation’.

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## 1. Introduction

This report has been compiled as part of the APVV-0368-12 project: ‘Training of young people in children’s homes and re-education centres - analysis and innovation’ that was inspired by the many arguments about the need to improve the quality of residential care. We shall list only a few of these. Research has shown that children who spend time in residential care later find themselves at risk of various psychosocial problems, such as homelessness, delinquency, unemployment, health problems and early parenthood. Monitoring of the life experiences of children who have left care has produced alarming findings – more than half have committed crimes and many seriously contravene the law on repeated occasions (Eurochild, 2010). It has been shown that residential care settings do not always sufficiently prepare young people for future life. As Jackson (2010) has stated teachers and social workers may have low expectations and aspirations of young people, and this may result in irregular school attendance and gaps in learning as well as younger people feeling they have little control over their lives. Our pilot study that followed the life paths of girls who had left re-education centres in Slovakia showed that they have problems with addictive substance abuse, establishing long-term social and partner relationships and resolving everyday situations (Lukšík, 2013). Improving the quality of residential care generally is also part of the Europe 2020 strategy, which is designed to increase employment, reduce school drop-out rates and lower the proportion of Europeans living below the poverty line.

**The report summarises recommendations to improve residential care – children’s homes and re-education centres – to help young people successfully adapt to life after care and to achieve a better quality of life.**

This report is based on the findings and analyses of research into organisational culture in selected residential care centres in Slovakia conducted by a team of experts in 2013–2015 as part of the APVV-0368-12 project: ‘Training of young people in children’s homes and re-education centres - analysis and innovation’. The report also draws on the good practices the team of experts obtained during their visits to residential care centres abroad, specifically in Scotland: St Mary’s Kenmure young offenders centre in Bishopbriggs, Waverley Centre in Musselburgh, Lothian Villa Children’s Home, Edinburgh City Council, the Kibble Care Centre and the organisation Who Cares Scotland; and also during visits to centres in Slovenia

– the re-education centre of Vzgojno – Izobraževalni Zavod Frana Milčinskega in Smednik, Vzgojni zavod Krajn, Vzgojno – izobraževalni zavod Vyšnja Gora and Mladinski dom in Maribor. The report is also compiled on the basis of a three-year period of collaboration with eight residential care centres in Slovakia (five children’s homes and three re-education centres) and on the many years of academic and practical experience acquired by the team of experts.

The report gives recommendations for particular areas. Given the limitations of space, the findings of the research are not given in full but the studies on which this report is based can be found online: [www.prevencaad.sk](http://www.prevencaad.sk). The report makes recommendations for areas that have been shown to be important for preparing and supporting young people about to leave residential care. We concentrate most on the areas we have identified as having the capacity and potential for improvement. We also encountered positive aspects in the centres, such as the living conditions, the approach of staff and preparations for leaving care; however, we do not analyse these in the report. The reader will find the following areas of recommendations in the report:

1. Recommendations to innovate and improve the quality of residential care
2. Recommendations for government ministries and providers
3. Recommendations for young adults about to leave residential care
4. Recommendations for the training and continuing education of specialist staff

## 2. Project and research framework recommendations

This report has been compiled as part of the APVV-0368-12 project: ‘Training of young people in children’s homes and re-education centres - analysis and innovation’ carried out in 2013–2016. The main aim of the project was to ascertain which models of residential care for children and young people are used in children’s homes and re-education centres and which elements of the organisational culture contribute to improving young people’s adaptation after leaving care and to improving quality of life. Another aim of the project was to introduce positive elements into residential care. The main outcomes of the project, in addition to this report, are:

1. Research and expert studies on residential care
2. An accredited continuing education course: *Residential care staff training on how to prepare young people for life after care.*
3. Conference proceedings: *From facility to independent life: innovation in residential institutions and quality of life after leaving care* (Srňacie, 17–18 May 2016) including various contributions from Slovakia and abroad. All the materials and documents are available online: [www.prevencaiad.sk](http://www.prevencaiad.sk).

### 2.1. Research methodology

The research on organisational culture was conducted in the first half of 2014 on a selected sample of 8 children’s homes and re-education centres. In total 104 questionnaires were collected from young adults and 95 from carers, directors or deputy directors. The qualitative component was an interview attended by 34 young people about to leave care, 9 directors or deputy directors, 14 carers, 5 social workers, 6 psychologists, and 2 teachers. The questionnaire-based research involving the young people was based on the following tools: the Resilience Scale, the Satisfaction with Life Scale on particular aspects of the centre and Drawing a Family Tree. The carers and other specialist staff were administered the QWL (Quality of Work Life) questionnaire and the Satisfaction with Life Scale on particular aspects of the centre. The interview concerned perceptions of the residential care centre, school, social relations and the rules governing them, conflicts, difficult situations and

resolving them, goals, plans, and the meaning of young people's lives. Observations within the care setting focused on the physical environment, the social setting, contact with the outside, activities, rituals, and rules and regulations.

Research was also carried out with 39 care leavers who had spent a minimum of two years at a centre in which we had performed the research and who had been out of care for at least one year. The research methods used were interviews (27 participants) and group discussions (12 participants). The research foci were:

1. Description of time spent in care (factual data);
2. Preparations for leaving care (plans, feelings, communicating with others, preparations for departure within the care setting);
3. Leaving care (reasons and process);
4. Immediate 'things' after leaving (immediate confrontation with reality and how they coped);
5. Important events after leaving care (subsequent confrontations with reality and how they coped);
6. Life now (difficult situations and how they cope, quality of life now);
7. Retrospective views of life in care and identity (retrospective assessment of life in care, identity);
8. Values, directions (values, directions, quality of life).

The research studies performed as part of the wider research project are available online: [www.prevencaiad.sk](http://www.prevencaiad.sk).

## 3. Recommendations for particular areas

### 3.1. Recommendations to innovate and improve the quality of residential care

#### 3.1.1. Recommendations for residential care centres to help improve the quality of young people's lives after leaving care

The results of the qualitative analysis (Lukšík, 2016) show that the young people who reported a higher quality of life and more 'things that gave them hope of having a good life' after leaving care were those who had spent time in care centres with the following qualities:

1. **Staff approach:** emphasis on completing education; treating young adults as adults and not children by providing them with the space to act independently; and allocating them the support of at least one person at the care centre once they have left care
2. **Care:** responsive, substituting parental love, expressing interest, providing assistance, giving advice, greater emphasis on respecting the child than on scorecards and punishments; turning negative thinking and behaviour into positive thinking and behaviour; focusing on improving communication in difficult relationships between the child and people close to the child; concentrating on planning for the future within the realms of what is possible and preparations for leaving care
3. **Relationships between children:** mutual assistance and support among children
4. **Conditions at the care centre:** a clean environment; centre rules respected by all; contact with outside; no distinctions made on an ethnic or racial basis; opportunities and appropriate conditions under which to discuss problems
5. **Personal items:** having access to personal items (music, toiletries, clothing, toys etc.); opportunities to earn money and budget; leisure time activities (sport, reading, caring for animals) as a release from everyday life.

Our results find support for the model of residential care identified by Ungar (2005) as regards resilience and social inclusion. In this model the following are important: system stability and continuity, developing reading literacy, parents or guardians who value education and explain to children that it leads to a better life, friends outside the family environment who are or were successful at school, pursuing out-of-school activities (interests

and hobbies) that help improve social skills and bring the child into contact with a wide range of people outside the family and school, meeting influential adults who can provide support and encouragement and act as behavioural role models, and regular school attendance (Lukšík et. al., 2014).

### **3.1.2. Challenges for improving the quality of residential care**

The research in the residential care centres highlighted where there is capacity to improve the quality of care provided:

- a) ensuring the children have a stable social environment (without frequent arrivals and departures);
- b) working with children who have wide ranging and serious problems;
- c) creating rules for groups of children of varied ages;
- d) maintaining continuity in relationships or resolving issues when the same carers are not available;
- e) more opportunities for individual work;
- f) facilitating close contact with specialists (psychologists, special needs teachers) whose services children are not currently making full use of;
- g) better preparation of young people for future independence (in children's homes the cooking, washing and everyday chores are often carried out by assistants and the children do not acquire work habits, too much care of the 'handed everything on a silver plate' sort);
- h) strengthening the children's participation in the running of the centre – improve the existing opportunities for children to be involved in rule-setting, in groups and within the community;
- i) good quality work with the original family;
- j) care staff should adhere to confidentiality rules;
- k) no ambiguity in care centre rules;
- l) contact between the young people and the care centre should be maintained once they have left;
- m) training for budgeting in independent life;
- n) working with NGOs and external specialist services;
- o) emphasising the child's powers and independent activities that will help them become

- responsible;
- p) planning leisure activities appropriate to the child/young adult's age and interests;
  - q) hygiene, living conditions, clothing, sports equipment, leisure time opportunities in some centres;
  - r) limiting access to drugs, reducing bullying, dealing with racist behaviour among staff towards Roma in some centres;
  - s) opportunities for children to take on temporary jobs outside the centre, attend church services (fulfil their spiritual needs) (source: analysis of 8 residential care centres).

## **3.2. Recommendations for government ministries and providers**

The research findings and practical experiences show that improvements are required in the following areas:

### **3.2.1. For ministries and providers generally**

- a. Work more closely with the family before the child is placed in residential care, e.g. remedial work with the family, to continue if the child is placed in care;
- b. Work with the child's original family while the child is in care, enable contact, involve the original family in the child's training or re-training;
- c. Enhance the opportunities for children to spend the financial resources available to them on their own lives and activities;
- d. Reduce administrative and ancillary duties that limit the ability of care staff to provide care on an individual basis;
- e. Involve various specialists in training and re-training the child (psychologists, special needs teachers, social workers, psychotherapists etc) and encourage them to collaborate fruitfully with one another and with other staff members, especially carers;
- f. Enhance the specialist and personal competencies of staff through specialist training, develop psycho-hygiene rules, and provide supervision;
- g. Link study options to the labour market so that care leavers can later find work;
- h. Arrange for and facilitate the placement of young people in centres that provide continuity in the transition to independent life, support and contact with specialists – groups of young adults, interim homes, crisis centres, social housing etc;

- i. Introduce systematic monitoring and support of young people leaving care for the first 18 months at least;
- j. Review the one-off payments young people receive on leaving residential care and replace them with an instalment-based system tied to specific areas (accommodation, job seeking etc.).

### **3.2.2. Ministry of Education**

- a. Design a flexible system that distinguishes between the various kinds of care centres (in terms of age, focus, degree of difficulty, the work philosophy, degree of openness etc.) to reflect changes in the composition of young people with emotional and behavioural difficulties, and draw on some of the models tried and tested abroad (e.g. in Slovenia, Poland and Scotland);
- b. Provide support for staff members to develop personal and specialist skills through long-term psychotherapeutic exercises, aiming for at least a third of specialist staff to attend;
- c. Carers in specialist centres should, as part of their innovative continuing education, undertake training courses relating to specific areas of residential care work; carers in children's homes should undertake courses relating to actively developing care work with children (see also the training recommendations in section 3.4.2.);
- d. Review the quality of food provided in centres where required;
- e. Raise the low financial norm per child;
- f. Improve the post-residential social work provided in the final months prior to leaving residential care. This would mainly involve strengthening the collaboration between the centre and the warden and creating a safe environment together with clients before they leave care. It is essential that staffing levels are strengthened, esp. with regards to psychologists, social workers and special needs teachers.

### **3.2.3. Ministry of Social Affairs and the Family**

- a. Review the excessive centralisation of children's homes, increase their autonomy and unique character, review the effectiveness of having separate groups for children with psychiatric diagnoses and for children with severe behavioural problems, where rehabilitation and therapeutic approaches are at the forefront of work;
- b. Review the idea of having separate 'imitation family' groups, and consider moving

- towards the idea of flat communities;
- c. Reduce the number of children in state care through prevention. Focus on remedial work in the family environment in cases where the decision to place the child in care has yet to be made;
  - d. Work with the original family while the child is in care and afterwards where the child is to be returned to the original environment.

### **3.3. Recommendations for young adults about to leave residential care**

#### **3.3.1. Competences required before leaving care**

Young people who reported a better quality of life and more ‘things that gave them hope of having a good life’ after leaving care indicated that the following competencies and skills should be fostered and developed prior to departure from care:

- knowing how to form, maintain and work on partner relations;
- being able to experience everyday enjoyment;
- improve living conditions;
- pursue hobbies and free-time activities;
- knowing how to legally provide for the household and family;
- help other children who have been in residential care;
- being able to cope with being alone after leaving care;
- a feeling of belonging, team spirit;
- being responsible, prudent, having a sense of purpose, resilient;
- not breaking off supportive relationships with care staff (Lukšík, 2016).

#### **3.3.2. Self-care competencies**

The research showed that young people require support in conceptualising self-care. Children and young people require support in the following areas of self-care:

- independent personal care;
- self-control, independence;
- planning, balanced budgeting;

- respecting the rules of the adult world;
- external self-presentation;
- a sense of belonging;
- participating in the social life, the care, provided by the centre and in the running of the centre;
- enjoying everyday pleasures;
- ‘discharging and recharging energy’ and so on (Lukšík, Lukšíková, 2015).

### 3.3.3. Fostering resilience

The research showed that there is also capacity to develop resilience (the adaptation and thriving of the individual despite difficult or risky circumstances).

The research (Lukšík, 2014) showed that on entering care, whilst in care or after leaving care, children experience many challenging situations. It showed that half the children were not able to resolve some of these difficult situations. Therefore resilience in residential care should be fostered by adopting the following measures:

- a) forming a close relationship, including caring, between the child and another person or trusting the child;
- b) community support etc. ;
- c) following the child’s arrival in care: facilitating adaptation and providing social support
- d) whilst in care: helping the child develop strategies to cope with difficult situations – self-realisation, abreaction, self-control, independence, and to continue providing social support;
- e) system stability and continuity;
- f) developing reading literacy;
- g) the presence of parents or guardians who value education and explain to the child that it leads to a better life;
- h) presence of friends outside the family environment who were or are successful in school;
- i) developing out-of-school activities (interests and hobbies) that help improve social skills and bring the person into contact with a wide range of people from outside the family and school environments;

- j) meeting influential adults who can provide support and encouragement and act as a behavioural role model; regular school attendance (Ungar, 2005).

### **3.4. Recommendations for the training and continuing education of specialist staff**

The following recommendations for the higher education training of residential care staff also emerged from the project. An accredited specialist training course has been developed to help staff better prepare young people for leaving care.

#### **3.4.1. Undergraduate training**

- a) include sessions on family and group dynamic work on undergraduate teacher training courses,
- b) improve the specialist skills of care centre professionals for preparing children and young people for life after care.

#### **3.4.2. Postgraduate training**

The research and other findings from the project led to the creation of a training programme called **Training residential care staff to prepare young people for leaving care**, which is aimed at specialist residential care staff and has been accredited as part of the Slovak system of continual education. The main training areas are the social skills required to cope with difficult situations and conflicts, self-care and partner relationships, and safe sex (see [www.preveniciaad.sk](http://www.preveniciaad.sk)).

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