

CZECH AND SLOVAK SYSTEMS OF INSTITUTIONAL CARE: DIFFERENT APPROACHES, COMMON GOALS

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Abstract: The main aim of the paper is to present the results of a qualitative research that mapped the situation in the field of institutional education in the Slovak Republic and the Czech Republic. In the paper we will introduce the system of institutional education in the Slovak Republic and the Czech Republic and describe the most important legislation. At the end of the paper, we will discuss the findings that we have observed during our research. We will point out the common areas and the most significant differences. Our paper will offer an opportunity to better understand the specifics of each system of institutional education.

Keywords: Institutional Education, Children's Home, Centre for Children and Family

1 Introduction

Our society is undergoing rapid change, with one of the most significant being the emergence of globalisation. It is expected that globalisation trends will continue, and the social changes accelerated by globalisation will become increasingly important. However, it is important to acknowledge that socio-cultural traditions and historical contexts also have a significant impact in today's globalised world. This is particularly relevant in the area of caring for children and young people who are unable to grow up in a family environment. Our team conducted an international research study to investigate the institutional care environment in the Czech Republic and the Slovak Republic, which were previously united as Czechoslovakia. After the division, each state adopted its own approach to institutional care. Within a few decades, two distinct systems of institutional education emerged, with common starting points. However, over time, their views on institutional education became significantly more specific. The main objective of this paper is to explore both systems. The paper is divided into sections that address the situation in both the Slovak Republic and the Czech Republic. The current state of knowledge and methodology used will be presented. Common elements will be identified, and differences between the systems will be highlighted. This paper will be useful not only to professionals from the Czech and Slovak Republics but also to the special education community from other Central European countries.

2 Theoretical background

Contemporary research has primarily focused on investigating the consequences of abuse and other interpersonal traumas during childhood. However, there has been a significant lack of attention given to exploring the experiences of children who have been removed from their homes (Brady and Caraway 2002). Residential care is an important topic. Research consistently shows that individuals who have experienced foster or residential care tend to attain lower educational qualifications compared to the broader population (Little et al., 2005; Gypen et al., 2022; Sousa et al., 2023). The issue of residential care is a relevant social issue that requires better treatment in Czech and Slovak literature. Upon reviewing existing sources, it is evident that the situation in the Czech Republic is particularly concerning. Vocilka's work on children's homes, frequently cited, is outdated as it was published in 1999. The information provided is better suited for a historical account due to legislative changes. In contrast, Škoviera, a notable author in the Slovak Republic, has significantly influenced the view of institutional care not only in the Slovak Republic but also in the Czech Republic with their publication 'Dilemmas of Substitute

Care' (2007). The contributions of Mikloško (2020) and Labáth (2001) are acknowledged. Additionally, Szafranek's (2022) work, which examines foster care systems in Poland, the Slovak Republic, the Czech Republic and Great Britain, is inspiring. Novák (2013) has also written work that compares different systems. This paper references the research of Daněk (2022), Žolnová (2020) and Kaleja (2013).

3 Research methodology and research approach

The main research idea was to compare the Czech and Slovak systems of institutional care. We decided to carry out a qualitative research investigation, which was based on intensive contact with the researched environment. We did not base ourselves only on an academic perspective, but actively carried out a series of excursions to Slovak children's centres between April 2023 and December 2023 to conduct research activities. We had the Czech institutional environment covered with our long-term research activities. In contrast to a purely academic approach, which would have consisted in producing a paper based on theoretical information only, we had the unique opportunity to spend a considerable amount of time in both Slovak and Czech institutional settings and to base our research on the realities of the national educational realities under study. We employed a qualitative research design, a methodology that has demonstrated success in prior projects (Daněk 2022). We believe that a passive researcher may not achieve good-quality results compared to a researcher actively involved in the research context (Charmaz 2006). Intensive contact with the group being researched is important (Creswell 2009; Toušek 2015). Therefore, we tried to spend as much time as possible in the researched environments. Semi-structured interviews and simultaneous observation were used in the initial gathering of information. The information obtained was then processed by methods grounded in theory and interpretative phenomenological analysis. We have made thorough use of the principle of triangulation, which is a research method where our findings are subjected to the critical perspective of other research methods or other researchers (Flick 2009). The findings from the qualitative research were then placed in the context of the theoretical framework of individual systems of institutional education developed by other members of our research team.

4 Institutional childcare in Slovak Republic

This part of the paper will be devoted to the Slovak system of substitute institutional care. Parents have a duty to meet the biological, psychological, social and developmental needs of the child. If the parents do not fulfil their obligations, do not ensure the upbringing of the child and permanently live a disorderly life, set an unsuitable example for the child, their rights may be restricted or even suspended according to the provisions of the law (Act No. 36/2005 Coll., § 38). The Law defines substitute care as a number of specially arranged, interdependent, temporary measures that substitute for parental care (Act No. 36/2005 Coll., § 48). The forms of substitute care are the placing of a child in the personal care of a natural person other than a parent (substitute personal care), foster care and institutional care. Removal of a child from the family environment may be ordered by the authority for social protection of children and guardianship by a court decision.

Institutional care has the character of residential care. Institutional care was carried out in children's homes, which were renamed Centres for Children and Families as of 1 January 2019. According to Vocilka (2000), the most common reasons for placing a child in institutional care are a serious objective obstacle to care, such as death, execution of a sentence, or a subjective obstacle of the parents, which can include drug addiction, alcoholism, severe disability. Also name neglect, abuse, child abuse. We cannot forget the child's problems such as truancy, long-term criminal activity, drug experience. Social

and cultural changes have brought an increase in socio-pathological phenomena, which has negatively affected the upbringing of children. The absence of extracurricular activities for children has created room for rampant socially unacceptable activities of underage children. Children were in conflict with ethical, legal norms (Žolnová and Kečkěšová 2020). The causes of problems in the upbringing of children are ascertained by the competent authorities, which, in accordance with Act No. 305/2005 Coll., are the authorities of social and legal protection of children and social curatorship, which are aimed at the protection of children's rights. The activities are of different nature, ranging from fieldwork, administrative social work, communication with courts, participation in offence proceedings, provision of professional assistance. Failure of parents in the upbringing and care of their child results in entrusting the child to substitute care.

Since the mid-1990s, the transformation of children's homes in Slovakia began. The main aim of the transformation of children's homes was to make children's homes a "transfer station", not a "final station" (Mikloško and Chovancová-Bezáková 2022). The mentioned transformation of children's homes included transformation of educational conditions, transformation of personnel structure, transformation of spatial conditions and transformation of economic conditions. The whole transformation of children's homes is aimed at making the environment of the children's home as similar as possible to the natural family environment and at preparing the child for independent life after leaving the home. The essence of this transformation is that the educational system in children's homes should be based on an individual approach to each child. It is also important to emphasise the training of professional parents and educators for the individual independent groups. It should not be forgotten that it is necessary to involve the child in the day-to-day care of the home, so that he or she is able to manage everyday activities such as shopping and preparing meals, and so that his or her life resembles that of the family as closely as possible. This was much more difficult to ensure in residential homes, but in a professional family or independent group the child could take a more active part in the daily running of the household. Support for the transformation of children's homes into models that are closer to the natural family is also being provided by changes in the spatial conditions of the housing. Separate groups are better placed in separate housing units. Education should be much more effective and efficient in a smaller group and in a smaller space. One to four separate groups in one building is optimal. Placing a separate group in a separate family home is probably the most advantageous. In this way, children have the opportunity to participate in the community life of a particular village or part of town.

The provision of institutional care, interim measures and educational measures in the children's home, currently referred to as the Centre for Children and Families, can be provided in two ways. In a professional family, which may carry out institutional care, interim measures or educational measures in a house or flat which is a defined part of the Centre, or in its own house or flat for a designated number of children. The second possibility of providing institutional care is in separate diagnostic groups which carry out professional diagnostics, in separate groups or specialised separate groups for a specified number of children, with separate catering, management and budget, set up in a separate house, flat or in a defined part of the Centre, a separate group for minor mothers with children, a specialised separate group with a specified specialisation and a separate group for young adults (Act No. 305/2005 Coll., § 51). Care for children in one group is provided by educators, a professional team consisting of a social worker, a social work assistant, a psychologist, a special educator, a therapeutic educator, an andragogist, a health worker, a physiotherapist, who carry out the social protection of children in accordance with the legislation. The Centre implements court orders by implementing measures in residential form, outpatient form, field form. It also develops and implements a specialised or resocialisation programme, a supervision programme, which may be combined with each other. Separate groups may also be

set up in satellite units, i.e. family houses or 5-6 room flats. The Centre may include a halfway house - a studio apartment, or a one-room apartment for young adults with a history of institutionalisation. It is important to emphasise that the implementation of institutional care, precautionary measures and educational measures in a professional family takes priority over their implementation in independent groups and in specialised independent groups.

The above-mentioned institutions are legislatively anchored by Act No. 305/2005 on Social and Legal Protection of Children and on Social Guardianship. In the system of institutional education of the Slovak Republic, an important role is also played by school institutions, which are legislatively established by Act No. 245/2008 Coll., the Act on Education and Training and on Amendments and Additions to Certain Acts, the so-called School Act. The school system includes special educational establishments. These institutions are a diagnostic centre, a re-education centre, a medical-educational sanatorium. Various types of schools are part of these Centres and Sanatoriums.

The diagnostic centre provides children with diagnostic, psychological, psychotherapeutic, educational care. It provides diagnostics to children with disturbed or endangered psychosocial development in order to determine further appropriate educational, re-socialization or re-education care. A child's stay in the diagnostic centre usually lasts twelve weeks. It is a residential establishment with continuous operation, which includes a primary school (Act No. 245/2008 Coll., § 120).

Re-education centre provides children with behavioural disorders from the age of 12 with education and training aimed at optimising their psychosocial development. A re-education centre is a special educational institution which, on the basis of an educational programme and an individual re-education programme, provides children up to the age of 18 years with the possibility of prolongation for one year with education and training, including preparation for a profession, with the aim of their reintegration into the family environment. The re-education centre accepts children of both sexes. For each child, it creates an individual re-education programme based on psychological and special-educational diagnostics (Act No. 245/2008 Coll., § 122).

The therapeutic-educational sanatorium provides psychological, psychotherapeutic care and education for children with developmental disorders for whom outpatient care has not led to correction. The basic organisational unit in special educational institutions is the educational group, which is established for a maximum of eight children. A child's stay in a sanatorium lasts between three and twelve months (Act No. 245/2008 Coll., § 123).

The admission of a child to the above-mentioned school institutions takes place on the basis of an application by the parents, an agreement with the institution in which the court decision is implemented, an interim measure of the court pursuant to a special regulation, a decision of the court on the imposition of an educational measure, an agreement with the institution in which the court decision is implemented, an interim measure of the court pursuant to a special regulation, a decision of the court on the imposition of an educational measure, a decision of the court on the ordering of constitutional care, a decision of the court on the ordering of constitutional care (decision of the court on the ordering of constitutional care (Act No. 36/2005 Coll. § 37, § 54). A child may be placed in a Re-education Centre on the basis of a court decision on the imposition of protective care (Act No. 300/2005 Coll., § 102).

Special education facilities provide a comprehensive approach that includes therapeutic, educational, social, employment and legal approaches. The re-education process is a set of measures, procedures aimed at functional correction, improvement of behavioural functions. The basal task is to regain certain skills and to make the most of the child's potential. Such a process

systematically focuses on emotional, moral and social disturbance in children with conduct disorder, assuming that conduct disorder in terms of etiology has a multidimensional character (Kaleja 2013). The main tool for the education of children in the Special Education Institution is the daily routine and the evaluation system. The daily regimen provides stability and organization of the day with the fulfillment of responsibilities. The evaluation system is an auxiliary tool in children's self-regulation, teaching them what forms of behaviour are accepted and therefore desirable. In the re-education process, therapeutic elements are applied, which are the community, psychotherapeutic groups, individual group, diaries, autogenic training, work with parents. The connection with real life is realized by group walks, field trips outside the facility, stays with parents, part-time jobs outside the facility, the possibility of making phone calls, wearing personal clothes (Žolnová 2013).

The Slovak Republic has a system of institutional care based on two departments, the Department of Education and the Department of Social and Legal Protection of Children. The Department of Social and Legal Protection of Children is responsible for the Centres for Children and Families, while the Department of Education is responsible for special educational institutions. The restructuring process initiated in the 1990s in the Slovak Republic is bearing results. For example, the idea of professional parents has gained ground and has been supported in legislation by the Act on Professional Substitute Parents (Act No. 376/2022 Coll.).

5 Institutional childcare in Czech Republic

We will now turn our attention to the system of institutional childcare in the Czech Republic. If the child's upbringing or his/her physical, intellectual or mental state or his/her proper development is seriously endangered or impaired to such an extent that it is contrary to the child's best interests, or if there are serious reasons why the child's parents cannot provide for his/her upbringing, the court may also order institutional care as a necessary measure. It shall do so, in particular, where the measures previously taken have not led to a remedy. In doing so, the court always considers whether it is not preferable to entrust the child to the care of a physical person (Act No. 89/2012 Coll., § 971). Institutional care may be ordered for a maximum period of three years. If the grounds for institutional care continue, it may be extended, even repeatedly, for a maximum of three years before the expiry of three years from the date of its order. The court shall review the reasons for the duration of the institutional care every six months (Halířová and Sychrová, 2014).

Institutional care shall be carried out in educational establishments. Therefore, the fundamental legislation is Act No. 561/2004 Coll., the Education Act. The transfer of children within institutions for the performance of institutional and protective care is carried out through the courts, not on the basis of diagnostic stays as in the past. The activities of the institutions are regulated by the Act on the Execution of Institutional Care or Protective Care in School Institutions and on Preventive and Educational Care in School Institutions (Act No. 109/2002 Coll.). The details of the performance of institutional and protective care in school establishments are regulated by Decree No. 438/2006 Coll., which precisely defines the organisational procedures for the care of children in care. In accordance with the law, a public prosecutor is responsible for supervising compliance with the law in institutions. The State prosecutor may petition the court to impose or revoke institutional or protective care.

When a child is admitted to the facility, his/her documentation must be handed over. The child shall be informed of his/her rights and obligations, the organisation, regime and internal rules of the establishment. After an initial interview, the child is placed in an educational or family group. Children and adolescents are placed in diagnostic institutions, children's homes with school and educational institutions on the basis of court-ordered institutional care or imposed protective care. In

children's homes only on the basis of an order for institutional care. Another method is the interim measure ordered by the court on the basis of a petition from a child welfare authority, which is a quick solution to the child's situation. The interim measure includes a decision on the child's further residence, i.e. a relative, temporary foster care, an etopedic institution, a non-profit organisation, e.g. the Fund for Children at Risk.

On the basis of the amendment to Act No. 333/2012 Coll., amending Act No. 109/2002 Coll., as of 31 August 2017, diagnostic institutions do not accept children for voluntary stays on the basis of an agreement between legal guardians and the institution. Voluntary stays are facilitated by educational care centres, which have both outpatient and residential programmes. These centres have considerable preventive potential.

With the entry into force of Act No. 89/2012 Coll., Civil Code, there has been a change in the competences of diagnostic institutions. Nowadays, the court decides on the placement of children and adolescents with an order for institutional education, without prior stay in a diagnostic institute. Children are placed directly in children's homes, children's homes with schools, and juveniles in educational institutions. In diagnostic institutes or in other etopedic institutions, clients are sometimes kept for a disproportionately long time on the basis of a provisional order due to the congestion of the courts.

Children who have been ordered by a court to undergo institutional care or a provisional measure are placed in children's diagnostic institutes, diagnostic institutes for young people, children's homes, children's homes with school or educational institutions, or in institutions for children in need of immediate assistance. Children of foreigners are placed in facilities for children of foreigners. Children who have been ordered by a court to receive protective care may be placed in a children's diagnostic institute, in a diagnostic institute for young people, in a children's home with a school and in a correctional institute.

Protective care is always ordered by the court for children over the age of 15, i.e. minors who have committed a crime. Exceptionally, it may also be ordered for children over 12 years of age who have been given an exceptional sentence for a criminal offence. Here, protective care serves essentially as an alternative to imprisonment and may be ordered up to a maximum age of 18 years, extended to 19 years if necessary. Protective care is regulated by Act 109/2002 Coll., and other important legislation includes the Juvenile Justice Act (Act No. 218/2003 Coll.).

Institutional care in the Czech Republic can be carried out in a children's home, in a children's home with a school, in a correctional institute and also in a diagnostic institute. A children's home is a type of educational establishment used to provide residential care. Children between the ages of 3 and 18 are placed in the home and have the option of staying in the home until they have completed their education. The maximum age limit for staying in a children's home is usually set at 26 years. Children who are placed in children's homes may include minor mothers together with their children. The reasons for placing children in children's homes are situations where it is not possible to provide them with adequate upbringing through foster care or within their biological family. This may be due to various circumstances such as family problems, neglect, danger to the child, or other conditions that do not allow the child an adequate and safe environment. Children placed in children's homes live in the home but also attend external schools that are not part of the home itself. In this way, they have access to the mainstream education system and can participate in educational activities according to their needs and abilities. The aim is to provide these children with a stable and supportive environment that enables them to develop and complete their education, even when they are unable to live with their biological family (Act No. 109/2002 Coll., § 12).

A children's home with a school is a specific type of residential establishment that combines education with care for children who have been given institutional care, or who have been placed in protective care, or who are minors with children. This type of institution serves as an environment where comprehensive care and education is provided for specific groups of children whose life situations do not allow for adequate education in the conditions of a regular children's home. A specific feature of a children's home with a school is that it provides education directly within its facility. Children attend school directly in the home, which allows for careful coordination between the educational process and the overall care provided in the institution. In this way, children can continue their education even when it would be difficult or impossible to do so outside the children's home. Limiting the age of placement in a children's home with a school to between the age of 6 and the end of compulsory schooling ensures that children are adequately supported and monitored in their development in this environment throughout their basic education (Act No. 109/2002 Coll., § 13).

A correctional institute is an educational establishment for children over 15 years of age with serious behavioural disorders who have been ordered to undergo institutional or protective care. These are children whose behaviour is considered risky. Examples of serious risk behaviour leading to the transfer of a child to an educational institution include substance abuse, early sexual activity, delinquency, truancy or aggressive behaviour towards other people. In exceptional cases, a child over the age of 12 may be placed in an institution. This can happen if the child has been placed in protective custody and his or her behaviour is so risky that the individual cannot be placed in a children's home with a school (Act No. 109/2002 Coll., § 14).

A diagnostic institute is a residential educational facility that comprehensively examines children and young people from a psychological and pedagogical point of view. The Children's Diagnostic Institute is for children from the age of 3 until the end of compulsory schooling. The Youth Diagnostic Institute is for the age group from the end of compulsory schooling to 18 years of age, or for adults up to 19 years of age (Act No. 109/2002 Coll., § 5).

It is important not to forget the institutions operating under the Ministry of Social and Legal Protection of Children. The key legislative norm here is Act 359/1999 Coll., the Act on Social and Legal Protection of Children. This Act allows for the establishment of institutions for children in need of immediate assistance. However, the public often confuses these facilities with the previously mentioned school institutions. The Czech Republic is currently in the process of revising existing legislation, and we expect new laws regulating the implementation of institutional care in the near future that will reflect the current needs of society.

6 Researched systems from the perspective of practice

During our qualitative research in the environment of Czech children's homes and Slovak centres for children and family, we have noted several significant findings. Surprisingly, it turned out that both the Czech and Slovak professional publics do not have accurate information about the situation in the field of institutional care in the neighbouring country. The staff of Slovak centres for family and children are not familiar with the system of institutional care in the Czech Republic and vice versa. This would not be a serious fact in a situation in which there are efforts to significantly reform institutional care in the Czech Republic, and one of the arguments why the current Czech system needs to be modified are references to the Slovak system. From the Slovak system, reference is made to the new concept of professional parents and the fact that a significant part of institutional care in Slovakia is also under the responsibility of the education ministry is somewhat overlooked. We have also repeatedly encountered the claim that Slovak centres for children and families are social institutions, which is not true, because they are social protection institutions. The staff of the children's

centres themselves object to the designation of their workplaces as social services. What the Czech pedagogical staff of children's homes point out as a significant difference in the concept of the system of work with children at risk is the number of professional staff of the centres for children and family, such as social workers and psychologists, clearly defined by law. Whereas in the Czech children's home there is usually only one social worker who is mainly in charge of administrative matters.

At the same time, we noted important cultural specificities that are not much discussed when debating changes to the current state of institutional care. In interviews with professional parents at the Child and Family Center, there was repeated information that their religious beliefs played a significant role in their decision to begin this work. When we conducted interviews with Czech educators, the issue of religion appeared to be significantly less important than in Slovakia. In addition to the religious issue, different views on issues connected to the Roma minority emerged. During the discussion with Slovak colleagues, it turned out that it is very tricky to look at the issue of Roma integration into society with a similar lens in the Czech Republic and Slovakia. It was pointed out to us that the Czech Republic has no experience of working with children from socially excluded settlements, where conditions are diametrically opposed to those in the Czech excluded localities.

From what we have observed together in both states, professionals working in children's homes and child and family centres point out that their challenging work is often unappreciated by society.

7 Conclusion

In every society, there is a certain percentage of families that have considerable difficulty fulfilling their role (Fišer and Škoda 2014). Current research shows that children from these backgrounds are increasingly entering the institutional care system later, which also means with greater difficulties (Topinka and Topinkova 2023). If we consider the significant impact that the environment has on children during the early periods of development (Denham et al. 2014), we cannot be surprised. It is important to point out that every individual will leave the institutional environment one day. A number of research studies point to significant difficulties in the transition from residential care to mainstream life (Hägman-Laitila et al. 2022; Danek 2023; Dorothea 2023). This topic will require intensive research (Parry and Weatherhead 2014). There is a need to recognise that there is more to providing a child in an institution than simply a safe environment (Chase 2013). If we invest in the child, they are able to build functional emotional attachments (Kauhanen et al. 2022) which will then help them through the transition phase and after leaving the residential setting.

Our paper offered a view into two related systems of substitute institutional care. It turned out that both systems have specificities that we need to be clearly aware of. Although previously mentioned globalisation blurs borders, the issue of institutional care for vulnerable children needs to be based on local cultural and historical traditions. We see strengths and inspirations in both systems under review, as well as reserves. We are convinced that the way of the future is not uncritical adoption of foreign models, but mutual inspiration towards a common goal. To create a system of institutional care that can meet the demands of today's rapidly changing world, and most importantly, the needs of children and young adults who cannot grow up in their family environment.

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