University of Ostrava  
Faculty of Social Studies  
Department of Social Work  

Study Support  

SOCIAL WORK WITH FAMILY  

Monika Chrenková, MA, Ph.D.  

Translation: Mgr. Lucie Návratová  

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Author: Monika Chrenkova

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Reviewer: Mgr. Lucie Smutková, MA, PhD
Translator: Mgr. Lucie Návratová, MA

University of Ostrava
Faculty of Social Studies
Dvorakova 7
701 03 Ostrava

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This study support summarizes current knowledge in the field of social work with family in the Czech Republic. It is one of the programmes of the Individual
Development Project called Innovation of the study subject Social Work with Family and a creation of study support (IRP201503) and is intended for students of Bachelor's degree programmes. Study support is related to the subject Social Work with Family/Methods of Social Work with Family, which is taught in Czech and English, in a full-time form, and in a combined form of study.

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The use of study support

Study material in your hands serves as your study support. Its intention is to help one acquire a basic knowledge related to social work with families in the Czech Republic. Study support is divided into nine topics (chapters). The first topic (chapter) represents the core concept of this study support – a family. It defines the family, the typology of families, and describes the changes in the area of family life. The second chapter describes the development of social work with family and lists significant theoretical approaches, with a focus on the development and definition of family therapy as a source of social work with family. The third chapter is devoted to the principles of social work with family with a focus on neutrality. At the same time, it describes interviewing as a technique of gathering information about the clients, and also as a problem solving technique – to solve problems of the clients – the family. The fourth chapter gives an overview of different stages of social work with family based on the Eclectic approach that mainly uses the elements of the Systemic approach. The issue of child protection in the Czech Republic is described in the fifth chapter. The sixth chapter focuses on social work with family in the context of a divorce or partnership break up. Different aspects of the divorce are covered - legislative, social and psychological. Substitute family care, and a focus on its current form, is the content of the seventh chapter. The definition of institutional care with an introduction to the institutional and protective care is described in the eighth chapter. The ninth chapter, thus the last topic, focuses on the CAN syndrome, its forms, specific manifestations and possible solutions.

The individual topics of the study support are uniformly structured. They include objectives, keywords, text, question/task, control questions, and the sources of utilized information, and, in some chapters, also practical examples from social work practice (see Explanatory notes).

Explanatory notes
1 Definition of family and its typology. Changes in family life

Chapter objectives:
Determination of the family concept and its definition from the perspective of various scientific fields introducing selected family typologies and defining significant changes in family life.

**Keywords:**

Family
Family functions
Typology of families
Functional family
Alternative forms of family life

**Text:**

1.1 Definition of family

How do we understand the concept of family? What is a family?

The family can be viewed from the perspective of different scientific disciplines. A family is to be considered as a “social institution composed of parents and children, the condition is the existence of two generations.” “A family commences with the birth\(^1\) of a first child, parenthood constitutes a family.” (Giddens, 1999; Možný, 2008)

The classic definition of a family can function within a more traditional concept or within a broader concept.

**The more traditional concept** sees the family as "a group of people related by blood or through legal unions (marriage, adoption)." (Matoušek, 2008, p.177)

**The broader concept** (typical for the U.S. and some EU countries) views the family as "a group of people that declares itself as a family based on mutual affection."\(^2\) (Matoušek, 2008, p.177)

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\(^1\)Or with a placement of a child in the family, in the case of substitute family care – e.g. foster care.

\(^2\) This definition corresponds to the systemic approach.
From the perspective of sociology, the family is viewed as a social group, which is at the same time a primary, informal, small, and membership based group. The family is also a social institution (Matoušek, 1997; Giddens, 1999).

In the field of psychology, the topic of family and family life is dealt with within the scope of family psychology, developmental psychology and child psychology (Sobotková, 2012).

In the legislation field there have been some significant changes in recent years - the Family Act of 1963 (94/1963 Coll.) is no longer valid, however the issues relating to the family can now be found in the new Civil Code (89/2012 Coll.). An important document of the Czech legislation in relation to family is also the Act on Child Social and Legal Protection from 1999 (359/1999 Col.), which was amended in 2013.

We consider the above-mentioned legislative documents to be essential, however, in later chapters we also learn about other relevant laws.

According to authors Dunovský and Kovařík (1999) consider family as "a small social group, which is based on the union of a man and a woman, and blood or some other substituting relation between parents and children."

**What family functions do we distinguish?**

The family performs certain functions externally in regard to society, but also within the family system, in regard to individual members of the family. There exists an extensive typology of these functions; the basic family functions include the economical, educational, biological/reproductive and emotional function.  

**Economical function** constitutes the material support of a family (e.g. the financial aspects, housing).  

**Educational function** relates to the education and care of children (e.g. transfer of attitudes, values, educational styles).  

**Biological/reproductive function** fulfils the need for the sexual satisfaction of spouses (not always for the purpose of reproduction).  

**Emotional function** includes the state of relationships and communication within the family context. (Dunovský, Kovařík, 1999)

**What specific disorders may families show in relation to each function?**  

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3 Educational and emotional function is also described as a social function.
Modern Czech families exhibit disorders in individual functions, which may manifest in the economical function, for example by an increasing number of families balancing at the subsistence level, in the educational function by insufficient care for family members, for example a child in foster or in institutional care, or an old person in a home for the elderly. The disorders in the reproductive function are manifested by low fertility and birth rate, in the area of sexuality it could be, for example disharmony between sexual partners/spouses. Inadequate implementation of the emotional function includes, for example, a small room for communication among its family members and, overall, a lower proportion of time spent together.

Based on the fact of how individual functions are met/not met within the family, Dunovský (1999) distinguishes four types of families, where functionality is viewed in relation to a child, thus fulfilling the child’s needs in the family and his/her healthy development.

**Eufunctional or functional families** provide optimal development for a child. These are families who are facing common developmental issues (e.g. school readiness, divorce/breakup, death). These families are able to solve their problems by themselves, and do not use a system of assistance and services.

**Troubled families** exhibit disorders of basic functions, which, however, do not threaten their existence and healthy child development. Typical families of this kind can be families that are struck, for example, by unemployment but are trying to address their issues and use a system of assistance and services.

In **dysfunctional families** one can already find more serious disorders of particular, or even the entire range of functions, meaning both the existence of the family and the child's healthy development are threatened. This may be for families struggling, for example, with addictions, and/or long-term unemployment. Taking the benefit and services is necessary for the family.

Existence and the meaning of family life are negated in **non-functional families** and therefore a child’s healthy development is disabled. Single, or even all, family functions are absolutely inadequately fulfilled, thus requiring early and continuous intervention.

Social workers deal with troubled, dysfunctional, and non-functional families in their practice. We can use the following example to illustrate respective family types.

A family of four struggles with financial problems; the father has lost his job due to dismissal from his position. The work position within his profession is specific and therefore he cannot find other opportunities in his field. He has been paid a one-time compensation; however, he continues to struggle with long-term unemployment.
The mother is on maternity leave, the leftover compensation has been spent and the family begins falling into debt. This is a **troubled family**.
The long-term unemployment and financial problems resulting in the debt add to disharmony between partners. It also reduces the life standards of the family. The father tends to drink alcohol excessively; the mother shares the addiction with him. The mother stops being able to manage the household and properly attend to childcare. It has been a long time since the father was involved in running the household. This family can be described as **dysfunctional**.
Both partners face deeper and deeper alcohol problems, the family ceases to maintain contact with its surroundings, and the children mostly stay inside the flat. They are neglected in both physical and psychological areas/fields. This type of family can be described as a **non-functional family**.

From the above, **two possible views on contemporary Czech family** can be concluded:
1. Contemporary family is **in crisis** (mirrors the society, which is in crisis too), which means that it does not sufficiently fulfil its functions.
2. The contemporary concept of family is related to the **development of society**, more specifically to social changes that are associated with **demographic indicators** and the **crisis of societal values** (society focused on the individual, performance and consumption).

Answering the question of whether the contemporary Czech family is in crisis, or it is the family’s natural development, should be left up to sociologists to figure out. The aim of social work and social workers\(^4\) is to support and maintain a functional family\(^5\). So how do we understand a functional family?

A functional family is a family, "where problems are successfully handled, where there is a positive emotional climate, and a constant balancing of relationships within the family to meet the life cycle of its members." (Hartl, Hartlová, 2000, p. 512)

According to Satirová (2006), functional families have high self-esteem; their communication is direct and clear, and they follow flexible and appropriate rules. The social bond of these families is open.

The family can also be seen as a **system** in the spirit of **General Systems Theory\(^6\)**. The family is regarded as a **system consisting of subsystems** (married/partner, parent, sibling/child). The family is determined by its **interaction, communication, and**

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\(^4\) The text uses the masculine gender; definition of a social worker involves both genders - men and women.

\(^5\) They are also defined as healthy, normal, harmonious and non-clinical families. (Matousek, 1997)

\(^6\) Author of the theory: L.v. Bertalanffy
structure. It is important to define boundaries of the system and individual subsystems, thus to define the boundaries of the family toward other systems and individual members of that system (Sobotková, 2012).

1.2 Typology of family

There are various family typologies. One possible typology was specified in subchapter 1.1. Other selected typologies are introduced below.

A fundamental typology consists of the following division of families:

- **Nuclear family** = a two-generation family (parents and children)
- **Extended family** = a family consisting of more than two generations
- **Orientation family** = the original family (into which I was born/in which we were raised)
- **Procreation family** = our own family, which we establish (Matoušek, 1997)

The French sociologist Le Play (In Možný, 2002) distinguishes the following family types (a conservative-based tradition of family sociology):

A **paternal family** is typical of Asia and Eastern Europe. The family lives off agriculture; its individual members work without claiming any pay and do not have any private assets. The functioning of such family is based on paternal authority. In most cases, it is four generations consisting of several nuclear families. This type of family has a high stability, is governed by tradition, and is based on the material and moral support of its weaker members.

An **unstable family** is typical of Western Europe and is the coexistence of parents and their unmarried children. After marriage, the children leave their families without any commitment; paternal authority is disappearing. A lack of stability, isolation, and abandonment in old age is typical.

An **extended family** can be seen in northern Germany. Families are associated with the ownership of the land. A family house represents the fundamental element of the family, which is inhabited by the eldest son and his family – that is the core of the family. A sole heir with assigned obligations toward parents and siblings is appointed by the family.

From the societal evolution aspect we distinguish family in the traditional, modern, and postmodern era:
**Traditional family** - the traditional large family, which is extended and multigenerational; the roles are hierarchical; the central authority is represented by the father; authoritative intergenerational transmission

**Modern family** – the nuclear matrimonial family; based on segregated roles, the central authority is represented by both the father-mother; democratic intergenerational transmission

**Postmodern family** – the individualized family structure with a weak authority and intergenerational transmission; family is replaced by individual rights, transformation of love into individualization. (Možný, 2008)

A different possible family typology may be typology related to problems which a particular family faces, e.g. the family during divorce/separation, the family with a CAN syndrome, the family with a dependent member (mental or physical dependencies of a family member/family members), a family member with physical disabilities (a child or an adult in the family). There may also be a typology related to the family integrity; based on which, we distinguish the complete, incomplete, supplemented family, etc.

1.3 Changes in family life

The family is considered the cornerstone of the state, a building block of the society and the most stable institution. Society is undergoing changes, which cannot avoid affecting families. Since approximately the end of World War I, the family has fundamentally changed, and these changes have been noticeably reflected in the second half of the 20th century.

From the perspective of Christian faith, the family always had a monopoly on legitimate sex. Premarital sex has become legitimate in the second half of the 20th century and there has been a rise of illegitimate children since the Seventies meaning that the family is losing its monopoly on legitimacy of procreation, and sexuality is associated with pleasure.

In the traditional family, parents were responsible for selecting an appropriate partner with regard to his and his family’s status, as opposed to nowadays, when the choice of a partner is associated with individualism. The family was considered a lifelong institution; however, it is currently based on a civil marriage contract, which is a type of legal contract. Due to the high divorce rate and the increase in recurrent marriages, the life-long nature of this institution is losing its importance.

Thanks to the division of labour there has been a reduction in traditional functions of the family, for example separation of residence from the workplace, start of schooling - lifting of the monopoly on education, other institutions take over certain family functions, e.g. a family care function.

The main sense of the family always consisted in the procreation and upbringing of children, however, nowadays the birth rate is decreasing, while a number of families with only one child, and childless couples are increasing.

There is a balance between male and female roles; from the end of the 1950’s a Czech woman becomes an employed woman. (Možný, 2008)
The Czech family belongs to the so-called **Western European family type**, which is distinguished by an older age to enter into the first marriage, and simultaneously an older age of having children as well as a high divorce rate. (Možný, 2008)

**What alternatives to family coexistence do we currently encounter?**

In the past, society had already known various alternative forms of family life, some of which remain up till now and others, which have just been very recent phenomena (Giddens, 1999; Thelenová, 2013).

**Communes** are based on a rejection of the traditional family, and the sharing of both partnership and parenthood. They start to emerge from the second half of the 19th century and in the 1960’s. A special form of the commune can be considered an Israeli **kibbutz**, functioning on the principle of shared child-upbringing, agriculture, and the manufacturing of objects. They constitute some kind of "cooperatives" protecting against individualism and competitiveness.

**Cohabitation/Concubinage** represents an unmarried cohabitation of (sexual) partners occurring from the 20th Century, particularly in rural areas of Scandinavia. We also come across notions such as "a trial marriage". This is a typical cohabitation of partners after divorce.

**A household of "singles"** is based on life without a partner, a lack of family planning, greater freedom and independence. A negative aspect of this way of life can be seen in isolation and misunderstanding by others. Currently, we also come across the **mingle** concept, where unmarried couples live separately and each partner has their own household.

**Lone or single parenthood** is associated with a period after divorce, breakup, widowhood, single-parent child adoption, or birth of a child out of wedlock. 90% of single parents are made up of women – mothers.

Presently a number of **voluntarily childless marriages** has been increasing, which is also called **two-career marriages**, where the spouses prefer career to founding a family.

Since 2006, the Czech Republic enacted **a registered partnership**, which involves the cohabitation of homosexual couples (gays and lesbians). In some European countries, a legitimate marriage between same sex partners is possible (e.g. Norway, the Netherlands, Spain).

**What is the current state of family life in the Czech Republic? What evolution of the family concept/family life can be expected on the basis of the current status quo?**

**Define family.**

Describe the different functions of the family.
Indicate possible typologies of families.
Describe changes in family life.


2 Definition of social work with family – its development and theoretical basis

Chapter objectives:
Description of the development of social work with family, introducing an important theoretical basis focused on the development and definition of family therapy as a source of social work with family.

Introduction of differences between family therapy and social work with family, especially in the context of the Czech practice.

**Keywords:**

- Method of social work
- Mezzo-practice
- System theory
- Systemic approach
- Family therapy
- Social work with family

**Text:**

2.1 Development of social work with family

During the development of social work, the social work with family separated itself from the already existing methods of social work. In terms of the level of practice, we can classify the social work with families together with the social work groups at a mezzo-practice level. The status of social work with families was not always clear due to the lack of a fluent theoretical concept. Social work with families was understood as part of individual social work; Mary Richmond, the founder of casework, considered the family to be the core unit within individual social work (Yanca, Johnson, 2008). Social work with families was also ranked below social work with a group. Up until the 1960’s, a family was viewed as a specific small group (Yanca, Johnson, 2008). For example, Novotná and Schimmerlingová, 1992 can be listed among the Czech authors who view the family as a natural small social group. After all, the definition of a family as a small social group was already specified in the first chapter.

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7 Some authors use the term method (e.g. Matoušek, 2008; Navrátil, 2000); other authors tend, rather, to incline to the term type of intervention (e.g. Strieženec, 2005) or the type/form of social work (e.g. Shulman, 1999).

8 Individual social work (casework), group or community social work (Navrátil, 2000)

9 There are 3 levels of social work: micropractice related to work with individuals, mezzo-practice including work with a family, and a group macropractice, related to the community (Barker, 2003).
However, there are differences between individual methods of social work, both “at the final stage” of each method, and when it comes to determining who we consider to be a client of one or another method.

What is the difference between a group and a family, and thus group social work and family social work?

Predecessors of the origins of social work with families can be found in various scientific fields, but also in actual practice. At the end of the nineteenth century, the US social worker Smith pointed out the importance of family relationships: "Most of you take care of individual poor or sick persons without seeing their family relationships. However, we support the family as a whole...." (Schlippe, Schweitzer, 2001, p.15)

Mary Richmond can be considered a predecessor of social work with families and family therapy; her publication Social Diagnosis (1917) presents the fundamentals of Individual and Family Social Work (Atwood, 1992). According to Richmond, the client is part of the family and the family is the primary unit, which the social worker should focus on (Yanca, Johnson, 2008; Matoušek, 2008).

Since the 1940’s, psychoanalysis comes to the scene (e.g. Freud, Adler) and family relationships become a priority (Matoušek, 1997), especially a mother-child relationship. Many sociologists (Durkheim, Cooley, Mead) point out the importance of family, and family is viewed as a social institution with an important socialization function (Schlippe, Schweitzer, p. 5, 2001).

Even the field of medicine records an interest in working with families, when in 1945 the American physician Richardson in his article - Patients Have Families – criticized an individual approach to patients and emphasizes that a basic unit of the disease is the family (Schlippe, Schweitzer, 2001).

Some practical experience also contributed to the emergence of social work with families. For example, it showed that after improvement of the condition of a child who has undergone treatment, disorder may occur in some of their siblings and/or psychological, or psychosomatic problems occur in their mother or their father (transfer of symptoms).

Another incentive was that the information that the mother/father passed in an interview about the relationships in their family might be significantly different from the information that we receive via a direct observation of interaction in the entire family group (Schlippe, Schweitzer, 2001).

Until now, assistance was focused on individuals as bearers of pathology; the work was primarily focused on the clients diagnosed with schizophrenia or the delinquent clients and the work methods included mostly psychoanalysis. (Kratochvil, 2006)
2.2 Theoretical basis

The start of social work with families is associated with systemic and ecological theories\(^{10}\) and also family therapy. Social work with families is based on family therapy; however, it is necessary to distinguish these two disciplines from each other. We shall now focus on the origin (establishment) and development of family therapy.

The establishment of family therapy dates back to the end of WWII; its expansion, however, took place in the 1950’s and 1960’s (Yanca, Johnson, 2008; Gjuričová, Kubička, 2009) Family therapy is primarily associated with names such as Bowen, Jackson, Bowlby, Bateson, Watzlawick, Satir, Haley, and Minuchin. (Atwood, 1992; Kratochvìl, 2006; Gjuričová, Kubička, 2009)

Two major influences leading to the establishment and subsequent flourishing of family therapy can be considered research on schizophrenia, and general systems theory by L. von Bertalanffy. (Atwood, 1992; Kratochvit, 2006)

Research on schizophrenia

In the 1950’s and 1960’s, several teams in the US implemented schizophrenia research independently of each other. G. Bateson and his team\(^{11}\) came up with the concept of a double bind (DB). Bateson distinguishes a dual communication level – a primary (content) level. i.e. a particular statement, and a relationship-based level, i.e. metacommunication (communication about communication) containing a statement of how to understand the message in context. DB is the particular communication and relationship-based situation, which inevitably influences one or all involved paradoxically. There is a relationship between two or more persons, which is very close (vitaly important). Within this relationship context, one of the persons involved delivers a relation-based statement, which is composed of a series of parts. These parts, however, are mutually exclusive. In this tense situation a person feels like he/she is exposed to a paradoxical statement or even to a paradoxical challenge – is receiving two contradictory signals (“You know that I love you” - but we communicate with tightened lips). The resulting response then conveys a form of punishment, no matter what part of the message we are responding to. This situation cannot be dealt with by a person leaving it, nor communicating about it. This method of communication is a schizophrenic type of communication. Bateson and his colleagues believed that such recurring situations in important relationships in childhood (especially in relation to the mother) play an important role in the development of schizophrenia\(^{12}\). The double bind thus represents an example of conflicting communication at various levels - the content statement does not comply with metacommunication. (Watzlawick, Bavelasová, Jackson, 1999; Schlippe, Schweitzer, 2001; Vybíral, 2009)


11 The so-called School of Palo Alto / Palo Alto Group, which is associated e.g. with names such as Satir, Hall, Watzlawick. (Navrátil, 2001)

12 The theory of the double bind in connection with schizophrenia was later criticized and overcome. (Navrátil, 2001)
General systems theory by L. von Bertalanffy

Biologist L. von Bertalanffy is the author of general systems theory, which together with the new scientific field of cybernetics became the foundation of systems theory. The basic terms of systems theory include the system, interaction, communication, feedback, boundary, etc.

A family becomes a curative therapy unit (pathology was related to individuals until now), which is defined by Jackson as a cybernetic system functioning on the feedback principle. The most important feature of the system is the feedback. The family is seen as a system of people in interaction. (Jonesová, 1996; Matoušek, 1997; Sobotková, 2012) Kantor and Lehr (In Sobotková, 2012) define the basic characteristics of family systems (FS):

1. FS are complex in terms of their organization - create intricate relationships
2. FS are open - the ability to change, reproduction and viability
3. FS are adaptable - evolve and change based on the effects of the internal and external environment
4. FS are systems of continuous exchange - the exchange of information.

Benefits of systems theory include, besides other attributes, a different understanding of causality – the so-called linear and circular causality. We attribute circular causality (circular interaction) to human systems. In the early stages of family therapy development the aspect of linear causality was applied - one problem or one cause was seen as the cause of the other (if the sequence of the cause - effect does not lead back to the starting point, there is no feedback). Bateson spoke out against this model in the 1950’s and replaced it with circular causality - living systems produce feedback loops. The psychotherapist does not have to deal with the root cause; the causes of problems cannot be explained; the views of participants in the interaction are taken into account with no need to find someone to blame. And the action A can lead to the action B, which can lead to the action C and this in turn leads back to the action A. There are a number of causes and effects that can lead to the root cause, which they either confirm or change. (Jonesová, 1996; Matoušek, 1997; Sobotková, 2012)

Since the 1980’s, a systemic approach, which has contributed to the understanding of the complexity and importance of the interaction between clients and their environment, begins to develop. The family continues to be viewed as a system, however, a social system defined upon communication, conversation, and language. Fundamental ideas of this approach are based on the fact that the social worker is not standing outside a helping process – instead he/she is always part of it and his/her actions affect it. The emphasis is on the important role of communication in cooperation with the client. As part of the systemic approach, the client appears to be a member of a superior system. This means that we do not look at the client and his/her problems only based on internal psychological factors, but the behaviour and problems of the client are affected by the client's environment (family, school, community). The systemic approach does not seek the causes of the client’s problem, which cannot be determined. We assume that the problems arise in relationships (between people, between
people and their environment etc.), and are seen as the consequences of a concatenation of various circumstances.

An important concept in addressing a client’s problem is the "problem-shaped system" concept. The problem determines who shall be included in the system: anyone who is in some way affected by a problem, who is engaged in seeking the solution of the problem, as well as the one who talks about the problem, belongs to the system and actively contributes to it. Thus even a social worker becomes a participant and a co-creator of the problem system. Determination of the problem occurs in the dialogue between a social worker and a client who agree upon the problem. The social worker is expected to identify persons who are concerned and involve them in the solution process. The client in this approach is seen as autonomous and competent to deal with the problem, and are highlighted by activity, initiative, and the responsibility for change. A social worker acts as a facilitator, who activates the untapped resources of the client as they seek, together with the client, alternative solutions. (Ludewig, 1994; Jonesová, 1996; Úlehla, 2007; Gjuričová, Kubička, 2009).

This approach is currently one of the major trends in social work and other social sciences. The Milan School (Palazzoli, Cecchin, Boscolo, Prata), Jones, Ludewig in Germany, Steve de Shaze and Insoo Kim Berg especially in the US, and Ivan Úlehla in the Czech Republic are considered to be representatives of the systemic approach. (Ludewig, 1994; Jonesová, 1996; Úlehla, 2007; Gjuričová, Kubička, 2009).

Palo Alto School had a significant impact on the system and systemic approaches. One of their representatives, Watzlawick, made a distinction between digital communication (based on reason and logic, factual argumentation; activity of the left hemisphere) and analogue communication (figurative, intuitive and imaginative; activity of the right hemisphere). Watzlawick tried to replace analogue communication with digital communication by blocking the vigilant activity of the dominant hemisphere. Techniques such as reinterpretation and paradoxes are used to serve this purpose.

Reinterpretation (reframing, rebranding) – the meaning of a problem is redefined, and is presented in a new, or unusual, context. This is a deliberate change in meaning. The technique is a type of communication technique in which we change our perception of a family member without any deeper change in the client’s behaviour.

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13 The Czech author Rieger uses, in connection with this technique, the concepts of branding and rebranding. Branding is the brand attributing to a certain behavior. We usually mark what raises our attention, which leads to branding. That brand lacks an alternative, therefore it is appropriate to seek the alternatives – the so-called rebranding - the search for alternatives that offer a less negative assessment of behaviour, allowing for change in the understanding of the person evaluated. However, there are situations where the use of this technique is not appropriate, e.g. in the case of child abuse, or domestic violence (Berg, 1992; Úlehla 1996).
The half-full glass can be understood as half empty; rage can be reinterpreted, in terms of its conceptualization by women, as assertiveness, or virility...

**Paradox** (paradoxical intervention, paradoxical influence) - the opposite of the expected behaviour, where a psychotherapist, instead of giving the expected advice on how to change the behaviour of the client, asks the question - *Why should you actually change?* and lists the advantages that the client’s pathetic behaviour brings him/her. This confuses the client, because it prevents the client from his/her usual defensive responses, forcing them to deal with the problem from another angle. This approach has the character of prescribing symptoms and paradoxical tasks. The prescription of symptoms is aimed at making a client provoke his/her own symptoms or making the symptoms worse.

A client is prescribed to be depressed every morning for about 15 minutes. He/she is supposed to observe their behaviour, find out what repeats, and how others respond to it. The client is taught to manage their depression and take advantage of it; depression may disappear or the client learns to cope with it.

Jana (10 years old) tries to solve, with her mother, the problem of anxiety, which seizes her every time the mother is not at home (her father does not live with the family). Jana continues to seek her mother at work, which represents a significant problem for the mother – she works at the train station - is constantly in motion, and it is not easy to get ahold of her. The therapist brands the search for the mother an expedition - an epic adventure, and recommends to Jana to keep a diary, where she can record the visits to her mother. After each such expedition, Jana’s diary shows the following sentence: "Mom scolded me.” The therapist recommends the mother to tell Jana next time: "Ah, there you are.” After this response, Jana goes to see her mother only one more time.

Branding the search an expedition is **reinterpretation**, and the instruction to respond with acceptance instead of criticism is called a **paradox**.
2.3 Family therapy versus social work with family

As mentioned above, social work with family needs to be distinguished from family therapy, although social work with families is based on family therapy.

What is the difference between family therapy and social work with family?

The two views of foreign authors are listed below:

1. **Family therapy as part of social work with family** - a social worker can, within family social work, carry out family therapy (Morales)

2. **Family therapy and social work with families are two different scientific disciplines** - social work with families uses some of the models and techniques of family therapy (Shulman). (Shulman, 1999)

If we look at the perspectives above in terms of Czech practice, we incline to the second author, which is that family therapy and social work with families are separate disciplines, existing side by side but with different goals and objectives.

A certain similarity with Shulman can be found in the Czech author Kratochvíl who distinguishes whether we are working with a problem or a disorder. When we work with a problem (common family crises – e.g. job loss of one partner, families at risk of poverty, a family member in prison, problems associated with developmental stages of the family – e.g. the child's birth, puberty, etc.), we assume the role of a social worker and therefore carry out social work. Conversely, when we work with a disorder (the family in a very serious crisis – e.g. one family member’s addiction to alcohol, a family member with mental illness), we are in the role of a therapist and therefore carry out family therapy (Kratochvíl, 1998).

The social worker is qualified to perform social work with families, and if they want to work as a family therapist they are required to receive the relevant education or therapeutic training.

Family therapy (FT) is a family-oriented psychotherapy focused on the interaction style in the family, in some cases on the expectations and motives of family members. The aim is to achieve clear communication, clear definition of the roles of individuals and their responsibilities, and clear boundaries between individuals and other subsystems of the family. FT can be carried out with individuals, married couples, part of the family, or the whole family. (Matoušek, 2008)

Not an individual, but always the whole family is in the centre of attention. The real patient/client is therefore an entire family group with all their impaired and healthy members. (Langmeier, Balzar, Špitz, 2000)

In the context of the above mentioned terms, an objective of social work with families can be defined as follows: The aim of social work with families is to improve the functioning of a family system, when changes of the individuals are secondary.
Define social work with families.
Provide the theoretical basis of social work with families.
Define family therapy and its relationship to social work with families.


3 Principles of social work with family emphasizing neutrality

Chapter objectives:

Focus on fundamentals of work with a client in the context of work with family implying systemic approach with the emphasis on neutrality. Definition of interviewing as a method of information acquisition about clients and simultaneously as the clients’ problem solving technique. Introduction of various types of questions with the emphasis on circular questioning.

Keywords:

Principles of social work with family
Remediation of a family
Neutrality
Interviewing
Types of questions
Circular questioning

Text:

3.1 Basic principles of social work with family

It is important to bear in mind, when we work with a family, that our client is represented by a family unit, although we may work with its part – for instance with an individual, but still in context of an overall family system. We use the principles applicable in the context of other methods of social work, such as empathy (the art of compassion), acceptance (accept and esteem the other), congruence (genuineness - I act authentically) from the very beginning of our contact with a family. Flexibility, creativity, patience, respect for ethical principles (e.g. confidentiality) and last but not least, respect for the fundamental principles of social behaviour may be considered other basic principles of the social worker – family relationship (Řezniček, 1994).

An important role is played by the environment where a social worker interacts with the family and whether the contact is voluntary or involuntary - so called voluntary and involuntary client.14

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14 An involuntary client represents a specific group of clients a social worker meets with. This type of client is usually sent and forced to collaborate with a social worker by another organization, court, employer etc. The client is usually not motivated to cooperate. It is very important that a social worker motivates
Family home itself constitutes a natural environment associated with a feeling of safety and security, on the other hand visiting social worker can act as interference into the family natural environment. Any environment can have either a positive or a negative effect on a family, however it is important to also focus on problems family faces and situational factors too. Approach of a social worker to the family as his/her client should be **individually focused** recognizing biopsychosocial characteristics of each family.

A social worker initially responds to immediate needs of a family (deals with acute problems) subsequently responds to long-term goals, while applying the Maslow’s (2014) hierarchy of needs, thus satisfying the basic needs, i.e. physiological, followed by social needs, such as a feeling of safety, belonging, respect, and finally by the highest level of needs including the need for self-realization.

We should realise the changes in the family through its most stable, healthiest member – it is called the **positive transfer** - focus on what works - see Section 3.2

Although the current practice is based on the remediation of the family, i.e. a family support, there are situations, where it is not possible to keep a family together, and it is important to separate individual subsystems from each other, both in the short and long term.

**List specific situations where it is not possible to remediate a family.**

**Family remediation** is understood as a “**set of activities related to a child protection, social services and other measures and programmes that are provided and / or mostly ordered to the parents of a child or to a child where his/her social, biological, and psychological development is threatened**”. (Bechyňová, 2012, pp.11-12)

The basic principle lies in the support of a child through the help to his/her family. The aim of family remediation is to prevent, reduce or eliminate the causes of child endangerment and providing assistance to the child and parents, and support to the family as a system in general (e.g. prevent the possibility of removing a child from a family, the creation of contacts during activities outside home, return home). (Bechyňová, Konvičková, 2008)

the client and looks for areas of possible cooperation - thus sought to convert an involuntary klient to a voluntary one ( e.g. in a specific area ). (Reznicek, 1994)

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15 An umbrella term for the social, psychological, cultural, educational, economic and physiological characteristics of a family.
3.2 Principles based on the systemic approach with focus on neutrality

We will focus on the principles arising mainly from the systemic approach.

**Neutrality**, which will be discussed on in details, can be seen as a fundamental principle, or an attitude of social workers when working with family.

1. **Multilateralism** or neutrality
2. **Focus on dominant members of the family** – during the first meetings a social worker should build a relationship with those family members who act from a dominant position and have power.
3. **Strengthening of the "outsiders"** - strengthening of the family members who do not have a dominant position; it is important to focus on their opinions and include them in communication, problem solving, etc.
4. Search for **something that unites the family** what they used to do / are doing together
5. Creation of **compliments** - to name strong positive sides; the client is a competent, and strong person; focus on the positivity in family, focus on what works
6. **Optimism** – the mutual cooperation should be based on a positive approach
7. **Respect of the family rules** (including the rules used in communication), provided that they are ethical and moral
8. **Division of labour – i.e. the 50/50 principle** - the division of competences, tasks among clients = family and social worker
9. **Acceptance of feelings** of all family members
10. **Readiness and willingness to change** – clients must do their part of the solution to the problem; we believe that clients may change. (Schlippe, Schweitzer, 2001; Gjuričová, Kubička, 2009, Berg, 2013)

**Neutrality**

Neutrality is known as impartiality in practice; we may also understand it as siding with everyone. Neutrality should be used both in contact with one client and with multiple clients (families, groups).

**Neutrality is so beneficial in case of, for example Milan School, which along with the method of circular questioning** prevents the therapist to be drawn into family games or seduced by the coalitions. No member of the family can claim eventually to have a different relationship with the therapists than others. They cannot take side of anyone; on the contrary they take sides with all.

Neutrality does not constitute intrapsychic feature, but it is **the overall behaviour of the one helping toward the client.**

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16 In the systemic approach, this principle is proportionally represented by the 70/30 ratio, where 70% depends on a client - the client is competent to solve his/her problems, and 30% of co-operation depends on a social worker who acts as a facilitator.
The concept of neutrality is philosophically based on Bateson: All parts of the system will be given equal weight when strong interest in A is balanced by strong interest in the B, C, D ... . (Schlippe, Schweitzer, 2001)

Cecchin17 calls neutrality a curiosity, therefore creating a curious attitude, which produces more options. Neutrality is therefore based on a respectful, non-directive and non-judgmental attitude of the social worker towards the client – family. (Jonesová, 1996; Simon, Stierlin, 1995; Gjuricová, Kubička, 2009)

Neutrality can be viewed from different angles, e.g.:

1. **Neutrality in relation to people** – it remains unclear which side the one helping takes; the one helping is not engaged in conflicts among family members, he/she keeps distance and focuses attention on what is "among" individual members of the family so called meta position.

2. **Neutrality in relation to the problems, symptoms** – it is not known, whether the problem is considered to be something good / bad; whether the problem is to be resolved or not.

3. **Neutrality in relation to ideas** – it remains open, which explanations of problems, solutions ... the one helping prefers. The one helping remains open to other, respectively better ideas. (Schlippe, Schweiter, 2001)

Is it always possible to maintain neutrality?

We mean the so-called moral neutrality (Jones, 1993), which covers situations where neutrality cannot be applied (e.g. in cases of violence, abuse).

### 3.3 Interviewing in a social work with family

Interviewing can be seen as a technique of obtaining information on clients and their life situations, and at the same time as a technique for solving problems, since it has been applied in many approaches and schools in relation with specific techniques for solving problems (e.g. the miraculous question – a miraculous intervention technique - Shazer, questions about exceptions – the exceptions technique - Berg).

There are different kinds of questions from direct and indirect through the closed, open, semi-closed / semi-open questions to the so-called systemic, where circular questioning can be included.

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17 A representative of the Milan School.
Let’s focus on division of questions based on a linear and a circular approach.

► **Linear approach**  

**Linear questions:** "How old are you? Where do you live?"
- Questions about the problem circumstances and its interpretation, the problem definition, description of the progress of the problem
- Goal: to identify, investigate, discover, inquire, map out
- End result: keeping the topic without alternatives, confirmation of status quo, evaluation of the progress of events

**Strategic questions:** "What if you made your wife happy and bought her a flower?"
- Leading via questions, confrontational questions
- Goal: to correct, steer, indicate, offer an alternative
- End result: restriction /inspiring of a client, opinion indication; it raises activity

► **Circular approach**  

**Circular questions:** "What do you think that your brother thinks about this situation?"
- Questions about behaviour, differences, background, context
- Goal: to explore, inspire, realize the context
- End result: further possibility of cooperation, offer of understanding, but it can also confuse (unusual way of thinking), the emergence of new information

**Reflexive (constructive) questions:** "If your mother got sick and went to the hospital - what would be the impact on the relationship among father and children?"
- Questions about a possible future
- Goal: to facilitate, open dialogue
- End result: creativity, constructiveness, but also confusion

Now we will focus primarily on the circular questioning and questions, the use of which we should eliminate.

► **Why?** - The question calls for a subjective explanation, we look for the cause, we express doubt or criticism, description of something negative.
► **Yes - no?** – The question leads to monosyllabic answers, does not develop a dialogue, does not bring any new information
► **Either - or?** – The question limits the possible scope of answers, does not allow any other option. (Úlehla, 2007)

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18 See Chapter 2.2  
19 See Chapter 2.2
Circular questioning
Circular questioning is a technique of questioning; an indirect questioning method developed by the Milan school. Philosophically based on Bateson: "More descriptions are better than one." Regardless the number of people present, it is about opening options, and how to see things from different angles and how it is seen by the third one. We can ask directly: "How do you feel?" Or using a circular question: "What do you think, how your husband feels?". (Schlippe, Schweitzer, 2001; Úlehla, 2007)

When Karel shuts the door, what does your mother do?
When your father beats your sister, what does your brother do?
Who suffers the most? Who has closer relationship with father – is it your daughter or your son?
Did you have a lot of arguments before you moved?

Define important principles of social work with families.

Explain the concept of neutrality.

Describe importance of interviewing in the work with families emphasizing circular questioning.

4 Stages of social work with family

Chapter objectives:

Introduce the individual stages of social work with family, focusing on an eclectic approach that mainly uses the elements of a systemic approach. The definition of the core concepts of the individual stages such as: interviewing, assessment, problem, objective, agreement and the method or technique.

Keywords:

Stages of work with the family  
Task-oriented approach  
Systemic approach  
Eclectic approach  
Interviewing  
Assessment  
Problem  
Objective  
Agreement  
Method  
Technique

Text:

Within the stages of family social work, we can use a variety of approaches, and according to these approaches, we can work with the family to solve their problems. In his publication 20, Reznicek presents the stage of initial contact - receiving and engaging the client, data collection and diagnosis, intervention planning, own intervention and proper termination of the case with the assessment. Based on a systemic approach, Ulehla 21 distinguishes the stage of opening, negotiations, progress and termination. Navratil describes the task-oriented approach 22 and divides the process of work with a client into six stages, namely: preparation, exploration of the problem, an agreement on the objectives, the formulation and implementation of tasks, termination and evaluation of the cooperation. In social work practice, so-called eclectic approach is being widely used that combines various approaches useful when working with a client - family. Below we show

20 In Methods of social work. Handouts to the students' internships and for casuistic seminars (1997).  
22 Also as a task-oriented approach In Introduction to social work (2001).
an eclectic approach to stages of social work with families, focusing mainly on the systemic approach.

Please indicate what the contents of the individual stages are.

4.1 Introductory stage

The introductory or initial stage involves the initial contact with the family and it is important to establish cooperation and for cooperation during the whole process. From the beginning, the social worker applies the principles presented in Chapter 3, especially with emphasis on neutrality. The family is introduced to the social worker and to the relevant organization, which the social worker represents. If there is existing documentation on the family (e.g. the family was involved with social work in the past), it is necessary to get acquainted with the case file and thus prepare for the initial contact with the family. We can focus on answering the following questions:

What is the perception of this family?
What is the most important topic for the family?
Which member of the family is the most influential? etc. (Řezníček, 1994; Berg, 2013)

To gather information about the family we use interviewing, specifically direct interview based on the so-called “face to face” contact, as well as observation, which allows us to focus on non-verbal expressions of family members. (Řezníček, 1994)

The initial phase is also known as connecting, during which we adjust to the language of the family, we don't use technical terms, we don't evaluate and we define the responsibility of the client and the social worker. When defining the responsibility we assume that clients are responsible for their problems – they are the experts on their problems and the social worker is an expert on solving these problems. (Řezníček, 1994; Štehlová, 1996; Berg, 2013)

The initial stage of the family work can be summarized in the following diagram:

Order → Offer/Proposal → Negotiation → Order → Agreement

Diagram No. 1: Progression of the initial phase. Source: Štehlová, 1996 (modified)
The family comes with a specific problem or is sent by some institution in order to solve the problem. This is followed by cooperation toward defining of the basic rules for the meetings. The result of the negotiation is then the agreement (see Subsection 4.2). (Ulehla, 1996)

In the initial stage of working with the family, we focus mainly on asking closed questions (who, what, when, where, how), which will help us to obtain the basic information about the family; in the case of an existing file on the family, we verify this information. Next, we proceed to asking open questions and the use of the circular interviewing.

Questions oriented on order/requisition:

Who, wants what, from whom, from when, to when, how much, for what, with whom?

Questions oriented on order/commitment:

Whose idea was it to initiate this process?
What do you expect that will happen here?
What will be different when this interview is over?
How would you like to use this meeting?

Questions oriented on the problem:

What's bothering you? /What's the matter?
What are the issues that you are coming to us with?
What are your worries?

4.2 Planning intervention

This stage involves the assessment, the problem determination, or the establishment of a system determined by the problem within a systemic approach, formulating the goal(s) of the cooperation. The above is entered into the agreement with the family defining mutual cooperation.

Assessment means evaluating the family needs or understanding the situation of the family, which precedes the determination of the problem itself.

We can define assessment as the basic process of the professional practice of social work; understanding of the problem and what the problem is causing, and what can be changed so that the problem is minimized or solved, namely the determination of the nature

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23 Assessment is understood in the context of the current practice of social work as an assessment of the child's living situation and his family - see chapter 5.
of the problem, progress and future prognosis of the problem. (Barker, 2003; Matoušek; 2008)

In the assessment, it is important to use the so-called triangulation - different data from different sources. We can obtain information using a variety of techniques, in addition to the interview and observation, also questionnaires, scales, document analysis, genograms, ecomaps, or maps of social networks\(^{24}\).

Hollandová (2004) states that the range of **topics** in the framework of the family assessment is already determined for example by the family itself or by the Court. The **place** of an assessment plays an especially important role (e.g., home, school), as does the **time** aspect, i.e., how much time we have, how fast we have to solve the problem (e.g., the time specified by the Court). The assessment should be based on a **partnership** between the family and a social worker, and the social worker should ensure variety of **views** on the situation of the family.

The assessment is not a one-time activity, but has a continuous character, thus it represents the process that is present in all stages of work with the family.

### Defining the problem

There is a difference in conception of the problem in task-oriented approach (TOA) and in the systemic approach (SA). When working with family within TOA, it is important to define the problem and sort by relevance. The SA is not focused on problem definition, instead we are talking about the so-called problem determined system, and the problem thus determines who will be part of the system. Systemic professionals state that the problem will be solved through communication. (Navrátil 2001; Schlippe, Schweitzer, 2001)

Úlehla (1996, p. 86) defines the problem as something "**that is discussed, in a sense that it should not exist, and at the same time with the hope for change, which can be seen as possible**".

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\(^{24}\) Techniques for recording family relationships and social contacts outside of the family – e.g. In *Family therapy. Systemic and narrative approaches.*
Formulating objectives

After focusing on the problem, we should target our cooperation by formulating the objective. The social worker gives the family a space to formulate the goal. The goal should be positively expressed, significant for the client and targeted to the incidence of behaviour (i.e. "I'll be happy when..."). Target requirements are specified in so called SMART method. The goal should be:

► S = Specific and concrete ("I need to find a job so I can pay off the debts, pay rent regularly...")
► M = measurable (must be reachable)
► A = acceptable (must be accepted and agreed on by both parties)
► R = realistic (must match the potential of the client, but also the possibilities of social worker in the Organization)
► T = time oriented ("The day after tomorrow, I'm going to register at the unemployment office.")

How can we reach the goal? On the basis of the so-called miraculous questions:

Suppose that one night, while you sleep, a miracle happens and your problem is solved. You did not know it, because you were asleep. How would you recognize it? If those problems were to miraculously disappear, what would you do first the following morning? And then? What would your wife/child do differently so that you would know? How will these people react to a change in your behaviour? Who would be surprised the most? What changes in your relationships occur in two months or a year after the miracle? (Schlippe, Schweitzer, 2001)

The miraculous question
What do you expect from today's meeting?
What are your expectations?
What can I do for you today?
What would you like to achieve?
The Agreement

The result of this stage should be the agreement containing: **Who** will do **what, under what conditions** and **by when**. (Řezníček, 1994; Navrátil, 2001)

Create an agreement of mutual cooperation between the social worker and the family.

4.3 Intervention Process

In this phase, we use a variety of methods and techniques to solve the problems of the family and we strive to meet the set objectives.

The interview itself can be regarded as a problem solving technique. Within the systemic approaches, interviewing often occurs in conjunction with a specific technique to solve the problems of the family.

In Chapter 2, two techniques were listed that have proved useful in addressing the problems of the family - re-framing and paradoxes.

As the methods used in family social work, we can refer to these as case conferences or family mediations (see the following chapter).

**Interviewing as a technique to solve the problem**

Interviewing is related to the exceptions to the problem technique – based on the idea that each problem has times when the problem is not present. This is the situation, when either the problem is not present, or family has solved the same problem in the past. We’re trying to focus on the absence of the problem by using the following questions – so-called questions on exceptions to the problem:

*How often/for how long/when was the problem not present? What have you and the others done differently during that time? How have you managed to stop the problem from appearing?* (Úlehla, 1996; Schlippe, Schweitzer, 2001)

Another technique associated with interviewing represents a miraculous intervention/change, which is used together with the miraculous question. The miraculous intervention follows the miraculous question, when the family is asked to do homework, where they are supposed to pretend that the above-mentioned miracle has already occurred, and to focus on the reactions of the other members of the family system. Next time we meet with this family, we will begin with a question *What is better since our last meeting?* (Schlippe, Schweitzer, 2001; Berg, 2013)

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25 Also, as a contract or an agreement. In the area of social services the agreement is elaborated within the framework of the individual support plan; if in the context of the child protection, then it is the individual child protection plan – so-called ICPP.
Scaling questions have been created for the clients who answered the miracle question - I don't know. Scaling questions can have the following form: On a scale of 1-10, 10 means where you will be when the problem is solved. Where are you now? What has to happen, what do you have to do to reach 10? We can use this question at all stages of work with the family. It is also interesting to see how different family members perceive the problem differently. (Úlehla, 1996)

Systemic techniques

Systemic techniques are based on systemic principles, therefore, we use positive wording, we focus on what works, we praise and we don't evaluate.

Positive connotation is based on a positive assessment of the behaviour of individual family members, even those who are designated as pathological, unhealthy. We are talking about the positive role that this behaviour fulfils to hold the system together (e.g. child truancy is the child's reaction to the divorce process – the child tries to distract attention from this situation).

Evaluation of positives/Creating compliments is focusing on what clients are doing well, what they can do. E.g. we can assign homework-until our next meeting, watch what's going on in your family, so that next time you can discuss what it is that you want to continue. However, it may also consist of positive wordings and of overall positive evaluations of the client.

Externalization is based on separating a problem from the client- “The problem is not the person himself, the problem is the problem.” We interview the client to find out what is the problem he would like to solve, and we also try to name the problem – personify it, and to focus on exceptions, namely the situation where the problem was not present, and to work on inducing these exceptional situations. Through these exceptions, we are trying to solve the problem. (Gjuričová, Kubička, 2009)

Vasik and "the bogeyman"

7-year-old Vasik doesn’t want to sleep alone in his bedroom. He only falls asleep in his parents’ bedroom or in his own bedroom with one of the parents present. Vasik always acts up when he stays in his bedroom alone and eventually falls asleep in the parents’ bedroom. Parents are often tired and argue a lot. The father is stricter and more direct, the mother is more likely to comfort the child and spoil him. Vasik is afraid to sleep in a bedroom alone, because he believes that someone or something is in the room. We personify the problem and call it the "bogeyman" and we describe all "bogeyman’s negative characteristics". We try to find exceptions (e.g. Vasik was in the summer camp),

26 We classify this as the so-called narrative therapy (the continued development of a family therapy). By M. White.
when the bogeyman was not present. We focus on these exceptions and through these exceptions we are trying to solve the problem.

Other techniques

As other useful techniques to work with the family, we can include the following:

**Conditioning** – we distinguish between positive conditioning (reward) and negative conditioning (punishment), and it is used to modify behaviour, in particular with children; with adults, we modify the specific forms of behaviour, habits and expressions. A specific form of conditioning is *assertiveness training*.

**Behavioural training** – the essence of this technique is the training of specific forms of interaction, for which the client does not feel sufficiently prepared. Problem identification is followed by a replay of the typical inappropriate behaviour of the client, whose critical aspects are addressed. After that, the supporter demonstrates a more appropriate behaviour and the client learns it. Finally, the client implements the practiced behaviour in his everyday life.

**An exchange of roles** – consists in changing the roles of the clients. The presentation is followed by an analysis of these roles.

**Decision-making on paper** – is the use of pencil and paper in situations that appear confusing to the client, mostly for various projective/projection techniques.

**Brainstorming** – represents a group problem solving, which supports the creativity with the aim of overcoming the usual ways of thinking. Participants are asked to suggest any solution to the problem, there are no bad solutions and all solutions are accepted without criticism and evaluation. This is followed by an analysis of the alternatives and the choices between them. (Reznicek, 1994)

The above methods and techniques are only the most basic ones. In the framework of the social work with families, we can also use the so-called *metaphorical techniques* – see the publications of V. Satirova or Z. Riegr, or special techniques described in E. Zakourilova’s publication.

### 4.4 Termination stage

The termination stage or final stage is understood as a process that occurs gradually, slowly and gently.

The termination of the mutual cooperation should not be *sudden* and *unexpected*, and we should schedule *less frequent intervals* between meetings. Systemically oriented supporters are inclined to use the so-called *additional meetings*, usually about half a year after the termination of cooperation, during which they find out how the clients coping, how they handle different life situations and how they overcome the problems (this contact can simply be by telephone or written). (Řezníček, 1994; Schlippe, Schweitzer, 2001)
We can terminate cooperation with the family when:
- clients understand what helped them to solve the problem
- are able to willingly repeat these procedures again (procedures leading to solving the problem)
- know what to do in the event that these procedures fail
- know that they are able to solve their own problems. (Úlehla, 1996)

Assess if it is suitable to terminate the cooperation can be done through the following questions:
- According to your opinion, how long will you still need our help for?
- What will be different, when we finish?
- Did we achieve the objectives of the intervention?
- Did we meet the scheduled time frame?
- Are there any other services more appropriate for the client? (Řezníček, 1994; Úlehla, 1996; Schlippe, Schweitzer, 2001)

Since the whole family is our client, it may happen that not all members of the family will be satisfied with the results of cooperation, that not all members of the family have achieved their set objective(s). In these cases, the following questions may be helpful:
- Suppose that your husband would be satisfied with the results of the cooperation, but you would not. Would you be able to convince him to attend other sessions? If not, would you like to attend additional sessions alone? If Yes: would he prefer, joining sessions with you, or attending just himself? Suppose you didn’t come to an agreement, would it affect your decision whether you will stay together? We use mainly circular, constructive and sheltering questions.

In the final stage we evaluate our (mutual) cooperation - What was effective from the perspective of the clients’ system? Who in his environment noticed any changes? Who behaved differently?

Also, we can expect that the problems may return, therefore we discuss the possibility of the problems re-appearing: What could clients possibly do to deliberately invite previously resolved problems?

At the very end, recapitulation should take place, which should be accompanied by an appraisal of the clients followed by a farewell with the family. (Řezníček, 1994; Schlippe, Schweitzer, 2001; Berg, 2013)

In the practice of social work, at the present time we encounter families that we can label as multi-problem, therefore, problem re-definition or setting a new goal in the context of the new problem, which we haven’t primarily focused on within our existing cooperation can be quite frequent. In these cases, our cooperation with the family or some family members starts from the beginning.

The above mentioned stages are to some extent artificial, since in social work practice with clients we often freely skip through stages, we go back, or stagnate, and also there are no clear boundaries between these stages.
Name the different stages of social work with families and describe them.

5 Social work with family in the context of child protection

Chapter objectives:

Briefly define the comprehensive system of child protection in the Czech Republic, focusing in particular on its performance, competence, educational measures and institutions. In the sub-article, we focus on the current practice of the child protection in the context of the evaluation of the situation of the child and his family, the individual child protection plan and case conferences.

Keywords:

Child protection
Educational measures
Child protection institutions
Evaluation of the situation of the child and his family
Individual child protection plan
Case conference

Text:

In the Czech Republic, child protection (CP) is governed by Act no. 359/1999 Coll., which was amended in 2012 and entered in force on 1.1.2013.

Protection of the rights and legitimate interests of children in the Czech Republic are governed by other laws as well – e.g. Act no 89/2012 Coll., Civil code, part of which is an already annulled Act No. 94/1963 Coll., regarding the family, or international documents such as the Charter of fundamental rights and freedoms, Declaration of the rights of the child and the Convention of the rights of the child.

5.1 Definition of child protection

CP includes a wide range of activities and actions that are provided by the CP authorities, namely Regional Offices and Municipal Offices of Municipality with Extended Authority, Municipal Offices and Military Zone Offices, the Ministry (Ministry of Social Affairs - MSA), the Office for International Legal Protection of Children and the Unemployment Office. Furthermore, CP is also provided by the municipalities and the Self-government Regional Office, the child protection commissions, and other persons appointed to perform the social and legal child protection - so-called authorised persons.
CP applies to minor children\(^\text{27}\) that are located in the territory of the Czech Republic and includes in particular:
- the protection of children’s rights to positive development and proper education,
- protection of the legitimate interests of the child including protection of its assets,
- actions aimed at restoring degraded family functions,
- providing surrogate family environment for children who cannot permanently or temporarily live in their own family.

The main aspect of child protection is then:
- Interest and welfare of the child,
- Protection of parenthood, the family, and the mutual right of parents and children on parental upbringing and care,
- Consideration of broader social environment of the child. (Act No. 359/1999)

**CP focuses on:**
- Children whose parents have died, failed to fulfil the obligations deriving from the parental responsibility, do not exercise or abuse the rights of parental responsibility
- Children who have been entrusted to persons other than the parents, and this person fails to fulfil the obligations deriving from the custody of the child
- Children who lead idle or immoral lives - neglecting school, not working if they do not have a sufficient source of financial resources, abuse alcohol or other addictive substances, are at risk of addiction, perform prostitution, commit a crime, a misdemeanor
- Children who repeatedly run away from the parents or other persons responsible for the upbringing of the child
- the children, against whom a crime has been committed or such a crime is suspected;
- Children whose parents have repeatedly requested the child’s placement in institutions providing 24-hour care for children or their placement lasts more than 6 months
- children who are threatened by violence between the parents or other persons responsible for the upbringing of the child or violence among other persons
- Children, who have applied for international protection or asylum seekers and children that are present in the territory of the Czech Republic and are unaccompanied by parents or other persons responsible for their upbringing. (Act no. 359/1999)

Everyone is entitled to notify the child protection authorities in the case of the breach of the obligations or abuse of the rights of parental responsibility, while **parental responsibility is defined as:**

“obligations and rights of the parents, which consists in the care of the child, including in particular, the care regarding his health, his physical, emotional, cognitive and moral development, protection of the child, in maintaining personal contact with the child,”

\(^{27}\) According to the CP Act, as minors we are referring to persons younger than 18 years of age.
in providing the education and upbringing, in the determination of the place of residence, in his/her representation and management of his assets; and these parental obligations arise with the birth of a child and cease when the child becomes legally competent; the duration and extent of parental responsibilities can only be modified by decision of the Court”. (Law No 89/2012, § 858)

CP authorities provide preventative and advisory activities, consisting mainly of:
- **Searching for children in need** – screening (as social prevention service for endangered children)
- **Influencing parents** to fulfil their obligations arising from parental responsibility
- **Interacting** with the parents in order to eliminate deficiencies in the education of the child
- **Discussing problematic behaviours with the child**
- **Monitoring negative influences affecting** children and detecting their causes
- Providing or mediating counseling for the parents at their request,
- Regular evaluation of the situation of the child and his/her family (see below)
- based on this evaluation, develop Individual Child Protection Plan (so-called ICPP) (see below)
- Organizing case conferences (see below)
- **Assisting parents in solving educational or other problems** related to child care
- Providing or mediating counseling for parents in the area of child upbringing and education, and in the area of the care of disabled children
- Organizing lectures and courses aimed at addressing the educational, social and other issues related to the child care and their upbringing
- Providing counseling for suitable candidates to become adoptive parents or guardians and an assistance related to the adoption of the child or foster care, in particular in the area of the education and upbringing of the child - preparation of suitable candidates to become adoptive parents or guardians.

Municipal Office of Municipality with Extended Authority (MOMWEA) or the Court may order the following educational measures:
- **Warning** the child's parents or other persons responsible for the upbringing of the child
- **Supervision** in cooperation with the CP authorities, school and other institutions and individuals;
- **Ban** certain activities, certain places, events or facilities
- Obligation to use of professional counseling or order an obligation to in the first meeting with a registered mediator in the range of 3 hours or therapy.
If the above measures did not bring expected results, the Court may temporarily withdraw the child from parents/other persons responsible for the upbringing and education of the child, for a period not exceeding 3 months and order a stay in an institution – Children’s Diagnostic Institute, Facility for children requiring immediate help, facilities providing health care and services, or a home for people with disabilities. (Act No. 359/1999)

As a quick tool of intervention, and the quick solution of a case, we can highlight the so-called **provisional measure:**
If the child is left without any care, or if his life or the healthy development are seriously threatened or disrupted, MOMWEA is obliged to immediately submit a proposal to the Court to order the provisional measure and the Court must decide within 24 hours. (Act no. 359/1999)

The following are some of the **child protection institutions:**
- facilities of professional counseling of child care
- facilities of socio-educational activities
- educational - recreational camps for children
- facilities for children requiring immediate help (FCRIH)

**FCRIH** provide assistance to a child who is left without any care or if his life, or healthy development are seriously threatened or disrupted. Protection and assistance is provided by fulfilling the basic needs, including shelter, healthcare services and psychological care.

The child may be placed in FCRIH:
- **by the decision of the Court**
- **by the request of the Municipal Office Municipality with Extended Authority**
- **by the request of the legal representative of the child** (based on a contract)
- **by the child’s request**

The number of children must not exceed 28 children; in the case of the placement of siblings, a higher number of children is allowed. One employee of the facility can simultaneously provide care for of a maximum of 4 children. The length of stay of the child in the facility can range from 3-12 months. (Act no. 359/1999)

**Another area of the CP represents the care for children requiring special attention** or the so-called **social curatorship for children and youth**, abbreviated curatorship consisting of "the implementation of measures aimed at eliminating, mitigating or preventing the deepening or repetition of the disorders of psychological, physical and social development of the child". (Act no 89/2012, Article 31. 31, Section 2)

Social curatorship applies mostly to the children leading idle and immoral lives and children running away from the parents or other persons responsible for the upbringing of the child. Social curatorship is performed by the **curator for the children and the youth**, who is an employee of the Municipality with Extended Authority assigned to the Municipal Office of Municipality with Extended Authority. (Act no. 359/1999)
5.2 The current practice of the child protection

Now we will focus on the current practice of child protection in connection with the amendment of the Act of CP. We will look closely into the evaluation of the situation of the child and his family, the individual plan, and case conferences.

**Evaluation of the situation of the child and his family** is regulated in Act no. 359/1999 in section 10, subsection 3 (c, d):

MOMWEA (Municipal Office of Municipality with Extended Authority) regularly evaluate the situation of the child and his family and based on this evaluation develops the individual child protection plan.

The CP Decree (Child protection decree) in Section 1 lists the specific areas of evaluation the situation of the child and his family:

- **the evaluation of the situation of the child** – judges the threat to the rights and interests of the child, defines the social, health and other risks for the child, assesses the level of physical and intellectual development of the child with regard to his age, evaluates child’s education and prerequisites for further education, specifies and assesses child’s individual needs and interests, defines his characteristics and abilities, determines child’s wishes and opinions and takes them into account with regard to the child’s age and his intellectual maturity, ...

- **the evaluation of the situation of the family** - analysis of the situation of the family and the family environment, the analysis of the causes of the crisis in the family, evaluation of the parent-child relationship, determining the needs of the family, determining the capabilities of the family - primarily relational, economic and the social, determination of the level of parental competencies and dispositions to child’s education and upbringing and the assessment of the potential risks in the upbringing of the child, evaluation of material and financial situation of the family, ...

- **the evaluation of the situation of the extended family** - evaluating options in the extended family, including relational, economic and social choices and the possible utilization of the family, evaluating options in the broader social environment of the family, including the availability and the quality of social, health, educational and community services, and the security of the area.

The process of determining the needs of the child is based on the scientific disciplines, such as medicine, psychology, pedagogy, social science and we are trying to view the situation of the child in the context of a holistic approach (whole person approach).

**Among others, we are influenced by the theory of developmental tasks** (Masten and Coatsworth, 1998), and the theory of emotional tie - relationship ties – Attachment (Bowlby, 1969; 1973; 1980). (Racek, Solařová, Svobodová, 2014)

The objective of the evaluation is to ascertain to what extent the environment is suitable for the child and to enable planning and evaluation of the effectiveness of the work with the family. (Racek, Solařová, Svobodová, 2014)
Participants in the evaluation process are:

The evaluator
- CP worker or other subject (non-profit organization, a provider of social services)

Child
- is in the center of the evaluation process
- we cannot perform an evaluation of the child’s needs, if the child is not present
- each evaluation of the child’s needs covers only one child - siblings must be evaluated separately

Parents
- obtaining the parents’ consent with the evaluation of the needs of children is a good start of the whole process
- CP worker must assess the child's needs – in this evaluation process, parents can play two roles – the role of legal representatives or the role of caregivers

Others
- in particular, siblings, grandparents living in the same household, partners of divorced parents and other significant people in a child's life
- also - teachers, educators, education counselors, pediatricians, psychologists, other specialists, social services employees. (Racek, Solařová, Svobodová, 2014)

We distinguish introductory evaluation and detailed evaluation – a comprehensive evaluation.

The introductory evaluation of the situation of the child and his family represents an initial evaluation determining the severity of the threat to the child and then defining the speed and intensity of the subsequent action. It is possible to perform this initial evaluation after the first visit with the family. It can lead to the termination of the case (e.g., the child is not at risk) or developing an Individual Child Protection Plan (e.g. the child's needs have been identified, recommendation for cooperation with a particular organization) and the implementation of its individual steps. If the introductory evaluation of the child's needs is not sufficient, the child's needs in the family are not met and the child is at risk, it is necessary to perform a detailed or comprehensive evaluation of the situation of the child and his family related to the evaluation of needs, risks, the strengths of the child, family and community in order to create the ICPP (Individual Child Protection Plan). It includes all areas of the child's needs - the history of the situation, history of the child and the family, parental competences and other possible resources available to the child and the family. It should be done based on a minimum of three personal interviews with the family in the presence of the child, since the child has an important role in this process. Possible proposals on how to proceed in order to solve the problem represents a case conference.

The output of each evaluation process is the Individual Child Protection Plan. Municipal Office of Municipality with Extended Authority develops an Individual Child Protection Plan, which defines: sources of child endangerment, establishes appropriate measures to ensure the protection of the child, to provide assistance to the family of an endangered child and to strengthen family functions and lays down a timetable for the implementation of these measures.
Specifically, it contains:
- objectives
- a list of the specific steps
- an a list of the persons responsible for the implementation of each step
- a timetable of deadlines (what, when, who)
- a list of the risks and alternative steps
- deadlines and methods of the plan evaluation. (Racek, Solařová, Svobodová, 2014; Act No. 359/1999)

The development of the ICPP is based on cooperation with the parents or other persons responsible for the upbringing of the child, cooperation with the child and other professionals participating in the problem solution of the child and his family. (Act No. 359/1999)

The ICPP is developed with an emphasis on the possibility of the child remaining in the care of parents or other persons responsible for the upbringing of the child; this individual child protection plan should be created within 1 month from the registering the child in the filing system of the CP; it is updated on a regular basis. (Act No. 359/1999)

The next step is to work with the family on the process of implementation of the ICPP, and the individual steps. Then we proceed to re-evaluation of the plan, which results in the termination of the case, the new formulation of the plan or in the case of a significant change in the situation- re-evaluation of the needs of the child. (Racek, Solařová, Svobodová, 2014)

**Case Conference (CC)**

Act No. 359/1999 imposes that MOMWEA hold the case conferences to address specific cases of endangered children and their families, in cooperation with parents and any other persons responsible for the upbringing of the child, other involved persons, in particular the representatives of schools, educational facilities, healthcare providers, authorities active in the social field, the authorities, the police, prosecutors, professionals in the field of foster family care, social services providers and authorised persons.

CC is particularly helpful when there are more problems in the family, when the work with the family is stagnating, when there are more people involved in solving the problem or when it is necessary to make a significant decisions. (Bechyňová, 2012)

**CC can be** understood as planned and coordinated a meeting of the client, his family and all other persons who are, or may constitute, a support network. (Bechyňová, 2012)

The goal is to exchange information, to evaluate the situation of the child and his family, to search for an optimal solution and to plan the whole process leading to fulfilling the needs of the child. (Bechyňová, 2012)
Situations requiring out of home placement
Forthcoming changes in the child's environment (sudden and planned)
Significant educational or school problems of a child
Revision of long-term out of home placement of a child
Difficult, failing or unsuccessful foster family care

The above points out important changes in the field of child protection. In current practice, so-called quality standards are being implemented, which appeared first in the field of social services. Authorities from child protection, facilities for children requiring immediate help and authorised persons performing CP are obliged to follow quality standards of CP, which ensure the certain level of quality of provided child protection.

Currently, the Czech Republic passes through the so-called transformation period in the system of care for endangered children\(^{28}\), which brings the system changes as well as the legislative changes. The objective of this transformation is, in particular, the cooperation of individual Ministries\(^{29}\) (Ministry of Education, Ministry of Health Youth and Sports, Ministry of Internal Affairs, Ministry of Labour and Social Affairs) participating to support families with a focus on increasing the quality of work and the availability of services for endangered children and their families, the unification of procedures and approaches of professionals working with families and children (across Ministries), reducing the number of children placed in all types of institutional care and the promotion of different forms of alternative/foster family care. (MPSV, 2013)

Child protection in the Czech Republic represents a complex system that extends the scopes of different Ministries. In this sub-chapter, we deliberately didn’t focus on alternative care, including foster care and institutional care. These and many other areas of the child protection will be covered in the following chapters.

What is the content of the standards?

Please indicate to whom child protection is aimed.
Name various educational measures.
Describe the process of evaluating the situation of the child and his family.
Please describe the content of the Individual Child Protection Plan.
Describe the case conference.

\(^{28}\) Children who are the subject of interest of child protection.
\(^{29}\) We are talking about the so-called resortism.


Vyhláška č. 473/2012 Sb., *k zákonu o sociálně-právní ochraně dětí*, v platném znění.


6 Social work with family in the context of the partner/marital break-up

Chapter objectives:

Definition of divorce in terms of legislation and psychosocial impact focusing on understanding of divorce as a process, with introduction of its causes, types and impacts. Characteristics of the role of child protection services in dealing with divorce/separation situation and introduction of other professional support options. Description of the current forms of childcare. Introducing mediation as a possible method for resolving divorce/separation disputes.

Keywords:

Divorce
Causes of divorce
Types of divorce
Impact of divorce
Parental Alienation Syndrome
Collision guardian
One-parent care
Joint care
Shared care
Alimony
Out of court settlement
Assistance in contact of parents with a child
Cochem system
Mediation
Family mediation

Text:

Divorce is currently a hot topic, since half of marriages in the Czech Republic end in divorce. If the partners during their marriage face the crisis it often leads to divorce, which affects not just the divorcing partners but also children, as well as their extended family and friends. Divorce thus can be included in complicated life events that trigger stressful situations disturbing the stability of the family. In this chapter, we will mainly focus on divorce, meaning a break-up of marriage terminated by a legal act, however we will focus our attention also on unmarried couples who have started a family, but subsequently their partner life fell apart, therefore they split and this resulted in the disintegration of the family.
6.1 Divorce and its definition

Divorce is the only way to cancel the marriage life of both spouses; it is a legitimate solution to a disintegration of relations between spouses. (Hrušáková, Králíčková, 2006) Divorce can be seen as premature termination of a marriage, the legal end of a marriage, but not as a termination of parental rights and responsibilities.

Act no. 89/2012 Coll., the Civil Code, Section 755 legislatively governs divorce and divorce situation where the following is listed:
"A marriage can be divorced if the cohabitation of spouses is deeply, permanently and irreparably disrupted and cannot be expected to be restored."
"If one spouse joins the divorce proposal, which is made by the other spouse, the court shall divorce the marriage without determination of the cause of marriage breakdown "...
(Act no. 89/2012 Coll., Section 755)

The Czech Republic had belonged and continues to belong to countries with a high divorce rate. The high divorce rate is dependent on a number of social and societal factors such as tradition, religion, value orientation, employment rate and education, marriage rate, population policy and existing divorce legislation. (Kalibová 2006)

The divorce rate has been significantly increasing after 1989. Presently, 27,000 marriages is divorced annually.\(^{30}\) The divorce rate is examined in terms of various factors, e.g. the causes of divorce, the length of the marriage, divorce age, education level. The most divorced marriages in 2014 occurred after six years of marriage at the age range 39-40 years; it was in 57 % cases the divorce with minor children (23,100 children). (ČSÚ, 2015)

Please provide current statistics on divorce rate.

Causes of Divorce

Marital breakdown can have various causes, both external and internal. The following factors contribute to it:

- **Different personalities of partners**, which were obvious even before the marriage, but e.g. Because of pregnancy marriage partners did not have possibility to think about marriage in advance. Different experience from their families of origin, obtained values and different interests also contribute to this factor;

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\(^{30}\) There were 26.8 thousand marriages divorced in 2014, which is 1.1 thousand less than in 2013; 45.6 thousand were new marriages. (ČSÚ, 2015)
- Relationships between spouses disturbed by a lack of respect and great demands on a partner. Afterwards there are often difficulties in communication and mutual emotional alienation of partners, leading to friction and sexual infidelity of one partner;

- External influences where marriage is usually affected by other people. These are mainly parents of one partner when the partner is highly dependent on their parents and let their married life be affected;

- Problems in the functioning of the family, which can include lack of uniformity in the education of children, in the organization of free time, division of housework, unemployment, which leads to poor financial situation of a family, the subsequent stress and frequent quarrels, which might significantly contribute to divorce. (Vágnerová, 2000)

The category of "diversity of personalities and interests" and "other" are considered to be general causes of divorce appearing in the statistics; specific observed causes are represented by an ill-advised marriage, alcoholism, infidelity, lack of interest in family, ill-treatment or crime, health reasons, or sexual disagreements. (Demografie, 2012).

### Types of divorce

Matoušek and Uhlíková (2010) distinguish the following types of divorces:

**Leaving the partner without establishing any stronger bond** - this type of divorce usually does not cause intense emotional responses. We may observe it in a marriage of very young people, but also in marriages of people at higher age, for example of those who got married under the pressure of pregnancy or under pressure of trauma from previous divorce or separation.

**Escalation of the first crises** that are associated with the demands of family life and childcare. Couples are in these cases overwhelmed by demands that each of them brings to their coexistence. Besides providing instrumental matters (housekeeping) is a child's upbringing, adaptation to expectations that partners bring from their families. Infidelity can be the result of that first crisis, which is the reason for the divorce process. **Rejection of a partner because of previously less obvious distinctive features**, where after some time of the marriage less obvious features of a partner are manifested (e.g. alcoholism, jealousy). The period during which these features are overlooked may vary.

The reason for the rejection of a partner may not be permanent personality disorder, but also behaviour, which is unacceptable for one of the spouses. **Exhaustion of a relationship** in married couples who have been together for two decades or more, their children left home and they fail to find a new programme, and/or common interests.

To divorce does not only mean to go through divorce in the legal sense, but also to go through the internal process of emotional divorce or psycho-divorce, during which a person copes with the breakdown of a relationship with all its consequences, and returns to his/her routine way of life. Psycho-divorce can take several years. (Matoušek, Uhlíková, 2010; Matoušek, Uhlíková, 2014).
Unfinished psycho-divorce is then reflected in conflict parental communication, problems in a new romantic relationship or in the troubled relationship with oneself. (Poupětová, 2009)

In order to achieve psycho-divorce it is necessary to focus on the following issues:

**Partner detachment and distance from the marriage** - emotional-cognitive acceptance of marital breakdown, which is especially difficult for a partner who did not want a divorce

**Separation of marriage from parenthood and creation of prerequisites for post-divorce parenting** - not to address unresolved issues through a child

**Protection of children, respecting of their needs, interests and experiences** - an awareness of the impact of divorce on children

**Shaping the post-divorce perspectives, identities and a new lifestyle** – a couple which has mastered the previous assignments, they might finally open towards the future and new relationships. (Plaňava 2000)

**Divorce as the process**

Divorce must be understood as a process; it is not a one-time matter. Divorce itself is preceded by the following stages:

- **marital disharmony** - a fairly common; represents a reduced ability of partners to solve conflicts;
- **marital disruption** - acute or long-term; a substantial erosion of some basic family functions;
- **divorce** - a formal legal end of the marital relationship between two individuals (Matějček, Dytrych, 2002)

Matoušek and Uhliková (2010) distinguish between two types of divorce roles during the divorce process – **symmetric roles** where both sides are taking similar steps, or **complementary roles**, characterised by the disengagement on the side of one partner and dependency on the side of the other partner. According to these authors the divorce process can be divided into three phases:

**Period of ambivalence**, which is manifested by attempts to remedy – e.g. a joint vacation, spending time together; the result is a greater distance between partners and deepening of problems

**Divorce** – the phase when partners file a divorce petition, admission of a child protection authority represented by a collision guardian; a period full of intense emotions and a looking for friends’ help, family or professionals

**Post-divorce period** – the long phase of dealing with the psychological and economic stress, reactions to divorce - feelings of hopelessness, their own incompetence, recognition of divorce and adaptation.
6.2 Impact of Divorce

Consequence of the disintegration of a family is a formation of an incomplete family; the care of minors is provided by only one of the parents, who must often face many problems that accompany lone parenthood. Thus, another consequence of the disintegration of complete family caused by divorce is a single parenthood/a single parent family. Single parenthood poses problems in the area of finance, housing, employment, etc.

According to Matějček two basic functions of a family may be threatened by divorce: Provision of emotional support to all its members and preparation of children for life in society. The cause of danger is seen in lack of time that might be less available in single parent families. Limiting the contact of the other parent with a child, who can lead to the parental alienation syndrome, Matějček considers as one of the most serious negative impacts of divorce. (In Matoušek, Uhlíková, 2010)

Parental Alienation Syndrome (PAS) was diagnosed as a child disorder in 1985 by R.A. Gardner. Conceptualization of parental alienation syndrome is quite problematic and inconsistent. This concept appears in the Czech Republic in 1996, especially in the area of child psychiatry and psychology used by the experts who studied the English academic literature, although there has been the debate about negative impacts of forcing a child against the other parent for decades. (Bakalář, 2002)

Critics of the concept argue that is does not figure in the list of diagnoses. Gardner uses medical terminology, but it is missing in the international list of diagnoses (Gjuričová, 2005). The Czech Psychiatric Association takes the view that parental alienation syndrome does not exist because it does not appear in the applicable classification of diseases and therefore is not recognized internationally as a diagnosis. The Association at the same time believes that despite the fact of the non-inclusion of the parental alienation syndrome among diagnoses it could be evaluated by authorized experts. (Smith, 2008)

According to Matoušek (2003, p. 234), parental alienation syndrome is, "the result of the campaign, during which someone was instilling in the child unjustified criticism or opposition to his/her parents. It usually occurs as a result of divorce, after which one partner tries to face up hi/her trauma - a feeling that he/she was rejected through the projection of all blame to the other partner. A child is involved by the programming parent as his/her ally and indoctrinates him/her so much that a child begins to construct an event demonstrating abjectness of the other parent."

Mothers are mostly those exacerbating parents who have children in sole custody, given the long-term ratio of 9:1 considering entrusting children to mothers and fathers. (Černá, 2001; Novák, 2008)

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31 It is also noted as Parental Alienation Syndrome or Syndrom of Alienated Parent.
The intensity of programming activities is different - sometimes it is just sigh, bad gesture, sometimes a parent even makes up fictional stories. The child receives the presented version; he/she wants to please an exacerbating parent and begins to reject the other parent, therefore gaining sympathy of the exacerbating parent. (Novák, Průchová, 2005)

Motivation of programming parents is based on their personality features, which are often schizoid, feisty, narcissistic and dependent. Strategies to erase the other parent from the child’s life are about to completely prevent the contact with the child. Parents often do not respect what they were ordered. (Černá, 2001; Novák, Průchová, 2005)

Bakalář (2002) distinguishes three levels the Parental Alienation Syndrome has impact on:
- A child loses almost everything linked with the other parent
- The child’s emotional development has slowed down and is deformed
- The child’s psychosocial development has slowed down and is deformed.

Parental Alienation Syndrome does not only threaten the current psychosomatic development of the child, but also brings risks for his/her future life as the inability to establish healthy interpersonal relationships, and the lack of expression of feelings; in social relationships there is often a social transfer - thus the marriage of the children of the divorced parents often ends in divorce or they provoke their children against their parents. (Warshak, 2003; Gjuričová, 2005; Bakalář, 2009)

**Impact of divorce on a child**

Divorce significantly interferes in all areas of family life and its consequences appear both in behaviour and conduct of divorcing / divorced partners and children. Awareness of the continuing role of parents in relation to children is important for former partners. Partners ceased to be spouses, but they still remain to be parents.

![Diagram No. 2: Healthy evolving divorce](image)

Diagram No. 2: Healthy evolving divorce.³² Source: Poupětová, 2009 (modified)

³²Diagram shows relationship among parents and children during the divorce. In case of healthy evolving divorce partner relationship is interrupted whilst parental relationship remains. (Poupětová, 2009)
The impact of divorce on children is seen in the psychological state of children and in the social sphere in the form of limited contact with the other parent and his extended family (in the case of custody of a parent - this model prevails). Children lose background that they like the best and where they experience the greatest feeling of security and safety. Consequences of divorce may not show immediately after the divorce, but may prove in behavioural patterns of the child during puberty, or even at the beginning of his adulthood. These consequences can be both reversible and irreversible for children in divorce situations, what depends on the course, duration and timing of processes in particular on acting and behavior of divorcing and divorced parents. (Matějček, Dytrych, 1994; Plaňava 2000)

Children’s reactions to divorce are different; depend on the age and sex of the child, his relationship with his parents, etc. All children do not understand what has happened mostly at the beginning of divorce. Even though they experienced a period of strife, they want their parents to stay together. Typical manifestations of children are anger, irritability, and feelings of guilt, worry and even depression during the first year after divorce. Mood swings decreases approximately after a year. Only a small percentage of children see relief in divorce; this is only in cases when they witnessed physical abuse or physical abuse related to them. (Teyber 2007)

According to research from the mid-70’s (Dytrych), children at middle-school age bear the divorce of their parents the worst.

The differentiation of gender identity is characteristic for this developmental period, but also parental behaviour towards young child. Children at this age also have a problem accepting a new partner of a parent caring for them. (In Matějček, 2003) Dunovský (1999), unlike Dytrych (In Matějček, 2003) state that the most vulnerable age of children is the preschool age.

Children at this age were often exposed parents’ divorce in the past. Parents got married very young and immature, and their expectations often surpassed reality. We can observe this phenomenon less at present as a result of socio-demographic changes in society, the number of very young marriages has decreased significantly.

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33 The diagram shows relationships in complicated divorce, when both partner and parental relationships are interrupted or affected by the divorce what has a negative impact on relationship among parents and children. (Poupětová, 2009)
Most children are still delegating mainly to the care of the mother. This care can have more serious consequences in boys than in girls. Boys usually adapt in a more difficult way to the care of single mothers than girls. Problem behaviour, aggression, lack of academic achievement occurs in boys. The source of these problems can be the loss of authority of a father who represented the discipline. (Teyber, 2007) However, studies also show that mother’s care is better for boys than father’s, who might not be interested in a child, might not be supportive. Girls have advantage in these post-divorce arrangements. They mostly remain with a mother who is a role model to them and provide them with necessary care and support. (Smith, 2004)

Differences according to gender vary with adolescence. Divorce is more traumatic experience for younger boys than girls at the same age. But with the advent of adolescence mother and daughter conflicts occur and reach levels of conflict between mother and younger son. Conflicts regarding love affairs of daughters that a mother cannot revise. These girls experience early sexual life and early marriages, which often lead to an early divorce. (Teyber 2007)

6.3 The role of the child protection in the context of divorce and forms of child custody

In the context of divorce and its impact on children, we get to the area of child protection, specifically, the regulation of parental rights and duties to their children.

In the framework of the guardianship proceedings (the so-called collision guardianship), it is required to appoint a guardian for minor children, generally represented by the child protection authority, which defends the interests of minor children.

Before the release of the decision establishing the divorce of the parents, the Court is obliged to regulate parental rights and duties towards the child, by determining who will gain custody of the child and how will the parents provide the child support. Divorcing parents can make a proposal regarding the custody and support arrangements, but it is still necessary that such a proposal is approved by the Court.

The Court may award sole custody, shared custody or joint custody (see below); or if appropriate, custody of persons other than parents. The Court may also limit or prohibit contact of the child with the parents, and may regulate the child's contact with other family members (e.g. grandparents, siblings). (Act no. 359/1999 Coll.; Act no. 89/2012 Coll.)
The procedure to file for divorce when the children are involved

The collision guardian shall receive the parents' proposal detailing how the parental responsibilities are to be shared from the competent court, decision regarding appointing the guardian, a request for the examination of family background, and an invitation to a court hearing. All obtained documentation is filed in the competent department of child protection authority. In order to decide about the regulation of parental responsibility of the parents of the minor child, the social workers are required to perform the social investigation at a family's place of residence. During his investigation they determine the socio-economic and material situation of the family, the child's needs in connection with his/her education, after-school activities and health. Based on this information, a proposal protocol on the regulation of the parental rights and responsibilities to minor children is created, covering the time during the marriage and after divorce. The duration of the court proceedings depends on the ability of the parents to come to an agreement and also on the caseload of the individual courts, therefore, it varies.

At a court hearing, all relevant written evidence requested by the court is read and the parents and witnesses are questioned. The result of the court hearing may be an adjournment to a set date or to indefinite time duration (due to completing the evidence necessary to the proceedings, receiving the expert evidence) or oral announcement of the court decision. The court decision is then delivered in writing to the parents and the collision guardian in the range of one to three months.

CP authority can also interact with the family during and after the divorce in situations when the child is in custody of one parent and the visitation rights are violated. Social worker of CP authority plays the role of a mediator, and concludes an out of court agreement governing the rules for child visitations.

In the case of the non-compliance with the rules regarding child care based on the out of court agreement or court decision, we can establish so-called assisted visitations (Matousek, Uhlikova, 2014) representing the legal means regulated in the judicial decisions, or as a part of the out of court agreement. It can be executed as an assistance when passing the child to the other parent ("mapping") - bringing the child to the designated place and taking the child by the other parent or the assistance during the visitation with the child ("supporting") - for example, the visitation with a minor child Tomas will take place in the presence of Family centre employee34 in the premises of the facility...

When deciding who will get the custody of the child, the court shall act in the interests of the child and take into account the personality of the child, current living situation of the parents, the child's emotional state and background, the educational abilities of parent and the child's emotional ties to the other family members.

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34 Assisted contact can be ensured for example by the family counselling services.
According to the current legislation (Act no. 89/2012 Coll.), there are three forms of child custody in the event that the parents do not live together, or after divorce:
- **Sole custody** of one parent, while the other parent is obliged to pay the child support, and the child’s visitation schedule is regulated by the court
- **Joint custody** - both parents are still equally involved in the household duties, child care and they share household expenses even after a divorce; It can be shortly after the divorce, when former spouses do not have the housing problem solved, or a situation when the child is close to reaching the age of majority;
- **Shared custody** means that the child is entrusted in a precisely defined period of time to the custody of one parent, and in the next period of time to the custody of the other parent.

A decision on the shared custody of the child must be based on certain principles and conditions, for example:
- Both parents take an interest in child’s education and upbringing
- Cooperation of parents is based on the agreement
- Ability to communicate with each other on the matters affecting the child
- Parent’s ability to agree on the same educational principles
- Take into account the age of the child
- Take into account the health of the child
- Agree on place of residence after divorce (in order not to change the place of residence of the child; determine the permanent residence of the child)
- Do not change the child's school or leisure activities. (Novák, 2000; Zakouřilová, 2014)

"**Shared custody is the continuation of the joint parenting**". (Warshak, 1996, p. 163)

What are the advantages and disadvantages of different forms of child custody in the context of a divorce/breakup?

When speaking of a divorce in relation to children, we also have to mention a child support for minors as well as emancipated but dependent children (so-called alimony). Social workers of the CP authority can act as advisors— in the form of providing basic information relating to child support, its amount, etc. Or, in cases when the former spouses are not able to agree on the amount of child support, a social worker acts as a collision guardian in the court proceedings on a matter of the child support, and the Court decides.

35 In the Czech Republic it is predominantly custody of the mother. (Špaňhelová, 2010)
36 In the Czech Republic, alternate care refers to the 3% of divorcing parents, which in absolute terms represents about 700 children out of 30,000 children. (Mužíková, 2010)
37 Current legislation distinguishes the child support between spouses, divorced spouses, parents and children, descendants and ascendants, and a support to cover certain costs of unmarried pregnant woman or mother. (Act No 89/2012 Coll.)
The court process on a matter of child support

The Court shall initiate proceedings either at the proposal, or even without a proposal (ex officio). Parent submits the proposal for the minor child. An emancipated child, who is still dependent, submits the proposal on his/her own. The proposal shall be submitted in three copies. The Court shall appoint a guardian for the minor child for the court proceedings, which is the child protection authority (in practice, a social worker from the local municipal authority will be present during the court proceedings), the court sends a copy of the proposal to the guardian and the other copy to a liable parent to comment. The Court shall appoint a date for oral proceedings, where all the relevant facts to determine whether the parent should be required to fulfil his or her child support obligation and also the amount of child support. The Court shall decide, and the decision shall be delivered to all participants in the proceedings.

6.4 Professional assistance in the context of divorce

As mentioned above, a social worker, who acts as a collision guardian of child protection services plays significant role in a divorce situation. Social worker from Child Protection Services (CPS) addresses especially these problems in relation to the divorce / separation:
- Children are not brought back on the agreed date
- Failure to pay alimony
- Blaming parents of ill treatment of a child

Before the court makes decision on given problems a social worker may cooperate with a family through out-of-court settlement, thus agreement before a final court decision, which may be applied by the court on condition of functioning. CPS collaborate with many organizations and experts; such organization can be e.g. family consulting. Family can take advantage of consulting services for the family on the recommendation of the child protection services (CPS) or it is advised by the court.

(Matoušek, Uhlíková; Matoušek, Uhlíková, 2014)

The so-called Cochem system, which was first used in Germany, is applied these days. It is based on not acceptance of the application for divorce, where the minors figure court, unless
the so-called parental plan – thus agreement about education and housing of children is developed.
There is the emphasis on cooperation between all those involved in divorce situation (e.g. CPS departments, consultants, lawyers). (Matoušek, Uhlíková, 2014)

38 Agreement can be made also at the Family Consulting centre or different organization.
39 For example situation when one of the parents is not able to meet a child, although a verdict of a court exists, but the other parent do not respect this sentence.
40 For example situation when one of the parents is not able to meet a child, although a verdict of a court exists, but the other parent do not respect this sentence.
In addressing post-divorce situation and post-divorce arrangement may enter except CPS, courts, clinics and other institutions and experts – *e.g. schools, health facilities, police, psychologists, therapists or psychiatrists*.

The role of psychologists is particularly important for the diagnosis of Parental Alienation Syndrome, proposal of therapeutic solutions, and especially remedy of disturbed relations among parents and children. Therapists can further assist in the area of parental alienation syndrome, whose benefit lies in creating a healthy therapeutic relationship between themselves and a child and in assistance to the alienated individual in contact with their child. (Bakalář, 2009; Gardner, 2010)

The court may in matters of divorce proceedings order an expert opinion, meaning the appointment of an expert witness[^1]. The expert opinion relates mainly to the Parental Alienation Syndrome, expert assessment addressing issues of child custody of one of the parents and the recommendation on the extent of the contact with the other parent. The expert opinion is also important where there are ongoing child custody proceedings and a child expresses preference to live with one of the parents, while there are doubts about the quality of the preferred parent. The expert witness then assesses the child’s relationship to parents and their qualities in terms of ability to educate the child. (Mach In Smith, 2004)

Divorce situation in relation to the relative wealth of spouses / spouses and child custody can be dealt with under the mediation. We can talk about divorce mediation in connection with divorce, which is part of the family mediation. The aim of the divorce mediation is to reach an agreement in relation to children – dealing with the question of child custody, visitation with the other parent, but also to discuss other contentious issues. (Holá, 2011)

Currently, there is valid Act on Mediation (202/2012), which allows the court to grant one mediation session in a range of three hours.

### Mediation

Mediation in terms of solving family conflicts is the most common area of mediation. Mediation can be defined as: "*The process of resolving the conflict with the participation of one or more mediators who promote communication between the parties involved in the conflict and, to help them reach an amicable solution to their conflict concluding a mediation agreement.*" (Act no. 202 / 2012 Coll., Section 2).

Family mediation is focused on resolving conflicts arising from family relationships. (Act no. 202 / 2012 Coll.) Divorce mediation in conflicts is implemented as a short-term intensive assistance, which is not only limited by self-disintegration of the family, in addition to issues related to care about child and property regimes can also for example the issues of raising a child alone or contacts with the wider relatives be solved. (Holá, 2011)

[^1]: Mostly psychologists and psychiatrists are expert witnesses in the Czech Republic.
Participants of family mediation are clients and the mediator (mediators). For clients, we consider primarily divorcing / divorced partners, children or other important people who are affected by divorce. Children participation in mediation should be carefully considered; the invitation is appropriate in situations where parents are able to engage constructively and bring constructive solutions. (Holá, 2011)

Mediation is launched on the basis of the contract of mediation and subsequently a mediation agreement is written, a written agreement governing the rights and obligations of all parties to the conflict. (Act no. 202 / 2012 Coll.)

Mediator is a person who is registered in the list of mediators of the Ministry of Justice. Thus the mediator must complete a written exam in family mediation. The price for the exam is 5,000 CZK and it is focused on out-of-court solution of problems, mediation techniques, law, basics of psychology and sociology. (Act No. 202/2012 Coll.); Currently, there are also the so called non-listed mediators in the Czech Republic, who had been engaged in the area of family mediation before the law was created.

How is the mediation in resolving post-divorce conflicts actually carried out?

Define divorce.

Name the impacts of divorce.

Describe the role of the Child Protection Services in dealing with the divorce situation and indicate the involvement of other institutions, organizations and experts involved in the system of assistance to families in divorce.

Define family mediation.


42The price for the exam is 5,000 CZK and it is focused on out-of-court solution of problems, mediation techniques, law, basics of psychology and sociology. (Act No. 202/2012 Coll.); Currently, there are also the so called non-listed mediators in the Czech Republic, who had been engaged in the area of family mediation before the law was created.
Zákon č.89/2012 Sb., občanský zákoník, v platném znění.
7 Social work with family and substitute family care

Chapter objectives:

This chapter aims to define substitute family care with a focus on its current forms. It intends to describe differences between different forms of substitute family care and to list changes associated with amendment of the relevant laws pertaining to substitute family care. The chapter describes the process of arranging for adoption and foster care. It also introduces the book of life as one of the possible methods in building the identity of a child living in a surrogate family.

Keywords:

Substitute Family Care
Adoption
Child custody of another person
Guardianship with care
Foster care
Foster care for a temporary period (FCTP)
Process of arranging for adoption and foster care
The Book of Life

Text:

The term surrogate family is used to imagine a wide range of different situations, where a child is not raised by his/her biological parents for variety of reasons, whether objective or subjective.

From January 2014, the new Civil Code replacing with its content of the second part the Family Act, which used to regulate the institutes of substitute family care, come into force. Another law regulating substitute family care is the Act on Child Protection, which was amended with effect from 1 January 2013.

43 The chapter is partially based on the content of the Final Report of the Student Grant Contest project entitled Factors influencing the form of substitute family care implemented in 2014 at the Faculty of Social Studies, University of Ostrava and the paper entitled Surrogate family in the context of changes at Hradec Kralove Days Conference 2015.
7.1 Definition of substitute family care

In literature we often come across inconsistent terminology in the area of substitute family care. For example according to Bubleová and Kovařík (In Matějček, 1999, p.31) "substitute educational care is a form of care for children who cannot be raised for various reasons in their own biological families; it mostly refers to institutional care, in which a child is brought up until reaching an adult age." Substitute family care is "a form of child care when the child is raised by foster parents in the environment that most closely resembles life in a natural family" (Bubleová, Kovařík In Matějček, 1999, p.31). However, according to another author Opatřil (Opatřil et al., 2008), both the family care and the institutional care form substitute educational care, i.e. the system of care for abandoned, orphaned or vulnerable children.

In the context of the above description, we shall distinguish between substitute family care and institutional care both under the umbrella term substitute educational care. The substitute family care can be seen in the light of the current institutions of foster care. If we begin with the current legislation (Act no. 89/2012 Coll.; Act no. 359/1999 Coll.), then we talk about the following forms of substitute family care: custody of another person, foster care, and guardianship with custody. The substitute family care, in addition to the above forms, also includes adoption. Adoption is historically the oldest form of childcare outside the child’s own family, however current legislation rather views adoption as a form of parenthood where the child becomes a member of the adoptive family with all legal consequences.

The concept of substitute family care has no legal definition, yet is used both in theory and practice and includes the institutes regulated by the law used in situations where the child's own parents do not provide care for their child and the child is placed based on a court ruling into the custody of someone else, who cares for the child in his/her own family or in conditions substituting the family. A fundamental feature of this type of care is that it is always subsidiary in relation to the original family and at the same time preferred in relation to the collective, i.e. institutional care (Hrušáková, Králičková, Wetphalová, 2014). Within the substitute family care we further differentiate the mediated and unmediated type of care, therefore care when the child is placed in the custody of another person or of relatives. Mediated care involves situations where the care has been mediated according to Section 19a, Paragraph 1 of Act no. 359/1999 Coll., on Child Protection. Unmediated care involves situations where application is filled out by a person who is a relative of the child or his/her family according to Section 20, Paragraph 3b of Act no. 359/1999 Coll., on Child Protection.

44 See Chapter 8
7.2 Adoption

As mentioned above, adoption has its special place under current legislation; it can be regarded as a form of parenthood. Therefore I have included this form of childcare in a separate section.

In relation to adoption the following terms are defined by the law:

**Adoption** – according to Section 794 of the Act no. 89 / 2012 Coll., adoption means "acceptance of a stranger for a member of our own family." An adopted child becomes part of an adoptive family with the same rights and responsibilities as between parents and children. Between an adopter and an adoptee must be a reasonable age difference, usually not less than sixteen years.

**Adoptive parent** is a person who accepts the child as his/her own; it can only be a person of legal age and legally competent, while it can be an individual or a couple (e.g. spouses) - the adoptive parents.

**Adopted child** is an underage child, who did not acquire full legal capacity (Act no. 89/2012 Coll.).

A substantial change compared to the previous amendment of the Family Act no. 94/1963 Coll. is the reinforcement of rights of relatives (not just the closest and proven biological family), but also persons who claim that they are relatives of the child. It has been also important to reinforce the rights of the adoptee themselves through the Act no. 89/2012 Coll., setting the need for a personal consent of the child to adoption provided that the child has reached the age of twelve, but even before this age limit it is the responsibility of the court to listen to the child’s wishes and took them into account. The law newly sets the responsibility of an adopter to communicate the fact of adoption to an adopted child no later than at the start of the school and the right of an adopted child to become familiar with the contents of their adoption file. Also, the court always decides on adoption to be a revocable option, which is after three years changed to irrevocable adoption, assuming that within this period the annulment of adoption will not be filed for. The new legislation also offers the option to adopt a child of full legal age (Act no. 89/2012 Coll.).
7.3 Forms of substitute family care

We will now describe individual forms of substitute family care under the current legislation.

**Child custody of another person**

Child custody of another person represents the same type of care as under the previous legislation. Child custody of another person is subject to the child's biological family and those close and known to the child accompanied with the fact that it is in the best interest of the child that these persons provide the care of the child, if his/her own parents or guardian cannot look after him/her. Persons, who are the most frequent caregivers, are the child’s grandparents who have the statutory duty to maintain the child. Therefore, if it is possible to set child maintenance or if another relative decides to look after a child who does not have the maintenance obligation toward the child (e.g. an aunt, or an older sibling), however maintenance can be imposed on the child’s parents or grandparents, so then this form of care has priority over foster care (Hrušáková, Králíčková, Westphal, 2014). If it is not possible for parents or other relatives to impose a maintenance obligation towards a child, this form of foster care is not used.

As part of the child protection placed in the care the law stipulates the requirements for a caregiver, who must guarantee appropriate care, have residence in the Czech Republic and agree to the child’s placement in his/her personal care. If a person who is close to a child or a relative are willing to assume the care for such a child, the court shall give this person preference over another person, unless it is not in line with the interest of the child. The court decides on definition of the rights and responsibilities of caregivers, while personal care for the child is defined to be the key right and responsibility. Unless ruled otherwise, the parent remains a legal guardian of the child and possesses, in the broadest sense, the right to bring up the child, meet the child, stay inquired about the child, claim the child back into his/her custody, as well as represent and manage the assets of the child in substantial matters (Act no. 89/2012 Coll.).

**Guardianship with care**

Guardianship with care also remains similar to the previous legislation. The court shall appoint a guardian to a child whenever the parent who has parental responsibilities toward a child cannot perform them in full. The guardian possesses fundamentally same rights and responsibilities as their biological parent toward the child, except for maintenance obligations; the court may for exceptional reasons specify the rights and responsibilities of a guardian otherwise.

**Guardianship with care** defines a situation where the guardian is an individual who personally cares for the child as if a child was permanently entrusted to his/her care; in these cases the guardian is entitled to receive the same financial benefits as a foster parent. Also, the performance of guardianship cannot take place without the control of the state, because it concerns a placement of a child in the care of the persons other than the parents (Act no. 359/1999 Coll.).
Fostership - foster care

In the case of foster care, legislation also follows upon a previous form of foster care under the Family Act no. 94/1963 Coll. The child is placed in foster care in situations where neither of parents nor a guardian can look after a child in person, while it shall be understood that "foster care is preferred to institutional care". (Act no. 89/2012 Coll., Section 958, Subsection 2)

Parents remain bearers of parental responsibility except for the rights and obligations set by the act for foster parents; the traditional definition of foster parent rights and responsibilities are included in the Section 966 of the Act no. 89/2012 Coll. A foster parent decides on the child's routine matters and is required to inform the child's parents on important matters relating to the child. All stakeholders, the parent, foster parent and the child can make a proposal regarding the change in rights and responsibilities. In the current statutory wording, emphasis is placed on the right of a parent to the personal and regular contact with the child and the right to be informed of the child in foster care. By law, therefore there is a need to maintain, develop and deepen a child’s sense of belonging to a family, in which the child should return as soon as possible. (Act no. 89/2012 Coll., Section 958)

From January 1, 2013, material security and foster care benefits have been defined by the Act on Child Protection (no. 359/1999 Coll.). The act distinguishes the following foster care benefits:
- Fostering grant (allowance to cover the needs of the child)
- Foster parent allowance
- Allowance for accepting the child
- Motor vehicle grant (to purchase a motor vehicle)
- Allowance on termination of foster care

What is the current rate of each foster care allowance?

Foster parents, meaning the persons providing care or registered for care (see below), enter into agreements on performance of foster care. The agreement is a public contract concluded between the municipal authority of a municipality with extended powers and the foster parents. The agreements are also linked to the foster parent state allowance paid to an entity, with which the agreement is concluded. (Act no. 359/1999 Coll.)

What is the content of the agreement on the performance of foster care?
The equally important amendment is the obligation of **education of foster parents**. Education may take the form of **one-time preparatory training session for prospective foster parents** in case of mediated foster care at least in the range of 48 hours for the classic (long-term) foster parents and 72 hours for the foster parents for a temporary period (see below). The preparatory course is provided by the respective regional office. (Act no. 359/1999 Coll.)

**Continuous education of foster parents** is an obligation of foster parents to increase their knowledge and skills in child education and care in the range of at least 24 hours a year. (Act no. 359/1999 Coll.)

A specific type of foster care is **foster care for a temporary period (FCTP)**. Foster care for a temporary period is not a new institute in the Czech legislation; it already appears in the amendment to the Act on Child Protection from 2006. However, this institute has not been applied in practice gaining more importance only with the amendment to the above-mentioned law in 2013.

FCTP can be seen as an expanding option for addressing a difficult situation of the child, i.e. as a kind of additional alternative in the substitute family care system. The purpose is "to provide immediate assistance to vulnerable children and their more prompt way to a substitute family." (Buble, 2013, p. 9) "The purpose of the FCTP institute is in particular to give parents time so that they can adjust their situation in order to be again able to take the child back into their care." (Vyskočil, 2014, p. 11) This type of institute of substitute family care particularly represents a crisis and temporary solution, which is also given by the one-year legal restriction; therefore the child services always look for a substitute family at the same time (in cases where the child cannot be returned to their biological family), which can guarantee a proper upbringing to the child.

The regional office keeps records of people who may provide foster care for a temporary period. The records include persons who have, based on the expert assessment, skill set and conditions for performance of this form of substitute family care. The court decides about FCTP based on a proposal from the child protection authority.

FCTP is especially suitable for children, for whom parents for serious reasons are unable to provide care – for example hospitalization, or imprisonment. It is also suitable in case of unwanted newborns who wait for a parental consent to adoption and who are at the same time not placed in pre-adoptive or pre-foster care.45

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45 For the pre-adoptive and pre-foster care see the Act no. 359 / 1999 Coll.
7.4 Process of arranging for adoption and foster care

Arranging for adoption and foster care begins with a search for children suitable for adoption or for foster care as well as a search for individuals suitable to become adoptive or foster parents, carried out by the relevant child protective services (CPS). CPS provides basic information for those interested in adoption or foster care, registers applications, and records documentation about the child and the applicants, also completes files on applicants, which sends to the respective regional office. Based on an expert assessment, the regional office puts applicants on a waiting list for arranging adoption and foster care. The regional office ensures preparation for the adoption of a child to the family. The following step is a selection of the adoptive parent or guardian for the child. If the regional office selects a suitable applicant, he/she is immediately notified of this fact. Meeting a child who is to be adopted or placed in foster care follows. The court, which is required to seek the opinion of relevant CPS, decides on adoption of a child or his/her placing in foster care.

On a national level, regional offices in the Czech Republic provide arrangement of foster care and adoption. Intercountry adoption of children is arranged by the Office for International Legal Protection of Children in Brno.

7.5 The Book of Life

In the area of substitute family care, hence the surrogate parenthood many methods and tools enforcing identity of the child have been recently applied. The Book of Life can be such a tool. The Book of Life is a therapeutic methodological tool, which can help a child cope with a period of identity crisis and/or other issues manifesting themselves through behavioural problems of a child in foster care. It is based on creating a diary or a log containing significant life events pertaining to the appropriate child. Its aim is to prevent any discrepancies related to the lack of information on a certain period of child’s life.
An example of scale applicable in the creation of the Book of Life – building of a child’s identity

"Do you know?" Test

Please answer the following questions by circling the answer Yes or No.

1. Do you know how your parents met?
2. Do you know where your mother grew up?
3. Do you know where your father grew up?
4. Do you know where any of your grandparents grew up?
5. Do you know where at least one of your grandparents met?
6. Do you know where your parents got married?
7. Do you know what was going on when you were just about to be born (at a time of a trip to maternity hospital, etc.)?
8. Do you know the origin of your name?
9. Do you know what happened when your siblings were born?
10. Do you know to whom in your family you resemble the most?
11. Do you know who in your family has the most similar character like you?
12. Do you know which illnesses and/or injuries suffered your parents from before you were born?
13. Do you know what lessons your parents took from their good or bad experiences?
14. Do you know what happened to your parents when they used to go to school?
15. Do you know nationality of your family? (e.g. Czech, Slovak, etc.)?
16. Do you know where your parents worked when they were young?
17. Do you know what awards did your parents receive when they were young?
18. Do you know the names of schools your mother went into?
19. Do you know the names of schools your father went to?


Define substitute family care.
List the basic differences between adoption and different forms of substitute family care.
List various forms of substitute family care.
Describe the process of arranging for adoption and foster care.
Explain the meaning of the Book of Life.
Zákon č. 359/1999 Sb., o sociálně-právní ochraně dětí, v platném znění.
8 Social work with family in the context of institutional care

Chapter objectives:

Definition of institutional care with a focus on institutional upbringing and protective care. Introduction of various types of facilities in the institutional care system. Listing of basic biopsychosocial needs of the child and the consequences of failure to satisfy them, particularly in the form of mental deprivation. Description of the most common reasons for placement of children outside their biological family.

Keywords:

Institutional care
Institutional upbringing
Protective care
Preventive care
Home for children under three years old
Diagnostic institute
Educational care centre
Children's home
Children's home with a school
Educational institute
Child's needs
Mental deprivation
Mental sub-deprivation

Text:

Children, whose care cannot be provided by their biological family and at the same authorities failed to find another suitable environment for them such as some type of substitute family care, are placed in institutional care.

As mentioned in Chapter 5, the Czech Republic has been currently undergoing transformation of the care system for vulnerable children, which also affects institutional care.

In the past, institutional care services were widely used in the Czech Republic and therefore now often face criticism mostly because of the high number of children placed in institutional care facilities. The aim of the transformation is, inter alia, to reduce a number of children in institutional facilities.

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46 We may also come across the term children with no family support meaning especially orphaned children (orphans due to death of their parents), and socially orphaned children. Socially orphaned children have their parents, but they cannot, are unable or unwilling care for them. (Svobodová, Vrtbovská, Bártová, 2002)
What is the current number of children placed in institutional care facilities?

8.1 Introduction to institutional care

The system of institutional care is quite complex; we talk about the resortism because care for children, who cannot for various reasons grow up in their biological family, is managed and supervised by several ministries (resorts).

When placing children with no family support into various types of facilities the following applies: children under 3 years of age are regardless their health condition to be placed in the facilities run by the Ministry of Health, children older than 3 years with disabilities in the facilities run by the Ministry of Labour and Social Affairs, and children older than 3 years, in the facilities owned by the Ministry of Education. Specific facilities of individual ministries (resorts) shall be introduced in Subsection 8.2.

"If the care of the child and/or his/her physical, intellectual or mental condition, or proper development is seriously threatened or disturbed to the extent that it is contrary to the interests of the child, or if there are serious reasons, for which the child's parents cannot provide the child’s upbringing, the court may order institutional care as a necessary measure." (Act no. 89/2012 Coll., Section 971, Subsection 1)

The court prefers individual custody to institutional custody. If the parents cannot ensure care for their child temporarily the court places the child to a facility for children in the need of immediate assistance for a maximum period of six months. (Act no. 89/2012 Coll.) Current legislation states that inadequate housing or financial conditions of parents cannot themselves be grounds for a court decision on institutional care. (Act no. 89/2012 Coll.)

Institutional care is ordered for a period not exceeding three years, while its duration can be repeatedly extended, for a maximum period of three years. After the child reaches legal age, the court may extend institutional care by one year. The court is required at least once every six months to investigate the reasons for institutional care. (Act no. 89/2012 Coll.)

"The juvenile court may impose on protective care for the below reasons:
   a) A young person is not properly cared for and lack of proper care cannot be removed in his/her own family or in a family, in which he/she lives
   b) A young person's upbringing has been neglected
   c) The environment, in which the young person lives, does not guarantee a proper upbringing, and is insufficient for imposing on care measures." (Act no. 218/2003 Coll., Section 22, Subsection 1)
Protective care lasts as long as its purpose requires, but no later than the young person reaches the 18th year of age, however it may be extended to reaching the young person’s 19th year of age. (Act no. 218/2003 Coll.) If protective care is unlikely to be immediately exercised, the juvenile court orders supervision by a probation officer until its start. (Act no. 218/2003 Coll.)

8.2 Institutional care facilities

Let’s now introduce specific facilities for institutional and protective care within individual ministries.

Homes for children under 3 years old

Care for children under 3 years old is provided by health facilities, i.e. Homes for children up to 3 years of age, which are also known as Children's centres, which are established under the Act no. 372 / 2011 Coll., On Health Services. Some homes for children up to 3 years of age are also facilities for children requiring immediate help (FCRIH). (Matoušek, Pazlarová et al., 2014)

The facilities became an important part of preventive pediatric care. Originally, children were fit in here for health reasons, but over time their function started changing and the health reasons were replaced by the social reasons and also, they included a growing number of disabled children, who were often abandoned at birth. (Matějček, 1999)

The main mission of these facilities is early socialization of the child in the minimum amount of time, whether in his/her own biological family (if the reasons for which a child is admitted to a facility pass) or a substitute family. In addition to the socialization of the child, they also provide other services. These include the provision of health care to families with social problems, support to parenting skills, stays for women in adverse situations during their pregnancy or physical therapy for children with disabilities. (Matoušek, Pazlarová et al., 2014; Act no. 372/2011 Coll.)

Homes for people with disabilities

Within the Ministry of Labour and Social Affairs and under Act no.108/2006 Coll., On Social Services, homes for people with disabilities, within which institutional care, educational measures or interlocutory injunction can be carried out, have been established. For persons with disabilities, the provisions of the Act on Institutional or Protective Care in Educational Facilities apply adequately with respect to the specific needs of people with disabilities. (Act no. 108/2006 Coll.)

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47 For a map of various ministries and facilities see Diagram No. 4.
48 Former Nursing homes.
The largest complex of facilities providing institutional education for children is formed by the Ministry of Education, Youth and Sports. It is facilities, where institutional and protective care is provided. The facilities providing institutional and protective upbringing provide care for children and young people from 3 - 18/19 years old or longer, if their preparation for a future career has not been completed. Act on Institutional or Protective Care in Educational Facilities and on Preventive Educational Care in Educational Facilities distinguishes these facilities:

- Diagnostic institute
- Children's home
- Children's home with a school
- Educational institute. (Act no. 109/2002 Coll.)

**Diagnostic institute**

A diagnostic institute accepts children with a court-ordered *interlocutory injunction*, a court-ordered *institutional care* or with an imposed *protective care*, and puts children with an imposed protective care based on the results of a *comprehensive examination*, in children's homes with a school or in educational institutes. A diagnostic institute based on a *comprehensive examination* compiles a *comprehensive diagnostic report* including a proposal for specific educational and training needs known as a personal development programme. A child stays in the institute usually 8 weeks. The diagnostic institute keeps records of children placed in individual facilities as well as records of vacancies in these facilities in its district. (Act no. 109/2002 Coll.)

**Centres for educational care** are considered educational facilities for *preventive care*, which are usually part of the diagnostic institutes. The purpose of the centres is to prevent the emergence and development of the child's negative behaviours and to reduce or eliminate the causes and consequences of existing behavioural disorders. Assistance of the centres is aimed at children who have not been court-ordered institutional care or imposed protective care, but also at parents or other persons, to whom the child was entrusted. The centres provide outpatient, daily, and boarding services (for 8 weeks) as well as field services (in the family or school of the client). (Act no. 109/2002 Coll.)

**Children’s homes**

Another school facility providing care for children and underage mothers with their children with ordered institutional care usually aged starting from three to a maximum of 18 years old who have no severe behavioural disorders is *Children's homes*. The children’s homes perform in relation to their foster children educational and social tasks in terms of the children’s individual needs. Children living in a children’s home are educated in schools that are not part of it. (Act č.109 / 2002 Sb.)
**Children’s homes with a school**

The facilities, providing care for children in court-ordered institutional care (severe behavioural disorders, temporary or permanent mental disorder), imposed protective care and care for teenage mothers with their children are called *Children’s homes with a school*. This facility primarily serves to children usually from the age of 6 until the end of their compulsory schooling; it’s intended for those who cannot be educated at school, which is not part of the children’s home with a school. (Act no. 109/2002 Coll.)

**Educational institute**

And educational institute provides care for children older than 15 with severe behavioural disorders, who were either ordered institutional care or were imposed protective care. This type of institute can also accept a child older than 12, if protective care was imposed on him/her and the child exhibits such behavioural disorders that he/she cannot be placed in a children’s home with a school. The same applies to children over 12 years with the court-ordered institutional care. The institute also receives underage mothers together with their children and children in need of educational and medical care. (Act no. 109/2002 Coll.)

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**What is the composition of the staff in the different types of institutional care facilities?**

What types of experts do work in a system of institutional care?

What is the role of child protection services in a system of institutional care?

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**A) Map of facilities of the Ministry of Education, Youth and Sports in the field of institutional and protective care**

The Ministry of Education, Youth and Sports (MEYS)

- Diagnostic institutes (+ Educational care centres)
- Children’s homes
- Children’s homes with a school
- Educational institutes
8.3 The child's needs and psychological deprivation

Placement of a child outside his/her family is connected to meeting the child's needs. If the child's needs are not sufficiently met we talk about the so-called psychological deprivation. First, we shall focus on determination of the biopsychosocial needs of the child and the consequences arising out of these unmet needs in the form of emotional deprivation or sub-deprivation and subsequently on the reasons for placing children outside the biological family.49

The child’s biopsychosocial needs

We addressed an issue of the needs under Chapter 4. The child's needs, hence each person’s needs can be seen in a biopsychosocial context. A basic need can be considered the need to "be well-born" - that is, that children are born healthy, wanted and welcomed.

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49 Reasons for placing children outside their biological family is related to both substitute family care and institutional care. Meeting the needs of the child is related to the following issue described in Chapter 9.
Biological or physiological needs include securing the needs such as food, hygiene requirements - heat, purity, protection, and also the need for stimulation, that is a sufficient amount of stimuli for the body’s development in the area of the nerve and locomotor activity. Psychological needs follow upon biological needs and are also related to social needs. Satisfying these needs allows for one’s intellectual, emotional and willpower development.

This includes in particular the need for adequate supply of incentives - stimulation of a child resulting in the activity. The need for meaningful world is the need to follow an order and meaning. The need for certainty is satisfied in emotional relationships; it is important for the formation of a relationship based on trust. Sense of one’s identity, i.e. sense of oneself, formation of a sense of self-importance is important for forming social relationships. The need for an open future or life prospective is a specifically human need leading to maintenance of life activities.

Some authors refer to social needs as psycho-social needs; they are therefore associated with mental health needs. These needs relate mainly to the optimal socialization of children. We include the needs for love and safety, acceptance of and identification with the child. (Dunovský et al. 1999)

Mental deprivation and sub-deprivation

Psychological deprivation is a “psychological condition resulting from such situations in life where the person is not given the opportunity to satisfy some basic psychological needs to the sufficient extent for quite some time.” (Matějček, Buble, Kovařík, 1997, p. 8)

At the beginning of the last century, symptoms of mental deprivation associated with the hospital environment started to emerge. These symptoms are part of the so-called hospitalism, where some children staying in hospitals with missing maternity care showed a lack of prospering and well being despite the efforts of doctors. (Matějček, 1986)

However, psychological deprivation does not only concern children reliant on institutional care, even children growing up in their own biological family may suffer from mental deprivation; this happens when it fails to meet the emotionally-educational function. In such families, the child is a burden, a child is not shown and given love and concern and his/her individual needs are not taken into account. The literature describes this type of mental deprivation to be psychic sub-deprivation. This term was first used at the conclusion of a study on children born of unwanted pregnancy according to Dytrych and Matějček. (Matějček, 1986; Matějček, Bubleová, Kovařík, 1997)
Reasons for placing children outside their biological family

The failure to satisfaction of the child's needs is associated with parenting disorders when the children’s parents do not, cannot or do not want to provide care of the children. (Dunovský et al. 1999)

Reasons leading to the placement of the child outside the family may vary: **Objective reasons**, which made it impossible for a family to fulfil its educational function – for example the death, serious illness or long-term hospitalization of the child's parents.

**Negative care effects of social environment** form the largest percentage of children placed outside their own family. It can, for example, concern dysfunctional families, families affected by addictions to alcohol and substance abuse, family destabilized by frequent change of partners, absenteeism at work and parasitism.

**Failure in parental responsibility** applies to young, immature individuals with lack of life experience, individuals with socio-pathological personality, individuals lacking responsibility, where one cannot rely on support from the extended family. Children are left unsupervised and their health and development is often threatened by psychological, physical, or sexual abuse or mistreatment. (Dunovský et al. 1999; Svobodová, Vrtbovská, Bártová, 2002)

Describe the system of institutional care.
Name the child’s biopsychosocial needs and the consequences of failing to satisfy them.
List reasons for placing children outside

Zákon č.218/2003 Sb., *o odpovědnosti mládeže za protiprávní činy a o soudnictví ve věcech mládeže a o změně některých zákonů* (zákon o soudnictví ve věcech mládeže), v platném znění.


9 Social work with family and the CAN syndrome

Chapter objectives:
Presentation of the CAN syndrome, its forms and specific symptoms. Listing of the risk factors leading to CAN. Possible solutions to the CAN syndrome.

Keywords:
CAN syndrome
Abused child
Neglected child
Abused child
Children at risk
Risk adults
Risk situations
Children's crisis centre

Text:

9.1 Definition of CAN syndrome
The CAN (Child Abuse and Neglect) syndrome represents the abuse, sexual abuse and neglect of children. We can also come across the term inappropriate treatment of the child (ITC). In the 1960's this concept first appeared as a so-called battered child syndrome. Initially, the attention was aimed in particular at physical violence (e.g. in the form of inadequate nutrition) in the field of paediatrics.

What’s the definition of the CAN syndrome? The CAN syndrome is understood as "a damage to physical, psychological or social status and child development, which arises as a result of any non-accidental activity perpetrated by parents or other person that is in a given society and culture considered as unacceptable". (Krejčírová, 2007, p. 9)

There are many existing definitions of this syndrome, however, for our purposes, there is a very important publication by Dunovsky et al., 1995, where CAN syndrome is defined as "non-accidental, preventable, conscious or unconscious activity or inactivity, which is perpetrated by a parent, teacher or other person, and that is unacceptable or rejected in the society, and that harms the physical, mental and social status and development of the child or causes his/her death; sexual abuse is considered a form of an abuse as well". (Dunovský, 1995, p.14)
We use the term syndrome, since it includes a wide group of various symptoms of the abused, sexually abused and neglected child. The symptoms have a time dimension (abused child- abusive-parent – so called trans-generational transfer) and a spatial dimension (space; in most cases it happens in the family). (Dunovsky et al., 1999) "CAN symptoms develop as a result of the active abuse and lack of care" (Krejčířová, 2007, p. 9)

9.2 Forms and symptoms of the CAN syndrome

There are four forms of the CAN syndrome - physical and psychological abuse, neglect and sexual abuse.

**Physical abuse** can be defined as the physical harm to the child or refusing to prevent such physical harm to the child. As examples, we can list following actions: beating, choking, burning, exposure to cold, the denial of food and fluids. These actions lead to injury of the child or to his/her death.

**Psychological abuse or emotional abuse** includes behaviour, which has a serious negative effect on the emotional development of the child and the development of his/her behaviour. Specifically, we can list the following behaviours: criticizing, verbal attacks on the self-esteem of a child, repeated humiliation of a child or his/her rejection, exposing a child to serious conflict situations. This form of abuse is the most difficult to prove.

**Neglect** as neglect of parental care and important basic needs of the child, the extreme case of neglect is abandonment of the child. We can distinguish physical neglect, emotional neglect and neglect of the education and upbringing of the child. This form of CAN represents the most widespread form of the CAN syndrome.

**Sexual abuse** can be defined as any exposure of a child to a sexual contact; behaviour that brings the satisfaction of sexual needs for an abuser, and in most cases this is a person familiar to the child. We distinguish non-contact sexual abuse e.g., exhibitionism, harassment (patting, inappropriate hugging of a child), photographing and filming and sexual abuse by inappropriate touching/conducted by contact – e.g. caressing, groping, sexual intercourse, oral sex.

In addition to the above forms there are also so-called special forms of CAN:

- **Organized exploitation of children** (e.g., trafficking of children, child prostitution)
- **Institutional abuse/secondary victimization** (repeated and inappropriate child investigations associated with trauma and increasing negative consequences associated with ITC)
- **Ritual abuse** (symbolic treating of children)
- **Münchhausen’s syndrome by proxy** – an active form of physical abuse of a child, the simulation of different diseases, overstating children’s symptoms by their parents; according to the ICD-10- a group of factitious disorders. (Dunovský et al., 1999; Krejčířová, 2007)

50 See Subchapter 8.3
9.3 Risk factors

As risk factors in the context of the CAN syndrome, we can indicate **risk adults, children at risk and the risk situations**.

As **risk adults** we can consider individuals who, in relation to the child behave in an unusual way. This can be, for example, parents with a lack of knowledge and unreasonable expectations from the child, violent individuals and persons with lack of self-control, mentally ill individuals, and alcohol addicts, juvenile and immature parents. (Dunovsky, Dytrych, Matejcek, et al., 1995; Matousek, Pazlarova, 2010)

**Children at risk** are children who, for a variety of reasons, attract harm – e.g. children with mild brain disorders, restless and unfocussed children, children with significant mood swings, and children with mental disabilities and with intellectual defects. (Dunovsky, Dytrych, Matejcek, et al., 1995; Matousek, Pazlarova, 2010)

Also, **the age of the child** itself can be considered a risk factor – the younger the child is, the riskier it is. (Krejcirova, 2001)

**The risk situations** include stressful life events such as long-term unemployment, homelessness, and social isolation of the family, alcohol or drug addiction, partner and marital conflicts. (Dunovský, Dytrych, Matějček, et al., 1995; Matoušek, Pazlarová, 2010)

9.4 Assessment of the CAN syndrome and professional support

When assessing the CAN syndrome, we have to focus on following features:
- **Severity of the abuse and sexual abuse**
- **Frequency**
- **Age of the child**
- **Maturity of the child.** (Matousek, 2010)

In accordance with the law on child protection (Act no. 359/1999 Coll.), each individual shall be **entitled** to notify the child protection authority about violation of rights resulting from parental responsibility. Thus, we report the suspicion of CAN syndrome, we don’t report an abuse - confirmation or refutation of an abuse belongs to law enforcement authorities.

Some forms of the CAN syndrome are difficult to recognize (e.g. psychological abuse). The person who reported the suspected abuse is a significant factor in the detection of suspected abuse or sexual abuse of a child. It can be the paediatrician, teacher, social worker, family member or a child.

A **social worker** plays a very important role. Through social investigation ascertains the social (case) history – also called anamnesis (personal and family), which is
the introduction to the extensive investigation, and is used as the basic documentation for other professionals. If any inappropriate treatment of the child has been proven, the child is placed outside of the family (e.g. foster care) and on the basis of the proposal of a social worker until final decision is issued by the Court. Judicial decisions in the field of child abuse and sexual abuse of children are difficult due to the lack of direct evidence or unwillingness of children to testify against their parents (in cases when the parent is an abuser).

Placing a child outside of the family depends in particular on the form of the CAN syndrome - the severity of the abuse or sexual abuse and it is important to consider the impact of the possible trauma on the child arising from unacceptable treatment of the child versus the trauma of separation from his/her family. (Matoušek, 2010; Matoušek, 2014)

In our conditions, there are specialized departments, which are equipped as a children's room with hidden cameras and microphones, and which allow a one-time examination of the child in the presence of all relevant participants. Also, the investigator obtains the audio and video recording, which is then used as the evidence not only for the authorities active in criminal proceedings, but also for child protection authorities and, where appropriate, for further therapy with the victims performed by a psychologist or other therapist. Police technician ensures high quality of the recording in the technical room. All representatives of involved parties observe the interviewing process in a separate room so the child-victim, witness perceives a reasonable environment with only an investigator and, where appropriate, the psychologist.

For gathering information from the child, we can use a variety of projective techniques - e.g. telling stories, playing with dolls.

Assistance to children victims of inappropriate treatment is mainly provided through the psychotherapy e.g. by crisis centres.

In 1992, the children's crisis centre (CCC) was founded - the first facility dedicated to issues of abused and neglected children. Assistance was focused on children from birth to 18 years and their families. This centre provides assistance based on the interdisciplinary approach, therefore, the cooperation of psychologists, therapists, social workers, lawyers, paediatricians, child psychiatrists, and others. In 1996, as part of the CCC services, a non-stop telephone helpline was established, offering assistance to all children in need for 24 hours a day. (Dunovský, Dytrych, Matějček, et al., 1995; Dušková, 2007)
**Prevention** itself plays a significant role in the CAN syndrome. In terms of prevention—primary, secondary and tertiary, the purpose of **primary prevention** is strengthening of parental competencies, the existence of a supportive family network and available services. **Secondary prevention** can be understood as interacting with families at risk (families with tendencies to unacceptable child mistreatment), for example in conjunction with the child protection authorities. Tertiary prevention refers to children who already have experienced mistreatment when the goal is to prevent further abuse and sexual abuse and the deepening of the trauma of children.

**What is the current number of children affected by the CAN syndrome?**
**Where are the cases of abused, sexually abused, and neglected children filed?**

**Define CAN syndrome.**
**Name its different forms with specific symptoms.**
**Describe the system of support for CAN syndrome and the role of social workers.**

Dunovský, J. Co je to syndrom týraného, zneužívaného a zanedbávaného dítěte. s.7-14.
Zákon č.359/1999 Sb., o sociálně-právní ochraně dětí, v platném znění.
CONCLUSION...

The goal of the study support was to create comprehensive material to summarize the knowledge in the field of Social Work with Family. Because social work with family includes a wide range of topics, which it is not possible to embrace in a single publication, the study support is based on the contents of the individual subject descriptions (syllabi) relevant to the study support. Therefore, this study material does not contain all of the information you may need. Some topics are covered in more detail, while others assume active involvement of the students in the form of finding current sources, statistics, etc. Therefore, the study support is supportive study material, but also a practical tool containing questions to be answered by students, which leads to their active involvement and continuous expansion of knowledge and expertise in the field of social work with family.
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Vyhláška č. 473/2012 Sb., *k zákonu o sociálně-právní ochraně dětí*, v platném znění.

6.

Gjuričová, Š. *Syndrom zavrženého rodiče?* In *Právo a rodina*, 2005, roč. 7, 10/2005, s. 5-8.
7.


Zákon č. 359/1999 Sb., o sociálně-právní ochraně dětí, v platném znění.

8.


Zákon č.218/2003 Sb., o odpovědnosti mládeže za protiprávní činy a o soudníctví ve věcech mládeže a o změně některých zákonů (zákon o soudníctví ve věcech mládeže), v platném znění.


Zákon č.109/2002 Sb., o výkonu ústavní výchovy nebo ochranné výchovy ve školských zařízeních a o preventivně výchovně péči ve školských zařízeních a o změně dalších zákonů, v platném znění.

9.

Dunovský, J. Co je to syndrom týraného, zneužívaného a zanedbávaného dítěte. s.7-14.
Zákon č.359/1999 Sb., o sociálně-právní ochraně dětí, v platném znění.
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