

Markéta Tauberová<sup>1</sup>

Veská Children's Centre, Pardubice Region, Czech Republic

*Intensive help and support for failing families with children in a residential form, a way to return to life.  
From a practitioner's experience*

*Abstract*

This article describes a social service that works intensively with families with children who are socially excluded. It involves working with parents who have very low personal and parental competence, repeatedly fail and have been dependent on the social assistance system for a long time. The main goal of the service is to preserve families, improve their functioning and prevent the placement of the child or children in a system other than the original family. The service is provided mainly in a residential form, where parents learn predominantly by imitation and their own experience. The service was registered in 2020, and its current form is the result of a several-year transformation of a residential facility for children with an order for institutional education. This type of service is unique in the Czech Republic. The article describes the practical aspects of providing the service.

**Keywords:** failing family, family with children, social exclusion, child at risk, social service

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<sup>1</sup> **Corresponding author:** Markéta Tauberová, Veská Children's Centre, Pardubice Region, Czech Republic, email: [reditel@dcveska.cz](mailto:reditel@dcveska.cz)

## *Introduction*

Supporting and assisting families with children who have long been dependent on state assistance and repeatedly fail is a major challenge. Can such a family with very low competence, which often struggles repeatedly in the second or third generation, be effectively supported? Can families which are dependent on foreign assistance for a long time really be helped to integrate into the mainstream community? These are all questions that we are also seeking answers to in our organisation. And because we have been working with “multi-problem” families for many years, the result of our work is now a new social service that I would like to introduce to you.

We started providing this service as a registered social rehabilitation service in its current form two years ago, based on our long experience in the system of care for children at risk. The provision of this service is one of the results of the transformation of a facility which, until 15 years ago, was a classic residential institution for abandoned, tortured, abused and disabled children from birth to six years of age. Today, such a service is no longer needed in our region of the Pardubice Region and the organisation provides services of a different nature. The transformation, which was supported by the Pardubice Region, founder, has made it possible to look for ways to change the services that are meaningful and, above all, preventive. A fundamental change was, in particular, in the mindset of the staff and a new orientation towards the target group. From the original care and provision of independently placed children, the organisation now focuses on helping families with a child or children as a whole system. However, we still declare in all services that we focus on the child’s positive development and thriving in order to support the abilities and skills of the caregivers to provide the child with the appropriate care needed.

In our search for a new job, we focused on several theses based on our previous experiences. In particular, we had in mind that if we sufficiently support the original biological family, we will reduce the risk of family failure, which can ultimately lead to the removal of the child or children from the original family and their placement in a foster family or the care of a residential collective institution, in the Czech Republic most often in a children’s home. We have also drawn attention to the fact that childhood is very important for the life of every individual, as it is the stepping stone to adulthood. For their healthy development and happy life, children must have all their needs met, of which the importance of the ability to form strong emotional attachments to other persons is currently being emphasised very strongly. We have also formulated the need for family stability as a very important aspect. Furthermore, during the process of change, we reflected on the form of support and found that parents with very low competence learn best by imitation. It is not very effective just to advise how to do something. It is far more effective when one sees and experiences the things that are done differently actually work. We have already begun implementing the Accompanied Children’s Residential Service gradually during the transition period. The service, as it is today, is the result of several years of piloting. It has been operating in its current form since 2021.

## *Mission and goals*

The mission of the service is to support and develop the autonomy, independence and self-sufficiency of the person (parent) who seeks to preserve the well-functioning of her or his family, especially in the early stages of child development. The service is provided primarily in a residential form, however, we have the option of providing the service in a field form and then we travel to families in their natural environment. The main aim of the service is to integrate the user and her or his family into mainstream society, to make them self-sufficient and free from dependence on the social care and support system. The sub-objectives are that the parent or other care provider, through practical training, increases her or his parenting and personal competencies and strengthens her or his self-confidence, especially in the following areas:

- day-to-day **care of the child or children** (meeting the child's needs, knowing, recognising and respecting them);
- day-to-day care of one's self (meeting the user's own needs);
- daily care of the household and reconciling childcare with household care;
- family and interpersonal relationships;
- social skills, e.g., communication with authorities and institutions, financial literacy, and ability to ask for help;
- work habits (acquiring and consolidating work habits) and balancing childcare, household and work responsibilities.

Based on an individual assessment of each parent's needs, the client, in cooperation with the social worker, establishes an individual personal plan that includes particular objectives. The individual personal goals are planned in a specific way so that the client is clear about what she or he wants to achieve. The goals can be continuously evaluated or changed as needed. Goal-setting is always done in a hierarchical way, i.e., first, the childcare skills are to be worked on, and then other competencies are developed. If an objective is met, the next one is selected.

## *Target group of the service*

The service is primarily aimed at people (most often parents) who are caring for a child or children whose development is at risk. This can be a range of different types of disadvantages, such as health disadvantages, and delayed or uneven development of the child. The child may also be at risk from the parent's own inadequate care or the parent's inadequate conditions for caring for the child, who is then neglected. The parents themselves are often socially excluded or have other types of disadvantages, such as health or sensory impairments. The service can also be used by a family seeking to take custody of a child, e.g., when a child is placed in temporary foster care for a short-term period. The service can also be used by a prospective parent who is preparing to care for a child, especially a pregnant woman in the run-up to childbirth. The maximum period is usually six weeks before the planned delivery date. The other facts are the same as in the case of a caring parent.

The service is most often provided to families where the mother is the main carer, and less often to fathers or entire caring couples. The parent may also be a minor under the age of 18. Typical characteristics of families applying for the service include the following:

- social disadvantage or exclusion of the family, including homelessness;
- complete dependence of a family on social and other services that the family receives in turns;
- frequent changes in the family's place of residence;
- younger children with delayed development or older children with behavioural disorders;
- a parent growing up in an institutional residential facility, serving a prison sentence in the past or with an experience of substance abuse, e.g., alcohol or other drugs;
- domestic violence or other pathological phenomena in the parent's original household or in the family's current household.

It is worth noting that the service is also provided to clients of other nationalities than Czech.

The service works with parents who have one child; however, parents of three to four children are more common. We also have an experience with a mother caring for six children or another mother caring for six children, the oldest daughter of whom is still a minor and has already had her own infant child.

The service is not aimed at people who are only dealing with an adverse social situation related to the loss of housing. Nor is it open to people with a proven substance abuse problem who refuse treatment, people with an infectious disease or an uncompensated mental illness who refuse treatment or other professional help.

Those interested in the service contact us most often on a referral from a child welfare agency because their children are already listed as at-risk. They also come on referral from other services, such as outreach family rehabilitation services or shelters.

The system of preventive social services, where our service is classified, is voluntary in the Czech Republic and its provision is contractual in nature. Before actually concluding a contract and accepting a client, it is very important to have a meeting with the person interested in the service, where the social worker finds out what the specific adverse social situation of the person is, what her or his needs, interests, expectations or assumptions are and what the expected goal of mutual cooperation could be. During the meeting, the need and suitability of the social rehabilitation service for the person concerned are also verified. All the information about the social service is communicated to the person concerned in the most comprehensible form, taking into account her or his perception and understanding capabilities. The aim is to enable the person interested to recognise whether the service can meet her or his needs and expectations and whether it is suitable for dealing with her or his adverse social situation so that she or he can make an informed decision about whether or not to use it. When negotiating the arrangement of social service, the opinion of the person concerned is always important. At the same time, however, the applicant must respect the fact that she or he and the service are already in a situation where they have to cooperate with the child welfare authority, which has the task of defending the rights and legitimate interests of minors at risk. In the context of the concept of assistance and control in social work,

the principles of assistance are mainly applied in the service, but sometimes, in the interests of the child, it is necessary to resort to elements of control in cooperation with the social welfare authority, and thus, to involuntary correction of the behaviour or actions of the person in care.

### *Capacity, form and course*

The residential service is provided in capacity for nine families at the same time. Part of the capacity is directly on the premises of the Children's Centre Veská. There are five families accommodated separately from other services. Of these, a separate flat is available for one family and four families have access to a community housing loft where users are accommodated in four rooms. In the shared use of these accommodated families, there is a kitchen with a dining room, lounge with a playroom for children, toilet and bathroom. The complex is in the small village of Veská, 10 km from the regional town of Pardubice.

The other four apartments for clients are rented city apartments in Pardubice and Chrudim. These are apartment units in common housing estates. All households are equipped with furniture and household appliances. If a family has their own equipment, they can have some of it in the apartment. In total, 35 beds with extra beds are available for nine families. This variation in accommodation is an advantage as it allows for different intensities and levels of support for a family according to their needs and gives an opportunity for gradual family independence. When the first service is provided in the intensive area in Veská and then in the flats in the community, families acquire additional skills and abilities. The Veská campus also provides other facilities and services for families, such as a playground, a forest park and a therapeutic workshop. Families can use health services and a children's group<sup>2</sup>. The children's group, which has a capacity of 10 places, can be attended by children from the placed families, usually aged three to six, as well as children from the general community in the surrounding area.

It is important to maintain as many of the original natural links to the mainstream community environment as possible. If the family is from nearby, the priority is to use the original services, schools, nurseries and doctors.

Families who fail long-term and repeatedly are admitted most often. They come either from shelters or environments that are often unsuitable for families with children, often from domestic violence environments. The family, most often a mother with several children, comes into the service having none or minimal financial resources, personal belongings and clothing. Children who are already in school often fail to meet school obligations and have poor attendance records. The family usually changes their place of residence frequently, has severed ties with their original family and has no support from friends and persons close to them. During the course of the stay,

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<sup>2</sup> In the Czech Republic, there is a system of preschool education for children from the age of three in state-run "kindergartens". The system is supplemented by private "playgroups" where children can be placed until they start school.

specific goals are gradually set, reflecting the user's abilities. The principles of work are respected, where the individuality of each service user is respected, all rights of the service user and her or his children are preserved, and privacy is maintained. We create conditions guaranteeing the dignity of the user and support the person's independence and her or his ability to express needs. We develop the client's self-reflection, and independence in decision-making. We support the service user so that she or he can take control of the decision-making process of her or his life. Strengthening the parent-child relationship and caring for the children, as well as for oneself, always comes first. This is followed by training in household care and the development of social skills. If the client's situation and the age of her or his children allow it, the client is motivated to find a job, even if only part-time, and save money to pay for housing when she or he leaves. The gradual acquisition and deepening competence of the clients of the service are also made possible by the variability of the accommodation capacities. Families are most often admitted to community loft housing, where the work with them is the most intensive. In addition to the service staff, there is also the advantage that the clients can enrich and learn from each other. Then, if further skills need to be acquired, there is spare capacity and the client is motivated to continue the service. They move to separate apartments in the community. There, the level of support is lower. In this way, the long-term motivation of clients to change their lives can also be tested.

The service is staffed by social workers (two people) and "instructors" (three people). In addition, the service has a part-time psychologist and a pedagogical worker. The social worker is a guide for the client's stay. She or he is involved in the admission and discharge of clients and their children, assesses the needs of the clients, and contributes to the determination of the complex situation of the family. She or he tries to obtain maximum information that can be used for their own social work with the client and the family, carries out social diagnosis and therapy, is responsible for individual planning and setting personal goals for clients, and independently provides social counselling including social assistance. She or he assists in acquiring and deepening social skills, such as communication with authorities, other entities, and finding housing or employment.

Instructors are workers who, by law, carry out basic educational and non-educational activities with the placed users and their children. Specifically, the instructor accommodates the users and their children, familiarises the users with the internal rules of residence and the operation of the facility, and guides the family through the adaptation process. She or he provides the basic equipment after the reception, including food, hygiene products, clothes, shoes, and toys, and participates in the setting of personal goals, on the basis of which she or he carries out practical training and education of the user in acquiring and increasing parental competencies and skills, management and functioning of the household, strengthening the basic social and work habits of users, fulfilling the schedule of the day of a particular user. She or he also focuses on the effective spending of the user's free time together with the child, accompanies the user to the authorities or other procurement of their protected interests, motivates the user to seek meaningful leisure activities, and supports the increase of self-esteem and the development of their personality. She or he guides users to maintain order in their rooms and common areas,

provides for the clients' cleaning and cooking needs, in particular, takes care of the principles of healthy and inexpensive cooking, and guides users to careful food management.

The psychologist works with clients or their children according to their needs, and the pedagogical worker works mainly with children.

The provision of residential services is not completely free of charge. The client pays a contribution for accommodation/housing and for meals if she or he is accommodated on the premises of the organisation. In the community flats, the client pays only the accommodation allowance. The outreach form is free of charge for clients.

### *Length of stay and results*

We have been implementing joint stays on the campus and in apartments in the community since 2015. First, as a pilot service in a transformed facility under the umbrella of the original medical residential facility. Since 2020, the service has been registered as a social service. From our experience to date, the minimum duration of the service required for an effective change that has a positive effect on the further independent functioning of the family is usually six months, but a period of one to two years is more optimal and effective. This is sometimes followed by accompanying the family in an outreach form in the mainstream community. However, stays can be shorter if the family has fewer problems or because of early termination of services, either by the client or the service. Repetitive requests for service are also encountered. In such a case, a thorough assessment needs to be made of how and why the service seeker's situation has changed and whether there are legitimate reasons for re-admission.

On average, the capacity of the service has been 80% to 90% occupied and between 15 and 20 families are always admitted to the service during the calendar year. For example, in 2021, occupancy in the community was 93%, and in the Veská site was 80%, and a total of 21 parents and their 37 children were in the service during 2021, out of which four were caring couples (a mother and a father) and the rest were mothers. In total, five parents were caregivers of non-Czech nationality.

The success of the service is still very difficult to measure. It can be considered as a complete independence of the family, its integration into the community and freedom from dependence on the social assistance system. However, such a comprehensive empowerment of the client and full achievement of the service objectives is rare. Moreover, it is never possible to predict whether the client's situation will change and become more complicated in the future. Every personal sub-objective met and every achievement of the caring parent, including their newly acquired skills, must be considered a service success. We can speak of success when the parent leaves the service and her or his children are happy and respectful. It is very fulfilling when families leave the service together and the parents know what they want to achieve in their future life, have specific and achievable goals, self-confidence they lacked and the ability to ask for help if they need it.

