

**Martin Karas – David Urban**

## **The importance of social rehabilitation as an effective tool for activation for the parent's perspective**

### **Összefoglaló**

Ha olyan helyzet merül fel, amely veszélyezteti a gyermek megfelelő nevelését, és a szülők nem tudják, vagy nem képesek egyedül megoldani ezt a szituációt, a gyermek a szociális és gyermekjogi törvény szerint veszélyeztetett gyermeknek minősül.<sup>1</sup>

Nem könnyű meghatározni a kockázat mértékét, de ennél is nehezebb a kockázat mértékének figyelembe vételével kiválasztani a megfelelő szolgáltatást, és bevonni a szülőket. A szakember képes megértetni a családdal, hogy a problémát csak felelősséggel és a gyermek minőségi segítségével lehet megoldani. (Gjuričová, Š., Kubička, J., 2003).

Az elmúlt öt év alatt számos újfajta segítő szolgáltatást hoztak létre azzal a céllal, hogy a fent említett családok igényeihez igazodva támogatást nyújtsanak.<sup>2</sup> A szociális rehabilitáció példa egy olyan szolgáltatásra, amely hangsúlyozza a szülők és a gyermek közötti kötelék, és az általánosságban vett családi kötelék fontosságát.<sup>3</sup> A szociális rehabilitáció elfogadása nagyon nehéz a családoknak számára. A pszichológia is alátámasztja, hogy a családoknak nagyon összetett, feszültséggel terhes szituációkkal kell megbirkózniuk (Bob, P., Vymětal, J., 2005).

A dél-csehországi Strakonice-ben található Gyermekközpont 2006 óta nyújt szociális és jogi védelmet a gyermekeknek. A Gyermekközpont fő célja a családokkal való kölcsönös kommunikáció, együttműködés és racionális problémamegoldás. Mindez a család, vagy legalább egy családtag részvételével valósulhat meg.

A kölcsönös együttműködés, az empátia, a figyelem, a segítőkészség, a szimpátia és a türelem alapvető értékek a szociális munkában. Ahhoz, hogy hatékonyan lehessen megoldani egy problémát, fontos ismerni a család véleményét is a szolgáltatásról. A család véleménye több kérdést megvilágíthat.

A Gyermekközpont központi feladatának tekinti a családnak a szociális rehabilitációba való aktív bevonását. A központ igazgatója, Martin Karas a különböző problémák közül egyet emel ki: a segítő folyamatban résztvevő intézményektől a családok számára nyújtott nem

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<sup>1</sup> A gyerekek szociális és jogi védelméről szóló 359/2009 számú törvény alapján Csehországban.

<sup>2</sup> A szociális szolgáltatásokról szóló 108/2006 számú törvény alapján Csehországban.

<sup>3</sup> A szociális szolgáltatásokról szóló 108/2006 számú törvény alapján Csehországban.

megfelelő és nem szisztematikus támogatást. A nem megfelelő támogatás miatt nem kerülhetnek időben vissza a gyerekek a vérszerinti szüleikhez. A szerzők a tanulmányban olyan fontos kérdésre fókuszálnak, mint a család aktív részvétele a probléma megoldásban.

A tanulmány célja rámutatni arra, hogy a családdal való aktív együttműködés, főleg a család véleményének megismerése a kapcsolat minőségének fontos kritériuma. A szerzők a szociális rehabilitáció jelenlegi és korábbi résztvevőivel készült interjúk alapján fogalmazzák meg a következtetéseket.

## **Summary**

If the situation arises when a child's proper upbringing and favourable development are at risk and parents cannot or are not able to solve this situation by themselves, the child is, according to act on social and legal protection of children, considered as endangered (Act No. 359/2009 Coll., on social and legal protection of children).

It is not easy to determine the degree of risk and it is even harder to choose the suitable support service and involve parents, considering the degree of risk. A true professional makes the family realize that the problem solution is connected with responsibility and the quality care for children (Gjuričová, Š., Kubička, J., 2003).

During the last five years, several new sorts of support services have been created in order to attempt to provide support tailored to the needs of the aforementioned families (Act. No. 108/2006 Coll., on social services).

Social rehabilitation is an example of such auxiliary service. It emphasizes the bond between parents and children and brings out family ties in general (Act. No. 108/2006 Coll., on social services).

The acceptance of social rehabilitation is very difficult for every family. With regard to psychology, families must deal with complicated stressful situations (Bob, P., Vymětal, J., 2005).

Centre for children of South Bohemian region in Strakonice has been performing social and legal protection for children since 2006. The main target of the Centre for children is mutual communication with families, cooperation and rational problem solution. This would be barely possible without the participation of the family, or at least one of its members.

Mutual cooperation, empathy, thoughtfulness, helpfulness, sympathy and patience are essential for social work. In order to solve problems efficiently, it is also convenient to know the

viewpoint of the family in relation to the provided service. The opinion of the family can reveal many issues.

Martin Karas is the director of the Centre for children, which focuses on active involvement of family in social rehabilitation. He highlights one of several problems - insufficient and unsystematic support of family from institutions in the process. Insufficient support may prevent children's return to their biological family in time. In his studies he focuses on an important issue – the active participation of the family in problem solving.

The aim of this article is to point out that active cooperation with family, especially the opinion of family, is an important criterion of the quality of the partnership. The article contains interviews with participants and former participants of social rehabilitation; several conclusions were made based on these interviews.

## **Introduction**

Unfortunately, we encounter families who more often threaten children's proper upbringing and development by their behaviour and manners. Generally, they are families that lack or suppress basic functions which should secure stable, safe and imaginative environment. This does not relate just to children, but to all family members (Act No. 359/2009 Coll., on social and legal protection of children).

It is difficult to determine the degree of the endangerment. With regard to the degree of endangerment, it is even more complicated to find the adequate support service. However, the most difficult task is to involve the family actively in social rehabilitation (Gjuričová, Š., Kubička, J., 2003).

According to Dubowitz (2000) and DePanfilis (2000) everything depends on the abilities and skills of the social workers who must be able to recognize the real (actual) and eventual risks in families.

As Langmeier (2011) and Matějček (2011) both remark, the family should not only ensure that children should feel safe but should also provide imaginative, stable and balanced environment.

If the above mentioned criteria are not fulfilled, it is necessary to help families to improve their environment via available social services. Social rehabilitation represents one of these services and it provides the so called redevelopment of the family, which can be described as continual and systematic multidisciplinary cooperation of relevant institutions with the family aimed on beneficial influence of its social relations and attitude. In the Centre

for children the process of social rehabilitation is successfully concluded by the child's returning back to the parents (Bechyňová, V., 2011).

Parents who need help do not want to think they failed. Due to this feeling, parents tend to withdraw into themselves, which obviously raises the degree of endangerment. A true professional makes the family realize that problem solution is connected with the responsibility and the quality care for children (Gjuričová, Š., Kubička, J., 2003).

During the last five years several new sorts of support services have been created in the Czech Republic in order to attempt to provide support tailored to the needs of the aforementioned families. Not all of these services are applicable or available for every case. Social rehabilitation is a representative of services for children and families (Act. No. 108/2006 Coll., on social services).

Social rehabilitation (which is a kind of social prevention) is a training centre for mothers and family members who need assistance with gaining skills regarding care for children. Social rehabilitation consists of specific activities focused on self-reliance, independence and self-sufficiency via the development of specific abilities and skills, strengthening habits and training common activities which are essential for the independent living. (Act. No. 108/2006 Coll., on social services).

As it is stated by Břicháček (1982) and Mikšík (1982), it is important to strengthen mutual family bonds between children and parents; social rehabilitation emphasizes strong family ties. The other purpose of this service is to teach respect to parents and to follow given rules.

Mutual relations among family members (the way of communication, the use of various education methods, the stability of the family environment), relations between parents and children, among adults or among children – they all influence each family member significantly (Břicháček, V., Mikšík, O., 1982).

It is optimal when mutual family ties are balanced. Based on observation, it is obvious that children totally or at least partly copy the behaviour of their parents. If the parents disobey some rules on purpose and the children see it, they break these rules in the same way. These patterns and similar situations are described by Langmeier, J. and Matějček, Z. in their publications.

If good coordination and cooperation are characteristic to a family, little relationship deflections can be tolerated. If these deflections get more serious, they need to be solved. Late solutions can cause physical or psychical illness of some family members and this has negative effect on the whole family. This is how family illness symptom is described (Klégrová, A., Zelená, M., 2006).

Rezáč (1998) has similar point of view; if mutual relations and bonds within the family are disturbed, due to their link, they cause lifestyle conflicts. This is a problem that belongs to social pathology.

If family bonds and relations are based on conflicts, if there are constant yelling and different types of punishment, family members become aggressive. Children who grow up in such environment tend to be criminals when they are adults (Hamer, D., Copeland, P., 2003).

Based on the previously mentioned information, it is obvious that social prevention cannot be replaced in the system of care for endangered families. The reason is simple - it helps families to avoid or eliminate specific problems. Social prevention can significantly influence the situation of the family in order that the children should not be taken away from their biological families or at least to postpone this process (Bechyňová V., Konvičková, M., 2011).

The Centre for children of South Bohemian region in Strakonice has been performing social and legal protection of children since 2006. In addition, as secondary activities, it provides two major social services to endangered families - facility for children who require immediate help (children from endangered families are often placed here) and the use of social rehabilitation. The main purpose of the Centre for children is mutual communication, cooperation and reasonable solutions for the family's unfavourable situation. This would be barely possible without the participation of the family, or at least one of its members. Trust from parents seems to be one of the most important features in the work with problematic families, however, it is considered to be the most difficult task at the same time as well.

In order to be effective, social work requires cooperation, empathy, thoughtfulness, helpfulness, sympathy and patience. In spite of having common aspects, family issues including family assistance cannot be generalized. All families are unique and so are their problems and solutions. In order to find an efficient solution to a problem, it is good to know the opinion of the families on the provided social service. These opinions can reveal many issues.

## **Methodology**

The realization of analysis aimed on the remediation of the family within partial individual plans is a target of studies; they should identify individual aspects of these plans that help and support the family. Based on this information, we can primarily identify the reasons why a family was involved in a remediation. With regard to these reasons gained from the analysis, we can determine which components of a multidisciplinary team participated on a specific case. We observe and evaluate the relations among family members

and then relations among the family, the multidisciplinary team and the Centre for children. Especially the mutual influence of these factors is the object of observation. Then we study the aspects of the multidisciplinary team which consists of a social worker of an authority for social and legal protection of children, a medic, a psychologist, a facility worker and other experts influenced the family, the length of this support and its direct effect on parent's behaviour in relation to the successful conclusion of remediation of family life.

A key part of the study is to determine the moment since when the family joins the social rehabilitation actively. Based on data gained from studies focused on statements of multidisciplinary team, it can be concluded, among others, that parents spontaneously join the process of remediation and they have significant impact on the process when they are able to visit the authority for social and legal protection of children three times in six weeks and propose specific solution to their situation. The requirement of visiting the authority for social and legal protection of children is met, if the visits root in the parents' own initiative. However, other targets of the individual plan created along with the multidisciplinary team must be followed. The data gained via the survey serve as the objective of observation and comparison with other families who successfully finished the process of remediation. We focus on common features that helped families go through the process.

We assume that if we are able to determine the moment of the active involvement of parents in the process of remediation and know the factors and ways of support which influence parents' behaviour positively, it will be possible to apply these findings to other endangered families. That is why we suppose that on the basis of these data, we would be able to create individual plans for the care and support more efficiently and accelerate the process of remediation significantly.

In order to confirm or disprove those theses, it will be necessary to undertake more and detailed surveys.

As a resource, semi-structured interviews with mothers who actively participate or used to participate in social rehabilitation were used.

The survey is focused on families and their children who used to be placed in the Centre for children and, after finishing the process of remediation successfully, they have returned to their families since 2006 - that is when the Centre for children of South Bohemian region in Strakonice was established. There are about 30 families which participated in the realization of the semi-structured interviews (they represent about one fifth of clients of the Centre for children in the time of its existence).

## **The Centre for children**

The Centre for children originated as an organization based on the principles of infant care centre and children's home for children up to the age of 3. The Centre for children consists of a residential part (for children, for parents and children), an outpatient part, an infant care centre (respectively family type of children's home), an institution for children who require immediate help, a day care centre, a shelter for mothers (parents) including training rooms and antenatal shelter, a family consulting centre, and it also provides services related to adoption and foster care and meeting of families (foster parents, adoptive parents).

The importance of the Centre for children becomes evident in compliance of individual support and care plans based on family and social anamnesis. It is crucial for other members of the multidisciplinary team and the process of remediation itself. The multidisciplinary team basically consists of parents, a worker of the Centre for children, an authority for social and legal protection of children, a paediatrician and a pedopsychologist; it can be extended by other experts depending on the individual needs of the family.

The Centre for children of South Bohemian region, o.p.s. in Strakonice is a non-profit medical organization that provides complex interdisciplinary care to children, whose development is at risk, including help for their parents. Besides many services that are provided by the Centre for children, social rehabilitation is one of the most important of them.

**Social rehabilitation** (social prevention) is a training centre for mothers and family members who require assistance with gaining skills and abilities related to care for children. It is a complex of specific activities towards self-reliance, independence and self-sufficiency through development of specific abilities and skills, strengthening habits and practicing regular activities which are necessary for the everyday life. The relationship between children and parents is stressed. This service is very important to prevent the taking the child away from its biological family.

**Table 1 Total number of clients placed, in the context of social rehabilitation,  
for the period 2008-2014**

<b>Year</b>	<b>Residential services within The Social Rehabilitation</b>
<b>2008</b>	7 adults + 7 minors
<b>2009</b>	7 adults and one minor mother + 5 minor
<b>2010</b>	12 adults + 5 minors
<b>2011</b>	22 adults + 7 minors
<b>2012</b>	19 adults + 2 minors
<b>2013</b>	28 adults + 1 minors child
<b>2014</b>	47 adults + 11 minors

Table 1 shows the total number of clients who used social rehabilitation within residential care. Basic counselling and family support are provided as outpatient care; they are used by different categories of clients who do not meet the criteria for residential service. These clients were not involved in the aforementioned numbers (Table 1).

Ten detailed interviews with mothers who successfully finished social rehabilitation were realized lately. This article contains some statements selected from these interviews which represent the clients' opinions on the meaning of social rehabilitation.

It is obvious that social rehabilitation was absolutely crucial for the respondents.

"For me, social rehabilitation:"

- a.) was very beneficial
- b.) was beneficial only in some aspects
- c.) had no sense

Social rehabilitation was very beneficial for mothers who joined social rehabilitation voluntarily and who also completed the process successfully. It is no surprise that these respondents adapted to social rehabilitation very well from the beginning. They were willing to receive support, to cooperate and communicate; even they had difficulties with the new environment, with the new order and with the schedule of the day at first, as they were



different from their original daily routine. A kind of a great obstacle was to accept the fact that there are many new people in their life, whether workers of the Centre for children or other clients who became a part of their personal life for a time. These mothers had no trouble during social rehabilitation. Most of them say that this was due to good motivation. Social rehabilitation was very beneficial for their everyday life: *“Yeah, for me, staying here was really meaningful, cause I needed help and they helped me here. You see, if you want to, you make it. But you need to listen and not everybody wants to do that.”*

Other respondents say that social rehabilitation was beneficial only in some aspects. They are mothers who were placed in social rehabilitation based on recommendations by the authority for social and legal protection of children. These mothers wanted a quick solution to one specific problem which caused their need to use social rehabilitation. They did not accept the fact that there are more activities and skills they must learn: *“I think something was worth it and something wasn't. They didn't really help to quickly solve the thing I needed to solve quickly. They didn't know what to do about it. And they've rather done other things, not those I needed. So I had to stay longer than I had thought.”*

Mothers who were obliged to use social rehabilitation and did not finish this process successfully say that the use of this service had no sense. *“No, it wasn't worth it. Anyway that's why I told the social authority, way before I came in Strakonice. I knew it already.”*

"I think that this service is important for:"

- a.) setting up the daily routine of the child
- b.) arrangement of activities
- c.) stabilization of family situation
- d.) making family relations clear
- e.) reassurance

The consideration of the importance of the social rehabilitation depends on the mothers' actual needs; usually, clients mention one of six areas that were mentioned before. All mothers agree that social rehabilitation was beneficial especially due to setting up the daily routine of the child: *“I couldn't believe that order and routine can work so well. Until then, our life was just overnight. Everything was chaotic. Especially my son was confused. He didn't obey, he did whatever he wanted. Now it is completely different. It just took a while. It is great.”*

Other client says: *“Having a specific routine in our life, I can arrange many issues. I know the time my son is going to eat, to take a bath, to go to sleep. He is also much calmer and more satisfied.”*

Setting up the daily routine of the family and also the daily routine of the child is possible only when you can arrange everyday activities well, such as cooking, shopping, taking care for the child, cleaning etc. Our clients sometimes do not know that. They do several activities at the same time which causes chaos and tensions in the family. In the end, this leads to emotional or physical explosion. *“I was so nervous, because I couldn't manage to do anything. The kid was yelling, I didn't know what to do first. My girl was yelling as she was hungry, my friends called me all the time, that was terrible, you see? It turned me wild. It ended out with my girl being closed to the next room, I just wanted to chill out for a while.”*

Clients realize that their family situation stabilized due to social rehabilitation. This fact is much appreciated by all mothers. *“I don't know how that is possible but everything is kind of cool. Me and my mom, we can bear each other. Even my dad started speaking with me. I don't know, maybe they feel sorry for me”.*

Other client says: *“My parents and my boyfriend appreciate that I went for it, that I try to do something about myself. It makes it like more relaxed and better”.*

An important feature of social rehabilitation is the background: *“I know I'm not alone. I know that if I can't manage to do something, I can always ask the assistants or somebody who is there at the time”.*

A mother who went over social rehabilitation in the past: *“It was such a cool thing, to know that I can call them, even if I'm not in the Centre for children anymore. I was really worried of leaving, what's it gonna be like. I never called them, but the feeling, you know”.*

It is necessary to make family relations clear in order that the family could work fine. If mutual relations have been disrupted for a long time, the members of the family cannot see clear. The gap is getting bigger. This problem can be solved by inviting an external disinterested subject who is able to find a solution: *“I gotta say that these family relations are important. I've never thought that. But everyone who works with those families should help them with this stuff. You can find such trouble almost in every family. And that's important, 'specially when you got no one else”.*

Reassurance is required in order that families can be fine in everyday life. This is based on statements of several respondents: *“I started social rehabilitation to become sure about myself. I never had faith in myself, I didn't think that I'm going to be a good mother; even I pretended that there was no problem. That's why I had all the trouble”.*

Other respondent says: *"I must be sure, that my mother, I mean grandma, is going to help me with my kids that she's not letting me down. They are really wild, I don't know why. I suppose they inherited it from their dad"*.

"Attitude of clients towards social rehabilitation:"

- a.) mistrust
- b.) hope for the better
- c.) initial ignorance

All clients feel uncomfortable with joining social rehabilitation at first - they do not trust it. They realize that their privacy will be significantly modified. There is new environment, new people around and this will influence them. These concerns are quite eligible: *"I was really scared. The social authority told me not to worry. But you know how it's like. I didn't believe anyone, because I've already experienced a lot. I gave it a shot and later I realized the people in the Centre are really good."*

Some clients believe that social rehabilitation will improve their family situation. Despite that, there are initial worries about how it is going to be. This means that the personnel of the social rehabilitation (especially residential care staff) should emphasize the trust and support of the client. *"You bet I was worried. I didn't know what was coming. But when I realized that I could lose my daughter, I believed this would help. That's why I tried it"*.

Initial ignorance serves as a defence mechanism. It is a specific sort of alibism - it should confirm a fictitious imagination that the situation of the family is good. Clients feel the need to prove their neighbourhood that they do not require social rehabilitation. After the process of adaptation which usually takes from one to three weeks clients see social rehabilitation as something that has sense. This requires that clients put trust in the service: *"I didn't want to cooperate at first, it seemed useless. Or maybe I didn't admit I was in trouble. And I wanted to prove it to the social authority, that everything was OK. Well, it is hard to admit. But in the end I got it, they liked me and my son and they were trying to help me, I can't deny that"*.

"Attitude of other family members towards social rehabilitation:"

- a.) positive
- b.) negative

The involvement of other family members in the process of social rehabilitation is very important. It is more probable that social rehabilitation will be concluded successfully. We observe that in almost all successful cases, other family members were involved. It is important for the mother to trust the family members involved; it does not matter whether they are the mother's parents, cousins, aunts and uncles etc. Mothers who accept help from other family members appreciate it a lot: *“Yes, my mom helped me; I wouldn't manage to do that without her. When my dad saw me try hard, he eventually started talking to me as well. My boyfriend's mom helped me a lot as well, I visit her two times a week!”*

Other client says: *“Help from my sister was priceless. From the beginning, I was alone and it was pretty hard. When she started helping me, it became easier. They should tell those mothers who join social rehabilitation, they should try to help them find someone from their family who would help them”*.

Support from the family was appreciated by a client at the moment she ended social rehabilitation and started real life again: *“My mom helped me a lot, I mean by the rehabilitation, but I didn't realize it, I always had someone to help me, certainty. It was way better when I returned home, I was happy that she had been there. Even we used to have big trouble in our relationship”*.

Mothers who usually come from families with misbalanced psychological relations consider social rehabilitation to be useless. They are also mothers who grew up in children's homes and sometimes do not have any relatives: *“No, I wouldn't ever want anyone from my family to help me. My mom threw me out when I was sixteen, I can't see a reason why she should help me now. She should just let me alone”*.

Other respondent says: *“My mom put me in the infant care centre and then I was in a children's home. Even if she had called, I wouldn't want her to help me. I can't imagine how she would help, when she wasn't able to take care of me. Maybe I would let one of the assistants from children's home help me, but I don't know”*.

"Need of participation of other family members after social rehabilitation:"

- a.) I will need help regularly in the future
- b.) I will need help with particular activities
- c.) I do not need help

If other family members were involved in problem solution, it is more probable that these people will cooperate with the parents in the future. These people usually express their willingness to assist the parents in the future even during social rehabilitation. Most of clients

who had positive experience with this kind of assistance are satisfied with it and want it to continue it when they return home: *"It was me who wanted my sister to help me; she's got a lot of experience. I appreciated it and the feeling of safety when I came home, "*

It is obvious that some respondents need help from other family members only with particular, especially more complicated and difficult activities. They can usually handle daily tasks well: *"There was some stuff I couldn't do, so my grandma visited me once or two times a week and helped me. I can recommend this to all moms. You know, when you mess up something, this gives you chance to fix it"*

There are a few mothers among our respondents who claim that they do not need any help. They are mothers who responsibly cooperated with the Centre for children from the beginning and realize that their situation is serious. Also, in the same category, there are mothers who are not willing to cooperate and do not understand the seriousness of their situation: *"I knew that if I wouldn't go to social rehabilitation, I would make my life more complicated to myself and my son as well. First I had to deal with my health situation, then I could do the thing well"*

Other respondent says: *"This whole thing has absolutely no meaning. I was doing just fine at home; I don't know what the social authority is doing anyway. It seems completely useless to me, I can handle everything, I don't need anyone."*

"Negatives of social rehabilitation:"

- a.) strict routine
- b.) demanding schedule
- c.) not enough free time
- d.) conflicts with other clients

It is convenient to get feedback related to any medical and social services from clients. Both positive and negative opinions about the provided service may lead to quality improvements of the service. A strict routine is considered as the most frequent obstacle at the beginning of social rehabilitation. The reason is simple - mothers were not used to guide themselves with specific rules. They lived their own lives with no regard to others: *"The social authority told me there is kind of a tough daily routine. But I went for it anyway. Well, at first, I struggled with it, but then I didn't really mind it"*

Other client says: *"For me, the worst was to do something all the time. Still deal with something. All day scheduled. It was really hard, because at home, if I didn't want to it, I*

*postponed it. Sometimes I was lazy so I didn't do it at all. Here in the Centre, you just have to“.*

The strict routine goes hand in hand with demanding schedule. Many respondents did not use to plan their daily activities at all. They did what they found convenient and there were activities they did not do. That is the reason why they find the daily schedule demanding: *“At the beginning, in the Centre, that was really tough. I beat my brains out. It seemed to me that some things were overdone. Like cleaning and stuff“.*

Other client says: *“The schedule is really hard. Especially when you're not used to it. I found it redundant to follow absolutely everything, like the child's bedtime. Get this - in summer, the weather is beautiful, the sun still shines and we had to be inside at 8 pm. That was weird“.*

In regard to duties that need to be conducted by clients of social rehabilitation, it is understandable that mothers would use more free time. Mothers understand the term free time as a time for arrangement of their personal needs, without the presence of the child. These mothers were used to organize their free time regardless the child's needs. They were even able to leave the child unattended for a time and for instance go to a bar. There is enough free time during social rehabilitation, but this free time is always connected with the supervision for the child: *“I would like to have more free time. I miss that. I would like to have coffee alone with my friend or to go shopping alone. I can't do it with my child, that's just not it“.*

Other client says: *“I think we don't have enough individual time out of the building. I can get out in the forenoon like for an hour and half. Then we have some duties. At home, it's different, freer“.*

A common problem of living together is lack of respect to each other. Limitation of personal freedom, weak communication skills, disturbance of others' personal space, all these cause conflict situations which are usually repeated. This is caused by mothers' inability to acknowledge and tolerate the presence of other people. This probably roots in their childhood as they were not taught these abilities as children. It is difficult to handle the basics of social behaviour, not only in the Centre for children. In real life, it is much more complicated: *“Sometimes it's outrageous. You should see it. All of them think they can do anything they want to.“*

Other client says: *“The biggest problems are the moms here. The way they behave to each other. At first, they act like they're best friends and then they run into each other“.*

Other client says: *“They always take others' stuff. Especially food from the fridge and then they look surprised. But that's just a single mom who does this all the time“.*

Other client says: *"They lend money and cigarettes to each other and when they can't return them, it's bad. Last week there was this situation"*.

Other client says: *"It's the best to ignore it, but they are able to drag you into the problem. Like that I should tell who did this and then they argue with me, that I didn't stand by the other, terrible"*.

## **Conclusion**

Social rehabilitation for mothers and their children as a part of social prevention is an irreplaceable service in the field of care for endangered families and children. The most important target of this service is to prevent or at least to postpone the process of taking children away from their families.

The process is based on mutual cooperation of all subjects involved, especially the family. The help and support to a family depends on many factors - not only the family, but also the institutions involved in the process. Based on the data gathered via the survey, we definitely think that it is necessary to deal with statements, imaginations, opinions, prejudice and interests which prevent those subjects from paying enough attention to the real problem. It becomes more and more obvious that we need to know the opinion of the family about social rehabilitation. Parents' opinion can be helpful if they are factual and objective. The problem can be solved more quickly, efficiently and in a more pragmatic way. These findings can be later applied to other endangered families.

Reliable verification of all these hypotheses and facts will be objects of next surveys. We find it appropriate to unite the system of care for endangered families systematically and purposely in order to provide them with the widest possible spectre of support services. Based on these findings we will be able to identify the positives and negatives of the recent multidisciplinary help for children to return to their biological families.

The survey we realized definitely confirms the fact that, despite not all respondents were positive about the service at first, a big number of mothers agreed at the end that social rehabilitation had been useful. They consider building of their daily schedule important. They can learn to distinguish what is important and what is not at the time. Then they can set up the daily routine for the child. Mothers consider this to be a big advantage for their future life. They find out that it is possible to arrange their daily routine relatively well.

Due to social rehabilitation, our clients gain more confidence and get more self-sufficient. Despite there are initial worries and mistrust to social rehabilitation, the trust is improved during the adaptation and it is finally appreciated.

It is very difficult for every family when its member joins social rehabilitation. With regard to psyche, the family must overcome difficult and stressful situations. As clients say, they must deal with the new environment and especially new rules and the routine. Conflicts with other clients represent another great obstacle in social rehabilitation. This is much more complicated for clients who have not experienced any daily routine yet. Children have even more trouble with the daily routine since they do not understand the meaning and purpose of it. In fact they imitate their parents' behaviour in all their life. Determination of rules and creation of mutual relations in the family has been the object of many studies (see the theoretical part).

The survey indicates that respondents tend to accept more help and support from other family members. They see the strict routine, regular conflicts with other clients and not enough free time as the limitations of the social rehabilitation.

The number of children who can be returned to their biological families grows; this can be due to the more systematic work with the family and can be because all the subjects are involved in the process of remediation.

There has been an extreme increase of children with specific needs, the CAN syndrome. We can also observe that there are more people being addictive to substances and the number of victims of domestic violence is also increasing. Based on data gathered within the survey, we are not able to determine the cause. It could be for example caused by the bad socio-economical situation of these families. These facts will be researched in following surveys.

The process of remediation was completed successfully by more than half of the clients. This was probably caused by the greater support and the use of the new social services that support families with regard to help to their children. The work of the multidisciplinary team is more systematic and it focuses on the individual needs of the clients.

The outputs of the survey reveal that there has been a positive progress in field of care for families. In order to verify all these facts relevantly, it is necessary to conduct more and detailed surveys.

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