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Faculty of Public Policies in Opava

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EDITORIAL

Kamil Janiš Jr., Jitka Skopalová

Dear readers,

In the second issue we have prepared a multidisciplinary view upon the areas of social pathology and prevention. This fact, however, makes the work of the executive editors and editorial board more difficult to some extent. Should we "write" about everything and, in fact, nothing? Where do the boundaries of social pathology and prevention end and those of other disciplines begin? We would probably find the answers to these questions but it is always possible to approach the given topic from various points of view. In this respect, the paper titled *Controlled Reproduction? Moral Preferences in Parenting and Reproduction in People with Mental Disabilities* is surely worth noting. It pleases us that its authors have made use of the opportunity our journal gives, not only we (but also the reviewers of the paper) are of the opinion that it is thematically relevant for the journal's focus; in addition, it has the potential to provoke some further discussion papers related to the topic. What can also be regarded as positive is the fact that this topic is somehow controversial or even a taboo one. It can therefore even raise questions concerning eugenics. Such papers can possibly be published in our journal, too.

The other papers of the second issue are not very likely to provoke so "passionate" reactions; anyway, they also contain intriguing information for the academics, experts from practice and, last but not least, students of both humanities and social science. We believe that most of the papers not only reflect the subject area but they also – and mostly – enrich it.

In the future, we definitely plan to frame the particular numbers and years with a certain topic. Simultaneously, in the context of the possible angles the disciplines social pathology and prevention can be looked at, we do not intend to make the individual numbers narrowly profiled.

For the year 2016 the periodicity of two issues of the magazine remains equal to the previous year. Nevertheless, following the previous statement, both issues have been given a unifying framework. The first issue of the second year bears the subtitle *Theoretical bases of social pathology and their application in empirical research*; the due date for sending the papers is March 31, 2016. As for the second issue, *Prevention and intervention of risk behaviour in reflection of current research*, the due date is September 30, 2016. As a result, we have given a free hand to the authors for choosing the socially pathological phenomena they intend to deal with.

We will be pleased to receive your papers offered to be published on the pages of the journal *Social Pathology and Prevention*.

In return to the second issue of the first year of the journal you are holding in your hands or are reading in its electronic version, we wish you that you could find in it what we see there and has been suggested above.

	ARTICLES	
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COMPETENCE OF PRIMARY SCHOOLS IN THE PREVENTION OF RISK BEHAVIOUR – SCHOOL PREVENTION METHODOLOGIST

Lucie Blašítková, Jitka Skopalová, Jan Zelinka

Abstract

The article deals with the issues of primary prevention of risk behaviour both on the theoretical and on the empirical plane. It focuses on the forms of manifestations of risk behaviour of second stage primary school pupils in selected schools of the Olomouc Region and on the methods and instruments which the schools use to prevent and address these manifestations. Under prevention, we understand the professional application of procedures to reduce the occurrence of and to prevent the spread of risk behaviour in schools and school facilities among children, pupils and students. These do not always connote specific interventions. Preventive measures can be understood as educational exposure to the development of positive social behaviour and communication, psychosocial skills and the leadership to an overall healthy lifestyle, accompanied by growing resistance to the negative phenomena which the pupils can and do encounter.

Keywords

primary school, prevention of risk behaviour, school prevention methodologist

Introduction

The topic of primary prevention is vast and lively, with a number of topical fields and contexts. In the text, we have tried to reflect on essential facts. School prevention works on both the horizontal and vertical levels, and the number of entities involved is quite extensive. On the horizontal level, the structures involve, in addition to representatives of most ministries, also representatives of non-governmental organizations, universities, professional and trade union associations or organizations directly subordinate to the Ministry of Education, Youth and Sports of the Czech Republic (henceforth MEYS). The vertical level is then formed by a hierarchical network of prevention methodologists and workers in schools and school facilities. They are the effective implementers of prevention in the school environment, they perform many tasks of all practical, administrative and conceptual nature. The current prevention concept is entitled "Národní strategie primární prevence rizikového chování dětí a mládeže na období 2013–2018" [National Strategy for Primary Prevention of Risk Behaviour of Children and the Youth for the Period 2013–2018].

I. Theoretical Definition of the Research Questions

In the course of their lives, humans as biological creatures become social beings. This "transformation" is composed of a series of stages accompanied by activities and driving moments, during which the characteristically human psyche and hence personality of a human develops.

"In summary, we may define that the personality formation is exposed to two classes of influence (internal and external, or biological and social) and two programs related to them – the genetic and the socializing one, which in turn are implemented through two basic mechanisms – maturing and learning." (Petrová, Plevová, 2012, p. 61).

Learning in the sense of social learning is one of the basic mechanisms of socialization. It mediates values, attitudes, norms, opinions, or social roles to the individual which are common in a given society (Paulík, 2004). As the bearer of the primary socialization of the child, the family has an undeniable significance in introducing the child into the socio-cultural environment where the child learns orientation and social symbolism (Kraus, Poláčková et al., 2001). Apart from the family, an important role in shaping and integrating the individual into society is played by school which follows up on the influence and results of the primary family socialization (Kraus, 2008). The actual stage of school education does not only serve to develop knowledge but also to shape the character, volitional and emotional traits of the child – pupil. School socialization is certainly "...the most forceful cultural factor of psychological development." (Štech In Miovský et al., 2010, p. 145).

Here, also, the conclusion holds true that if the foundations are formed weak, it will be difficult to build on them. In the field of personality formation, it is difficult to correct ingrained and fixed patterns of behaviour, which is why it is effective to minimize them through primary prevention. Hence the obvious answer to the question: "Why pay such close attention to the occurrence of risk behaviour among children, pupils and students in schools and school facilities?" Primary education is the only stage of education obligatory to all pupils. This is why emphasis is laid on the environment created inside schools and classes. These considerations particularly take into account the individual needs, possibilities and preconditions of the pupils, the creation of favourable social and emotional climate built on motivation, cooperation and methods that promote active and effective learning and teaching. This environment should be friendly and helpful. It should give the pupils the opportunity to experience success and not to be afraid (Authors, 2006). Unfortunately, students may be exposed to a number of negative effects and influences in a school environment which are purely pragmatically understood as phenomena and effects adverse to their developments. At the present, the issues of risk behaviour are given considerable attention – there are theoretical foundations and studies on whose basis mainly preventive programs are formed that seek to improve the quality of various interventions (Skopalová, 2014). It is a lively area where we look for ways to improve the system of prevention. For "...it is much easier and more profitable (in social, economic, ethical, health, and other regards) to prevent these phenomena than to deal with their consequences." (Sýkora, 2010, p. 45). The primary focus of school as an education institutions is the education, i.e. the teaching and upbringing of the children. The secondary focus is to support and help their parents. The teaching-upbringing part of educational influence can include "...creating and strengthening moral values, improving social competences of children and youth, developing those of their skills that lead to rejection of all the forms of self-destructive behaviour, expressions of aggression and violation of the law..." (Ministry of Education, 2001, p. 3), which is

a complex and demanding activity. If there is a pupil in the class who is an aggressor or generally a pupil showing signs of serious forms of risk behaviour, the time necessary for the work with this pupil "steals" from the time available for teaching, has a negative impact on the effectiveness of teaching, not to mention the threat to the class climate and to the personal balance of pupils and teachers (Mertin, 2011).

According to the data contained in the current National Strategy for Primary Prevention of Risk Behaviour of Children and Youth, the most abundant forms of risk behaviour occurring in the school environment are bullying and cyber-bullying, truancy, smoking and alcoholism, violence, aggression and vandalism. (MEYS, 2013a). The teaching staff have a variety of tools techniques and methods at their disposal which can be used for the effectuation of primary prevention. However, the current state within the scope of the prevention of risk behaviour differs considerably in individual types of schools. The difference is present even across regions, cities and municipalities, which is determined by different degrees of orientation in the matter among pedagogues (MEYS, 2013).

The issues of risk behaviour is still current and it will continue to be so in the future. This is understandable (not only) from the current document of the MEYS dealing with this issue, since the period of school education is "... very important in shaping the personality of young people and everything that is not managed well in this period, will be very difficult to correct in time of maturity." (MEYS, 2013a, p. 3). The quoted document, presents one of already several feats of the¹ Ministry of Education, Youth and Sports of the Czech Republic which builds on previous strategies and concepts relating to the prevention of substance abuse and other socially pathological phenomena among children and the youth, which began to emerge in the late 1980s. (MEYS, 2001).

In the framework of preventive effects, the period before 1989 was associated with activities of uncoordinated and unique character. Until then, there were no specific policy documents relating to the prevention of risk behaviour to speak of. The effort was rather to intimidate and discourage users of addictive substances, pointing out the risks that are associated with their use. The individuals to whom such information was disclosed, were passive listeners and lacked the opportunity for their own active involvement in preventive activities. In the early 1990s, however, a change occurred, when the steps towards the transfer of responsibility for drug-related conduct to the pupils were taken in the context of primary prevention. Over time, the orientation of primary prevention steered towards development of critical thinking, personal and social skills (Adámková In Miovský et al., 2012). The history of the concept of primary prevention is well described in the publication of prof. Miovský – Primární prevence rizikového chování ve školství [Primary Prevention of Risk Behaviour in Education] from 2010. However, the interest in these issues was not shown only by the high authorities of public administration and other bodies which are involved in the governing procedures in the area of education. In his article on the state of Czech pedagogical, Průcha talks about a specific profiling of institutes, professional workplaces and teams of scientists of the

¹ The current strategy for the period 2013–2018 is the fifth of similar feats (1998–2000, 2001–2004, 2005–2008, 2009–2012). The document always has the same structure. The issues at hand, the concepts and the agents of prevention are defined, concepts and tasks of the past years are evaluated, and new tasks for the next period are assigned. The defined goals are further specified in the individual action plans.

faculties who systematically focused on specific areas of interest from which they do not divert over time but, to the contrary, they carry out further research and develop knowledge of the issues, "...becoming solid centres of pedagogical theory research... and in some workplaces, gradually creating a specific profile with long-term and systematic focus on a certain topic or discipline of pedagogy, connected also to the education of young researchers – i.e. the creation of what is called a scientific school." (Průcha, 2005, p. 238). These institutions, which represent the professional public, cooperate with with the Ministry of Education, Youth and Sports of the Czech Republic on the formation of conceptual material (MEYS, 2010). In the Czech Republic, there are several such profiled centres who follow closely the issues of risk behaviour and have the history of a range of issued publications and a number of implemented research projects on this topic. Among the most famous and most significant, it is the Department of Addictology of the First Medical Faculty of the Charles University in Prague and the General Faculty Hospital in Prague, Department of Psychology at the Philosophical Faculty of Palacký University in Olomouc.

1 The Operationalization of Basic Concepts

School class

Through the start of school attendance, an individual obtains the status of a pupil. This new role in life catapults the individual into the environment of a new social group where s/he is going to experience the countless personal contacts, create social relations, bonds and interactions, and will be confronted with a so far unknown authority – the teacher. All of this will be happening under the invisible but ubiquitous veil of consciousness, that the individual is part of the education system. All incoming stimuli in this group are very intense, frequent and prolonged. These qualities rank the school class, like the family, among social micro-environments of the individual (Lašek, 2001). The pedagogical dictionary understands the class as the basic social and organizational unit of school education, consisting of a group of pupils of the same age, who are taught together (Mareš, Průcha, Walterová, 2003). We may perceive this unit in different views which are not necessarily separate. The class can be seen as specifically equipped place in school (desks, chairs, blackboard), but also as a summary of the teaching objectives and contents or methods and forms of work (curriculum), including elements of group dynamics and social relations. It is in its own way always an original with specific values, rules, topics and climate. In the classroom, one can experience success and failure, cooperation and competition, support and derision.

Class Climate

In professional literature, there are a number of terms describing the socio-psychological phenomena inside the school class. The class climate is a construct which authors like to explain by saying that anyone who ever stood before a class of pupils knows exactly "what we are talking about". What are we talking about? Pupils and teachers working in a given class perceive, experience and assess the reality of the environment of the school class (in human, social and cultural terms). In addition to material conditions, there is also a subjective factor of how that

perception, experience and assessment of participants, which represents a relatively permanent quality, exceeding a mere evaluation of teaching. Pupils and teachers initially experience individual episodes from the class environment individually. Over time, however, they enter through the interactions and common experiences a new level of values. The class is starting to be understood as "own" and a definition of the class in view of other classes occurs. Typical differences between other classes begin to shape and a collective experience is formed which lasts and may initiate a sense of the history of the class and of a specific climate. In the background of this development, we can notice the group dynamics of the class, its social relationships, communication, style of the work led by teachers, the requirements on discipline inside the class, the supervision and evaluation of the pupils, etc. The pupils in the class group foster their social skills in behaviour among their peers, experience success and disappointment, support and derision. They are also led and taught to lead, they get into escalated situations and handle simple or more serious conflicts. If the relationships and processes within the class are perceived positively by the participants, we can speak of a functioning community which is certainly an important factor for the effective teaching process, the conditions for learning and the teacher's appetite for working with the class. There is no doubt that specific class (or school) climate has an influence on the pupils, teachers, their mood, behaviour and performance. The behaviour of the participants, even risk behaviour, is a factor and at the same time the result of a particular climate. The negative climate may ultimately signify to one of the many risk factors which has a similar weight as for example, belonging to a national minority, the low social status of the family, the environment in which the individual lives (socially excluded areas), etc. Although the individual is part of this class and of the collective influence, to some extent, s/he has the opportunity to break free from it. The amount of time a pupil spends in the class group can range from four to nine years – the first and second stage primary school, four-year and eight-year grammar school. (European Encyclopedia on National Education Systems – online). For this reason, possibilities need to be sought to equip the individuals (pupils, students, the youth) with skills that would make their encounter with the negative influences easier. Referring to experts, Skácelová states "... that up to a third of truancy is linked directly to the climate in the school, with the way the educators deal with the pupils and with unprofessional functioning of the teachers...". (Skácelová In Miovský et al., 2010, p. 185).

The very definition of the concept of class climate can be tricky, especially because it is a confrontation of objective reality with a subjective perception and experience of the participants (Grecmanová, 2008). According to the Čapek (2010, p. 13), it is "... a summary of the subjective evaluation and self-evaluation of the perceptions, experiences, emotions and the mutual influence of all participants that summon educational and other activities from them as both the co-creators and consumers in the given environment." The pupil is, however, not the only one who is being shaped by the class and school environment. Other participants such as teachers, school management, parents, etc., all reflect, experience and assess the school environment in some ways. This is a complex and long-term quality, to be set apart from the atmosphere of the school class or the school alone, which is a short-term and rapidly changing quality. We can also talk about the climate of teaching, the climate among the teachers as part of the pedagogical staff, etc. (Skopalová, 2014). Relationships inside the class, whether between the pupils and the teachers or among the pupils, are undoubtedly important for the prevention of risk behaviour inside the class groups.

Older School-Age

Older school-age is the period defined by the entrance of pupils and students in the second stage of primary school or the first year of extended secondary school until the end of the compulsory school attendance. Among various authors, there are several views on the delimitation of the period whose start ranges from approximately around 10 and 11 year of age. E.g. Broža (Broža In Kalina et al., 2008, p. 253) talks about the period of maturing in general "...which creates the most models of behaviour that an individual uses in different variations for the rest of his or her life." Binarová defines the periods of pre-puberty, puberty and adolescence (Binarová In Šimíčková-Čížková et al., 2008). The authors mentioned define this period in unison as the transition between childhood and adulthood, which is full of changes for the individuals, both physical and mental, with different developmental speed with girls and boys.² Individuals are subject to the demands and requirements of the "adult society", and these pressures are causing the volatility and conflicts in their own internal experience and towards their environment, in their changing ways of thinking, and in the search for their specific lifestyle and own identity. In the school environment, a criticality occurs to the requirements and school standards typical of the period, negativity and the behaviour contrary to what is expected in a given situation, sometimes in an effort to provoke. The general trend for the period of adolescence is an earlier start and later end. Broža mentions the individual's dissatisfaction as a significant sign of maturing, accompanied by feelings of anxiety and loss of security, when the individual understands that s/he is not a child any more but at the same time is not an adult yet. This vague and insufficient state of the individual's understanding of oneself can be reflected in the behaviour of the individual, "... which can according to WHO (1969) have three basic forms: 1. Aggressive – delinquency, violence, in extreme cases terror; 2. Passive – escape from school, from the society, in extreme cases suicide; 3. Compromising – instability, addictive substance abuse." (Broža In Kalina et al., 2008, p. 257).

The Risk and Problematic Pupil

According to the Educational dictionary (Mareš, Průcha, Walterová, 2003, p. 201), risk pupils are those who have: "...bad results with a negative relationship to the school, inadequate family background, etc., for who there is an increased likelihood that they will not complete school or gain sufficient education to be able to find application on the labour market in their future life." This is often confused with the term "a problematic pupil". At the same time, the use of the term "problematic pupil" is inaccurate to some extent and often is subject to subjective designation and the teachers' feelings. Almost in every class, there are pupils who can be described as problematic. Their behaviour takes on a variety of forms. Some of the manifestations are less serious, other are dangerous. Problematic pupils designate for example those who disturb or refuse to work at all, "...lie, steal, bully their classmates, truant, roam with their group, indulge in alcohol, drugs

² Skácelová (2003) talks about second stage primary pupils as about a special group appropriate for preventive influence, as young people at this age are exposed to risk influence. It is therefore necessary to provide them with education, counselling and intervention services in the area of primary prevention of the manifestations of risk behaviour and to reduce the potential occurrence of possible problems.

and sexual promiscuity." (Mareš, Průcha, Walterová, 2003, p. 179). As Kovářová and Zezulková (2013) point out, the concept of the "problematic pupil" refers to the already developed negative behaviour, whereas the term "risk pupil" is understood on the level of preventive action when the negative behaviour has not been fully developed but such a pupil is endangered by certain negative phenomena for existing reasons to a higher extent than the rest of the population and thus belongs to the risk group.

Manifestations of Risk Behaviour

The term "risk behaviour", which replaced the the term "socio-pathological phenomenon" used until 2010, is defined by Mioviský as such behaviour, "in the consequence of which there is a demonstrable increase in the health, social, educational and other risks for individuals or the society." (Mioviský et al., 2010, p. 23). Širůčková adds that the forms of behaviour that can be subsumed under the category of "risk" are spread along the scale between the extreme form of "normal" behaviour, i.e. extreme sports or experimentation with alcohol, up to the border of pathology, i.e. suicide attempts (Širůčková In Mioviský et al., 2012). These diverse forms of conduct may not be strictly defined. What they have in common is their pre-pathological level (Širůčková In Mioviský et al., 2010). For this reason, there has been a shift in terminology. The term "socio-pathological phenomenon" is a sociological concept, which refers to the fundamental and damaging phenomena in the society (alcoholism), or often to acts which are defined as criminal offences (theft, assault, murder, etc.). In the school environment, educators and other professionals encounter behaviour which is common in our society, however, which calls for the necessity of taking preventive measures, minimizing the risks of such behaviour (Prevention – info, Prevention of Risk Behaviour – online). If the diagnosis of such behaviour occurs, effective measures are introduced for their elimination (MEYS, 2010). Also, another reason is the unification of terminology in the context of the EU member countries (Skopalová, 2014).

The National Strategy of Primary Prevention of Risk Behaviour of Children and the Youth for the Period 2013–2018, which is within the competence of the MEYS targets mainly these manifestations of risk behaviour in the conduct of children and the youth (MEYS, 2013a, p. 9):

- "Interpersonal aggression – aggression, bullying, cyberbullying, and other risk forms of communication through multimedia, violence, intolerance, anti-Semitism, extremism, racism and xenophobia, homophobia;
- Delinquent behaviour in relation to material goods – vandalism, theft, graffiti and other criminal offences and misdemeanours;
- Truancy and non-fulfilment of school duties;
- Addictive behaviour – the abuse of addictive substances, internet addiction, gambling;
- Risk sports activities, injury prevention;
- Risk behaviour in traffic, accident prevention;
- The spectrum of eating disorders;
- The negative influence of sects;
- Hazardous sexual behaviour".

Since 1998 the definition of specific phenomena has passed on which preventive activities are directed by several regulations. It is understandable. Over time, new threats arise and will arise which

must be responded to. In older documents, we encounter the traditional risk manifestations, such as truancy, smoking and alcoholism of the youth. Nowadays, with the development of possibilities in all directions, we are facing the phenomena which are associated with risks previously absent. The current definition takes into account the developments in computer technology and the Internet, new sports activities, but also the naming of new ways of addictive behaviour, previously unknown or not perceived as endangering.

2 Primary Prevention of the Manifestations of Risk Behaviour

In general, the primary prevention is understood as the creation and use of measures which aim to prevent negative phenomena. In school prevention, we distinguish primary, secondary and tertiary prevention according to the escalation level of the undesirable phenomenon and the time for preventive intervention. Thanks to the various natures of measures and tools, there are a number of options of how to divide the concept of "primary prevention" or its meaning and content. One of the options is to divide primary prevention into non-specific and specific. In the classroom environment, primary prevention is aimed at preventing problems and consequences of harmful social development. It is a comprehensive effort to eliminate or minimize these symptoms and to create quality interpersonal relationships within the class. There is an effort on the positive class climate (Skopalová, 2014). According to Čech (Čech In Miovský et al., 2012, p. 109), primary prevention should be understood as a means of immunization, protection of individuals or groups from the negative effects, not through isolation from these influences – that is not quite possible – but through "...educational, preventive and intervening work that will be involved in an individual's (especially a child's or an adolescent's) shaping of the right attitudes and the necessary knowledge and skills that make him/her able to live in a society where risk behaviour and phenomena do occur, able to recognize them and not let them endanger him/her."

However, school activities in primary prevention reach beyond the boundaries of the class or school environment. Its goal is to provide intervention in cases of "...traumatic experiences – domestic violence, bullying, violent behaviour, abuse of and cruelty to children, including commercial sexual abuse, endangering the child's upbringing, experimenting with drugs (legal and illicit substances), risk eating habits leading to eating disorders (bulimia nervosa, anorexia nervosa)." (MEYS, 2010, pp. 1–2).

Non-specific primary prevention affects individuals or groups in general, not specifically. It presents activities that "...form an integral part of primary prevention and contain all methods and approaches enabling the development of a harmonious personality, including the possibility of developing talents, interests and physical and sports activities." (MEYS, 2005, p. 9). It aims at the support of desirable forms of behaviour, implementing educational approaches positively shaping the personality, attitudes, values and the development of interests. These are often leisure-time activities which help finding enriching ways to spend leisure time, teaching children and adolescents to use and dispose of it in a rational manner. The place of implementation of non-specific primary prevention is mainly the family and school (Čech In Miovský et al., 2012).

The means of specific primary prevention selectively target specific risks. It forms a "...system of activities and services that focus on working with the population who in their absence can be

expected to further develop in a negative direction, and that seeks to prevent or limit the growth of the occurrence of such development." (MEYS, 2005, p. 9). Specific primary prevention complements and builds on the non-specific primary prevention. It focuses on preventing and minimizing the occurrence of risks, as such, bullying, aggression, truancy and so on. It adopts a holistic approach to addressing these unwanted phenomena. The principal point of its implementation is the school as an educational institution (Čech In Miovský, 2012). According to the focus on the target group, resources and tools, we may divide specific primary prevention into three levels.

Universal primary prevention is aimed at the population of children and the youth in general. It implements programs for a larger number of people (classes) taking into account their age and if appropriate, other significant social factors. The sufficient qualification for its practical implementation of prevention on this level is a completed education of a school prevention methodologist according to the law and the Decree no. 317/2005 on Further Education of Pedagogical Staff, ideally with secured intervision and supervision (Černý In Milovský et al., 2010, pp. 42–43).

Selective primary prevention is focused on individuals and groups in greater extent of exposure to risk factors. These individuals and groups are more at risk. It is implemented with a small number of people or with individuals separately. This level includes socio-psychological programs for selected groups of people which consist of learning e.g. social skills, communication skills and the development of interpersonal relationships. The persons implementing these programs are already working with a group of people at a higher risk and their education should be appropriate, i.e. in special education, psychology, addictology, etc. (Černý In Miovský et al., 2010, pp. 42–43).

Indicated primary prevention is focused on the individual. It consists of individual work with a client who has been exposed to risk factors or manifested forms of risk behaviour. At this level, the task at hand is a specific intervention, therefore it is necessary to make a number of steps related to the assessment of the nature and specificity of the case (bullying, truancy, substance abuse, etc.). The aim is to recognize the problem as soon as possible, choose a suitable solution procedure and initiate the intervention immediately. To implement the indicated primary prevention, it is necessary to have proper education, e.g. in the field of special education, psychology, addictology, etc. (Černý In Miovský et al., 2010, pp. 42–43).

3 Performance of Primary Prevention

Until 2004, the system of primary prevention was defined by methodical guidelines of the MEYS. Until the force of Act no. 561/2004 Coll., on Preschool, Basic, Secondary, Tertiary Professional and Other Education (the Education Act), it was the Methodical Instruction of the MEYS for the Prevention of Socio-Pathological Phenomena ref. No. 14515 from 2001. The Government Decree no. 549/2003, on the Enhancement of the National Drug Policy put the MEYS in charge of the coordinating activities in the field of primary drug prevention at the inter-ministerial level (MEYS, 2005) and after the effective date of the Education Act, the school became the fundamental pillars in the primary prevention of risk behaviour. The preventive function is mentioned in Section 29 where schools and school facilities are "...obliged to take into account fundamental physiological

needs of children, pupils, and students and to create conditions for their healthy development and for preventing the rise of pathological social phenomena." (Section 29 of Act no. 561/2004 Coll., 2004). The law declares the right of pupils, students and their legal representatives to counselling aid from the school or school counselling facility in matters of education. However, pupils and students have an obligation to respect internal rules, regulations and guidelines of the school or school facility for the protection of health and safety. Legal representatives shall ensure that children and pupils attend the school and school facility and personally participate in the discussion on major issues related to the education of their children. Conditions ensuring health and safety and the protection from socio-pathological phenomena or e.g. manifestations of discrimination, hostility or violence among children, pupils and students are regulated by the School Rules of Order and Internal Rules of Order (Section 21, Section 22, and Section 30 of the Act no. 561/2004 Coll., 2004).

Decree no. 72/2005, on the Provision of Counselling Services in Schools and School Counselling Facilities determines the activities of the prevention methodologist in a Pedagogical-Psychological Counselling Facility (henceforth "PPCF") and of the school prevention methodologist. It stipulates that the counselling facility "through the prevention methodologist, ensures prevention of socio-pathological phenomena, the implementation of preventive measures and coordination of school prevention methodologists." (Section 5, Subsection 3e of the Decree no. 72/2005 Coll., 2005). The legislative document specifies the methodologist's scope of activities in "Annex II – Standard Activities of School Prevention Methodologist". Despite this, the activity of the methodologist is delimited in relatively general terms and activities to be performed by workers in this position are only discussed in more detail in the Methodological Recommendation for Primary Prevention of Risk Behaviour in Children, Pupils and Students in Schools and Educational Establishments no. 21291/2010-28. In this text, the work of the methodologist is described in general terms whose interpretation can be diverse. This issue is also reflected by the current National Strategy for Primary Prevention which states as one of the primary objectives "adequate definition of the activities of the methodologist of prevention in a Pedagogical-Psychological Counselling Facility" (MEYS, 2013a).

Methodological Recommendation for Primary Prevention of Risk Behaviour in Children, Pupils and Students in Schools and Educational Establishments no. 21291/2010-28 is another of the core documents of the MEYS in the field of prevention of risk behaviour in schools and educational establishments. The authors of the document transmit a recommendation of procedure for the selection of partners for the implementation of the Minimum Prevention Program and also deal with the financial remuneration of school prevention methodologists and prevention methodologists of a PPCF. Twenty annexes to this document have been created which constitute the framework blueprints and describe the pedagogical procedures upon the presence of certain types of risk behaviour in the school environment, corresponding with the types of risk behaviour. The authors of individual texts make freely available to interested parties good "first aid" in the form of methodological instructions including a description of the type of risk behaviour, their foundations and risk factors; contacts to cooperation partners; the legislation, descriptions of the types of prevention for the specific risk behaviour; recommended and inappropriate procedures; who to notify in which cases, and links to professional literature for specific types of manifestations of risk behaviour (MEYS, 2013a).

4 Selected Educational Tools for the Prevention of Risk Behaviour

The School Rules of Order

An important starting point for the prevention of risk behaviour in the school environment is a set of well designed internal rules. The School Rules of Order constitute a fundamental, key document which stems from Section 30 of the Education Act, as the Principal of the school issued the School Rules of Order and the Director of the Schooling Facility issues the Internal Rules of Order. These rules govern the details of the rights and obligations of the pupils and their legal representatives, including the rules of mutual relationships with the educational staff. It described the conditions for ensuring the health and safety of the pupils from socially pathological phenomena and conditions of treatment of the school property (Section 30 of the Act no. 561/2004 Coll., 2004). Other documents are founded on the text of the Rules of Order – the Internal Directives, the Crisis Plan and the Security Plan. The text of the Rules of Order is founded on the specific nature of the school (type and focus, the composition of the pupils, the district area of the school, etc.). The document can be optionally amended by other internal standards. The significance of the School Rules of Order is underlined for example by the fact that it is the subject of the examination of every inspection carried out by the Czech School Inspectorate.

The School Preventive Program/Strategy

The obligation of schools and educational institutions to create school prevention strategies (also called program, henceforth as "SPP") was first defined in the Methodological Instruction of the MEYS 20 006/2007-51 in 2007. The SPP is a long-term program (most commonly a 5-year one) which defines the long-term, medium-term and short-term goals for students, teachers and sometimes the parents. The SPP is part of the School Curriculum Program, which is based on the Core Curriculum Program. This guideline defined topics which schools and school facilities should follow in the prevention of risk phenomena and behaviour of the pupils, including their recognition and the provision for an intervention. In 2010, there have been changes to the orientation and the original document with the defined range of topics was revised by the Methodological Recommendations no. 21291/2010-28. Each school and school facility is different, they are seated in different environments and have different staff composition and pupil composition, all of whom live and come from various conditions. As the types of risk behaviour in different schools do not have the same frequency and intensity of development, preparing their SPP, schools and educational institutions have to deal with the question of what topics or which types of the manifestations of risk behaviour they need to pay attention to in the form of specific, selective and indicated prevention. School prevention strategy takes into account the specific population of the school and school surroundings, respecting the school environment. The effort is to keep the effect the program for over the longest possible period of time. (MEYS, 2010).

Minimum Prevention Program

Minimum Preventive Programme (henceforth MPP) is a systemic element of preventive activities of school educational facilities, whose elaboration and implementation is mandatory as of January 2001 (MEYS, 2001). An MPP has the form of a document that is prepared for one school year and

supervised by the Czech School Inspectorate. The document is compiled by the school prevention methodologist, but (ideally already) its elaboration and effectuation is carried out by the participation of the whole pedagogical staff. Its implementation is subject to continuous assessment and at the end of the school year, the effectiveness of primary prevention strategies contained therein is evaluated. This assessment is also reflected in the annual report on the activities of the school (MEYS, 2010). Miovský, Skácelová and Čablová (Miovský et al., 2012) claim that the MPP should consist of at least three components:

1. A set of rules to improve the safety of children at school and at school events – school operation rules which go beyond the legally defined responsibilities. It may take on the form of recommendation related to school activities and events.
2. Programs aimed at developing skills for life, consisting of programs aimed at developing social skills and skills of self-influence – programs developing the capacity to face social pressure, to cope with the stressful situations of conflict, to master the art of assertive behaviour, empathy, and communication. Also learning strategies regarding the work with one's own behaviour and its positive and wanted change or learning stress management techniques.
3. Programs specifically targeting various forms of risk behaviour – the use of specific programs and interventions. The MPP should incorporate partial procedures for dealing with all the basic types of risk behaviour with regard to age groups or classes.

The MPP is essentially a work-flow and organizational plan all in one that should by its scope affect the teaching and education of pupils in the areas of healthy lifestyles, communication skills, personality and social-emotional development. The familiarization of the pupils with these issues happens in the context of all or specific school subjects, on road trips, tours, talks and seminars, and others.

5 Individual Education Program (IEP)

Since 2014, schools have an instrument strengthening the responsibility of parents for a child's education, the so-called. "Individual Education Program" (henceforth "IEP"). It is "one of the stages of structured conduct in solving risk behaviour of a pupil in the school context." (National Institute of Education, 2013, p. 4). The program serves as a tool for prevention, cooperation with the legal representatives of the pupils, cooperation with the relevant institutions, and above all as a solution to risk behaviour of pupils. It does not have the character of punishment. Its concept builds on the fact that the solution involves all stakeholders, i.e. the pupil, his representatives and schools. It does not try to delegate the responsibility of only one entity and it tries to solve the pressing problems which are the lack of pupils' discipline and the disinterest of the parents. The tool was developed based on the increasing number of educational problems solved in schools. The advantage of the IEP is that it provides a unified approach to solving problems, "...while to a certain extent it prevents possible escalation of the problems when left unchecked, or in case of wrong procedure of solving educational problems." (Kupčík, Skopalová, 2014, p. 2).

The protocol itself is as follows: After identifying the problems, the parents are contacted with whom cooperation is established relating to the problematic phenomenon. If the problem persists, the focus increases, the cooperation with legal representatives intensifies and other institutions may get involved. A support plan is created which specifies the duties and obligations of the parties

involved (Mertin, 2011). The cooperation among the various agents in the form of discussions and meetings are recorded in forms.

II. Empirical Part

As part of the research titled "Class Climates at the Second Stage of Primary Schools in View of Risk Behaviour in the Class", the research team focused on the issues of class climate in connection with the occurrence of risk behaviour. The research was conducted as part of the project IGA_PdF_2014021³. The mentioned project continues in the form of a research survey which was carried out with the support of the Pedagogical Faculty of Palacký University in Olomouc IGA_PdF_2015019⁴. The intention was to answer the question, whether and how the incidence of risk behaviour affects class climates in schools that participated in the research. Through the project, the participants in the research team were able to contribute with their activity to finding imaginary lines and connections related to the psychosocial phenomenon in the class group while working with pupils of older school age and with their classroom teachers. The following research questions were formulated: How does the occurrence of risk behaviour influences the climate of the class and what is the role of the class teacher in preventing risk behaviour? The research sample consisted of 756 respondents aged 12–16 years – second stage primary school pupils, and 35 class teachers.⁵ The survey was conducted in five primary schools in the Olomouc Region of various focus, character and specialization. Therefore, it was an ex-post-facto field survey study. Addressing schools and negotiating co-operative agreements in the framework of the research, we committed ourselves that none of the schools in which the investigation is done will be named in the final report (schools are marked A, B, C, D and E).

Table no. 1 The research sample for Milestone 1

school	total no.	relative no.	closer primary school information
Primary A	120	15.87 %	village (3 thousand inhabitants) 15 km from Olomouc
Primary B	213	28.17 %	specialized school in district Olomouc
Primary C	181	23.94 %	town (12 thousand inhabitants) 30 km from Olomouc
Primary D	86	11.38 %	village (2.5 thousand inhabitants) 130 km from Olomouc
Primary E	156	20.63 %	housing project school in district Olomouc

³ Grecmanová, H., Skopalová, J., Blašítková, L., Zelinka J. *Klima třídy na 2. stupni základních škol z hlediska projevů rizikového chování ve třídě. [Class Climates at the Second Stage of Primary Schools in View of Risk Behaviour in the Class]*. Project implemented at the Pedagogical Faculty of Palacký University in Olomouc, 2014.

⁴ Grecmanová, H., Skopalová, J., Blašítková, L., Nováková, Z., Pitnerová, D., Raszková, T., Peřinová, K. *Klima školy a jeho ovlivnění školním metodikem prevence a sociálním pedagogem na základní škole. [School Climate and The Influence of the School Prevention Methodologist and Social Pedagogue at Primary School]*. Project implemented at the Pedagogical Faculty of Palacký University in Olomouc, 2015.

⁵ Although the implementation of the prevention of risk behaviour and its subsequent solution of the behaviour at the schools also in practice involves school psychologists, they were not included in the survey as not every school has its own school psychologist.

Based on the testimonies of students and class teachers the climate of classes was described where risk behaviour was identified. In the framework of the investigation, the working hypothesis was: "In the case of the occurrence of risk behaviour in the class, we find adverse class climate."

The objective of the research survey:

1. to describe the climate in the classes where risk behaviour has been identified from the perspective of pupils and class teachers; to describe climate in classes where risk behaviour has not yet been identified from the perspective of students and class teachers;
2. to identify the differences in the perceptions of the climate among the respondents – in particular, to compare the views of class teachers and pupils on the class climate at primary school;
3. to inform the schools who took part in the research on the results of the class climate and manifestations of risk behaviour.

The research team dealt with the questions:

- Does the incidence of risk behaviour affects the climate of the class?
- If so, in what ways?

For this research project, mixed research was chosen – quantitative approach with the use of statistical processing of the data (questionnaire for pupils and class teacher) and semi-structured interviews with school prevention methodologists.⁶

Since the turn of May and June 2014⁷, the questionnaire survey was carried out at selected schools of the Olomouc Region. Attention was also paid to the cooperation of the subjects with other institutions and partners in prevention. The goal is to detect the presence of specific manifestations of risk behaviour, to determination and compare the tools which the selected schools use for the prevention of the occurrence of manifestations of risk behaviour of the pupils, and for their solution. The team subsequently dealt with the views of the prevention methodologists on the circumstances related to the performance of this position. The commitments determined were divided into three milestones:

Milestone no. 1 – "Determining the occurrence of specific manifestations of risk behaviour in primary schools which are involved in the research in the framework of the IGA_PdF_2014021 project."

Milestone no. 2 – "Determining tools that the selected schools use in preventing the occurrence of and in solving the manifestations of risk behaviour of the pupils. Cooperation of the primary schools with other entities in prevention. The opinions of prevention methodologists on the circumstances related to the performance of their position."

Milestone no. 3 – "Comparison of the tools that the selected schools use in preventing the occurrence of and in solving the manifestations of risk behaviour of the pupils. A reflection on the opinions of the prevention methodologists on the circumstances connected with the performance of their position."

⁶ The research implemented within as part of the project IGA was an example of research that set the problems and phenomena to the relational and causal plane. The researchers dealt with the relation between class climate and risk behaviour, working with several variables – class climate, the incidence of risk behaviour, the assessment of the class climate by the teacher, type of school.

⁷ The intention was to capture a time when the interviewed pupils and teachers were not yet affected by the thoughts of the summer break, but when the questionnaire survey would not disturb the activities related to the end of the school year.

The paper, then, can be understood as a kind of evaluation of the existing efforts of schools which, however, rather has the inspirational rather than revising ambitions. In the context of fulfilling the set goals, we were able to answer the following questions:

- "What types and forms of risk behaviour occur in the selected schools?"
- "What phenomena do the pupils consider as annoying in the context of the class group?"
- "What tools the schools use for the prevention and solution of the occurrence of risk behaviour?"
- "Do the selected schools cooperate with other institutions on the implementation of primary prevention?"
- "What is the selected school prevention methodologists' opinion on the elaboration of the Minimum Prevention Program?"

Milestone no. 1 – "Determining the occurrence of specific manifestations of risk behaviour in primary schools which are involved in the research in the framework of the IGA_PdF_2014021 project."

These initial data which served as a springboard, were obtained through the questionnaire on the perception of class climate change class for the pupils of selected primary schools. It was composed of thirty-two items. There were twenty-six polytomic items where the pupils selected from predefined answers ("yes; sometimes yes, sometimes not; not"). Also, in three of the items, the pupils were offered to add an explanation of the phenomenon (e.g. "There are conflicts among the classmates, what are they about?"). Our intention was to split the classes based on the identification of the presence of risk behaviour in the most general level (has/has not been identified) and further analyze them in terms of gravity.

The range of research questions which the listed answers were gained for using the data collection techniques are the following:

- "What types and forms of risk behaviour occur in the selected schools?"
- "What phenomena do the pupils consider as annoying in the context of the class group?"

The pupils were given the opportunity to describe the situations that annoy, insult or otherwise affect them. At the same time, they were given space to reflect on them and express those that were not comprised by the questionnaire. Thanks to the ability to list the specific phenomena and, de facto, raise complaints about the problems in their class group, we obtained an amount of information which helped us get an idea of the relations in each class community.

Manifestations of risk behaviour may take various forms. The questionnaire survey revealed that in all the investigated classes, the occurring manifestations of risk behaviour were of different nature. The more severe forms take on the guise of physical assaults and psychological coercion. The respondents in the school environment with aggressive and violent behaviour of classmates witnessed the instigation and progress of fights, brawls and conflicts of various origin. Attacks among classmates, the "daring" of the stronger to maltreat the weaker and treating others as a "puppet or servant" are not sporadic phenomena in the class communities. We may talk about the initial stages of bullying which was also included in the testimony of the pupils. Non-physical attacks do not hurt the body, however, they all the worse affect the internal integrity of the pupils. For that reason, manifestations of such behaviour as defamation and making reciprocal spiteful actions, contempt, pushing aside and threats, no less serious. The embarrassing and ridiculing of classmates and the resulting mockery, for example because of the colour of skin, nationality, sexual orientation, including racist comments, insults to the

pupils themselves and to their families, swearwords and verbal attacks, are phenomena which degrade and humiliate the persons of the affected pupils, which may lead to their separation from the class. A common phenomenon is the vulgar language, smoking and breaking and stealing things. A higher accumulation of these serious phenomena was recorded in some classes. On the other hand, there are well functioning class groups where there are variants of risk phenomena denotable as milder – throwing things, sports games during breaks, nagging, provocations, running around the classroom, the noise and clamour during the breaks. Still, it is risk behaviour which carries certain dangers with it.

Milestone no. 2 – "Determining tools that the selected schools use in preventing the occurrence of and solution to the manifestations of risk behaviour of the pupils. Cooperation of the primary schools with other entities in prevention. The opinions of prevention methodologists on the circumstances related to the performance of their position."

Based on the determined result of the occurrence of risk behaviour in the schools examined, we have selected three of the primary school which we focused on in further research. They are Primary A, Primary B and Primary C. The range of research questions we obtained the answers to using the techniques mentioned is as follows:

- "What tools the school used for the prevention and solution of the occurrence of risk behaviour?"
- "Do the selected schools cooperate with other institutions on the implementation of primary prevention?"
- "What is the selected school prevention methodologists' opinion on the elaboration of the Minimum Prevention Program?"

To determine the tools and methods that individual schools use in connection with the prevention of and the solution to the risk behaviour, we used a technique of the analysis of documents that all the schools have elaborated. They are School Rules of Order and Minimum Prevention Programs. To specify other relevant information, we used the technique of interview, which we conducted with school prevention methodologists in the primary schools listed above.

Table no. 2 The research sample for Milestone 2

School	Research Technique	Research Sample	Additional Information
Primary A	Analysis of Documents	The School Rules of Order	Valid from 9/2014
		Minimum Prevention Program	School Year 2014/2015
	Interview	The Prevention Methodologist of Primary A	Working in the field of prevention for 8 years
Primary B	Analysis of Documents	The School Rules of Order	Valid from 3/2013
		Minimum Prevention Program	School Year 2014/2015
	Interview	The Prevention Methodologist of Primary B	Working in the field of prevention for 15 years
Primary C	Analysis of Documents	The School Rules of Order	Valid from 9/2013
		Minimum Prevention Program	School Year 2014/2015
	Interview	The Prevention Methodologist of Primary C	Working in the field of prevention for 18 years

The reason for choosing this combination of document analysis and interview as research techniques lies in the specificity of the elaboration of these documents at each individual school. The School Rules of Order primarily affect the range of topics which are defined by the law and whose absence would mean a conflict with the legislation. Other thematic units, however, may be amended optionally. The Minimum Prevention Program rather presents a recommended structure. This specificity in its elaboration is the reason for the choice of another data collection tools.

The interview with school prevention methodologists provided answers to the questions which the analyzed documents did not address but which are actually carried out at the school.

The initial contact with the school prevention methodologists was electronic (May–June 2015), when we briefly introduced ourselves, clarified the subject of interest and the specifications of the range of topics which the interview should relate to. For the purpose of the interview, we prepared a so-called. interview guide (aid), which took the form of twenty-five questions divided into five thematic units (the performance of the function of school prevention methodologist, the Minimum Prevention Program, the procedure for solving risk behaviour, the cooperation with internal and external entities in the prevention and solution of risk behaviour, the tools and methods used for primary prevention of risk behaviour). After the methodologists' consent to give us some of their time to answer the questions, we arranged an appointment. In the course of the interview, we had a notepad to write the answers in. At the conclusion, we checked the notes with the respondents so as to avoid inaccurate or misleading information. The interviews lasted from 30 to 45 minutes.

The documents were examined in view of the range of basic and specific questions. In the basic questions, we concerned ourselves with the primary information which is the origin of the document, the date of elaboration, the effect period and the content. Special questions were formulated based on criteria-compounded aspects. Defining the aspects to assemble the criteria, we took into account the fact that the documents are fundamentally different in nature (Rules of Order providing for the conditions of the school operation vs. preventive program de facto a workflow and organisation plan). For this reason, it was necessary to adjust the starting points for each of the observed documents.

The School Rules of Order and the Minimum Prevention Program are documents which are to be used to pass information to the pupils, their legal representatives, the educators and the potentially interested public. Therefore, the quality of the presentation plays a fundamental role. The pupils, the pedagogues and the legal representatives should be introduced to the wording of the documents which requires such a text edit that allows pupils of all ages to understand the requirements. The criterion specified by us is made up of two aspects we chose to examine, i.e. accessibility and clarity. The criterion is the same for both types of documents.

Under the criteria of actions and means, we were interested – regarding the School Rules of Order – in the presence of the sets of rules to increase the safety of children at school and at school events. We were also interested whether the Rules of Order comprise the issues of the role of class teachers, including teacher specialists – the rank which includes the position of school prevention methodologist. We observed the occurrence of other, optional amended documents.

In relation to our intentions, we identify how much space in the Rules of Order is devoted to prevention of risk behaviour. For this reason, we have included the criterion of "frequency of the topic of primary prevention of risk behaviour".

To obtain information about the tools that are used at the selected schools in connection with risk

behaviour and the data on any cooperation of the examined entities other institutions and partners, we used the analysis of available documents for each facility regarding this issue. The topical range which must be defined in the Rules of Order, is prescribed by Section 30 of the Education Act. If the Rules of Order did not meet these requirements, it would be a violation of the law. All schools have included the required provisions in their Rules of Order. Despite that, we can notice the inclusion of specific provisions of each of the schools which take into account their default conditions. What these three selected schools have in common is the emphasis on prevention of specific manifestations of risk behaviour. Specifically, it is the protection of the pupils from addictive substances and bullying. In all of the Rules of Order, there was a mention of interest recreational activities provided by the school which certainly is a positive phenomenon despite recent polemics appearing in which some individual authors dispute, or conversely highlight the effect of this form of non-specific prevention. Minimum Prevention Programs are compiled "only" on the basis of recommendations. Schools have a freer hand in their elaboration. In our case, we met with two relatively generously elaborated programs and one program providing most concise (yet sufficient) information. Neither of these options is to the harm. The schools reflect their conditions, the incidence of risk behaviour in their environment, their own tools, methods and means. For this reason, the text quantity cannot be equated with its quality. This freedom in the form of elaboration is to some extent convenient and eases the conditions for compulsory yearly processing of the Minimum Prevention Program. In two cases, the schools refer to the Methodical Instructions of the Minister of Education, Youth and Sports to the Prevention of Socially Pathological Phenomena Among Children and the Youth no.: 14514/2000-51 and to the Methodological Instruction to the Primary Prevention of Socially Pathological Phenomena Among Children, Pupils and Students in Schools and Educational Facilities of the MEYS no. 20 006/2007-51. The trouble is that the latter was abolished and replaced by an instruction from the year 2000 and in 2010, even this one was abolished and replaced with a Methodical recommendation No. 21291/2010-28, which we have discussed in Chapter 4 of the theoretical part. These are essentially similar documents which are identical in principle and structure. However, the terminology used is different, focusing on topical units, generally reflecting on and departing from a different state of knowledge in the area of primary prevention of risk behaviour in schools and educational establishments.

In the School Rules of Order, (primary) prevention of risk behaviour is not mentioned, but the term socio-pathological phenomenon is used (an older term used until 2010). Once again, we return to the issues of the availability of older versions of the instructions and recommendations which can be encountered without greater efforts and for which it is not clear whether they are or are not valid. Milestone no. 3 – "Comparison of the tools that the selected schools use in preventing the occurrence of and in solving the manifestations of risk behaviour of the pupils. A reflection on the opinions of the prevention methodologists on the circumstances related to the performance of their position." The results of the analysis of the documents were supplemented by findings based on the semi-structured interviews with school prevention methodologists. After that, we had obtained everything for the comparison of the tools that the selected schools use in preventing the occurrence of and in solving the manifestations of risk behaviour of the pupils.

Based on the information we had gained through the analysis of documents and the series of interviews with school prevention methodologists, we have created the following table.

Table no. 3 School Tools Preventing and Solving Manifestations of Risk Behaviour (a)

Range of Topics	Selected Primary Schools		
	Primary A	Primary B	Primary C
Methods Applied in Prevention	discussions; talks; lectures; playing sketches; open learning; self-evaluation; interpretation method; storytelling (good examples and stories)	discussions; talks; lectures; improvisation; drama plays; interactive games; cooperative learning; active listening; training of stress situations	talks; lectures; consultations; playing sketches; thematic games; peer programs; problem solving; critical thinking; discussions and debating circles
Organizational Forms of Teaching	excursions; walks; frontal teaching; community circle; vocational classrooms; group-work; individual work; pupil competition; pupils' Olympics	excursions; walks; frontal teaching; community circle; vocational classrooms; individual work; pupil competition; pupil Olympics; cooperation in a group	excursions; walks; frontal teaching; community circle; vocational classrooms; individual work; pupil competition; pupil Olympics
School Subjects Related to Prevention	history; chemistry; literature; science; Czech language; health education; civic education	health education; civic education; all subjects where the topic of prevention can be incorporated	chemistry; science; mental hygiene; assertive behaviour; civic education; health education; relaxation techniques against fatigue and stress
Training in model situations	yes	yes	yes
Feedback from the pupils	discussion; self-evaluation	discussion; questionnaires; community circle	community circle
Extracurricular Activities Supported by the School	trips; interest clubs; sports activities; leisure-time activities	interest clubs; sports activities; physical activities	interest clubs; sports activities
Other Forms of School Activities	concerts; school trips; ski courses; school in nature	tours; concerts; school trips; experiential lessons; gallery animation; team-building stays	class events; school trips; entertainment events; ski courses; experiential lessons

Table no. 4 School Tools Preventing and Solving Manifestations of Risk Behaviour (b)

Range of Topics	Selected Primary Schools		
	Primary A	Primary B	Primary C
Methodological Meeting of Pedagogues on Prevention	in the context of the regular pedagogical staff meetings	seminars with experts for pedagogues	in the context of pedagogical councils (twice a year); meetings of the pedagogical staff
Crisis Scenario for the Solution of Risk Behaviour	no	yes	yes
Use of IEP	no	no	no
Class-Managing Lessons	yes, when needed	yes, when needed	yes, when needed
Cooperating Institutions and Experts on Prevention	Police of the Czech Republic; ACET Czech Republic PBC [ACET ČR o.p.s.]; P-Center Association [P-centrum, spolek]; People in Need, PBC [Člověk v tísni, o.p.s.]; specialists across disciplines (curators, doctors)	Police of the Czech Republic; PPCF Olomouc ARPOK PBC; SPC Pramínek PBC; Municipal police; Association D PBC [Sdružení D o.p.s.]; E-Safety Counselling; P-Center Association [P-centrum, spolek]; The Department of Social Prevention; The Department of Social Care for Children; Palacký University in Olomouc	medical specialists; P-Center Association [P-centrum, spolek]; The House of Children and Youth; Department of Offences – Municipal Office; Police of the Czech Republic; Social Department of the Municipal Office; psychologists and special pedagogues
Cooperation Between School Prevention Methodologist and Education Consultant	complementarity and excellent cooperation	rather exceptionally	almost none
Current Incidence of Risk Behaviour	rudeness; vulgarity	bullying; cyberbullying	aggression; cigarettes, marijuana, alcohol; humiliation for social differences

As evident from the above, none of the schools underestimate the prevention of risk behaviour. All schools use a number of teaching methods, trying to provide the pupils with more organizational forms of teaching so that the pupils are not the only passive recipients of information. Every school also uses their specific tools of feedback from the pupils. Therefore, the teachers have relevant information about how the pupils understand and evaluate the benefits of the activities linked to prevention. This can include activities related to the teaching of various school subjects which incorporate the topic of prevention, but they also include

talks, lectures and excursions which are provided by institutions and experts working in the field of prevention.

Conclusion

On the basis of the research strategies, methods and techniques chosen, we have carried out a questionnaire survey, aimed at identifying the occurrence of specific types of manifestations of risk behaviour in selected primary schools of the Olomouc Region. An analysis was carried out of two important documents which are created by the individual schools and define the framework for the functioning of these schools, the prevention and protection of the health of the pupils from the manifestations of risk behaviour. We conducted a series of interviews with school prevention methodologists involved in the selected schools. In the context of the implementation of the milestone goals, we have obtained enough data to answer the questions we had formulated.

In their effort to protect the pupils from manifestations of risk behaviour, the schools use a variety of procedures. These can be divided into two categories: prevention and response. Through their prevention procedures, the schools try to prevent risk phenomena and situations that might endanger the pupils. Response procedures can be understood as those that are used for the solution of situations already incurred. Preventive action is de facto an informative educational process which highlights the topics connected with the risks. These specific topics require specific methods of teaching that are associated with and often arise from different organizational forms of teaching. The topics may be embedded into the usual school subjects, or introduced using specifically oriented programs. The subjects where the topic of prevention may be embedded include chemistry, science, history, language, literature, and civic and health education. In addition to these classical and steadily taught subjects, some items such as relaxation techniques against fatigue and stress, mental hygiene, or assertive behaviour, penetrate already the primary school subjects. The schools selected and examined by us use a similar spectrum of methods and organizational forms of teaching. The most widely used way of teaching is the frontal one when a teacher performs the exposition of the curriculum, operates in front of the pupils, addressing a single topic (the common teaching). The pupils have to concentrate and listen actively. This teaching uses the methods of interpretation and lecture. A variation can be seen in so-called peer programs where instead of the teacher, the pupils teach their peers who exercise certain collegiality, taking advantage of the minimum age gap from the listeners. Other variants are cooperative teaching and open learning where the pupils are given a greater degree of autonomy and accountability in the selection and implementation of activities related to teaching, utilizing mutual cooperation. The pupils participate in excursions and discussions led by experts working in the above mentioned specifically targeted programs. In all schools, the training of model situations can find its place. During these, the pupils are actively involved in the interpretation and based on improvisation, they play dramatic, topic-oriented scenes or games, focused on, for example, coping with stress situations (refusal of offered drugs, of sex for money, etc.). Whether among the teachers or among the pupils, these are popular methods through which the pupils solve problems, using critical thinking. The

method of discussion, using learning, discussion circles or community circles, finds its solid place in group-work. An interesting and not very usual method, used when working with the pupils of the older primary age, is the method of storytelling. Prevention efforts undertaken through the educational training process is not carried out only in ordinary and specialist classrooms. The schools themselves implement, facilitate or support the class events, school trips, ski and cycling courses, experiential lessons, gallery animations, concerts, team-building stays and tours. At the same time, they try to lead the pupils to active and meaningful fulfilment of free time through clubs, sports and physical activities. Sports, artistic, scientific activities are supported in a wide array so that no pupil is left without a choice of such use of free time. Also through these activities, the pupils develop their profiles in fields of their activity, taking part in pupils' competitions and Olympics. Their successes in turn has influence on the rest of their peers who may be positively motivated.

When it comes to the solution of the already incurred risk situations, there are minor differences among the schools which do not lie in the intentions and objectives, which are all the same, but in the procedures and methods of implementation. Two of the three schools have a crisis scenario that serves as aid for pedagogues who are concerned with current incidences and the prevention of their escalation. During these times, they more or less use the support and cooperation of the school prevention methodologists. Their practices can be summarized into three steps where the risk behaviour of a pupil is only solved on the premises of the school, between the pedagogical worker and the pupil. It is cooperation based on positive motivation and negotiation. The second step in the solution of risk behaviour is the involvement of legal representatives into the problem. The supervision of the pupil and the influence on his/her person are increasing but the cooperation is still based on negotiation and the use of positive motivation of the pupil. If the risk behaviour does not stop, the school can pass the matter to another party which is represented by specialised institutions. Since 2014, schools can use another tool which is a kind of extension of the normal agreement cooperation between the school and the legal representatives. This is the individual educational program (IEP), through which all three stakeholders commit to fulfilling the objectives and procedures for the prevention of further escalation of the development of the pupil's risk behaviour. Specific commitment arises which is drawn-up in the form of a written document. This tool has not been used by any of the schools.

In case of prevention activity, schools use specialized programs. These can be effectuated from their own resources but the more widespread way is their mediation by specialized experts and institutions, both public and private, who operate in the field of education and prevention. The training programs and education involves police officers of national, municipal or local units. Experts working at departments of municipal offices (Department of Social Prevention, Social Welfare Department, Social Department, the Department of Offences). Schools also invited specialists from various disciplines – curators, doctors, psychologists and special educators. The following organizations, active in the field of prevention and education, are mentioned: ACET Czech Republic – civic interest and professional association specialising in education on HIV/AIDS and risk behaviour of the pupils; P-Center as an organization of social services active in the area of prevention of addictions and family care; the organization People in Need, PBC which implements education and raising awareness in the topics of poverty, human rights, xenophobia and racism. Educational programs of similar focus are also organized by ARPOK PBC dealing

among other things with humanitarian aid and development cooperation, or Spolek D, an Association that provides consulting in the area of application of the clients' rights, services and interests. Interest, activating, and entertaining events of the The House of Children and Youth. When addressing the manifestations of risk behaviour, the schools cooperate with PPCFs and educational centres specifically across the region. The views of the methodologists on the creation of the Minimum Prevention Programs vary and each methodologist has a different understanding of the mission of the program. The methodologist working in Primary A does not understand the program as something significantly affecting the preventive action. According to him, this is not about drawn up procedures and plans, but about human relationships, the art of accustoming oneself with the pupils and having a positive impression on them. On the contrary, the Primary C methodologist understands the Minimum Prevention Program as an appropriate supplement for the curriculum and if it is handled with all the requisites, it fulfils the assumption that it will also fulfil its purpose well. The methodologist of Primary B also talks about the meaning of the annual creation of preventive program, but the whole concept could become simplified. The methodologists are mostly alone in processing the programs. Their fellow teachers at the most provide material for the school subjects where they themselves work and they comment on the final version of the program.

Spurný (2011) in his contribution in the Prevention Magazine talks about the sorry current practice of assigning these highly demanding positions to the inexperienced teachers. Methodologists who do not have a greater interest in the issue, are appointed in this specialized position against their will. In their activities – coordination, in particular – they are misunderstood and there is no participation on the part of other teachers and headmasters who see the prevention activities in schools only as the domain of the prevention methodologist. The author also mentions the controversies among headmasters he has witnessed. They were regarding the necessity of assigning the "position of the school methodologist" in their schools. According to some of the Directors, the whole concept of primary prevention is a bubble which becomes increasingly larger in size, which is, however, required "from above". Freely speaking, the mentioned headmasters argued that problems to be prevented have, on the contrary, been opened the door to, as the pupils learn information they previously had no idea about.

Skopal, Dolejš and Suchá also implemented a research in 2014 which focused on the personal traits and risk behaviour of Czech pupils. The research involved 4,198 participants aged 11–15 years, attending 54 educational establishments (more than 1.2 % of the reference population). From the conclusions which the said researcher reached, it follows that in the reference population, 4 % of respondents had been drunk in the last 30 days. If the result is projected to the entire population, it is approximately 14 thousand of adolescents aged 11–15 years who were drunk. In the same age category, there are more than 3 % of the adolescents who smokes 5 and more cigarettes a day. This means a calculated equivalent of more than 10 thousand children. Ridicule or other injuries of this nature through social networks have been experienced in the last 30 days by up to 7 % of the pupils, victims of physical aggression formed 12 % and 12 % of the respondents experienced verbal aggression. Damage to property of another was done by 15 % of the respondents, and 7 % had problems with the police. 25 % of the adolescents have deliberately hurt themselves (Skopal, Dolejš and Suchá, 2014).

In connection with these warning signals, it is demonstrable, that prevention is and must be included in the training-educational activities. The objectivity of this topic is underlined by a number of

students attending pedagogical and philosophical faculties, who chose this issue as the topic of their theses.⁸ The results of this research can be used by schools, for example, for the creation of their own documents aimed at the prevention of risk behaviour (the Minimum Prevention Programme, the school anti-bullying program, or a crisis scenario), because here they have a complete overview of risk phenomena, which occur in the classes at the second stage of primary schools. The work may also serve to improve the professional skills of future pedagogues and primary school pedagogues already in practice.

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⁸ For example, in the information system of Masaryk University in Brno, there are 896 theses registered on the topic of risk behaviour and 873 theses dealing with primary prevention, all listed in June 2015.

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TREATMENT PROGRAMS FOR SPECIFIC GROUPS OF PRISONERS – JUVENILES AND THE PERMANENTLY UNEMPLOYABLE

Stanislava Hoferková, Tereza Raszková

Abstract

This paper focuses on the issue of the treatment of specific groups of convicts, especially on juveniles and the permanently unemployable. The article defines the issues of penitentiary treatment, including treatment programs and their activities (work, education, leisure, special educational activities, forming external relationships). It describes the issues of a specific group of prisoners, brings a close look at juvenile convicts and the permanently unemployable who include persons over 65 years of age or ill persons. This paper aims to describe the specifics of treatment for these groups of inmates.

Keywords

incarceration, treatment program, specific group of convicts, juveniles, permanently unemployable

Introduction

The body ensuring the enforcement of incarceration sentences, custody and security detention in the Czech Republic is the Prison Service of the Czech Republic (established in 1993 through Act no. 555/1992 Coll., on the Prison Service and Judicial Guard of the Czech Republic). Treatment of imprisoned persons must respect fundamental human rights, unless the law itself suspends them by incarceration sentence or enforcement of custody, and to maintain the health of the inmates – physical, mental and social. The Czech Republic has to follow the recommendations contained in the European Prison Rules; the basic principles include an emphasis on the re-socialization of individuals: "The service of a sentence shall be managed so as to enable persons deprived on liberty the reintegration into the free society." (European Prison Rules, 2006, p. 3). The emphasis on the pursuit of social rehabilitation is especially common with modern European states and reflects the historical and cultural development and religious beliefs. The pragmatic reason is the fact that in the absence of a capital punishment (i.e. a life sentence with the impossibility of release or the death penalty), penology has to consider that the incarcerated individual will be released one day (apart from the extreme cases

of deaths in prison). Therefore, it is necessary to make an effort to re-socialize the convict or at least not to harm him/her with the prison conditions.

For the above reasons, the so-called treatment program (formerly re-socialization program) is implemented during the enforcement of the sentence. Treatment programs are also "tailored" to the specific needs of different groups of inmates.

This paper characterizes the treatment program; further pays attention to specific groups of convicts – juveniles and permanently unemployable (henceforth as PU), who include e.g. the elderly. These two groups are different at first glance, but their developmental specifics bear the same features, which largely determines the possibilities and needs of the treatment.

1. Treatment of Imprisoned Persons

Already in the nineteenth century, Father Francis Joseph Řezáč emphasized complex influence on and education of convicts and also pointed to the importance of after-care. In the 21st century there are already well-developed treatment programs, including various projects to reduce recidivism and allow for an easier reintegration into normal life.

Černíková (2008, pp. 143–144) defines treatment as "a summary of activities directed at the perpetrators of crimes, carried out by specialized personnel (educational, penitentiary, social services) who deal with the criminal offenders, address and help solve their problems, lead the convicts (to work, to education, to independence, ...), provide care (for their health, positive development), exercise influence, affect their behaviour, opinions, development – towards a pro-social orientation. The aim is that the content of the treatment leads the convicts to socially more mature – more responsible behaviour." In a prison environment, basically two types of methods may be implemented: general methods which respect the pedagogical principles (the regime method, the rewards and punishments method, the natural consequences method, persuasion, etc.), or special methods which combine special-pedagogical, psychological, psychiatric and other procedures (e.g. special therapeutic programs).

An important role in the reform the offender is played by the factor of time which the individual spends in a prison facility. The longer the stay in prison, the more one is disturbed by the prison subculture, often leaving prison "enriched" by a wide range of knowledge that leads to further and more effective crime. The entire process of treatment should be directed towards three main objectives (Černíková, Makariusová, 1996):

1. Cultivation of habits through further education – which means actual professional training, retraining, lifelong learning, leisure education, development interests and hobbies, quality use of leisure time, etc.
2. Acquisition of appropriate social skills for re-adaptation into life outside prison – primarily aimed at maintaining social ties.
3. Specific assistance and expertise aimed at solving personal problems (debt counselling, divorce and after-divorce care, legal advice, administration of old age, invalidity, widow and orphan pensions, etc.).

The treatment is then subject to many factors, such as the prison environment and the nature of fellow inmates, the personnel, the length of incarceration, but also, of course, the personality of the

inmate – coping with stressful situations, previous experience, psychiatric and other pathological load (personality disorders, substance abuse) and their social background, motivation to change, etc. It is clear that the treatment itself is influenced by many factors, and only some can be influenced by the personnel of the Prison Service.

Based on a comprehensive assessment of the convict, a suitable treatment program is elaborated. Programs are compiled from individual activities based on the possibilities of the prison and respecting the personality characteristics, social situation, length of sentence, the causes of criminal activity and the interests of the prisoner. A treatment program, then, contains specifically defined objectives of affecting the imprisoned individual, the methods of the treatment of he convict, methods aimed at achieving the goals, and the methods and frequency of assessment. An integral part of a treatment program with the employable convicts is occupational therapy. Offering alternatives of treatment programs, the incarceration facility is required to use the widest variety of forms, methods and means which require active approach on the part of the convicts and contain elements of self-service. Programs of treatment of convicts have the following components (Raszková, Hoferková, 2014):

- a) working activities,
- b) educational activities,
- c) special educational activities,
- d) leisure activities,
- e) shaping the area of external relations.

The working program activities include employment in the premises of the incarceration facility or outside the premises, work needed for the provision of daily operation of the facility (daily cleaning, maintenance, etc.) and occupational therapy. Determining working activities, the convicts' training and gained experience in a specific field, health, the amount of debts, the motivation to work and the length of the sentence are taken into account. Tax and payments for social security and health insurance are deducted from the convicts' remuneration for the work performed. Subsequently, further deductions are carried out, e.g. to cover the maintenance costs of imprisonment, the cost of legal proceedings, seizure of assets, payment on remand, the claims of the injured party etc. Working activities are an important component of the treatment, as they bring not only financial but also relaxing, educational, correctional and other benefits. It helps many convicts to structure their time in prison and to meaningfully fill the large amount of their free time. Unfortunately, it is the permanently unemployable whose treatment program does not include working activities, but it is possible to use e.g. occupational therapy methods, emphasizing self-service activities. Educational activities are also preferred with juveniles.

Education of prisoners is anchored not only in legislative acts, such as the Charter of Fundamental Rights and Freedoms, the Imprisonment Act, regulations on serving imprisonment sentences, or internal regulations governing the treatment of prisoners, but relies also on international documents, such as the European Prison Rules. The convict can be educated at a school education centre which offers various training courses, completion of primary education, vocational, general educational and other courses (the Secondary vocational school is an organizational unit of the Prison Service with headquarters in Prague, branch offices are in prisons in Pardubice, Opava, Světlá nad Sázavou, Valdice, Plzeň [Pilsen], Rýnovice, Všechny and Kuřim). Educational activities

further include education realized by the personnel of the department of the sentence term service (language courses, socio-legal courses, courses in civics, basics of PC operation, etc.), or education in correspondence courses and in the network of primary and secondary schools, colleges and universities in the Czech Republic.

One of very interesting practices is the therapeutic work with prisoners. However, the fact is that it is a procedure of low efficiency, not bringing any results that would match the effort. Effective therapeutic work must be based on the specific problems of individual persons. Under these circumstances, it is not possible to mechanically apply the usual psychotherapeutic approaches. Individual special educational activities are primarily led by educators – therapists. One of the main tasks of special education procedures is a differentiated treatment of convicts, especially of the risk groups of prisoners. These include the following activities: art therapy and art techniques, relaxation techniques, drama therapy, occupational therapy, group therapy for drug addicts, group therapy for young convicts. The mentioned activities play an important role in the treatment of juvenile convicts and the PU.

Interest activities of the treatment program refer to all forms of individual and group leisure activities organized and conducted by the staff with the necessary professional education (educators – therapists, special educators, social workers and educators). The topical offer of interest activities corresponds to the material and spatial possibilities of the incarceration facility.

The activities in the field of shaping external relationships are all activities that contribute to the preparation for independent living with which the convicts have to cope after their release. The basic elements of these activities include: maintaining ties with close persons, handling the basic documents during or before the end of the sentence (identity cards, citizenship of the Czech Republic), cooperation with the Probation and Mediation Service of the Czech Republic and other state and non-state entities. Especially with juveniles, emphasis is laid on maintaining ties with their family members who should be an integral component of the re-socialization of the juvenile. Unfortunately, the family may also have a negative impact on the convict (see eg. Raszková, Hoferková, 2012) – in case of a juveniles, a dysfunctional family may be one of the reasons for crime to occur.

The treatment programs can be effective only if the convicts are somehow motivated and willing to take part in the programs and fulfil them. The treatment of convicts cannot be generalized because each convict is an individual and has his/her own specific needs, depending on age, length of sentence, social contacts and the number of previous arrests.

Tregler (2004, p. 13) notes that "the effectiveness of treatment programs is directly dependent on the conditions in which they are implemented. In many places, these conditions are very limited and usually do not correspond to the needs of either the inmates or the workers in charge. For example, we have limited space, material resources and we often encounter the lack of professionalism on the part of prison staff. However, the success of treatment programs depends mostly on the personality of the convict, his or her attitudes and interests. In practice, it quite often happens that the convicts are not interested in a wide range of leisure-time educational and therapeutic activities, which is especially true of men." The pitfall is also in the treatment of specific groups of convicts who cannot participate in some activities (e.g. the permanently unemployable) or represent a higher risk in terms of safety or require special handling (e.g. juveniles).

In the prison environment there are many factors which impede or directly interfere with the treatment of convicts. These are so-called barriers to the implementation of treatment programs and they include the so-called. prisonisation, the "second life of convicts" and the prison staff (see e.g. Raszková, Hoferková, 2014a, 2014b; Sochůrek, 2007b).

2. Specific Groups of Convicts

Many differences applied in the enforcement of incarceration sentences can be found already in the standards of imprisonment, especially in the Act on Imprisonment, in the regulations on serving imprisonment sentences and the uniform internal rules of prisons. At the same time, diverse regulations of the director general or department director(s) are issued, focusing on the treatment of particular specific group. The differentiation of inmates is one of many factors that support treatment of convicts, facilitate the work of the Prison Service of the Czech Republic and assists the work of other entities which cooperate closely with the Prison Service (e.g. the courts, police). Specific groups of convicts include according to Act on Imprisonment (Act no. 169/1999 Coll.) especially juveniles, women, mothers of minors, permanently unemployable convicts, convicts with mental and behavioural disorders, convicted foreigners and very dangerous persons. For all these groups, the age, psychological and physiological peculiarities are taken into account. Other specific groups include convicts from the environment of organized crime or terrorists. For each of these groups, individual approach needs to be applied more than anywhere else.

According to Sochůrka (2007a), we may find people serving incarceration sentences who in psychological terms both do not depart from the norm, and who suffer from severe behavioural disorders, personality disorders, sexual deviations, decreased intellect, or other various problems, whether temporary or permanent in nature. Also, there are convicts with sensory, intellectual or physical disabilities, neurotics, persons with a long-term addiction to alcohol or other addictive substances, and convicts from the organized crime scene. The above mentioned groups of convicts are mostly either placed in separately set-up specialized departments, or subject to specialized treatment.

2.1 The Incarceration Sentence Punitive Measures of Juveniles

A juvenile is an individual aged 15 to 18 years, whose criminal liability is reduced, unlike that of an adult. Criminal acts of juveniles are regulated by Act no. 218/2003 Coll., on Juvenile Justice; under this Act, a juvenile may be sentenced to educational, protective or punitive measures.

Proceedings in juvenile cases should be led with regard to their age, state of health, mental and moral maturity, so as not to disrupt their psyche and in view of their age, not to jeopardize their future mental and social development. When discussing the unlawful acts of the youth, the following is especially attempted (Act no. 218/2003 Coll.):

- to use such a measure which will lead to the reform of the offender,
- to take into account the possibilities of the future social application of the individual which would correspond to his or her abilities and intellectual development of a young person and thus contribute to his or her adequate participation in the society,

- to ensure that the measure is educational in nature, i.e. that the individual contributes, according to his or her strength and ability, to atone the damage suffered by the wrongful act,
- to conduct the proceeding itself so as to contribute to the prevention of the commission of criminal acts.

Within the punitive measures, juveniles can be sentenced to e.g. the punitive measure of imprisonment without probation, while the length of imprisonment prescribed by the Criminal Code is reduced for juveniles by half and the maximum penalty may not exceed five years and the minimum one year. If a juvenile commits an offence for which the Criminal Code provides for an exceptional sentence or the degree of danger of such wrongdoing is extremely high, the juvenile court may sentence the juvenile to five to ten years of incarceration.

The juvenile incarceration facilities are for convicts aged 15 to 18 years. This time, can be extended (most often to 19 years of age) given the length of the sentence and personality traits. Then, the convict of near juvenile age is reassigned among adult convicts upon a proposal of the prison director. The department for female juvenile convicts is established in Prison Světlá nad Sázavou, the department for juvenile male convicts is established in Pardubice Prison, Všechny Prison and Heřmanice Prison.

The treatment of juvenile offenders is very specific, as it must take into account the mental, moral and social maturity, the degree of danger and possibility of rectification. Authors Černíková and Sedláček (2002, p. 58) summarize the issues as follows: "Effective methods of dealing with juvenile inmates form a specific penitentiary category. Generally, most agree that a juvenile convict is more flexible and accessible to educational influences and the re-socialization process of juveniles is more promising, though not always easy. An essential penological aspect of working with juveniles is a very deep understanding of their psychological and personality traits and characteristics, and finding the most optimal, effective educational approach to reformulation of the criminalized personality structures."

With juveniles, very sensitive and attentive approaches need to be applied, we should try to offer them pro-social models for their future conduct. It is important to clarify what is attractive to the adolescent, what is his/her hierarchy of values, what is his/her status among peers, whether s/he has any talents, abilities, how s/he seeks sexual partners, what s/he sees the meaning of life in, how s/he reproduces the peer opinions, and how s/he hypercritically evaluates opinions of the parents, teachers, or "older" population. The techniques and methods that are used in working with adolescents include techniques of self-knowledge, exercise of communication skills, model situations, psychodrama, assertiveness, empathy, non-verbal communication, creation of a value chain, managing aggression and more.

For juvenile convicts, individual treatment is applied in an increased way to focus on developing the intellectual, emotional and social maturity of juveniles. Emphasis is placed on acceptance of personal responsibility for the wrongdoing committed, strengthening the independent solution-seeking in life situations, control and management of aggressive reactions and of inappropriate behaviour. Educational and work activities are focused on acquiring knowledge and skills which would help the juvenile to work after returning from prison. The juveniles are led to such leisure activities that meet their developmental needs. (Decree no. 345/1999 Coll., issuing the regulations on serving imprisonment sentences). An important aspect of dealing with juveniles is the security of their preparation for a future career (the form and content of the future occupations is consult

with the legal representatives of the juvenile and with the competent authority for social and legal protection of children). In the event that a juvenile is to fulfil compulsory education, it is prioritized over a job.

A specific difference is the prohibition of television viewing and possession of material with pornographic content, as well as the prohibition of buying tobacco products. If juveniles live in cells, they are being locked from lights-out to reveille.

A specific problem is adolescent sexuality. For convicts in this age group, sexuality and relationships with the opposite sex are a very important and sensitive issue. In the group, there are individuals who had inappropriate role models (domestic violence between parents), committed vice crimes (sexual offences), are personally and emotionally immature, or, conversely, are already parents. Substitute sexual gratification in prison may have a pathological character in the form of sexual harassment or abuse of fellow inmates. It is therefore important to talk to adolescents about these topics, not to moralize or trivialize, allow for adequate sexual satisfaction (masturbation) and especially, not to make taboos.

In 2013, a total of 1,593 juveniles were convicted. Vast majority of juveniles were sentenced to these measures (Report on Public Order and Internal Security in the Czech Republic in 2014, compared with 2013, 2015, p. 17):

- incarceration, suspended for a probationary period – 976 juveniles,
- community service – 269 juveniles,
- incarceration measure without probation – 88 juveniles,
- in case of 250 juveniles, punishment was abandoned.

As shown in the following Table no. 1, as to December 31, 2014, there were 82 convicted juveniles in Czech prisons, of whom 77 were boys and 5 were girls.

Table no. 1 The number of convicted juveniles between 2004 and 2014 (as to December 31.)

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	96	120	109	133	148	166	142	150	134	77	77
Female	6	4	2	1	4	8	9	9	6	4	5
Total	102	124	111	134	152	174	151	159	140	81	82
The percentage of juveniles on the total number of convicts	.68 %	.77 %	.69 %	.80 %	.84 %	.90 %	.78 %	.77 %	.69 %	.57 %	.50 %

Source: Statistical Yearbook of the Czech Prison Service, 2014. In The Prison Service of the Czech Republic. [online]. Prague, 2015, p. 117.

The percentage of juveniles convicted in relation to adults is relatively small – the juveniles account for only 0.5 % of all convictions (the total number of convicts as to the last day of 2014 amounted to 16,433 persons). Number of accused juveniles in custody as to December 31, 2014 was 24 boys and 1 girl (from a total of 2,185 defendants).

Table no. 2 Incarcerated persons as to August 1, 2015

Imprisonment of juveniles			Total number of inmates
	Boys	Girls	
Custody enforcement	15	5	1,944
Incarceration sentence service	86	1	18,348
Security detention enforcement	0	0	54
Total Juveniles	101	6	20,346

Source: Quick Facts. Conditions of prisoners Vscr.cz
In The Prison Service of the Czech Republic. [online]. © 2012 last update August 26, 2015.

As to August 1, 2015, there were a total of 107 juveniles in Czech prisons (in custody and serving incarceration measures; Tab. 2). A total of 20 juveniles were in prison custody, and 87 juveniles were serving an incarceration measures (already 5 more juveniles than at the end of 2014). No juvenile has been placed in security detention.

2.2 Permanently Unemployable Convicts

A permanently unemployable convict is a convicted person older than 65 years (unless s/he requested assignment of a job), a person with the recognized third-degree disability, or a person whose state does not allow for permanent employment (Act no. 169/1999 Coll., on Imprisonment). This issue is closely related to the health classification which expresses the convict's ability to satisfy the health requirements associated with the assignment of a job without the occurrence or aggravation of the illness and without risk to the health of other persons. In an overwhelming majority of cases of PU convicts, the medical classification is "F" (convicts who are waiting for the physician's statement regarding the change to the classification "N" form an exception).

With increasing age, prevalence of diseases with the elderly increases. The illnesses associate so that several diagnoses often occur with an individual at the same time. The seniors' mental activity is slowing down, they have weaker incentives, are sensitive to changes and increasingly cautious. Their psychomotor pace is slowing down, their imagination is impoverished, emotions are unstable, vitality and energy are declining, there is a lower concentration of attention, there is a reduction in the recollection and retention of memory. (Mühlpachr, 2004; Zavázalová, 2001).

Compliance with basic hygiene habits becomes a great problem. Many of the inmates suffer from incontinence (urine and stool), are unable to bathe or dress themselves. The PU convicts who are immobile and less mobile are provided with the help of the so-called health assistants.

In the case of PU convicts, their health status is especially taken into account and in this context, they are provided the necessary medical care. Unlike the standard sentence service conditions, there are no bunk-beds in the PU dormitories and their bathroom is not locked. The number of inmates in dormitories is around five to six persons, also bedrooms for the immobile are set up.

Treatment programs for permanently unemployable (PU) Convicts are primarily focused on their autonomy and self-sufficiency. Of course, we have to take into account the differences corresponding to

the basic characteristics of this specific group. They differ especially in health, age, the degree of disorder and also the mental state of the individual. Three programs of treatment which are assigned to convicts in Pardubice Prison are presented below. One of the men is a young adult, the next one is of productive age and the last one is a senior. All of these individuals are assigned to a specialized department for permanently unemployable (other attributes are not listed due to protection of the anonymity of the respondents).

Convict A. B., senior, first incarceration, crime of violent nature.

The goal of the treatment program is focused on self-serving activity and the maintenance of family ties. In the context of working activities, the convict should maintain order in the bedroom and in his personal belongings. Educational activities are not assigned, special educational activities are not required. In the context of extracurricular activities, he is to participate in social games club under the tutelage of a tender. In the context of extramural activities, he should try to maintain contact with his family members. The program of treatment is being fulfilled for the most part in a gradual manner, especially with regard to the medical condition. He can manage most of the activities only with the participation of a health assistant.

Convict B. C., productive age, recidivist, property crime and crime of violent nature.

The goal of the treatment program is focused on compliance with the standards of self-discipline and discipline; maintenance of social ties and a change in his view on drug abuse. In the context of work activities, he should be involved in regular cleaning work at the section. No special educational or training activities have been assigned. In the context of extracurricular activities, he is to participate in social games club under the tutelage of a tender. Visiting and correspondence contact in the context of the formation of external relationships should be maintained with his sibling. The treatment program is being fulfilled.

Convict D. E., young adult, recidivist, property crime and crime of violent nature.

The goal of the treatment program is focused primarily on the personality development of the convict, on creating critical a view of his inappropriate behaviour, internal discipline towards the observance of normative acts governing the sentence service. In the context of working activities, he should focus on self-serving activity and keeping order in his personal belongings and the bedroom. No special educational or training activities have been assigned. In the context of extracurricular activities, he is to participate in social games club under the tutelage of a tender. Written and visiting contact should be maintained with his family members. The convict does not fulfil his treatment program, and has been repeatedly subjected to disciplinary punishment.

In the implementation of the research for the publication "Education and Re-Education of Permanently Unemployable Inmates of Czech Prisons" (Raszková, Hoferková, 2015, in print), we have noticed that a large number of male convicts feel a great need for a good quality of the ways time is spent in prison. Many of them yearn for daily activities resembling their everyday life, especially some outdoor activities (for instance, they would like to sweep and collect leaves, do light manual work, loosen the soil at patches, go for a walk). Their life is losing purpose, some of them are fully aware that they will not see free life again (whether with regard to the length of their sentence or to the poor prognosis of their health status). This is probably why the need for something meaningful

to do, something to leave behind, is increasing. But due to the degree of classification (in the vast majority "F"), it is not possible to assign jobs to them (or to work without remuneration). A special chapter then consists of individuals with mental disorders. If they are not capable (or willing) to cooperate with the employees on fulfilling the purpose of the enforcement of the sentence, they are only being detained in prison. At the same time, large tension arises in the dormitory because of their irregular behaviour (autistic inmates, deaf-mute, nonconformist conducts – biting, spreading feces, etc.). Some disabled also have problematic behaviour, as they sometimes commit spiteful actions aimed at the other inmates or medical assistants (breaking health aid instruments or not wanting to lend them to the others).

Conclusion

The issues of the treatment of specific groups of convicts lies at the centre of the interest of many professionals, including penologists, and they require a trans-disciplinary character. In this paper, we have presented two groups of persons who are according to the Act on Imprisonment sorted into the specific groups of juvenile convicts and permanently unemployable convicts. On the surface, these groups are different but their common denominator lies in age-related developmental peculiarities.

Juvenile inmates are often mentally, emotionally and socially immature, however, they have often committed serious crimes (juveniles are preferably sentenced to alternative punishment, if the character of the committed offence and thus their social dangerousness allow so). Their sexuality poses a great problem which, however, often becomes a taboo (this issue is not very often referred to in professional publications or research).

On the other hand, there are senior convicts and ill or handicapped inmates who are not capable of working. These groups belong among the permanently unemployable. These persons, particularly the elderly, are characterized by a well-formed register of attitudes and values, with a wealth of life experiences. The problem for these groups of persons is not only the care for their health, but also their leisure options which are subject to their age and state of health.

Adequate treatment with incarcerated persons should on the one hand respect the basic human rights, on the other hand, it should fulfil the social need for the rectification and subsequent re-socialization of the offender. It should be borne in mind that the Prison Service of the Czech Republic often has limited options due to the prison environment alone. It appears that many of the projects which apply to different groups of inmates are efficient (e.g. Program 3 Z). The greater differentiation of inmates according to their degree of criminal experience, social dangerousness or specific needs seems efficient as well.

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CONTROLLED PROCREATION? MORAL PREFERENCES IN THE FIELD OF PARENTING AND PROCREATION OF MENTALLY HANDICAPPED PERSONS

Dagmar Marková, Stanislava Lištiak Mandzáková

Abstract

In this paper, we present two researches which focused on the attitudinal and behavioural attributes of the sexuality of mentally handicapped persons and on its socio-cultural and ethical contexts. It presents a comparative research probe into the moral preferences regarding parenthood and procreation of the mentally handicapped as perceived by professional staff of the Social Service Centres (SSCs) and by the teachers of special primary schools in Slovakia. We, specifically focus on the description of particular research findings which involve moral preferences regarding parenthood and procreation of the mentally handicapped as perceived by the professional SSC staff and by teachers of special primary schools which were obtained using a part of the standardized ASQ – Attitudes to Sexuality Questionnaire (Individuals With An Intellectual Disability) from authors Cuskelly and Gilmore (2007). The research findings show that the moral preferences regarding parenthood and procreation of the mentally handicapped are mostly negative, even if compared to the professional SSC staff, the teachers of special schools prefer the right to procreation and parenthood more.

Keywords

procreation, parenthood, mental handicap, sexuality, morality, special primary school, Home of Social Services

Introduction¹

The research of moral preferences, attitudes and also practices regarding the sexuality and procreation of mentally handicapped persons in their social contexts, not only by the disabled persons, but also by professional and pedagogical staff, parents and the lay public, should form one of the key areas of understanding the contexts in which sexual and procreational behaviour

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of the mentally handicapped takes place. According to Walter (1980), the sexuality of mentally handicapped persons and their individual sexual behaviour depend especially on the tolerance and breath of moral attitudes and prohibitions of the parents and custodians. A number of authors (Walter, 1980; Bazalová, 2009; Mikulec, 2009 and others) agree that barriers and prejudices, and sexually unfavourable environment at home and at school give rise to "secondary social disability", which involves the subjective ease of the mentally handicapped persons much more than the primary mental disability itself. As shown by Frohmader and Ortolev (2013), the sexual and procreational rights of mentally handicapped persons are violated, e.g. through practices such as internal sterilisation, contraception or limited or no contraceptive possibilities, aimed at menstrual or sexual suppression, forced or enforced abortions, termination of parental rights, denial of marriage or, conversely, forced marriage and other forms of torture and violence, as well as systemic exclusion from the services involving sexual and reproductive medicine. These procedures and violations of rights are formulated in the context of social attitudes and stereotypes which insist on characterizing health handicap as "personal tragedy" and burden appropriately to be treated through medical and rehabilitating care.

Biological and Social Paradigm of Mental Disability

In the framework of the so-called biological paradigm of mental disability, the mentally handicapped persons have fallen victim to sexual segregation, marital prohibition and legally sanctioned sterilization under the pretence of the patient's protection from pregnancy and sexual abuse (Block, 2000; Kempton, Kahn, 1991). Historically, the mentally handicapped persons have been deprived of sexuality which was visible e.g. in the American and Canadian eugenics and forced sterilization until 1900 and until half of the 1980s, respectively (Gerhardt, 2006, Greenspan, 2002; Sobsey, 1994). However, sterilization has remained a common practice with mentally disabled women in many countries (Gerhardt, 2006; Gougeon, 2009, and others). When some "problems" occurred in the realm of sexuality, they were usually treated through ergotherapy, pharmaceuticals, etc. Most of the times, no sexual education was effectuated. The effort of this biological approach to mental disability was to eliminate sexuality. Especially the concern for undesirable pregnancy and parenthood persists. Deep-rooted opinions of asexuality of the mentally handicapped and of the genetic inappropriateness of their parenthood appeared. Women were mostly recommended abortions (Mandzáková, 2011; Kozáková, 2006 and others).

Significant changes of attitudes (not only) towards the mentally handicapped occurred in the context of a paradigm shift of disabilities especially after 1989. Attitudes towards mentally handicapped persons have begun to gradually change through the effort to integrate them into the society, to increase the quality of the support and care provided, and to change the overall approach of the society. Prevailing attitudes started to shift from the previous elimination stance to those on the level of tolerance, acceptance and cultivation of sexuality of mentally handicapped persons (Kozáková, 2013 and others).

In connection with the present progress in changing the society's attitudes toward sexuality of mentally handicapped persons, however, many authors worldwide have talked about misconceived assumptions. For example, Löfgren-Mårtenson (2008) reports that today, mentally handicapped

persons can be view as the "middle" generation, as they are situated between the "old" and the "new". The attitude of employees and relatives, according to the author, is affected by the pressing reforms which point out their rights to sexuality – the right to sexuality for everyone – but which lack any direction as to how this issue is to be resolved in practice. The consequence of this conflict is that the employees and relatives act as "new obstacles or institutional barriers" despite the fact that the old institutional barriers have been removed. Currently, many mentally handicapped persons are living in small group homes with external support and assistance. However, their way of life is still very different compared to other adults. For example, most mentally handicapped persons are unable to live as a couple or with their own families. Instead, they live with other handicapped persons under the supervision of staff they did not choose (Löfgren-Mårtenson, 2008).

Speaking about the situation in the Slovak Republic, the matters of sexuality and parenthood of mentally handicapped persons are often decided by others. These are decided according to unclear rules and without any supervision. Abroad, the competences of mentally handicapped persons are usually assessed in favour of sexual expression², or of the possibility to have children. However, legal interpretations of an informed consent are still missing. It is the functional capacity to understand the essence and consequences of such acts. In the Slovak Republic, this issue is largely left unresolved.

Research

In 2011 and 2014, we carried out two researches which were focused on the attitudinal and behavioural attributes of the sexuality of the mentally handicapped and their socio-cultural and ethical contexts. In this text, we present a narrow part of the results of these two broad researches and focus on the description and comparison of the results in moral preferences regarding the procreation of mentally handicapped persons by professional SSC staff and by teachers of special schools.

In regard to timing, the first research (the research sample were professional SSC staff) was carried out in 2011 and the second research (the research sample were teachers of special primary schools) in 2014, which needs to be taken into account in the interpretation of the research data.

Research Methods

On the whole, we combined in both researches the quantitative and qualitative approaches and used multiple research methods: observation, interview, questionnaire, and sexual stories. Moral preferences of the participants of the research in the field of parenthood and procreation of mentally handicapped men and women which are the subject matter of this paper, were obtained using an attitude scale. We believe that even if consisting of limited items, such scale reflects the elements of moral discourses on procreation of the mentally handicapped. On the other hand, even if the attitudes on the scale include elements of existing moral discourses on sexuality, or procreation, and

² For more see: Mandzáková, 2011; Marková, Kocina, 2013.

they contain value judgements of what is good and evil, morally right and morally wrong, desirable and undesirable, etc., it is necessary to take into account that this only is a narrow selection which cannot represent the diversity in the realm of sexual morality.

In this text we present partial results that we have obtained from a part of the ASQ – Attitudes that Sexuality Questionnaire (Individuals with an Intellectual Disability) from the Australian authors Cuskelly and Gilmore (2007). Due to the focus of the paper on the procreation of the mentally handicapped, individual parts of the Attitudes to sexuality questionnaire (Individuals with an intellectual disability: ASQ – ID) were thematically modified for the field of procreation, partnership, sexuality and sexual education. In the following text, we state the research findings which relate to the field of procreation.

Research Sample³

The first research sample consisted of professional SSC staff from Prešov Region and Košice Region. The research was carried out together with 259 professional SSC staff in 2011. The research sample was not representative. In terms of gender, women prevailed in the research sample by 82 % with only 18 % men. In terms of age, the lowest was 20 years and the highest 60 years.

The second research sample consisted of teachers of special primary schools (n = 322) and the research was carried out in 2014. The research sample was not representative. In terms of gender, women prevailed in the research sample by 82 % with only 18 % men. The average age of the teachers of special primary schools was 43.6 years, the most stated age was 40 years.

Research Findings⁴

The analysis of the results on moral preferences regarding procreation of mentally handicapped women and men begins with a presentation of the Mann-Whitney U test results. In tables no. 1.A and 1.B, we find the results of the Mann-Whitney U test which follow a comparison of the answers to the observed items of the Attitudes to sexuality questionnaire (Individuals with an intellectual disability: ASQ-ID) regarding procreation, which are related to the moral (dis)agreement with the procreation with women (Tab. no. 1.A) and men (Tab. no. 1.B) with mental handicap by the surveyed SSC staff and teachers of special primary schools.

Based on the results (Tab. no. 1.A and 1.B), we may state that among the questions on the observed items, we have found that through Mann-Whitney U test a statistically significant difference on the 5 % significance level in the answers of the surveyed professional SSC staff and of the teachers of special primary schools in all items except for one, namely: "Mentally handicapped women should be allowed to marry only on the condition that their partners are sterilized."

³ For a detailed profile of the research sample, see: Marková, Lištiak Mandzákova (2015).

⁴ For more detailed results concerning the attitudes to procreation of mentally handicapped persons in ethical terms see: Marková, Lištiak Mandzákova (2013, 2015).

Table no. 1.A The results of the Mann-Whitney U test – moral preferences regarding procreation of mentally handicapped women: comparison of the SSC staff and teachers of special primary schools

Variable	Mann-Whitney U Test (MP staff and teacher) By variable NProm Marked tests are significant at p<.05000						
	Rank Sum Group 1	Rank Sum Group 2	U	Z	p-level	Z adjusted	p-level
Var97	50375.00	87175.00	18244.00	-9.25982	0.000000	-9.47733	0.000000
Var102	74589.50	59313.50	21912.50	6.71903	0.000000	6.86762	0.000000
Var107	58918.50	74984.50	30477.50	-1.60865	0.107693	-1.65116	0.098706
Var116	81399.00	56676.00	19001.00	8.86158	0.000000	9.12577	0.000000
Var120	59707.00	74714.00	28831.00	-2.73186	0.006298	-2.80141	0.005088
Var122	58361.50	75024.50	27980.50	-3.09141	0.001992	-3.20902	0.001332
Var125	70721.00	64219.00	27634.00	3.50414	0.000458	3.59633	0.000323
Var129	49229.50	84673.50	17854.50	-9.14336	0.000000	-9.41496	0.000000

Legend:

Procreation – mentally handicapped women:

97 – With the right support, mentally handicapped women can raise even-tempered children. 102 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 116 – The staff providing services and parents should discourage mentally handicapped women from having children. 120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 125 – Sterilization is appropriate (desirable) for mentally handicapped women. 129 – Women with mental handicap should be allowed to have children within their marriage.

Table no. 1.B The results of the Mann-Whitney U test – moral preferences regarding procreation of mentally handicapped men: comparison of the CCS staff and teachers of special primary schools

Variable	Mann-Whitney U Test (MP staff and teacher) By variable NProm Marked tests are significant at p<.05000						
	Rank Sum Group 1	Rank Sum Group 2	U	Z	p-level	Z adjusted	p-level
Var140	51606.00	79210.00	19728.00	-7.73388	0.000000	-7.93390	0.000000
Var145	75671.50	52599.50	18146.50	8.40757	0.000000	8.60277	0.000000
Var150	60664.00	71691.00	28786.00	-2.51053	0.012055	-2.58036	0.009870
Var159	78676.00	53165.00	19235.00	8.13493	0.000000	8.40206	0.000000
Var163	56727.00	69526.00	27081.00	-2.70129	0.006908	-2.78624	0.005333
Var165	50642.50	72613.50	22201.50	-5.33038	0.000000	-5.60584	0.000000
Var168	67475.00	59785.00	26115.00	3.43454	0.000594	3.56876	0.000359
Var172	48846.50	79424.50	18218.50	-8.37450	0.000000	-8.61314	0.000000

Legend:

Procreation – mentally handicapped men:

140 – With the right support, mentally handicapped men can raise even-tempered children. 145 – When mentally handicapped men marry, it should be legally prohibited from them to have children. 150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 159 – The staff providing services and parents should discourage mentally handicapped men from having children. 163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 168 – Sterilization is appropriate (desirable) for mentally handicapped men. 172 – Men with mental handicap should be allowed to have children in their marriage.

The differences in answers of the responding professional staff of Social Service Centres (SSCs) and teachers of special primary schools to the observed items of the Attitudes to Sexuality Questionnaire in regard to procreation of mentally handicapped persons is described in detail especially through the statistical marker of average (Tab. no. 2.A, 2.B and 3).

The results⁵ concerning moral preferences regarding procreation of mentally handicapped persons are presented by the statistical marker of average, modus and standard deviation in tables no. 2.A and 2.B where we also find the averages of answers to the observed items which relate to the moral (dis)agreement of the procreation of mentally handicapped women and men by professional SSC staff (Tab. no. 2.A) and teachers of special primary schools (Tab. no. 2.B). Based on the the averages, we have arrange an illustrative successive order according to the degree of moral (dis)agreement with the individual items in the questionnaire which relate to the procreation of mentally handicapped women and men, from the least preferred to the most preferred (Tab. no. 3). The difference in successive orders of average according to the degree of moral (dis)agreement with procreation rights and procreation behaviour of mentally handicapped men and women by the surveyed SSC staff and teachers of special primary schools will not be commented on in further detail, as they are comprehensively arranged in Table no. 3, but based on the result average and the Mann-Whitney U test, we limit ourselves to the summary of these findings:

1. The surveyed teachers of special primary schools morally disagree with these items related to the procreation of mentally handicapped women and men more than the professional SSC staff:

- When mentally handicapped women or men marry, it should be legally prohibited for them to have a child – average 3.9 (women⁶), 4.1 (men⁷) – the professional SSC staff, and average 3.1 (women), 3.2 (men) – teachers of special primary schools.
- The services providing staff and parents should discourage mentally handicapped women or men from having children – average 4.4 (women), 4.4 (men) – the professional SSC staff, and average 3.5 (women), 3.5 (men) – teachers of special primary schools.
- Sterilization is appropriate (desirable) for mentally handicapped women or men – average 4.0 (women), 3.9 (men) – the professional SSC staff, and average 3.6 (women), 3.6 (men) – teachers of special primary schools.

2. The surveyed teachers of special primary schools morally agree with these items related to the procreation of mentally handicapped women and men more than the professional SSC staff:

- With proper support, mentally handicapped women or men may raise even-tempered children – average 2.3 (women), 2.4 (men) – the professional SSC staff, and average 3.4 (women), 3.3 (men) – teachers of special primary schools.
- If possible, mentally handicapped men and women should be involved in the decision on their sterilization – average 3.5 (women), 3.7 (men) – the professional SSC staff, and average 3.9 (women), 4.0 (men) – teachers of special primary schools.
- Education on contraception should be fully available to mentally handicapped women or men whose disability level enables sexual activity – average 4.4 (women), 4.2 (men) – the professional SSC staff, and average 4.6 (women), 4.7 (men) – teachers of special primary schools.

⁵ A part of the data related to the research from 2011 were published in Marková, Lištiak Mandzáková (2013, 2015).

⁶ Relates to the assessment of the given item for mentally handicapped women.

⁷ Relates to the assessment of the given item for mentally handicapped men.

- Mentally handicapped men and women should be allowed to have children within marriage – average 2.3 (women), 2.3 (men) – the professional SSC staff, and average 3.3 (women), 3.2 (men) – teachers of special primary schools.
- Mentally handicapped men should be allowed to marry under the condition that they or their partners are sterilized – average 3.1 (men) – professional SSC staff, and average 3.4 (men) – teachers of special primary schools.

The results by the surveyed professional SSC staff show that based on the averages (Tab. no. 3), the most consented statement was that mentally handicapped persons are to be discouraged from parenthood (average 4.41 with mentally handicapped women and average 4.36 with mentally handicapped men).

The second most preferred by professional SSC staff was the education on contraception for the mentally handicapped persons (average 4.37 – mentally handicapped women and average 4.2 – mentally handicapped men).

Also, sterilization for mentally handicapped men and women was rather considered as appropriate or desirable than refused by professional SSC staff (average 4.04 – mentally handicapped women, and average 3.94 – mentally handicapped men).

We have noted a higher consent rate also in the idea that mentally handicapped persons should be prohibited to be parents, even within marriage (average 3.9 for mentally handicapped women and average 4.1 for mentally handicapped men).

The results by the surveyed teachers of special primary schools show that based on the averages (Table no. 3), the most consent appears with the idea that education on contraception should be available for mentally handicapped persons (average 4.6 – mentally handicapped women and average 4.7 – mentally handicapped men). The second most preferred item was the involvement of the mentally handicapped into the decision on their sterilization (average 3.9 for mentally handicapped women and average 4.0 for mentally handicapped men).

On the other hand, teachers of special primary schools have shown more consent regarding the appropriateness of sterilization for mentally handicapped women and men (average 3.6 for both mentally handicapped women and men).

Table no. 2.A Descriptive Statistics – Moral preferences regarding procreation of mentally handicapped women and men by the CCS staff

Variable	Descriptive Statistics (MP)			
	Mean	Mode	Frequency of Mode	Std. Dev.
Var97	2.33202	2.000000	86	1.069250
Var102	3.90574	4.000000	74	1.255165
Var107	3.07563	3.000000	69	1.216342
Var116	4.41036	Multiple	96	0.985359
Var120	3.54435	4.000000	62	1.252547
Var122	4.37398	5.000000	100	1.041180
Var125	4.04418	5.000000	73	1.157922
Var129	2.30000	2.000000	95	0.994967
Var140	2.36905	2.000000	95	1.053695
Var145	4.13934	4.000000	80	1.198872
Var150	3.06746	3.000000	78	1.203999
Var159	4.36364	4.000000	103	1.043775
Var163	3.68313	5.000000	75	1.240836
Var165	4.23529	5.000000	96	1.061055
Var168	3.94286	4.000000	102	1.122059
Var172	2.28745	2.000000	97	1.025272

Legend:

Procreation – mentally handicapped women:

97 – With the right support, mentally handicapped women can raise even-tempered children. 102 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 116 – The staff providing services and parents should discourage mentally handicapped women from having children. 120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 125 – Sterilization is appropriate (desirable) for mentally handicapped women. 129 – Women with mental handicap should be allowed to have children in their marriage.

Procreation – mentally handicapped men:

140 – With the right support, mentally handicapped men can raise even-tempered children. 145 – When mentally handicapped men marry, it should be legally prohibited form them to have children. 150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 159 – The staff providing services and parents should discourage mentally handicapped men from having children. 163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 168 – Sterilization is appropriate (desirable) for mentally handicapped men. 172 – Men with mental handicap should be allowed to have children in their marriage.

Table no. 2.B Descriptive Statistics – Moral preferences regarding procreation of mentally handicapped women and men by teachers of special primary schools

Variable	Descriptive Statistics (SMP Teacher)			
	Mean	Mode	Frequency of Mode	Std. Dev.
Var252	3.420664	4.000000	74	1.330614
Var257	3.117216	3.000000	83	1.366954
Var262	3.290323	3.000000	86	1.356418
Var271	3.456204	3.000000	88	1.283845
Var275	3.862963	4.000000	90	1.363259
Var277	4.555556	6.000000	87	1.456516
Var280	3.614815	4.000000	82	1.395613
Var284	3.333333	3.000000	96	1.282229
Var294	3.247104	4.000000	83	1.294271
Var299	3.175573	3.000000	91	1.310032
Var304	3.385496	3.000000	87	1.356219
Var313	3.526923	3.000000	93	1.247099
Var317	4.003861	4.000000	84	1.330903
Var319	4.720930	5.000000	108	1.132998
Var322	3.579151	4.000000	92	1.289684
Var326	3.223938	4.000000	82	1.283484

Legend⁸:

Procreation – mentally handicapped women:

252 – With the right support, mentally handicapped women can raise even-tempered children. 257 – When mentally handicapped women marry, it should be legally prohibited form them to have children. 262 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 271 – The staff providing services and parents should discourage mentally handicapped women from having children. 275 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization. 277 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active. 280 – Sterilization is appropriate (desirable) for mentally handicapped women. 284 – Women with mental handicap should be allowed to have children in their marriage.

Procreation – mentally handicapped men:

294 – With the right support, mentally handicapped men can raise even-tempered children. 299 – When mentally handicapped men marry, it should be legally prohibited form them to have children. 304 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized. 313 – The staff providing services and parents should discourage mentally handicapped men from having children. 317 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization. 319 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active. 322 – Sterilization is appropriate (desirable) for mentally handicapped men. 326 – Men with mental handicap should be allowed to have children in their marriage.

⁸ The description of these items relates also to all other variables in this chapter. Due to the limited space, we do not state this repeatedly.

Table no. 3 The order of sequence based on the average – moral preferences regarding procreation of mentally handicapped men and women as perceived by the SSC staff and teachers of special primary schools

Professional SSC Staff				Teachers of Special Primary Schools			
Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average	Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average
129 – Mentally handicapped women should be allowed to have children within their marriage.	2.30000	172 – Mentally handicapped men should be allowed to have children within their marriage.	2.28745	257 – When mentally handicapped women marry, it should be legally prohibited form them to have children.	3.117216	299 – When mentally handicapped men marry, it should be legally prohibited form them to have children.	3.175573
97 – With the right support, mentally handicapped women can raise even-tempered children.	2.33202	140 –With the right support, mentally handicapped men can raise even-tempered children.	2.36905	262 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.290323	326 – Men with mental handicap should be allowed to have children in their marriage.	3.223938
107 – Women with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.07563	150 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.06746	284 – Women with mental handicap should be allowed to have children in their marriage.	3.333333	294 – With the right support, mentally handicapped men can raise even-tempered children.	3.247104
120 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization.	3.54435	163 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization.	3.68313	252 – With the right support, mentally handicapped women can raise even-tempered children.	3.420664	304 – Men with mental handicap should be allowed to marry only on the condition that their partners are sterilized.	3.385496
102 – When mentally handicapped women marry, it should be legally prohibited form them to have children.	3.90574	168 – Sterilization is appropriate (desirable) for mentally handicapped men.	3.94286	271 – The staff providing services and parents should discourage mentally handicapped women from having children.	3.456204	313 – The staff providing services and parents should discourage mentally handicapped men from having children.	3.526923

Professional SSC Staff				Teachers of Special Primary Schools			
Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average	Mentally Handicapped Women:	Average	Mentally Handicapped Men:	Average
125 – Sterilization is appropriate (desirable) for mentally handicapped women.	4.04418	145 – When mentally handicapped men marry, it should be legally prohibited for them to have children.	4.13934	280 – Sterilization is appropriate (desirable) for mentally handicapped women.	3.614815	322 – Sterilization is appropriate (desirable) for mentally handicapped men.	3.579151
122 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active.	4.37398	165 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active.	4.23529	275 – If possible, mentally handicapped women should be included in the decision-making process on their sterilization.	3.862963	317 – If possible, mentally handicapped men should be included in the decision-making process on their sterilization.	4.003861
116 – The staff providing services and parents should discourage mentally handicapped women from having children.	4.41036	159 – The staff providing services and parents should discourage mentally handicapped men from having children.	4.36364	277 – Education on contraception should be fully available to mentally handicapped women whose disability level enables them to be sexually active.	4.555556	319 – Education on contraception should be fully available to mentally handicapped men whose disability level enables them to be sexually active.	4.720930

Conclusion

Based on the results, it is possible to conclude that moral preferences regarding procreation and parenthood of mentally handicapped persons by the surveyed professional staff of Social Services Centres (SSC) are mostly negative and the procreational rights of mentally handicapped women and men remain underestimated. While comparing moral preferences of the surveyed professional SSC staff with those of the teachers of special primary schools, it has been shown that teachers of special primary schools prefer the reproductive rights and rights of parenthood more in comparison with the professional SSC staff. In comparison with professional SSC staff, teachers of special primary schools also emphasize more the right to have children within the marriage of mentally handicapped persons and when adequate support is supported, also the upbringing of their children. Despite all that, the results show that a part of the teachers of special primary schools, on the other hand, consent to the appropriateness of sterilization of mentally handicapped persons

and overall also take a negative stance on procreational rights and parenthood. The above stated is also in accord with our findings that the least positive attitudes are found by the professional SSC staff towards the right of parenthood of the mentally handicapped persons, the second least positive attitude is towards the right to marriage which was also largely consented. There was more moral approval of the right to sexual partnership. Also, teachers of special primary schools were morally least consenting to the right of mentally handicapped persons to parenthood (Marková, Lištiak Mandzáková, 2015).

On the ethical plane, we may reflect on the fact that both the professional SSC staff and the teachers of special primary schools consider procreation and parenthood of mentally handicapped persons as undesirable, based on their attitude towards mentally handicapped persons, and we may assume that mentally handicapped persons are limited in their rights to parenthood.

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EXPERIENCE WITH AN IDENTIFICATION OF EVIDENCE ABOUT MOTHER'S DRINKING ALCOHOL DURING PREGNANCY WITHIN A FRAMEWORK OF 4-DIGIT CODE DIAGNOSTICS OF FETAL ALCOHOL SYNDROME DISORDER (FASD)

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Abstract

In the system of social work policy, social legal protection and caregiving policy there is no comprehensive system in Slovakia which would record a biological mother's use of alcohol during pregnancy. However, the evidence of mother's use of alcohol during pregnancy has a significant impact on accurate diagnostics, therapy, education, but mainly, on social adaptability of young clients placed in foster care. As of September 2015, the number grew to 6,277 children and a trend is on the rise. FAS/FASD diagnosis is ten times greater in this group of individuals (children placed in foster care) than in the rest of population. This is caused by mothers' drinking, who are, or were, the children with FAS/FASD, as well as, later victims of long term neglect, maltreatment and sexual abuse. Many times, these women unintentionally seriously harmed their child. Specialists defined the fetal alcohol syndrome and its spectrum as a significant prenatal disease which is a preventable cause of social failure, whether due to mental retardation, or mostly because of secondary victimisation of a handicapped person. The authors of this study present results of a qualitative research, which had been performed until June 2015 on 19 clients diagnosed in the Centre for Diagnostics, Therapy and Prevention of FAS at Education Faculty, Catholic University, Ružomberok. The goal of this study is an interpretation of the 4-digit code within the Slovak system of social legal protection. As a result, the authors formulate a scientific conclusion which will benefit a diagnostic and clinical practice of Fetal alcohol syndrome and its spectrum in Slovakia.

Keywords

Fetal Alcohol Syndrome, Fetal Alcohol Spectrum disorder, diagnosis, treatment, prevention, Slovakia

Introduction

Fetal alcohol syndrome – describes a set of symptoms in children of mothers who used alcohol during pregnancy and when all symptoms are present, i.e., typical facial phenotype, CNS damage and growth deficiency. If only some of the symptoms are present, combinations of individual

disabilities, these fall together under the umbrella of FASD diagnosis (Fetal alcohol spectrum disorder). This term includes FAS, partial FAS, static encephalopathy, neurobehavioral disorder and physical changes. Yet, it is difficult to determine which from the abovementioned diagnoses is the most accurate and explicit for behavior of an observed individual. There are more methods available. In the Centre for Diagnostics, Therapy and Prevention of FAS a patient is diagnosed by 4 criteria: alcohol exposure during intrauterine development, growth retardation, facial dysmorphism and brain damage which manifests in cognitive and behavioral area. An incidence in literature of 3–40 children to 1,000 born children has not been quantified in Slovakia (Nosková, 2014). Why then do we need to diagnose these individuals in the system of social protection?

Research Focus

Without a timely diagnostics and intervention these disabled persons represent a high risk for social system. In contrast to the rest of population, these individuals are unable to integrate within a society due to the lack of executive function development. The diagnosis "FAS Q86" has existed for 60 years in Slovakia, yet its spectrum falls into an ambiguous range of F80–F99 diagnoses. We perceive that a controversial behavior of individuals with FAS/FASD is an essential problem in a system of social integration. Brain damage is serious mostly in the cognitive and emotional area. Executive function deficiency induces an inability to remember multiple instructions as well as a failure in inhibitory control of a person, lack of understanding of abstract terms (time, money), incapability to understand cause and effect. The patient is unable to plan everyday activities, to think creatively; therefore, he/she requires a necessary and constant supervision. An irregular or changing schedule leads to an anxiety which manifests itself in an unmanageable behavior – asocial conformity.

Problem of Research

Overlapping diagnoses FAS/FASD with other health and social diagnoses complicate a setup of systemic measures. The range of overlap was studied by Cathy Bruer-Thompson, Board Vice President at MOFAS: Minnesota Organization on Fetal Alcohol Syndrome. She compared FASD with 7 other diagnoses: ADD/ADHD, sensoric disorder, autism, bipolar disorder (BPD), reactive attachment disorder (RAD), depression, oppositional behavior disorder (ODD) and even trauma and poverty (<http://www.mofas.org/>). However, what may help the system even today is an information that a diagnosis of FAS/FASD the most frequently and permanently harms social adaptation of an individual. Where to start? According to us the answer is clear: It is necessary to start directly in the system.

Exogenic factors of social environment are in Slovakia mostly integrated in a comprehensive diagnosis under the name: the syndrome CAN. The process is controlled by MPSVaR SR (Ministry of Work, Social Affairs and Family in Slovak Republic), by National Coordination Centre for addressing the acts of violence committed against children. What connects a diagnosis of CAN with the diagnosis of FAS/FASD? Neglected children, who are not adequately stimulated mentally and physically, are thanks to an accurate diagnostics classified as the children with a range of FASD diagnoses. There are mostly kids who were moved from a biological family to an institutional care

or to any other alternative care provided by social-legal protection. These inadequately treated and integrated kids exhibit tertiary disabilities. According to Streissguth (2004), these kids, when adults, are known in the system as:

- 80 % is being treated in psychiatric wards,
- 61 % is failing the compulsory education,
- 60 % is having criminal records,
- 50 % is being imprisoned or kept in the mental institutions for mentally ill,
- 46 % is being addicted to alcohol or drugs.

When FASD is diagnosed only when the patients are 10–14 year old, it becomes difficult, if not futile, to influence a prognosis. Scientific studies have revealed that disabled kids are marginalised, leave home, have an increased incidence of mental diseases, are more often victims to substance abuse, are repeatedly involved in theft, in self-harm, or attempts in suicide, they have excessive hazardous sexual activity, they are also unable to stay at work. Early intervention has a great impact on a prognosis in improvement for these children. A target intervention may help many of these kids in their adulthood to function well.

Tertiary disability is represented in a group of individuals who are included in the statistics of Ministry of Labour, Social Affairs, and Family in SR (MPSVaR SR), Ministry of Education, Science, Research, and Sports (MSVVaS SR), Ministry of Healthcare (MZ SR), Ministry of Justice (MS SR), and in the research of non-profit organisations, such as Návrat a Úsmev ako Dar, which operate in a foster personal care. In the following example we are listing some institutions with the greatest prevalence of patients with the FASD diagnosis:

1. Ministry of Labour, Social Affairs, and Family

- According to the Act of National Council of the Slovak Republic (NR SR), no. 448/2008, on social services, as amended: The institutions where social service of crisis interventions are provided, such as, low-threshold day centers, integration centers, community centres, asylums, shelters, halfway houses, emergency housings, social services homes.
- According to the Act of NR SR, no. 305/2005, on social legal protection of kids and on social care, as amended, institutions, such as: Orphanages, orphanages for unaccompanied minors, crisis centers, resocialisation centres.

2. Ministry of Education, Science, Research, and Sports

- According to the Act of NR SR, no. 245/2008, the act on education and schooling, as amended, in the schools of educational counselling and prevention and special educational facilities: Re-educational houses and centers, diagnostic centers, medical and educational sanatoriums, centres of pedagogical-psychological counselling and prevention and special education centers for counselling.

3. Ministry of Healthcare

- According to the Act of NR SR, no. 578/2004, the act on health care providers, healthcare workers, healthcare professional organisations, and on the change and completion of several acts, as amended: In hospitals in psychiatric wards and specialised healthcare facilities, such as, The Center for the Treatment of Drug Addictions.

4. Ministry of Justice

- According to the Act NR SR, no. 4/2001, the act on Prison and Court guards, as amended: Jails, prisons, jails and prisons.

Currently, there are about 255,328 children at risk listed in social legal protection who depend on Labour, Social Affairs and Family offices and the help of offices by providing them with social services (Mrázková, & Brennerová, 2015). We do not know an exact number of those who suffer from the permanent CNS damage. Nor do we know an amount of children with FAS/FASD diagnosis. For this reason, we cannot predict a magnitude of other risk persons in the system once they grow up. The social system of protection provides a limited range of social measures through approximately 700 professional families, 20 crisis centers and 19 resocialisation centers, and 91 orphanages (4,720 placed children). Due to an insufficient capacity the system also uses facilities in the education sphere: 5 diagnostic and 15 reeducation centers (together 478 children) (<http://www.upsvar.sk>).

How to stop an unwanted process of social adaptation in these disabled persons? How can we optimize a protection system in a relationship to FAS diagnosis? Through which measures are we able to minimize undesirable social connections to this diagnosis? The series of studies performed in 2015 partly answer these questions.

Methodology of Research

From the position of social workers, as members of diagnostic team in Centre for Diagnostics, Prevention and Therapy of FAS we had an opportunity to meet and learn the stories of 19 children with a diagnosis of Fetal alcohol syndrome disorder.

Since the study was an initial analysis, the goal of the research was not to render a complete analysis but mostly a description of initial situation and a reflection on previous experiences in surveys regarding the fourth digit of the 4-digit code, i.e., information, obtained so far, on mother's use of alcohol during pregnancy. The overall quality of research material gained from the available sources depended on the conduct of preliminary analysis which we had not performed and had not paid a sufficient attention in all phases of data collection (Strauss, 1988). For this reason we had met many obstacles during the following coding.

Instrument and Procedures

Various imaging techniques was helping us to find the core of data in a systematic, repeatable and controllable way (Miles, Huberman, 1994). We sorted out collected data in a reproducible way, and then coded them (words, shortcuts, symbols depicting a semantically homogenous unit of data).

According to Strauss, the coding is a general term for data conceptualisation – coding is a formulation of questions and preliminary answers (hypotheses) about categories and relationships between the categories. Strauss indicates that the term "code" is a product of this analysis – it could be a category or relationship between two or more categories (Strauss, 1988, pp. 20–21).

We had chosen a way of an inductive approach and attempted to derive the codes from the collected documents. "In the framework of axial coding, which is the set of procedures, which, once the open coding is performed, arranged again in a new way, we had tried to create connections between categories." (Švaříček, Šedová, 2007, p. 70) Strauss and Corbinová (1999) suggest an

implementation of a coding paradigm for a relationship formulation which Hendl assumes (2005) and which is identical with it.

We consider it to be important to at first define and distinguish a research sample from different demographic areas.

A primary analysis of information was performed from the documents of 19 children. We have obtained the documents through the admission procedures of FASD diagnostics. We performed a close inspection through coding of the written and supporting documentation consisting of several sources (copies of health documentation, written copy of a child's social report and results from psychological and special education examination, standardized questionnaires for parents about FASD diagnostics, and others). Time horizon for data collection was in the range of 03/2013 – 05/2015, in irregular periodicity of 1–2 diagnostics per month. There was a sufficient time which passed from the first diagnostics of a child to the question we asked: What can we figure out from all this collected information?

From the perspective of a "SOURCE" we may assume that there were mostly report copies of health documentations, psychological, psychiatric examinations, and statements. Due to the communication with a parent of children through emails we also added the copies of email communication.

The basic characterization of the research group from the gender perspective was the following: males 58 % and females 42 % from the group of 19 children.

The age of children in the time of diagnostics was within an interval <4.3–22 years. From the gender view, there were females in range of 4.3–19 years and males in range of 4.4–22 years of age.

From the perspective of age the majority of children were between 6.1–10 years of age.

Table no. 1 Category and number of females and males

Category type	Number – female	Number – male	Together
From 0–6 years	3	2	5
From 6.1–10 years	3	6	9
From 10.1–15 years	1	1	2
From 15.1–20 years	1	1	2
From 20.1–more years	0	1	1

From the perspective of a family type, in which the child with FASD diagnosis was placed, we have found out that almost 83.5 % of kids were placed into foster care (caregiving and adoption). Foster personal care was present only in one child. 31.5 % of kids were placed in an institutional care. So far, no child in this set living in a biological family was diagnosed with FASD.

Table no. 2 Type of care and its legal form

Type of care/legal form	number
Foster care/adoption	5
Foster care/caregiving	7
Foster personal care/family members	1
Institutional care/professional parenthood	3
Institutional care/orphanage	3
Biological family	0
Together	19

In terms of ethnicity we are mostly (67 %) talking about Roma/half Roma children whose parents were mostly of Roma origin (at least one of the parents). From the available information, 33 % belonged to europoid ethnicity (assigned according to Astley, S. J., p. 23, 2004).

From the data of diagnosed children, or according to the place of birth, we had observed a higher prevalence of kids born in the region of central Slovakia (58 %), eastern region (25 %) and 17 % were from other parts of Slovakia.

The overall level of child mental abilities lies in the range of mean diameter (58 %) and mild mental retardation (42 %).

As we have mentioned in the introduction of this paper, the object of our interest is the fourth digit of the code – mother's alcohol use during pregnancy.

Based on a transcript and coding of this data from the document we have identified the following findings:

Data Analysis

1. Coding focused on the category "SPECIALISTS". Here, we have found out an information that a mother drank/did not drink alcohol during pregnancy.

The most occurring type of a person was the category: specialists – social workers and healthcare workers. To a small extent, education workers were also present.

A. Social workers became field social workers, social workers in orphanages, social workers in social-legal child protection, social workers in crisis centers and shelters.

The information, which they confirmed/did not confirm, was recorded in the written statements we have provided:

1. "...mother was drinking during pregnancy and is continuously drinking..."
2. "...we do not possess an information which would confirm that a parent of a child was drinking alcohol..."
3. "...it has never been found out by a competent authority that the parent would have been drinking..."
4. "...mother visited pubs..."

5. "...based on your requirement about a data submission for child M. we are reporting that no data are stated in the documentation which would claim that mother drank alcohol..."
 - B. The team of healthcare providers consisted of: a pediatrician, gynecologist, nurse, psychiatrist, who were providing a written report from the healthcare documentation:
 1. "...mother alcoholism..."
 2. "...release from a hospital – risk of a newborn child by unspecified mother's conditions..."
 3. "...biological mother of the child had likely used greater amounts of alcohol. There is an increased risk of a foetus being alcohol exposed during gravidity..."
 4. "...biological mother is ethylic, abuse also during pregnancy..."
 5. "...biological mother used alcohol during pregnancy..."
 - C. The last category was formed by employees of Ministry of Education: a psychologist and special educator have recorded the following:
 1. ...from the interview with a caregiver I cite: "the child in a care, mother used alcohol long-term..."
 2. "...according to health documentation – risk of a child in the early development by mother's neglect..."
2. The next category constitute "INDIVIDUALS TO WHOM THE CHILD WAS ENTRUSTED TO THE CARE"
- These persons were:
- a biological parent,
 - distant family members,
 - siblings,
 - grandparents,
 - a foster parent,
 - a professional parent.
- From the perspective of a family type in which the child with FASD diagnosis was placed, we have found out that a majority (63 %) of kids live in a foster care.
- We have also found the necessary information about mother's use of alcohol during pregnancy in the court sentence on entrusting a child to a foster personal care where the biological mother's statement was recorded:
- "...I drank only until I knew I was pregnant which I have found out only in the fourth month of pregnancy. Sometimes when I was pregnant I had an occasional cup of red wine because I craved it, I would drink 1–2 cups..."
- This information helped the members of FAS diagnostic team to accurately assign a value to the last digit of a diagnostic code.
- Father's statement about mother's drinking during pregnancy was an alternative way of data recording:
- "...I, signed below M. B., declare that I witnessed that biological mother of our son KB, born in 2008, frequently used drinks containing alcohol. During pregnancy, as I remember, she used a beer and also visited different pubs. This situation continued also after the birth of son K. I refer this statement to the use of FAS diagnosis of my son as a part of a diagnostic documentation..."
- In most cases we have obtained a statement from the foster parents:

1. "...we do not know about biological mother's use of alcohol during pregnancy..."
2. "...data about the use of alcohol during pregnancy are provided by older siblings..."
3. "...my friend who is from the same village as our foster child confirmed that his biological mother used alcohol during pregnancy..."
4. "...we do not have material, only insinuations in email exchange: ...information about smoking and maybe an alcohol during pregnancy..."
5. "...we do not know anything about alcohol, mother only admitted a smoking..."
6. "...we do not know, we do not have information..."
7. "...we have nothing, the data about mother are missing..."

The percentage of the fourth digit assigned to diagnosed children is rendered in the following table:

Table no. 3 The percentage of the fourth digit assigned to a diagnostic code

4-digit diagnostic code	Category for prenatal alcohol exposure	Description of alcohol use during pregnancy	Percentage of a code selection for diagnosed children
4	High risk	The use of alcohol during pregnancy is CONFIRMED. The scheme of exposition agrees with medical literature and describes foetus as "high risk" (mostly high concentrations of alcohol in blood taken at least once a week during early pregnancy).	11 %
3	Some risk	The use of alcohol during pregnancy is CONFIRMED. The amount of alcohol use is less than in the previous value (4), or the amount is unknown.	33 %
2	Unknown risk	The use of alcohol during pregnancy is UNKNOWN.	56 %
1	No risk	It is confirmed that during the period from conception to birth the use of alcohol during pregnancy did not exist.	–

Source: developed according to Astley, S. J., p. 41, 2004

Alcohol exposure is evaluated according to a quantity, timing, frequency, and evidence of exposure during pregnancy (see table 3). Case studies of the four values deal with two important issues: 1) an information regarding alcohol exposure in clinical environment may not be sufficiently available or may be available with indefinite accuracy and 2) precise consensus which would in a most accurate manner determine the amount of alcohol which might be actually toxic, for each individual foetus is currently not available (Stratton et al., 1996).

From the final four digits, with a focus on a determination of the fourth digit, we have found out that 56 % of children have been assigned with a digit "2" – Unknown risk – The use of alcohol during pregnancy is UNKNOWN.

Discussion

From the findings in documents of 19 children, collected within a period of two years, we have identified basic nature of our research sample. Therefore, we are claiming that the main target group of clients in our centre consists of children – boys and girls – within the range of 4.3–22 years. The main group was formed by children within the range of 6.1–10 years from the Roma and half-Roma origin (67 %). The remaining sample came from europoid ethnicity. At the time, the diagnosed children were placed in foster care (83.5 % – caregiving, adoption, personal care) or in an institutional care (31.5 %). The kids were mainly born in the middle part of Slovakia (58 %), eastern Slovakia (25 %) and (only 17 %) in other regions of the country. Mental abilities were ranging between the mean (58 %) and mild mental retardation (42 %).

Information about mother's drinking during pregnancy, obtained from the specialists were found out in the documents of social workers, healthcare workers and pedagogical workers.

- Social workers usually form their statements carefully, at times even vaguely, without a specific mentioning of the fact or an amount of alcohol. The old social care documentation does not state the fact at all.
- The way in which healthcare workers report the date is non-uniform.
- Pedagogical workers document the date through the transcript of documents and information delivered by foster parents.

At interviews with foster parents and transcripts of FASD questionnaires we have noted that the parents did not receive the information, respectively, it was not stated in the social report of a child listed in the registry of children suitable for adoption or foster care. By repeated demand of the information the competent authority refused to deliver this information.

We did assign our sample the value of the fourth digit "2". This means that 56 % of mother's alcohol use during pregnancy is UNKNOWN. 33 % of children had a CONFIRMED mother's alcohol use during pregnancy however, the amount of alcohol used was UNKNOWN (the assigned value thus became 3). 11 % of children were exposed to alcohol prenatally and there was a high risk of toxicity during the prenatal stage of their development. The assigned number was "4" which means that mother's use of alcohol during pregnancy and the amount was CONFIRMED. The pattern of exposure agrees with medical literature and defines a foetus as "high risk" (mostly high concentrations of alcohol in blood taken at least once a week during early pregnancy).

Conclusions and recommendations for practice

According to study we recommend systemic measures to be taken for two target groups. Specialists and foster parents. We have structured the recommendations in two levels: education and experience:

For the specialists we suggest an implementation of education. Conceptually, it would be suitable that the universities and colleges accredited several postgradual programs which would follow the sectoral legislation and needs of target group of specialists. For the sector of social affairs, the act is the Act on Social Work, no. 219/2014. Mainly in §5–6, §13 and the part III – on ACCREDITATION

OF SUBSPECIALIZED EDUCATIONAL PROGRAM AND TRAINING PROGRAM (<http://www.employment.gov.sk/>). Because we are talking about 10-year old Roma or half-Roma children we recommend that the special education be focused on this age and ethnic group. We also suggest that the education of counsellors-specialists concentrates on a foster care.

Department of healthcare "according to the Act on healthcare providers (no. 578/2004, as amended) the lifelong education is an obligation of a healthcare worker. He/she may undergo a specialisation study or a certificate preparation in an accredited education institution but mainly by completing specific units of systematic education which is defined in the government regulation on a method of further education of healthcare workers (no. 322/2006 the Act as amended)." (<http://www.health.gov.sk/>). The cited act also adds that the systematic education of a healthcare worker should be ongoing, registered and evaluated by a medical professional organisation according to the decree of Ministry of Healthcare no. 366/2005 (<http://www.health.gov.sk/>).

The education of pedagogical workers should focus on the diagnosis itself which is the result of the four digits. The professionals, psychologists, speech therapists, special educators and social educators should also be able to recognize a child who is at risk of FASD. We came to this conclusion based on our experience that children with FASD are often incorrectly integrated in the schools. The education in this department is divided to lifelong and continuous (<https://www.minedu.sk/>). We recommend the use of postgradual education – continuous. The main focus of the specific programs should be on a narrowly profiled professional preparation of students who are assigned to a work position of a professional according to an Act of NR SR no. 317/2009, the Act on Pedagogical Employees and Professional Employees and on a change and completion of policy for a diagnostics, therapy and prevention of FAS/FASD followed by the education of pupils in daycares, elementary and secondary schools who are, disabled and performed in specific schools according to the Act NR SR no. 245/2008, the act about education and schooling (the school act) and about changes and completion of several acts. Educational program should respond to approved strategic documents of Slovak Republic in the department of Ministry of education, science, research and sports for the period of 2013–2020.

These are the primary documents:

- Concept of education and training for children with disability,
- Concept of special education guidance,
- National child action plan for years 2013–2017,
- National program for life conditions development for disabled citizens in all aspect of life,
- Criminality and other antisocial activity strategy in Slovak Republic for years 2012–2015,
- National program for the care of children and adolescents in Slovak Republic for years 2008–2015,
- National drug strategy for the period of 2013–2020,
- Health support national program.

The focus should be on a proper training of the field workers in order to improve the experience and effectivity of social workers. The training should aim for the quality and accuracy of recording the data regarding mother's use of alcohol. It is necessary to ensure that the data is recorded in a mandatory written documentation. We are suggesting to use the examination in order to evaluate the child's needs and level of a child's risk in a family. We also recommend that the issue of FASD

be dealt by an office sheltered under the Social Affairs Department – specifically – the National Coordination Centre for a prevention of violence on children (NKS for RPNnD). This centre was established in 2014 as a branch of Ministry of Labour, Social Affairs and Family of SR. The institution is the outcome of National strategy goal for a child's protection against violence which the government of Slovak Republic approved in 2014. The aim was to present the issue of domestic violence to the public and provide an information on help options (<http://detstvobeznasilia.gov.sk>). For the healthcare providers – gynecologists, neonatologists, geneticists, pediatricians – the aim is a preparation of a screening policy and methodology the result of which would be the data being a part of mother's and child's health documentation. We recommend WHO Country Office in the Slovak Republic to be a responsible authority.

A sufficient experience should prepare pedagogical workers and deliver specialists who would be capable to implement and perform new diagnostic, therapeutic, preventive, educational and instructive methods in the area of school and social adaptation, integration and inclusion of students with mental and multiple disabilities caused by a toxic exposure to alcohol during their prenatal development. Techniques and methods will become a new and unique opportunity for improvement of inclusive education of such disabled students.

It is necessary to anchor the system settings in a policy within a framework of a dialogue and conception of all concerned departments.

A preparation area for foster parents and their guidance falls into the management of the department for social legal child protection and social caregiving. A foster parent needs to know the history and relationships in a family as well as the presence of socio-pathological features, genetic predisposition to specific types of disease which play a key role in health protection of a child growing up in a foster care. Therefore, we recommend new programs which would prepare foster parents to take care of a child with FASD. NÁVRAT and ÚSMEV AKO DAR are non-profit organisations in Slovakia which may become providers of such programs.

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DISCUSSION

BARRIERS TO PRESCHOOL EDUCATION FROM THE PERSPECTIVE OF THE PARENTS OF PRESCHOOL AGED CHILDREN IN ENVIRONMENTS AT RISK OF SOCIAL EXCLUSION¹

Kamil Janiš Jr. and Marta Kolaříková

Introduction

We touch upon a topic which is very often discussed, especially in the general public, where we meet with many stereotyped and simplistic ideas about the issues which almost always gives the subject population group a negative image.

We are aware that there are still barriers to education. Sometimes, these obstacles are objective, obvious, such that the state is more or less successfully trying to react to, at other (or simultaneous) times, these barriers are subjective which can include a wide range of possibilities, from buck-passing disregard to facts through ignorance down to the manifestations of personal prejudice and stereotypes.

The aim of this paper is to discuss the above barriers that have been identified in the framework of the project implemented in 2014 and 2015 by workers of the Institute of Pedagogical and Psychological Sciences of the Faculty of Public Policies, Silesian University in Opava, and that were perceived as barriers in preschool education by parents of preschool children from environments in danger of social exclusion.

1 Research Sample

Our contribution is conceived as a discussion, therefore we only present here selected outputs of the survey of our research, which are necessary to achieve the objectives of the paper. The comprehensive methodological anchorage is part of the research report. For the purposes of the contribution, the authors made use of secondary data analysis.

The research sample consisted of 105 parents (meaning that 105 non-standardized, semi-structured interviews were carried out), who were then divided into four groups:

– 13 parents of children from environments endangered by social exclusion whose children attend preschool,

¹This article was created under the support of the project CZ.1.07/1.2.00/47.0009 *Sociological Monitoring of Educational Inputs and Outputs of Children and Pupils, Including Children and Pupils with Special Educational Needs in the Czech Republic*. According to its specification, the project does not include the capital city of Prague.

- 10 parents of children from environments endangered by social exclusion whose children attend preparatory pre-primary classes,
- 37 parents of children from environments endangered by social exclusion whose children do not attend any institution or organization supporting preschool education of children,
- 45 parents of children from environments endangered by social exclusion whose children attend low-threshold preschool education.

The data were collected in six regions of the Czech Republic (Karlovy Vary, Southern Bohemia, Moravia-Silesia, Central Bohemia, Hradec Králové and Olomouc). The aim was not to build a hierarchical ranking of perceived barriers to preschool education according to the responses of parents of children living in areas at risk of social exclusion, e.g. using the method of simple enumeration, but to assemble a summary of such barriers.

1.1 Perceived external barriers which can be an obstacle to early childhood education according to the respondents' answers

One of the main external barriers identified was, as expected, insufficient capacity of preschool facilities, which was described in detail in the discussion paper in the previous issue (cf. Kolaříková, 2015). In this paper, we present a discussion of other barriers to entry of children from environments at risk of social exclusion to pre-school education, as identified based on the testimony of parents of these children.

Non-Inclusion in Preschool Because of the Preference of Employed Parents

The barrier we have identified is quite explicitly related to insufficient capacities. Parents of preschool children from the environment at risk of social exclusion thus come into situations which need to be viewed from two angles. On the one hand, preschools assume that if the mothers are unemployed, they have enough time to care for their children, on the other hand, these mothers cannot actively and systematically seek for a job. The responsibility for raising the child may "correctly" be in the hands of the parents and state institutions (here represented by a preschool) do not assume it, but we know clearly that the environmental risk of social exclusion in which the child grows up is unstimulating (not only in the material sense) and it is often not possible for the parents, the mothers, to manage preschool preparation.

Therefore, a barrier is set that in the context of the issues of unemployment of people in environments at risk of social exclusion and in context of the lack of places in preschool facilities creates a vicious circle.

Non-Acceptance to Preschool in Case of Undocumented Permanent Residence or Other Local District

For this perceived barrier, the authors decided to combine two very similar obstacles where especially the local district becomes most interesting. Parents of children realize that it is imperative that their children grow up in and are integrated into the mainstream society. Therefore, they do not look for a nursery school near their residence, but rather in another part of the city (municipality), if such

a possibility exists. Such an approach can be unambiguously described as positive but due to the fact that the selected nursery school is not their "district preschool", they are rejected. In its essence, this barrier is primarily external, but de facto, it arises due to the independent decision of the parents. We encountered testimonies of parents who have confirmed that if their children are not accepted into the preschools of their choice, they rather let them stay at home because, as a principle, they do not agree with the inclusion of their children to preschools near their dwelling places. They are greatly dissatisfied with the inability to place the child according to their own choice.

One of the criteria for the acceptance of a child into the nursery school is the permanent residence of the child's legal representatives in the given municipality. For many families, especially families of socially excluded localities, this criterion is discriminatory in its own way. Families migrate, for example, because of cheaper accommodation and do not have their official permanent residence in the place of their dwelling. The child is then denied the right to education.

If we consider the two barriers mentioned so far from a different point of view, we may even trace signs of so-called indirect discrimination. The authors are aware that this is a rather bold statement, but bearing in mind that the purpose of the existence of preschool and its primary function is education, this case actually prefers its social function of making life easier for the workers to its main function. We are aware that due to the insufficient capacity, there must be criteria to deciding on the acceptance or non-acceptance. However, if in the very beginning, the introduction of compulsory last preschool year was considered due to the benefits of such a step for children from socially disadvantaged environments, we need to realize that the current system itself is set up in a way that creates this barrier². The solution rather lies in systematic, long-term work with children of preschool age from unstimulating environments much earlier than the year before joining school.

The Financial Requirements on a Child Included in Preschool

Considering financial requirements as another identified (expected) barrier, the authors were surprised at the complexity of its perception by the respondents. Apart from payments for preschool, which are pardonable under certain state-set conditions, the respondents were aware of the overall financial demands of the participation of children in preschool. In addition to the charges for the stay and food, they pointed out particularly the expenses on clothing, clubs and occasional extra activities. These payments are pardonable, again under certain conditions, but finances spent on clothes, photo shoots, creating masks for masked balls, etc., are not. One of the respondents proposed the introduction of uniforms as a solution. The respondents quite properly considered the financial expenditure on the placement of children in preschool comprehensively, not just for the mere "stay". Well aware of the risk of possible exclusion from the children's peer group, if their children could not participate in these events due to their parents' financial inadequacy. The effort not to ostentatiously put forward the social situation of the family is very apparent here, so that their children do not become the subject of mockery.

The majority of respondents, however, recognize the importance of pre-school education, which is why some of them try to compensate for the financial demands of a nursery school by at least

²The authors note that they are not proponents of mandatory preschool attendance.

having their children participate in the preparatory classes (if they are established at their place of residence).

We certainly are not proponents of a state where everything must be free for all – after all, not even the English utopian socialist Robert Owen (1771–1858) was (cf. Janiš Jr., 2010). The economic requirements of the child's attendance at nursery school, which would have been paid for by the state (or regional, or municipal budgets), are inconceivable. For the success of the educational process, the relationships among children are also substantial, however, they can be undermined by what is described above. If it were possible to pay all the costs associated with the stay of children of a particular social group in nursery school, this approach would probably lead to an increase in social tension.

Poor Accessibility

Poor accessibility may be partly included in financial difficulty, provided that the parents let the child travel alone, for example by bus. Overall, however, this was mentioned by the responders as a marginal obstacle. Such a result can be recognized in the fact that poor availability of transport actually is non-existent for the majority of the respondents, or at least it did not pose a problem in the places of the realization of this research. We allow ourselves to assert that the issues of transportation accessibility can be more closely analysed based on the map of socially excluded localities in the Czech Republic. Objectively, the availability of transport will naturally only affect several areas. In this context, however, it can become one of the main obstacles.

The Feeling of Exclusion Because of Socio-Cultural Differences

In our view, this perceived barrier is relatively alarming. In its essence, it constitutes a discriminatory approach. Relatively because it would be naive to assume that this does not happen, and furthermore, it can constitute a substitute problem (see below). Above all, however, from the fact that all interviewees were to some extent reconciled with the fact that preschools do not accept them based on where they come from or what nationality they are. They do not seek a solution to it, they have accepted it. Based on this, our barrier implements the word "sense" in itself.

There were also responses that parents from socially excluded localities were told that the other parents do not wish that their child is admitted to preschools³, which is why they unfortunately have to be refused.

There is no doubt about the fact that respondents and the members of the observed target group in general can encounter similar or identical situations. On the other hand, it is necessary to ask the question what the atmosphere in nursery schools will be, if mandatory attendance in the last year of preschool does pass? That is a question to which there currently is no answer, we can only guess.

³ The article repeatedly shows that this is true predominantly among Roma.

Unpleasant Experience or Information About a Preschool

The respondents' statements which fall within this identified barrier are almost not publishable. In English we could do with three, four words, but respondents expressed themselves in great hyperbolic creativity of exercising the vulgar language. Bad experience applied particularly to prejudices publicly exhibited by many teachers of preschools, in particular against children from socially excluded localities (mostly Roma), their labelling, stricter attitude to them, and absolute intolerance of differences. We realize that situations and not very good experiences of the respondents as described to us could be portrayed very differently by the other party. Likewise, it may be the "stories" carrying the traits of hoax. However, we cannot deny that this is an existing barrier.

Removing this barrier, however, is much more complicated, as it relates to the preparation of the pedagogical staff in preschools, to increasing their direct experience with children with differences and the like. It is a condition that cannot be changed in a year or two (perhaps it can never be changed). Furthermore, it is connected with the purposeful cooperation between parents and preschools in the way the employees of preschools (not only pedagogical) and the parents communicate, encouraging mutual tolerance of diversity and mutual respect. Our goal should be to completely eliminate this barrier within the context of an inclusive society.

Unsatisfactory Solution to the Lack of Places

Parents often also expressed displeasure when looking for preschool education and their only option is a preparatory class at a practical elementary school. This option is either understood as a very brief transitional option, or they rather do not let their child go anywhere. The unifying argument was that the preparatory class has no positive benefit for the child, not only due to the content of the activities in it, but also due to the composition of the pupils alone. This is closely connected with the barrier, which connects to the district nature of preschool.

Thus, even if there is a realistic option for some form of preschool education available to them, they do not hold it for appropriate for their children. It can be appreciated that they think about and consider the possible impact on their child. However, we can further discuss where from and how much selective actually is the information parents have about the content of educational activities in preparatory classes of these schools.

1.2 Perceived Internal Barriers Which Can Be an Obstacle to Early Childhood Education According to the Answers of Respondents from Socially Excluded Localities

Respondents testified about their internal barriers that may form obstacles to the integration of their child into preschool.

Some of the reasons that the respondents mentioned were related to their parental educational style and general lifestyle. They admit that they are afraid for the children, they want to rather keep them at home; in many cases, they did let the children go to preschool, but when they saw how unhappy they were, they took them back home. The responses also betrayed the underestimation of

the importance of preschool education. There were also places where the respondents commented critically on the behaviour of some members of their community, which negatively affects the opinion of the majority on them and thus can negatively affect the attitudes of the majority to all others. Through the negative experience of the majority with several individuals from a particular environment, the education and education process can ultimately be adversely complicated. Eight respondents even answered that they have a great interest in their child being educated and having studied and found a good job in the future.

Concerns For the Children So No One Hurts Them

Responses included in this barrier we have codified could be interpreted as dealing with parents who carry out upbringing in an overprotective manner. They fear that the children will not be treated as they are accustomed to treat them, they will not like preschool, etc. At the same time, however, many of them are aware of the excessive dependence of children on their help. Some of the parents, at the same time, do not trust the pedagogical staff, especially since they cannot see individual approach, they presume inattentiveness and lack of concern for the health and happiness of precisely their child. This barrier would probably be identifiable even with the families of the majority society who do not entrust nursery schools with their children.

The Attitudes of the Child Affecting the Reactions of Parents

The attitude of a child influencing the response of the parents is closely related to the above mentioned. It is quite natural that some of the children find it difficult at first to get used to attending preschool and particularly to be separated from their family. Morning crying, "scenes", running away from the changing room, evening begging for not having to go anywhere. Some parents, especially the hypersensitive mothers, also cannot psychically manage these situations. Eventually, the children receive a new role, they are enthusiastic about the new environment, games, toys, friends, they learn to manage a part of the day without their parents and to respect other authorities. Among the respondents, there were a large part of parents who were very sensitive to the discomfort of their children and were not patient enough in the adaptation process. If children cried, begged, complained, or fretted that they did not want to go to the nursery school, they met their wishes so as not to torment them. They did not further ponder the impact of this "concession", the most important thing to them was not to knowingly expose the child to stressful situations. Precisely the attitude of such parents may be crucial to us. Introducing the obligation of preschool education certainly will not increase the value of education in the eyes of these parents. They may start viewing the very education system itself as "something" that could threaten their child. On the other hand, it can be assumed that the child's adaptation to the new environment will be successful in time.

Underestimating the Importance of Preschool

Almost in conclusion, we come to the barrier which can be considered as one of the key ones. The respondents' answers, which can be categorized under the above-mentioned barrier can be divided into two groups. Although we have not been quantifying our results, we make an exception here. Approximately one third of the respondents surveyed, a considerable part, fall under this barrier. The

first group consists of parents who on the one hand, underestimated the importance of preschool, but on the other hand claimed that they "work" with the children to some extent at home, trying to implement at least part of the activities which in their view, their child needs before going to school; most often, they learn colours, shapes and counting. Given the fact that the question was formulated in such a way that summoned socially desirable answers, it was not our intention to evaluate the responses according to whether we believe that the respondents did not respond truthfully. At the same time, we did not aim to assess the respondents' ideas about educational activities in preschool. The second group consisted of respondents who approached their family pre-school education at least intuitively, they considered their children as clever, went out to meet their requirements (drawing, building), and did not feel the need to do anything special with them. Both groups consider preschool as something superfluous and useless, something that is easily replaceable.

While it may be appreciated that according to their testimony, the parents do not give up their parental responsibilities, in connection with the unstimulating environment of the families and with the local environment, this cannot be seen as positive.

Perceived Problematic Behaviour of Some Families from Socially Excluded Localities

Some parents of children particularly from socially excluded localities do not want their children to attend only facilities intended for them, i.e. facilities attended by the majority of children from the socially excluded locality. They realize that it is necessary to learn to live together with the majority as soon as possible, not to first start seeing them in primary school. They responded to the fact that in these preschools or preschool clubs, there were the majority of children from these localities, mostly of the Roma ethnicity. Their attitude showed that they are interested in teaching their children to be with others, not to live in social isolation as they are.

However, this way, this barrier somewhat merges with the barrier caused by the preschool districts (see above), but it has a much wider overlap where we could use the cliché that "everybody is not the same". Indeed, they are not, but some parents perceived that a part of their social group did support the prejudices and stereotyping ingrained in the mainstream society.

At the same time, a number of respondents said that they are not happy when only children of their community or with similar problems are together in the facility, and many of them realize that, for instance, the immediacy in the behaviour of a particular ethnic group and the immediate emotional outbursts do not benefit the children who have to keep calm for their preparation for school. Most frequent in the testimonies was the appearance of discontent stemming from adult relationships to each other. It is also for this reason that the parents want to give their children a chance to grow up in an environment of cultural variety, especially including the majority.

Other respondents who live in socially excluded localities and are not of the Roma ethnic group, perceive it negatively if they are ranked in education together with the Roma based on the location of their residence.

Absence from the Enrolment to Preschool

One of the reasons why some children are not included in preschool is the failure to meet the preschool enrolment conditions with all the requisites and within the deadline. The question is

whether it is an internal or external barrier. If we only saw this as the parents' "fault", it definitely is an internal barrier. If the mistake was the lack of information, it would be an external barrier. The respondents indicated that they feel that they have little information about enrolment to preschool. They do not know that there is a fixed date for registration and when they decide they want to put a child in preschool, they are rejected due to the failure to meet the deadline. This in turn can be interpreted by them as a mere excuse, with the presumption that the real reasons for rejection are different.

A possible interpretation could be such that the lack of awareness is associated with lower interest in institutionalized preschool education of some of the parents (see above).

Conclusion

The barriers we have identified are consistent with another research implemented by Hüle et al. (2015); they can therefore be considered as actually existing and proven. Our contribution is intended to be a discussion, but we do not intend to discuss barriers as such, but their existence in the context of compulsory preschool education.

Although we have primarily divided barriers into internal and external ones, other possible divisions are visible, or other factors identifiable that influence or even create them. If we eliminate the barriers that may be considered as removable from the economic aspect⁴ (increasing capacity in nursery schools, increasing the number of pedagogical staff, etc.) only those barriers remain which are more difficult to overcome.

When we introduce a "duty", will the opinions on preschool education change in a positive way? When parents do not want their children to be together with other children of the same community in a preschool, where to place them? Who is to pay the children's clothing, meals, trips and performances? How do we prevent convincing the parents that the children in the nursery do not suffer, but develop and enjoy it, even if they do not want to leave their mommy in the morning? How to ensure the education of the pedagogical staff in this area and to promote acceptance of differences among them?

The above questions for discussion are based on the identified barriers. We can imagine answers to all of the above, however, all of them will be followed by a "but". The issues outlined here are also closely connected with the general approach to tackling social exclusion and promoting an inclusive society. This is, therefore, a complex issue that is not to be resolved by imposing from the state level the obligation to one-year preschool education.

⁴ We believe that the financial means spent in pursuit of this purpose are inefficient from the perspective of the whole of the issues in question.

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BOOK REVIEW

THE LEXICAL TRACE OF THE CONCEPT OF FAMILY

Kamil Janiš

Haviger, J., Havigerová, J. M., & Loudová, I. (2014). *Lexikální stopa pojmu rodina. Využití analýzy sítí, frekvenční analýzy a otevřeného kódování pro výzkum implicitních teorií rodiny. [The Lexical Trace of the Concept of Family. The Use of Network Analysis, Frequency Analysis and Open Coding for the Research of Implicit Family Theories]*. Hradec Králové: Gaudeamus.

The family as a primary group undoubtedly belongs among abundantly frequent concepts but few deal with its lexical trace (see the name of the submitted study). Although the concept of family is widely used both in conventional and professional literature, the survey results on pupils of primary school have pointed out other possibilities of research which undoubtedly lie on the historical (i.e. vertical) axis, but also in synchronic comparison between related languages. Such an approach can very well play a positive role in the present multicultural reality. In this respect, the monograph addresses the current needs of not only communication, but also understanding of different cultures. The goal which the presented monograph deals with is, according to the authors (a mathematician, a psychologist and a linguist-pedagogue) "to reconstruct and analyse current lexical traces of the term family" (p. 9). The authors develop and operationalize the goal into partial research questions, which may be summarized into these three: Which unique terms are used by the respondents when describing the phenomenon of family? In what ways do the terms group when entered into a network diagram? Which concepts are central to the description of the category of family? Based on the theoretical and research material, they discuss and interpret the current implicit conception of family.

Before the research itself, the authors present a summary of current knowledge of the phenomenon of family. Contrary to usual expectations, they also expand the theoretical knowledge with the etymology of the term family. Based on lexical analysis of the meanings, professional definitions, synonyms and professional contexts of the term family, the authors of the publication extract (on page 34) 12 theoretically anticipated fundamental attributes of this concept, dividing them into two groups: internal attributes (they capture the internal essence and determine the characteristics of the clusters/formation called family) and external attributes (they reflect the relationship of a family clusters to the units of higher order, such as community, society and culture). From this page on, the reader is immersed in the theoretical background of implicit theories and the theory of prototypes which the authors encompass as the theoretical base of the research study.

In the chapter entitled "Modus", the authors describe six predominantly original methods which they have long been using for research of implicit theories. This publication presents the results

obtained by the method of free testimony (short essay). The research collection consisted of testimonies obtained from respondents from among students of pedagogy and teachers in practice. From this point, the reader is immersed in the current of research that is carried out with scientific thoroughness. Using an exemplary application of the principle of method triangulation, the authors present the process and the results of three different types of analyses.

From the first moment, the reader may capture a change in the concept of the research, as in this publication, unlike a vast majority of research in the field of pedagogy and psychology, the basic analysis unit of the research is the word. This also corresponds with the unusual method of data processing in which the authors first carry out the lemmatization, disambiguation and filtering of synsemantic words. The result of this process is not 229 testimonies, but 2,517 lemmas which are further analyzed in three different procedures. Frequency analysis brings to the reader an overview of the most used words and phrases in a breakdown by word-classes, each of which brings a unique perspective on the phenomenon of the family from the perspective of the respondents. For example, the verbs by their nature represent the activities and actions implicitly associated with the phenomenon of the family. The most frequently detected verbs are: help, create, live, support, include, educate, unite, help, share. The subsequent analysis suggests that the verb lexical trace highlights emotional attribute since the actions most strongly represented by verbs are connected with experiencing (e.g. love, trust, feeling safe, relying on each other, bonding people through love, giving love, needing love, supporting, helping to emotionally cope, growing up pleasantly, needing someone). Text network analysis provides a completely original perspective on lexical data and implicit theories hidden in them. The authors work with networks generated for individual word-classes and their combinations. They work with professional concepts of graph theory (like network vertex, network edge, the average network level, network density, network modularity, etc.) and these formal characteristics provide them with a framework to reveal other properties of the implicit concept of family. For example, page 60 states: "The structure of words occurring together with more respondents was generated by using the modularity for the analysis of clusters of words that appear together with multiple respondents. The first notion trace identified is a group of nouns whose prototypes are the words child, parent, mother, father, household. The concept of the family is associated with attributes of reproduction, structure and location. From the functional perspective, it is mostly connected with biological reproduction."

Furthermore, the authors present the process and results of the categorization of the statements using open coding. Ten unique codes were detected which represent the implicit perception of family.

What is therefore the current prevailing implicit conception of family? Based on the results obtained, the authors conclude that the current implicit theories of family (of teachers) relate to the following attributes: humanity – a family consists of people; nuclearity – the core of a family is formed by the mother, father and child; genocentricity – genetic relatedness is at the forefront as they usually are genetic relatives of the child; pedocentrism – the central member and a sine qua non condition for the designation of a group as a family is the existence of a child as the family is almost as a rule fundamentally defined in terms of the child (e.g. family includes such persons which are viewed as its members and recognize the child, which stands at the centre of the group); egocentrism – a family is defined relative to the ego (e.g., as "my relatives"), the definition reflects own experience (in what grouping I grew up, who was presented under the topic of family in our home) and own wishes

(I'd like to have a family like this), which especially mirrors the medialized contents; interdependence – a family consists of people who are connected to each other through close mutual relations; territoriality – a family is a coexistence of people taking place within a limited space, to which a strong emotional relationship develops over time (a home, a place where individuals like to return), this area is usually the property of one or more members of the family (room, apartment, house, garden), or it can extend to larger territorial units where the mutually shared space is situated (village, natural site, region, country); presentness (the presence and the presenting of) – we perceive as family members those who physically are in the family, or who are presented (e.g., when we are in connection with them via information technology, letters, photos, personal items, representative symbols). These eight attributes form, according to the authors, the eight-dimensional area (grid), which directs the thoughts on the family in the observed teachers. In the terminology of George Kelly (1953), it is the eight personal constructs that represent the eight main characteristics of a family which underpin the definition and evaluation of the families of our contemporaries.

The submitted publication, as previously stated, deals with one of the current topics of the life of the society, with the discourse about the current family, its essence, transformations and other aspects of its existence. The core benefit of the monograph, apart from the presentation of serious factual research findings, also lies in the original multidisciplinary take on research. Overall, the publication can be appreciated as distinctive and novel, providing a scientifically thorough and creative insight into our thinking about what is and what is not a family. The publication is a source of valuable knowledge for practitioners of pedagogy, psychology and other social science disciplines and also an inspiration for the students of doctoral studies in these areas.

Of course, the reader will be most interested in graphic representations of the selected context (see the following figure). Here, it is somewhat shown that by a relatively small representation that corresponds to the size of the pages in the publication, the picture is somewhat difficult to understand. But this really is the only significant error which can be easily overlooked in this case. For illustration, yet another picture is given, namely Figure 2 The Concept of Lexical Trace of the Concept of Family.

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