

Educating children at children's homes in the Czech Republic¹

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Abstract

Systems of institutional care in the member states of the European Union are diverse and differ in many respects. Nevertheless, despite their differences, common elements and principles can be identified: they are being influenced by similar trends and call for harmonisation. However, the results of these harmonisation endeavours differ throughout the various national states. It could be claimed that, despite efforts to streamline these system's conditions and requirements, they are shaped by deeply-rooted traditions and the local conditions and contexts of each state's domestic policies. The comparison is based on statistical data and descriptions which can be accessed online. This paper compares institutional care in the Czech Republic with that of its neighbours (namely, the Slovak Republic and the Republic of Austria). It is designed to outline the specifics of institutional care in the Czech Republic, focusing on children's homes and children's education in these institutions (Pazlarová, 2013). Furthermore, this paper focuses on motivation in education. A low level of motivation is accompanied by poor academic performance. Studies which address the educational level of children who have received their education within the framework of institutional care conclude that children from children's homes usually complete their schooling at the technical vocational school level (Škoviera, 2007).

Key words

institutional care, children's home for infants, diagnostic institute, children's home, residential school, secure children's home, educating, Czech Republic, Austria, Slovakia, motivation

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1. Comparison of institutional care in the Czech Republic, the Republic of Austria and the Slovak Republic

In this paper, institutional care in the Czech Republic is being compared with that of the Republic of Austria and the Slovak Republic. I have selected these states because they are neighbouring countries. However, in a certain number of aspects they differ from each other.

Currently, the main deficiency of the care system for children in the Czech Republic is its fragmentation. Facilities providing institutional care are under the jurisdiction of three ministries: the Ministry of Education, Youth and Sports, the Ministry of Health and the Ministry of Labour and Social Affairs. In Slovakia, only one ministry is responsible for institutional care, (namely, the Ministry of Labour, Social Affairs and Family). The same applies to Austria, which has the Ministry of Economy, Family and Youth (*Bundesministerium für Wirtschaft, Familie und Jugend*). All three states use a coeducational system in which both genders are instructed together (Radler, 2012).

In the Czech Republic, children's educational groups are organised into family groups; in Austria they are social-educational residential groups (*sozialpädagogische Wohngruppe*), and in Slovakia they are independent groups (Holá & Decká, 2009). The maximum number of children in one group in the Czech Republic is six to eight children, with a maximum capacity of forty-eight children in one facility. In Austria, the limits are distinctively lower: the maximum capacity for one facility is eight to ten children. The limits in Slovakia are also lower than those in the Czech Republic; the number of children in one facility may not exceed forty (Škoviera, 2007). One common denominator in the Czech Republic, Austria and Slovakia is that the majority of child care employees are female; hence, there is a lack of male role models, who are of crucial importance. One of the most common reasons for committing a child to institutional care in the Czech Republic are serious social or parental issues: children are being tormented and abused, their parents are unwilling or unable to take care of them, or the parents are incapable of fulfilling the child's material needs. In Austria, children who are educated at these facilities are there mainly because their parents are in poor health or deceased. Additional reasons include negligence, torment or abuse, or the parents being overwhelmed by their child's disability (Žurovcová, 2008). Concerning Slovakia, substandard housing is not classified as 'a severe danger to or disturbance of a child's upbringing'. This represents the main difference when

comparing these countries. However, in the Slovak Republic physical and mental child abuse constitutes 'severe endangerment' (Šramatá & Kállay, 2012).

Institutional education in the Czech Republic is characterised by its subdivision into departments. The facilities are not sufficiently differentiated, and individuals are not being informed enough before leaving institutional care. Specifically, this lack of information pertains to knowledge of financial matters. One ministry directs institutional education in the Republic of Austria, and focus is laid on prevention. Furthermore, the authorities and the biological parents work closely together, with the children's opinions always being taken into account. The Slovak Republic is characterised by its institutes which take the child out of the family home on a temporary basis. The Czech Republic has transformed its institutional care facilities from residential schools to facilities based on family structures. The number of long-term residents in institutional education facilities has decreased whilst professional care by foster carers is being developed, with test homes available to young people after they have completed their institutional education. The Republic of Austria has abolished educational institutions and large children's homes while organisational groups are characterised by a low number of children. Similarly, the Slovak Republic has undergone a transformation, as manifested by the allocation of children's homes to the Section of Social Affairs (Dvořáková, 2012).

The Czech Republic has been lauded by experts on account of the following: it is a state with guaranteed social and legal protection for children. Unequivocally, the state is taking steps towards deinstitutionalisation and the enhancement of 'alternative educational care', which is adoption and foster care. Education is provided to all children without reservation, free of charge and in accordance with the child's skills and interests. Emphasis is placed on the increasingly high requirements relating to worker's qualifications in these particular facilities. The Czech Republic is being criticised by the United Nation Human Rights Council for the high number of children placed under institutional care (United Nations General Assembly, 2012). At the moment, the Ministry of Labour and Social Affairs is addressing the lack of short-term foster carers and insufficient financial support for young adults when leaving institutional care (litomericky.denik.cz, 2019).

2. Institutional care in the Czech Republic

In the Czech Republic, the system of institutional care encompasses children's homes for infants, diagnostic institutes, children's homes, residential schools and secure children's homes. Care for children up to the age of three is provided by the children's homes for infants. These are health service facilities, which are under the jurisdiction of the Ministry of Health and provide paediatric health services and secure welfare (Hrubeš, 2000).

Children's homes are for children between the ages of three and eighteen. The Ministry of Education, Youth and Sports is responsible for these facilities. The maximum capacity of a children's home facility is forty-eight children, who live within the framework of family groups. Each family group comprises six to eight children. Siblings and close relatives are allocated to the same group regardless of age or gender, which maintains family ties. Care is provided by two child care workers whose schedules rotate. The pedagogue's assistant works the night shift. The facility's objective is to create an environment which resembles life in a regular family as much as possible. The daily schedule is similar to the schedule of a child living with his or her biological family. Children attend schools according to their abilities (the school is not part of the facility). After school they return back to their children's home, where they spend their time on any necessary school preparations. They may also attend club activities and pursue their hobbies. Whilst on holiday, children attend summer camps, go to the sea or, if they are in contact with one another, visit their biological parents. Children are allowed to visit their family at the family home with the consent of the Department for Social and Legal Protection (Hájek, Hofbauer, & Pávková, 2008).

Residential schools are facilities for children with behavioural or mental disorders. This facility provides a home to children between six and fifteen years of age. Children receive compulsory education in this facility. The regime is strict and children are not allowed to leave the premises. The number of children is lower compared to children's homes.

There are secure children's homes for children with severe behavioural disorders. These facilities are for adolescents who have committed an offence. Secure children's homes for girls are separated from the ones for boys. The maximum capacity of a given facility is forty-eight children.

The facilities' objective is to correct or at least mitigate already existing behaviour issues. During the stay at a secure children's home children are being educated.

In most cases it resembles obligatory school education. Moreover, secure children's homes offer vocational education with an apprenticeship certificate (Průcha, Mareš, & Walterová, 2003).

Diagnostic institutes are tasked with providing a child's diagnosis. Children stay there for a maximum of eight weeks. The institute aims not only to diagnose a child, but also to recommend further steps. Diagnostic institutes for girls are separated from diagnostic institutes for boys. Usually, a stay at a children's home is preceded by a stay at a diagnostic institute (Matoušek & Kroftová, 1998). Table 1 shows numbers of institutions and numbers of children in institutional care in 2018/2019.

Table 1 — Numbers of institutions and numbers of children in institutional care in 2018/2019

Type of Institution	Number of Institutions	Number of Children
Children's homes for infants	26	819
Diagnostic institutes	13	394
Children's homes	138	4248
Residential schools	28	759
Secure children's homes	25	993
Total	230	7213

Source: Ministry of Education, Youth and Sports; 2019.

2. 1. Education at children's homes in the Czech Republic

After a child has been sent to a children's home, emphasis is placed on the child's education from the beginning. An important factor is the child's existing skills. They are influenced by the age at which the child arrives at the children's home as well as his/her genetic predispositions in terms of learning ability. Children residing in children's homes are educated in typical schools. Schools are mainly chosen with the child's skills and interests in mind (Škoviera, 2007).

As a rule, children who are attending primary school attend a primary school located in the same place as their children's home. This indicates that the concentration of children from children's homes in the Czech Republic is not evenly distributed. Children who live in children's homes often demonstrate problematic behaviour (Vávrová, Hrbáčková, & Hladík, 2015; Bendl, Hanušová, & Linková, 2016). This might result from efforts to gain attention the child did not receive from his or her biological parents, or a lack of socialisation. However, this behaviour interrupts the class and thus places higher demands on the teacher. Hence, it is important for the teacher to approach every child on an entirely individual basis (Martin & Jackson, 2002).

The teacher's approach can significantly impact the child's positive relationship to schoolwork. Regular contact between the teacher and the foster carer is essential. This is the only way to obtain complete information about a child. It is necessary to praise the child, even for small things (Helms, 1996). A child who feels appreciated is more likely to prepare for class in greater detail and, in turn, improve his or her marks (Jackson, 2006).

Children from children's homes can also be educated at schools for disabled students. These disabilities may be physical or mental. In the case of children with mental disabilities, there may be a lack of interest in pursuing an education; therefore, it appears to be more difficult to motivate them (Komárková, 2009).

Children living with their biological family are four times more likely to reach university level than children who went through institutional care. The reasons for this are on the one hand being born into disadvantageous conditions and on the other hand disadvantageous genetic predispositions (Těthalová, 2011).

In the Czech Republic, institutional care terminates when the child has reached the age of majority, which is at the age of eighteen. However, should he or she receive further education, he or she may conclude a contract on voluntary residency to finish preparation for working life. Thus, the maximum age for a person to stay at a children's home is twenty-six. The contract can be terminated by both parties: the individual and the children's home. Individuals who conclude this type of contract are still subject to the children's home's rules (Pazlarová, 2013).

The child's development as well as his or her education may positively influence the children's home's approach, which has an impact on the individual's decision-making in terms of his or her future profession. Attitudes towards education are

shaped by the individual's environment and life experience. Furthermore, these attitudes have an impact on further learning motivation and performance (Burda, Festová, Úlovcová, & Vojtěch, 2003). The reason for being unable to accept praise and motivation from another person might be a lack of self-esteem and distrust, which may also correlate with a low self-concept (Matějček, 1994). Children's homes are dedicated to preparing an educated, independent individual for a fulfilling life (Bartoňová & Vítková, 2011). Table 2 shows the numbers of staff in children's homes in the Czech Republic in 2018/2019.

Table 2 — Staff in children's homes in the Czech Republic in 2018/2019

Staff	Number
In total	2329
Women	1850
Men	479
Special education teachers	85
Educators	1562
Teaching assistants	405
Psychologists	23
Healthcare workers	14
Social workers	133

Source: Ministry of Education, Youth and Sports; 2019.

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