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ORIGINAL ARTICLE

THE SIGNIFICANCE OF FACILITIES FOR CHILDREN REQUIRING IMMEDIATE ASSISTANCE IN THE FIELD OF SOCIAL AND LEGAL PROTECTION OF CHILDREN AND SOCIAL SERVICES

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Abstract

There have been many significant changes in the system of care of vulnerable children over the past five years. The cause of this was mainly the amendment to the Act on the Social and Legal Protection of Children and the Civil Code, which led to a radical change; not only in the rights of the child but also in the rights of the family. It is a constantly evolving process resulting from their individual needs. A number of new health and social support services are therefore being created.

A much discussed issue is the placement of children in institutional facilities. Above all, we see a key problem in the lack of knowledge of the different types of institutions that operate in the field of social and legal protection of children in relation to the services it offers.

The aim of this article is to acquaint the general public with the activities of the Children's Center of the South Bohemian Region in Strakonice. The data used in this article are based on a long-term analysis of the aforementioned facility from its inception (2006) to the present. It is drawn from personal statistics and health and social documentation, which are archived here.

The research results clearly show the contribution of this facility to the care of vulnerable children and their families in the area of social and legal protection of children. It is obvious that the specific activities offered by the children's center to its clients cannot currently be replaced by another form of substitute family care.

Keywords: *Children's center; Facilities for children requiring immediate assistance; Health and social care; Social rehabilitation; Vulnerable family*

INTRODUCTION

The Strakonice Children's Center was founded in 2006 on the basis of an infant home and a children's home for children under 3 years of age. It is a non-state medical facility, which includes an inpatient unit for children with a capacity of 28 beds. The outpatient unit offers day care facilities, including training and consulting rooms. These serve to meet children and parents, train basic skills in care for them, or to meet parents and children in a mutual partnership crisis affecting the family situation.

At the time of the creation of the Children's Center, sibling groups of children were divided and placed into two types of institutional facilities according to their age. These were mainly infant institutions for children under 3 years of age and children's homes for older children.

For this reason, in 2007 the Strakonice Children's Center asked for the status of a facility for children requiring immediate assistance. Currently it consists of a very professional health and nursing care, which is provided by highly educated medical, pedagogical and other staff. We are talking about services that cannot be delivered at home. In addition to essential health care (medical and nursing), we are talking about comprehensive psychological, rehabilitation, educational, special education and social care (Gillman, 2007; Pipeková, 2006; Průcha et al., 2001). Children are admitted (for medical, follow-up and respite care) on the basis of a doctor's indication directly from the neonatal and pediatric wards, at the request of the legal guardian or caretaker. The stay is limited to the necessary time.

The Strakonice Children's Center also provides care to children whose health condition and successful development are seriously threatened. We are talking about those who are neglected, mistreated and abused by their parents. This group also includes those that are long rejected by their parents, stressed and subsequently abandoned (Binggeli et al., 2001; Dunovský et al., 1999; Klevens et al., 2000; Langmeier and Krejčířová, 2006; Matoušek et al., 2010). The children often come from families where there is evidence of brutal domestic violence. This more and more often concerns families where both partners regularly use addictive substances. Nešpor (2000) has repeatedly stated with regard to substance use that parents are unable to provide adequate supervision, attention and emotional attachments to the child. Thanks to the professional staff, the Children's Center is able to successfully care for children with special needs, children with very low birth weight, children who test positive for amphetamines or hepatitis C or who have various types of birth defects, children with minor types of disabilities, and heavier and serious birth defects requiring specific care and long-term medical supervision (Sameroff, 1998). In a large group of children, detailed psychological and special pedagogical diagnostic examinations are performed.

Social rehabilitation

The amendments to the law are undergoing fundamental changes in providing assistance to vulnerable children and their families. The rights of both the parent and the child are significantly strengthened. Great emphasis is put on support of the family in order to keep it together as a whole for as long as possible. We consider the removal of a child from a family in situations where all support services have failed and the child is in a state of serious threat to his health and successful development. For this reason, a completely new social service – social rehabilitation – was established at the Children's Center in Strakonice (2008). In practice, it is a training center for mothers or family members who need help in acquiring skills associated with childcare (Act No. 108/2006 Coll.). We are talking about a set of specific activities aimed at achieving self-reliance, independence and self-sufficiency, by developing their specific skills and abilities, by enhancing habits and by practicing the performance of common activities essential for independent life. The purpose of the aid is to offer services that are based on the user's individual needs (Kozáková and Müller, 2006). Great emphasis is placed on strengthening the relationship between parent and child and on managing social skills as part of adopting a new mother role (Pogády et al., 1993). An essential element of effective prevention is to delay or prevent the placement of a child outside his / her own family. The main objective of the research was to identify factors that influence parents to actively participate in the process of family remediation through social rehabilitation. The main objectives were further based on the partial objectives: i.e. to reveal how pathological phenomena may or may not influence the active participation of parents during so-called social rehabilitation, and to find out the importance of using the individual features of remediation in relation to establishing cooperation between the family and the children's center. Also, to identify the reasons why the family participates (whether it does or it does not) in the aforementioned process and reveal what services and approaches of social rehabilitation affect the behavior and actions of the parent leading to bringing the child back to the biological family. And finally, to find out what specific characteristics of these families have an influence on the parent's ability to take care of the child in the long term.

The aim of the article is to point out the results of its activities on the example of a

children's center, where it operates primarily as a facility for children requiring immediate assistance (ZDVOP) and provides social services – social rehabilitation – within other components of coordinated rehabilitation. Furthermore, the author wants to point out the development of content and level of equal care and underline the most diverse and state-of-the-art ways of providing services that the center can offer to its clients. We would like to confirm the fact that each type of facility and every existing service provided to at-risk children still has an irreplaceable role in the system of social and legal protection of children and forms a stable system.

MATERIALS AND METHODS

The author of the article draws on personal statistics, health and social documentation, which are archived in the children's center in Strakonice.

The subject of the research was the endangered family (mother) who was placed in the children's center and incorporated into the process of social rehabilitation (family remediation).

The subject of the research was social rehabilitation as one of the possibilities of the remediation process through which we strive to actively involve the family in solving its own unfavorable situation in order to return the child back to the biological family.

The selection of target groups was based on endangered families who were placed in the social rehabilitation program during the time of the Children's Center (since 2006). There were 443 such families.

The first target set of the research was based on endangered families who were placed in a children's center and successfully completed or were successfully completing a training program through social rehabilitation. Successful families are those who have properly completed the process of social rehabilitation and have returned to the natural environment along with the child.

The second target set of the research was based on endangered families who unsuccessfully terminated the social rehabilitation program. Unsuccessful families are those who prematurely terminated the process of social rehabilitation, were excluded from it for systematic violations of the order, or returned to their natural habitat due to failure to master basic parenting competencies. Thus, the child remained in the care of the children's center.

According to Mayring (2002), the content analysis methodology was used to evaluate the data obtained. All the data collected was transposed from the authentic recordings of the interviews into a literal written form and analysed using the computer software MAX Qualitative Data Analysis 2007 (software for qualitative data processing).

Health and social documentation was subjected to secondary data analysis as well as statistics.

RESULTS

Since 2006, a total of 833 children have passed through the Strakonice Children's Center. The average age of admitted children increases every year and the average length of stay does not change significantly (with the exception of 2013), as shown in Table 1.

Table 1 –Average age and length of stay of the children (survey group of 833 children)

Year	The average age of a child	The average length of stay of a child
2010	1.3 years	173 days
2011	1.13 years	99 days
2012	5 months	110 days
2013	7 months	73 days
2014	1.9 years	103 days
2015	2.5 years	123 days
2016	3 years	126 days
2017	3 years	117 days
2018	3.4 years	122 days

Table 2 shows that over the past two years (2017, 2018), the number of admitted children who have been sexually abused has increased significantly. We also register domestic violence or mental or physical abuse in every third child in 2018. The surveyed group again consisted of 833 children.

Table 2 – Numbers of children affected by forms of domestic violence (survey group of 833 children)

Year	Number of sexually abused children	Domestic violence, psychological and physical abuse
2010	7 children	7 children
2011	4 children	8 children
2012	6 children	12 children
2013	7 children	10 children
2014	5 children	14 children
2015	9 children	14 children
2016	8 children	16 children
2017	14 children	24 children
2018	16 children	29 children

Concerning children over 0.5 year of age, the biological family has been intensively worked with in 390 cases in the last three years (2016, 2017, 2018), as shown in Table 3. The years 2006–2015 are deliberately not introduced, because most of the time children were placed in alternative family care through adoption. The vast majority of them were children who were given consent to be adopted (by a legal guardian) immediately after their birth. In the years 2006–2015, these families were worked with minimally. Children who are currently given consent to be adopted are preferentially placed in foster care for a transitional period, so we do not have current data about them. In this case, the survey group comprised 440 children.

Table 3 – Direct work with the family (survey group of 440 children)

Year	Direct work with the family
2016	126 families
2017	130 families
2018	134 families
Total	390 families

During the work of the Children's Center, the reasons for admission were: health, health-social and social. Table 4 illustrates the numbers for each category, as well as the fate of these children. Of the total of 833 children, 803 were placed in alternative family care (adoption, foster care) or biological families. A total of 30 children were transferred to facilities with institutional care due to their health status. These were mainly homes for people with disabilities for children from 3 years of age and children's homes.

Table 4 – Reasons for being admitted to The Children's Center and the children's subsequent fate (survey group of 833 children)

Reasons for admittance to The Children's Center	
Health	357
Health-social	271
Social	205
Number of children placed (after release) to:	
Alternative family care	306
Biological family	497
Another facility	30

Alarmingly, since 2013, every fourth newborn has tested positive for amphetamines. Furthermore, it has been shown that every 1.5 parent is a substance user. Of the total of 833 children, 555 parents are drug users or alcohol users. Table 5 summarizes the results.

Table 5 – Burden on the family due to drug abuse

Year	Number of amphetamine positive newborns
2010	9
2011	9
2012	13
2013	11
2014	15
2015	14
2016	17
2017	17
2018	19
Number of substance users (555 parents)	
Narcotics	403
Alcohol	152

Of the total of 833 children, 565 had perinatal health problems. These were premature babies with very low birth weight or had other congenital or acquired diseases. During their stay in the children's center, a number of children underwent psychological and special education examinations. Of the total of 833 children admitted, 542 children were subjected to psychological examination, 196 children were in the care of a remedial teacher, 332 children were in the care of a physiotherapist. 290 children (newborns, infants and toddlers) were regularly trained with The Vojta method due to delayed psychomotor development. Individual examinations were combined in some children according to their individual needs. Health status statistics are illustrated in Table 6.

Table 6 – Health state and examinations of children (survey group of 833 children)

Health problems when admitting a child to the facility (565 children)	
Prematurely born children	120
Low birth weight	58
Different degrees of congenital and acquired defects	387
Follow-up examination of children	
Psychological	542
Special educational (diagnostic)	196
Physiotherapy	332
The Vojta Method	290

The data collected show the need for care provided by the Strakonice Children's Center in the system of social and legal protection of children.

A total of 443 users have been admitted to social rehabilitation since 2008. The research showed that the most common socio-pathological phenomena of families at risk are: substance use, various forms of violence, and family relationships, including parenting disorders. A parenting disorder is one of the emerging phenomena that interfere with parent-child interaction. These are situations where the parent does not want or care for the child when they are expecting or immediately after the baby's birth. A very interesting finding is that, despite mentioning planned pregnancy in the characteristics of the family in relation to the question of pregnancy, it emerges from the testimonies that the majority of the families did not plan pregnancy. Of the total of 443, 282 mothers were admitted with a newborn and only in eight cases was the pregnancy planned.

Individual socio-pathological phenomena mutually combine. This means that more pathological phenomena occur simultaneously in one family. Detailed results are shown in Table 7.

Table 7 – Socially pathological phenomena (survey group of 443 families)

The most common socially pathological phenomena	
Addictive substance use	369 cases
Violence in the family	305 cases
Disorders of family bonds	421 cases
Parenthood disorders	62 cases

Every 1.5 parents have experience with addictive substances. Parents who used to be narcotics users in the past agree that drugs were among the main triggers of their family troubles. This is accompanied by financial and, subsequently, housing problems. They also report problems with the law (theft, prostitution, narcotics dealership). The mentioned problems are also combined in the family. The results are shown in Table 8. The survey group comprised 443 families participating in social rehabilitation.

Table 8 – Narcotics and problems (survey group of 443 family)

Problems associated with the use of narcotics	
Financial issues	413 cases
Housing issues	395 cases
Thefts	31 cases
Prostitution	15 cases
Dealership	42 cases

Another interesting finding is that 85% of mothers whose child has been placed in a children's center since 2015 preferred to place the child in the aforementioned facility over the form of foster care (foster care for a temporary

period or before foster care). More than half of mothers gave voluntary written consent to this stay (as shown in Table 9). A total of 145 mothers were admitted to social rehabilitation in 2015–2018.

The return of the child (together with the parent) to the natural environment after the end of social rehabilitation is found in 315 cases.

Table 9 – Social rehabilitation 2015–2018 (survey group of 145 mothers)

Number of admitted children (2015–2018), whose mothers were subsequently placed into social rehabilitation	
Total	145 children
Prioritizing the placement of a child in a children's center	97 mothers
Consent to the child's stay	74 mothers

All activation programs are conceived within the Children's Center with respect to their current needs. Group activation programs did not work well in practice because some members of the group were distracting for others. The Activation Program under the responsibility of the Children's Center is a process that leads parents to participate actively in solving their own situation. The data found showed that in order to achieve the desired success, we must focus our attention on self-care (hygiene, catering, etc.), on the activities of daily life (skills related to child and household care, day-mode settings, financial-management skills or planning of daily activities – buying, cleaning, cooking, providing childcare, employment, visiting institutions, offices, etc.), communication skills (acceptable communication between family members, the art of communicating with authorities, with society, the ability to communicate wishes, opinions and needs, to understand the demands of society).

Of the total number of families admitted (433), 281 were placed in a Children's Center in Strakonice on the basis of a court decision or at the request of the municipal authority. In 162 cases, children were threatened with their placement (removal) in the children's center. Of the 433, 22 were mothers with disabilities who were unable to provide care for the child due to the state of their health. The results are illustrated in Table 10.

Table 10 – Reason and method of placing the child in a children's center (survey group of 443 families)

Method of placing a child in a children's center	
Total number of admitted families	443
Court decision	158
Municipal request	123
Risk of removal of the child from family care	162
Mother's health handicap	22

DISCUSSION

The discussion of the results is divided into two separate units. The first deals with detected results for facilities for children in need of immediate assistance and is discussed and compared with data from other facilities providing the same or very similar activities. The second section summarizes the results of the social rehabilitation service, which, with regard to the uniqueness of the service, is discussed in the professional literature.

Facilities for children requiring immediate assistance

A total of 833 children have entered the facility for children requiring immediate care at the Strakonice Children's Center since its establishment (in 2006). The average age of a child is increasing year after year. This is mainly due to a new form of provided care – "temporary foster care" – which has been widely used since 2015 by amending Act No. 359/1999 Coll., On Social and Legal Protection of Children. The vast majority of newborns who do not need special health care are currently placed preferentially in this form of foster care. As can be seen from the results, before 2015, the average age of the child in some years was 5–12 months, which suggests that these health care facilities were primarily caring for the youngest children. Since 2015, the age of children in the children's center in Strakonice has (on average) risen to 3 years. Very similar results are recorded in all children's centers across the Czech Re-

public, which are exclusively medical facilities (Schneiberg, 2012). Another (higher) age structure of children is recorded in similar non-medical facilities such as children's homes, which care for children between 3 and 18 years old – with the exception of older children who have been extended by institutional courts (Act No. 109/2002 Coll. institutional care or protective education in school facilities).

A very important finding is the fact that the average length of stay of children in the children's center in Strakonice is not significantly different during the period of their existence. It should be noted that the average length of these stays is about 120 days a year. Compared to other facilities, these are very short-term stays, with children leaving for biological or surrogate families. In connection with these stays, it should be noted that the Strakonice Children's Center does not have a legal degree of institutional care, as is the case with many other facilities such as children's homes or children's centers that once acted as infant institutions. This is a clear indication that children in this facility spend only the necessary time to solve their difficult life situation. However, this does not deny the fact that children's centers or children's homes with institutional care also have an important place in the network of social and legal protection of children.

Furthermore, the results clearly show that the number of sexually abused children has doubled over the past two years. During the aforementioned period, the number of children exposed to domestic violence (physical or psychological abuse) has even tripled. Similar indicators appear in other facilities across the Czech Republic. We can only assume whether this is a coincidence, or which factors affect this fact. Further detailed monitoring is needed to find a relevant answer.

Since 2016, the number of biological families that have been intensively working within the Children's Center has been increasing every year. The same situation is also perceived by other facilities such as FCRIA (Facilities for children requiring immediate assistance) or children's centers, which serve as an infant institution. The key factor is what children are placed in these centers. At present they are small children who are usually not given up by their parents. These legal representatives do not give voluntary consent to adoption (as was the case in the past). There is a clear assumption that they will try to get the child back into their care. Currently, children who are intended for alternative family care through adoption are placed in foster care for a transitional period. The second factor in increased family-to-facility collaboration is setting new trends in providing multidisciplinary assistance, including the emergence of accompanying social services for families with children. The role of the biological parent is significantly strengthened. Another situation is in children's homes where older children are placed, when all family support has failed. Parents often do not have (long-term) interest in their offspring.

A strongly debated issue, not only in professional society, is the reason for placing children in the children's center in Strakonice and similar facilities. Despite all the news that appears in the media about the placement of children exclusively for social reasons, it is clear from the results that this is certainly not the case at present. Of the total sample of 833 children, 628 children were admitted for health or health-social reasons over the reporting period. Approximately a quarter of the children were admitted on social grounds. However, the social reason is not the loss of living or employment of a parent (as is often presented). Mostly they are long-term social problems in the family, which subsequently affect the child's successful and healthy development. Other children's centers in the Czech Republic have similar experiences with similar statistical data.

A very important and significant finding is the fact that of the total 833 children who were placed in the Strakonice Children's Center, 803 children were returned to a family environment (biological family or alternative family care). This is due to both the nature of the facility and to the excellent and long-term cooperation with social workers of the municipal authorities across the South Bohemian Region.

The number of newborns who test positive for the presence of amphetamines is very alarming. Other healthcare facilities of a similar nature have the same experience. The number of addictive drug users is increasing year by year. Almost every parent has at least some experience with addictive substances.

Every second parent of a child placed in a children's center in Strakonice is a user of addictive substances. Two thirds are drug users, one third are users of alcohol. Similar experiences have been found throughout the Czech Republic (Nešpor, 2000; Vágnerová, 2004).

Of the total number of children monitored, 565 had health problems based on perinatal development. These are mainly children with low birth weight, or various degrees of congenital or acquired defects. One of the causes of premature births, low birth weight and birth defects in children is certainly substance abuse. Other facilities with similar experiences agree on that.

The Strakonice Children's Center provides various expert examinations. Over 1,300 of these examinations were performed during the reporting period. These were mainly psychological, special educational examinations. One third of the children were in the care of a physiotherapist, of whom 290 children in the infant and toddler age regularly trained in the Vojta Method. The Children's Center in Strakonice carries out one-half more of these examinations compared to other facilities. This is mainly due to the child's clientele, which is accepted with regard to their health and the seriousness of their family situation (domestic violence, sexual abuse, abuse, etc.). The length of the child's stay in the facility – when a child is admitted for immediate help and subsequently released – plays a major role here. This explains why the Strakonice Children's Center has such a number of expert examinations.

Social rehabilitation as a service

The research sample consists of 443 families who have been placed within the aforementioned service since the Children's Center in Strakonice was founded.

It is clear from the informants' statements that the Strakonice Children's Center, through social rehabilitation, offers a variety of support services that helps families and motivates them to do various activities (Horňáková, 1999). As Matějček (2004) states, they have either a preventive effect or are directly involved in eliminating threats. The Children's Center is primarily concerned with activities aimed at establishing a close emotional relationship between the parent and the child (Pogády et al., 1993). Throughout the process of social rehabilitation, the staff of the Children's Center fulfills the signs of remediation according to Dunovský et al. (1999) or Matouška (2003), in the form of systematic multidisciplinary cooperation, individual planning (Matoušek and Pazlarová, 2010; Musil, 2004; Rose and Moore, 1995; Zastrow, 2012), realizing case conferences (Bechyňová and Konvičková, 2011; Burford and Hudson, 2000; Havrdova and Novakova, 1995), or linking clients to another network of social and health services (Matousek et al., 2007; Tracy and McDonell, 1991). As was discovered, the services provided are always focused mainly on the most serious problem according to the needs of the family, while the other problems are gradually being solved.

The research clearly showed that family function disorders are a very common phenomenon and confirm the claims of Klégrová and Zelený (2006) that they have a major impact on all family members, whether we are speaking about upbringing, education, or socializing (Dunovský et al., 1999). The research also verified how Matoušek and Pazlarová (2010) present the way in which parents often bring bad experiences and habits from their childhood.

A widespread pathological phenomenon of families at risk, as reported by Nešpor et al. (1996), is substance abuse. Research confirms that drugs are at the forefront of the causes of threats to the family. Many of the informants have had a personal experience with drugs in the past. These findings are consistent with Vaníčková's claims (2004), who has extensive experience with this risk group. The second most commonly used addictive substance is alcohol. The research confirmed that the general use of addictive substances (according to Vágnerová (2004) or Nešpor et al. (1996)) has influence on the individual's overall behavior and actions, in a negative sense whichever form of the substance the user abuses. The results show that parents often suffer not only from psychological difficulties but also (according to Nešpor et al. (1996)) have behavioral disorders associated with aggression, fail to handle crisis situations, and have poor self-control or low self-esteem. The research also revealed (again confirming the statements of Nešpor et al. (1996) or Krejčí et al. (2011)) that the activity of a parent to change state, motivation and cooperation is very

complicated in this period. The informants themselves identify with these views. The use of addictive substances was further confirmed along with financial and housing problems. Addictive substance users often have problems with the law (Hajný, 2001). In the case of alcohol use, which among other things is also a very common pathological phenomenon of the examined families, research has shown that alcohol is much more associated with aggressive behavior of the user (Nešpor, 2000; Vágnerová, 2004).

Violence in the family is in most cases associated with substance abuse (as reported by Vaníčková (2004)). Violence also influences the family's overall atmosphere (as described by Johnson and Bunge (2000)), which is generally reflected in poor family ties (according to Řezáč (1998) who has long been involved in these attachment disorders).

Last but not least, the research coincides with Bentovit (1998) in that one of the common causes of domestic violence is the poor economic situation of the family, and, according to Nešpor (2000), also the use of addictive substances.

From the testimonies of the mothers, in which they claimed they wanted to give up their child, it is apparent that they dealt with their difficult situation under the pressure of emotion and stress (according to Možný (2006)), or were forced into the decision by the situation. The research confirms Gabura's (2006) statement that the main cause of the rejection of a child is a break-up with a partner, a mother's poor health, or her feeling that she is too immature to raise her own offspring.

A very interesting finding is that all mothers who underwent research did not plan their pregnancy. The results confirm the views of Možný (2006) in that their vision of the birth of the child was distorted. Above all, caring for their offspring was more demanding than they had expected it to be. The causes of unplanned conception are random one-night stands, uncertainty, disagreement and long-term instability in a partnership. The research confirmed, as Vágnerová (1997) states, that bad patterns of behavior which mothers bear from childhood (from a biological family or institutional care) are the cause of an unplanned pregnancy. These bad habits are then reflected in all their activities.

There is almost always a combination of several socio-pathological phenomena appearing in the family, as stated by Matoušek and Pazlarová (2010), which interact with a number of areas of the family environment. This coincides with the statements not only of Nešpor et al. (1996) that substance use affects interpersonal, partner and family relationships, family violence, neglect, etc., but also of the other authors who deal with this issue.

The research also shows that the Strakonice Children's Center positively supports parents in participating in social rehabilitation and other activities (Mahrová et al., 2008). The advantage of an individual approach coincides with Pogády et al. (1993), who say that because of this attitude the parent becomes more independent. This results in the faster removal of family threats. Individual services provided by the children's center have a positive impact on the behavior and actions of the parent to return the child back to their own care (Plaňava, 1994).

The Children's Center, through social rehabilitation, provides families with a range of support and activation services. These services are offered either by the children's center itself or by other professionals or institutions on the basis of close cooperation.

Six of the most sought-after and best-rated services (as reported by Kraus (2008)) aimed at family recovery, came out of the whole battery of services. Based on the research, we can talk about effective tools that influence the behavior and actions of parents, which are the reason for their active involvement in the process of social rehabilitation. These include: childcare training; cooperation with other organizations and professionals; health, nursing, rehabilitation and psychological services; consultancy; assistance in exercising rights and legitimate interests; mediating contact with the social environment. All these activities are evaluated as beneficial, which makes the parent more independent and emotionally balanced (Říčan et al., 1997). The Children's Center also contributes to re-establishing good, balanced relationships between social workers, institutions, but also the extended family (Matějček and Langmeier, 2011). Services that are based on current and individual needs of the family are evaluated positively (Janoušková and Nedělníková, 2008). Repeatedly over the last five years, opinions on

the abolition of institutional facilities have been heard almost regularly at different times. It must be acknowledged that it is not possible to abolish any type of care in the current system of social and legal protection of children. Every form of care has an irreplaceable role in this system; whether we are talking about children's centers, children's homes, facilities for children in need of immediate assistance, diagnostic or educational institutions, foster care or foster care for a temporary period. Each of them is very specific in providing professional care and, in our opinion, it cannot be centralized. Each child belongs to a different type of facility based on their specific needs. For example, if we are talking about a child who is presumed to be early in an adoptive family, and who does not require any professional care, it is appropriate for the child to be placed in foster care on a temporary basis. However, if the child is 0–3 years old and needs professional medical assistance, the form is offered to a children's center (medical in nature) or an infant institution. However, if we place an older school child who, for example, lives in a dysfunctional family for a longer time, has educational problems, a tendency to aggressiveness, commits crimes, uses addictive substances, etc., such a child is not suitable for foster care nor the children's center nor a children's home, but for a diagnostic or educational institution. Moreover, we cannot forget the genetic features of each individual. It is not possible to state the percentage of genetic equipment and education that affects human behavior. However, we know with certainty that genetic dispositions play a very important role in human life and need to be considered (especially in adolescence).

The problem of vulnerable children and families is not only a problem for the Czech Republic, as is often portrayed in media. The same problems exist in the developed countries of Western Europe.

Finally, it should be noted that the functionality of the social system and the system of social and legal protection of children, which is currently being set up in the Czech Republic, is very high. It is the result of many years of work by leading experts contributing to individual changes to the entire layout. In conclusion, we may say that we have come a long way in the last ten years and have done a great deal of honest work. At present, there is a great emphasis on placing children exclusively into family-type care. However, this view cannot be unanimously agreed upon. It is good to realize that placing children who are significantly problematic in foster care on a temporary basis or long-term foster care, puts a disproportionate burden on the substitute family. If we add biological parents to this problem, we can seriously damage the status of long-term foster care. Not only do we have very few foster families in general, but we can discourage them from further providing foster care by this disproportionate burden. Thus, the foster family has to deal with a number of problems and, despite all their efforts, the child subsequently ends up in an institution. Any such change in the educational environment is another great burden for the child. This can be perceived as very painful for the child. Not every child is suitable for foster care on a temporary basis, for long-term foster care or a children's center. Every social worker deciding on this matter should objectively assess where to place the child with regard to his/hers interests and needs. He or she should choose the most appropriate form of care, regardless of what form of care is currently being promoted. We know from experience that while he/she makes the best effort to place a child in the right educational environment, he/she is not always successful in promoting his/her views.

There are long discussions about so-called hospitalism and emotional deprivation of children placed in institutional facilities in connection with collective facilities. We must fully agree with child psychologists, psychiatrists or pediatricians that long-term stays leave children with scars. But what is not being publicly discussed is that many children with emotional deprivation and hospitalism are already coming into the facility from a family environment. Emotional deprivation and hospitalism is not a privileged problem of institutional facilities. It is especially a problem for the caregiver, who does not give the child enough emotional stimuli. Therefore, it is our task to place these children safely back into the family environment as soon as possible – whether in a biological family or in some form of substitute family care. The proof is the average length of stay of children in the children's center in Strakonice.

CONCLUSIONS

It is absolutely undeniable from the data obtained from the research that the children's center in Strakonice provides placed children and their families with unique, specific and highly specialized comprehensive care, especially in the area of social rehabilitation and as a facility for children requiring immediate assistance. These types of care are provided in the area of specialized health or nursing care, as well as psychological, special education, educational or social care. Children who come to the Children's Center often need acute professional help that cannot be provided under normal circumstances in a family environment. We are talking about victims of physical, psychological or sexual abuse. Taking care of these children is the privilege of children's centers and other institutional care facilities that have experts in their team who can provide immediate help to the child. For other types of surrogate family care, there are usually many weeks-long waiting times for examinations (for example for an appointment at a child psychologist, psychiatrist, or other health care professionals).

Conflict of interests

The author has no conflict of interests to declare.

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