PROJECT OF DEINSTITUTIONALIZATION AND DIFFERENCIATION OF EDUCATIONAL FORMS OF HELP IN SLOVENIA

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Abstract— Residential care institutions in Slovenia are in the process of deinstitutionalization. The article wishes to offer the reader understanding of the process of deinstitutionalization with parallel theoretical discourses, such as living environment oriented social pedagogical assistance, participation, empowerment, normalization, etc. The focus of the paper is on the evaluation monitoring of new emerging programs such as therapeutic farm, animal therapy, socio-pedagogical family help, one-day and half-day centers, monitored independent youth living housing programs, etc., how they are introduced into the space, how the latter are assessed by teachers, educators, social workers who place children there, their parents and for sure, the children themselves. The results show that the novelties are a matter of uncertainty for some involved, introducing fear of what will happen when the project ends and how the forms of help and their functionality shall horizontally and vertically overlap. On the other hand, the implementation of programs is good, arising satisfaction in children and parents, as well as giving support and indicating a promising change.

Index Terms—Children with behavioural and emotional disorders, deinstitucionalization, differenciation, juvenile education institution.

I. INTRODUCTION

Educational Institute Planina and Maribor are included in the European Social Funds project entitled "Holistic treatment of Children with Emotional and Behavioral Disorders in Juvenile educational institutions", which aims at deinstitutionalization of institutions for behaviorally and emotionally disturbed children and adolescents, as well as at offering various new forms of edicational help within their professional centers.

Through the analysis of the situation in juvenile educational institutions (Krajnčan, Šoln Vrbinc, 2015), deficiencies in the diagnostics of children and adolescents included in institutional treatment are identified. Poor documentation at the time of admitting the child to the institution is related to this point, as well as overly general procedure of admission with lesser emphasis on the individual, their motivation and involvement of their related persons in the treatment. Moreover, with years, the need to differentiate the offered services of juvenile educational institutions and to determine the effectiveness of their operation appeared, while working with parents continues to be an important segment of the treatment, as well as life space orientation and easier transition to independent living (Hurrelmann 2007).

Juvenile educational institutions are therefore, intended for educational, social and emotional needs; in short, a comprehensive compensation and correction of what children did not obtain in their development, representing deviations from the expected. It is an extremely sensitive field of work, where both emotional and rational category meet. This is mainly the case of several contradictions[1]; in the emotional category in particular regarding proximity, trust, support, understanding of various reactions, the need for security and acceptance, and in the rational category regarding comprehensive understanding of problems and disorders, the social system, family and social environment, along with many dualities, which the system brings. These dualities are (Weezel, L. G., Waaldijk, K. 2002, p. 12):

- joint life of a certain number of people who have not chosen one another,
- organized, more or less artificial environment,
- absence from home,
- greater or minor distance from their neighborhood,
- ubiquitous duality of the roles of employees and children,
- polarity between the social exclusion of "bad", "terrible"or "dangerous" individuals and the provision of a warm environment.

The fundamental theoretical items base on the principles of deinstitutionalization, normalization, regionalization, professionalization, participation and empowerment, as well as social pedagogical help directed at resources and the individual's life. Such

[1] Trust, attention, commitment, affection and finally, love cannot be guaranteed or even created with rules, much less with an institution. Rather, the opposite is true: "Talking about love in social pedagogical behavior becomes questionable, especially with the fact that love is being demanded in circumstances which – carefully said – are not exactly encouraging for love." (Müller 1983, page 116)

deinstitutionalization may be defined as the fundamental premise, according to which, in fact, it is included in synergy from the normalization to the individual's life space oriented social pedagogical help. Normalization is the focus on comparable living, relationships and ecological conditions their peers experience in a comparable, average environment (Wolfensberger, 1989). Regionalization aims at providing help in an environment in which a child or adolescent lives, to be able to maintain social relationships and correct those inappropriate ones in their own life space (Peters 2008). Professionalization is extremely important and demands from social pedagogues a highly educated and personally stable professional profile (Müller, 2012).

Participation is important the basic premise of human rights (Marovič 2016, p. 235). It contributes to successful social-pedagogic intervention and significantly correlates with the effectiveness of the treatment of children and adolescents with behavioral and emotional disorders in institutional help processes. Empowerment can only occur by focusing on individual's resources and reaches optimal results when timely directed social pedagogical help occurs in their living environment (Hamberger, Peteres, 2006). The intertwining of discourses requires networking and coordinated interventions, which are more appropriate for the society, cheaper, while at the same time optimally respecting children's rights (Krajnčan, Šoln Vrbinc, 2015).

Comparison of extrafamilial forms of help among Scandinavian countries, Anglo-Saxon, Benelux, Germany and Switzerland is focused on the following fields: efficiency, development and quality measurement, youth participation and cooperation, non-discrimination, protecting children's interests, strengthened family orientation (meaningful and timely work with the family), intensity of the help which is not directed towards the concept of completing education within the institution, emphasizing the importance of a network model of cooperation among education, upbringing, social and health institutions, as well as focus on younger children. (Colla 2000, Griffin 2008, Peters 2008).

The aim of the project is "A pilot-tested approach for better integration of long-term care services in Slovenia"), by implementing high quality, evidence-based, effective and free additional innovative services and programs for children and adolescents placed in juvenile educational institutions, by additionally adapting treatment to their needs and involving parents/guardians more, as well as bringing services closer to their home environment. For this purpose, we renamed juvenile educational institutions into professional centers.

Within the professional center, we plan socio-pedagogical work with the family, school (the community), multidisciplinary teams and others, as well as various forms of services for children and adolescents in the juvenile educational institution, where their needs could be followed, and above all, they would be enabled a gradual and safe transition into their home environment. We would also introduce support after dismissal from the juvenile educational institution, which will particularly allow for a shorter period of stay at the institution. Within the professional center, we plan to provide holistic treatment in which we integrate the basic socio-pedagogical component within the upbringing, educational, social and health component, with special emphasis in the field of mental health. Holistic treatment is performed by an interdisciplinary team of professional and technical workers. The existing structure of professional personnel (social, special and sports pedagogues, psychologists, medical technicians and doctors specialized in children's and adolescent psychiatry) will be upgraded within the project with specialized help provided by both employees and external staff (e.g. psychotherapy counseling and treatment of child or adolescent and their family, family therapy). We are aware that one of the key conditions for quality expansion of the fields of work is educating and training of the personnel. As a result, we envisaged regular education of employees within the framework of the professional center, including quality management mechanisms (evaluation with an internal, external and foreign evaluator, regular supervisions, systematization of tools for measuring youth's progress towards independence, etc.). The final evaluation will also include a proposal of effective models for the modernization of long-term treatment services in the direction of de-institutionalization.

II. METHODS

The broader concept of the professional center's work is based on three objectives:

• Implementation of new methods and forms of work which will ensure, on the one hand, early return of children and adolescents with emotional and behavioral disorders from the institution to their home environment or independent living - where we defined transition among the various forms of support that children and youth need, with the aim of increasing their autonomy and empowerment. Within this goal, we would develop mobile work within the community, half-day and one-day treatments, specialized independent living programs and a therapeutic farm.

• Development and provision of appropriate forms of living for children and adolescents, who due to different family circumstances or child/adolescent's problems cannot live at home, in the form of residential groups operating within the juvenile educational institution, but as an independent youth

home unit at another location inside the community. In this context, a service or organization would be created, a so-called independent living residence.

• Preventive acting within the community, among common and professional public, by increasing sensitivity for the problems of children and adolescents, and by increasing understanding of the need for rapid and effective action; empowering parents and professional workers in kindergartens and schools, in order to prevent the development of behavioral deviations in the home environment. These activities would contribute crucially to minimizing future placing into institutions. Within this framework, we plan to create a so-called advisory and therapeutic educational center.

With the help of qualitative methodology, by making use of semi-structured interviews of children involved in new forms of educational support, educators - social pedagogues, social workers and parents, as well as documentation analysis, we analysed the quality of new programs and the effectiveness of the available supply network, according to the needs of children and adolescents from the same environment.

III. RESULTS

Juvenile educational institution Planina has had 5 juvenile education groups and 2 residential groups, while Maribor has had 5 residential groups and a youth home. Their professional centers also introduced the following educational forms of help: acceptance diagnostic center, mobile forms of help, one-day and half-day centers, socio-pedagogical family help, an intensive form of residential groups, a therapeutic farm, animal therapy and independent living programs. Altogether, 87 children and adolescents and 28 professional workers are included in these forms of help.

The interviews were transcribed and consequently assigned first and second order codes, from which we obtained the following conclusions:

The institutions evaluated in this project showed substantially ambivalent views to introducing novelties and insight into the perspectives of helping children and adolescents within the scope of extrafamilial help in Slovenia. By analyzing the answers, we realized that the answers are sorted in the same way as by using a SWOT analysis, which was surprising, however, due to transparency and the possibility of making quality conclusions, and although sounding paradoxically, also the possibility of planning, we summarized the answers in the following categories:

- Strengths: most educators believe that new forms of educational help bring new challenges to their professional everyday life and see better opportunities for advancement for specific target groups, especially highlighting help to all the involved, who are important for the child. Children and adolescents were more direct in responses, which was surprising, and they feel as being taken care of more quality, with better structure and care, as the connection among educators, parents, teachers and other important persons is clearer. The latter demonstrates the need of children and adolescents for security, clear structures in which they can orient themselves and where they feel secure. Professional workers from social work centers who place children into institutions consider this kind of approach as a much better quality network of help, which means that educational measures of help are adapted to the needs of the child, and not vice versa, for the child to adapt to classical forms. Here, in particular, it means the share of children who could not adapt to such existing types of help, and who were sent from institution to institution, while no one cooperated with parents nor teachers. Parents have experienced themselves in a completely different role, since they retained the impression that the child remains theirs and that they are an important element of help, which they perceive as important support and orientation for the future.

- Weaknesses: among the weaknesses, the educators particularly emphasize the lack of clarity of competence among the departments, especially when the child is treated psychiatrically at the same time (therefore, the health department) or when dealing with criminal offenses, involving the judicial ministry. The specificity of the Slovenian territory, where children are placed in institutions by social workers from the social work centers and treated by educators in juvenile educational institutions under the responsibility of the Ministry of Education, presents a discrepancy in which there are not enough clear premises of co-operation and competence. Unfortunately, the legislation did not solve this properly. We hope this project will contribute to the solution of the problem, especially since children and parents expressed their positive attitude at this change very clearly. In any case, they have no experience in the non-project existing cooperation, which is not connected with professional centers.

- Opportunities: educators show an ambivalent attitude towards change. In principle, they see this as an opportunity, they understand theoretically and enthusiastically support the change, but as it often happens with changes, they feel fear and insecurity. Social workers support new emerging programs, while at the same time fear the lack of clarity regarding competence, as if they feel threatened in their sphere of work activities. Parents and children share the opinion that they are seen and feel accepted, heard, and that they can actively participate in the process of help.

- Threats: educators are mostly concerned regarding the unresolved legislation and fear that at the end of the project all new programs will be discontinued, as there will no longer be adequate funding, and that their current opportunities to create flexible forms of help related to the regional needs of children will no longer be possible. Parents and children see the risk only in losing the adequate relatable person at the time of educational help change. While the project provides for solutions, the fear is related to its implementation into legislation.

CONCLUSION

Professional centers represent a real change in the Slovenian space regarding helping children and adolescents with behavioral and emotional disorders. It signifies drawing the forms of help closer to the needs of children and adolescents, in contrast to the state of the system originating in the times of socialism of the 1970s, aimed at unconditional adaptation of the population to existing institutional forms, including those children who are by no means capable of that.

Thus, the system of professional centers encapsules flexible forms of help which are individualized and adequately respond to individuals in need of help. Educators and social workers have clearly supported the change and see benefits in it. At the same time, they show fear. On the one hand regarding the changes, which is expected, and on the other hand, due to the undefined competences in the Slovene territory, deriving from the legislation and where unfortunately, we do not have the necessary authority that would only be competent for the children's rights to optimal help. The differentiation of our institutions is practically unchanged since their establishment. Changes mainly related to the transformation of certain institutions from the juvenile educational institution type into the residential group type and possibly to the expansion to primary and secondary school population, as well as one institution moving from rural to urban environment. Conceptual design changes also show no significant differences. We believe that this project is a good basis for reorganization of the entire network and an experimental establishment of a new, more differentiated, conceptually diverse, flexible and child-oriented network of help.

Professional centers pose a challenge and a realistic possibility for modernization of the system of help for children and adolescents with behavioral and emotional disorders, as well as a sufficiently diversified, life space oriented, flexible form of socio-pedagogical help.

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