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THE POTENTIAL OF INSTITUTIONS FOR CHILDREN WITHOUT PARENTAL CARE: THE PERSPECTIVE OF THE INSTITUTIONAL CAREGIVERS

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SUMMARY

The best interest of the child should at all times be the primary guiding principle for the experts deciding matters of care. This ought to be implemented when the child is within the family, when the child is removed from the family, placed in institutional care, and when the child leaves the institutional care system. With the aim of contributing to the improvement of institutional care for children, and with the guiding principle of the child's best interest, we have conducted a research project that included institutional caregivers (N=71) from all of Croatia's 14 public institutions for children without parental care. The aim of the project was to determine the potential held by these institutions and the possibility of improving institutional care for children, with a view to preserve the best interest of the child, and from the point of view of the institutional caregiver. The data were collected by means of an open-ended questionnaire, and were processed using qualitative thematic analysis. The findings indicate that the institutional caregivers recognize certain positive aspects of the psychosocial climate - i.e. the state of interpersonal affairs, the institution's space and activities, the institution's surroundings and its community - as potential sources of improvement of care which could be activated and could thus enhance the quality of provided care. Additionally, the institutional caregivers consider their working conditions as an area that requires improvement, as it would contribute to the provision of high-quality professional care and support to the children in their custody. Finally, there ought to be more work in the areas of transforming the institutions into the "family-like" type of accommodation, and in the general quality of the institutional psychosocial climate. All of this ought to be achieved keeping in mind the key aim of preserving the best interest of the child which is being placed into institutional care.

Keywords: institutional care for children, improvement potential, institutional caregiver perspective

INTRODUCTION

The Convention on the Rights of the Child (2001) states in its preamble that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding", and that the family is "the fundamental group

of society and the natural environment for the growth and well-being of all its members and particularly children". The right of the child to grow up in its family is also stressed by the International Social Service organization, whose document titled "The right of the child to grow up in a family" contains the principles that confirm this right (Art. 3.1) and states that "the child's priority is to be cared for by biological parents"¹ Furthermore, the Council of Europe's Committee of Ministers passed a recommendation in 2005 concerning the rights of children living in institutional care. The recommendation is based on the core principles listed in the appendix to the document concerning "Rights of children at risk and in care" (Council of Europe, 2006). The same suggestions were put forward by experts in the area of institutional care, who agree that growing up in a family setting is in the child's best interest, as research shows that it is indeed the healthiest and most natural way of child rearing and child development. The importance of family is stressed by Croatian experts as well, who note that the family made of parents and children is still the most desirable framework of family life, the structure of which can provide the child with the optimal conditions for psychological and physical development (Maleš, 1999, in Hrabar 2005). The family environment is particularly important in the first three years of the child's life, when the relationship between the newborn and parent have a strong impact on the physical, psychological, and social development of the child. Similarly, a disruption of these relationships, such as separation from parents or traumatic experiences with parents, can also cause a disruption of the child's development (Jovančević, 2008). When it comes to appropriate guidance and rearing, the parents have both rights and duties in the application of the Convention, so that they are to provide guidance in a manner appropriate for the child's abilities (Art. 5 of the the Convention on the Rights of the Child). Furthermore, the parents are obliged to provide the child with the conditions necessary for his/her development, all within the realm of what their capabilities and material resources can provide (Art. 27, Convention on the Rights of the Child). The same document also states that, in spite of these duties, the parents are not solely responsible for the creation of an appropriate environment for the child's development. When the family is in crisis, the state is obliged to provide adequate assistance to parents, and to develop institutions and services of child protection and care (Art. 18, par. 2 of the Convention on the Rights of the Child). The Conventions also notes the importance of systematic engagement with the families, in the sense of prevention, support, early intervention in at-risk families, further treatment for the family if necessary, and in-community intervention (Ajduković, 2004). If it happens that, even after appropriate support has been provided by public institutions, the parents are unable to give adequate care and thus ensure the child's stay with the family, the state has both the right and the

¹ The ISS has also developed a list of priority interventions in the area of children's risk of institutionalization, which was subsequently adopted by other international organizations, including UNICEF.

duty to intervene in the harshest manner, by separating of the child from the family that does not provide for its needs and taking custody over the child. It is the role of the state to ensure that children receive appropriate care if they are found not to be receiving it within the family. These measures are a function of assessments based on social, economic, ideological, and intellectual context (Fernandez, 1996). The responsibility of the state is also mentioned in the Council of Europe document on the rights of the children in care and at risk (CoE, 2006), which notes that this responsibility exists not just in cases when the child is not receiving care in the family, but also when the child is placed in residential care.

It is important to note that the Government of the Republic of Croatia has passed a Strategy of Development of the Social Care System in the Republic of Croatia 2011-2016, as part of the process of EU accession in the area of social inclusion. The document puts an emphasis on the transformation of social care institutions, which are to be replaced by non-institutional forms of residence for persons in care. Additionally, one of the aims of the Plan for Deinstitutionalization and Transformation of Social Care Homes and Other Legal Persons Conducting Social Care Activities in the Republic of Croatia 2011-2016/18 is to alter the ratio of institutional to non-institutional care to 20 v. 80% when it comes to children and youths without appropriate parental care, which is in line with the national strategic goals in the area of care for children and youths (Ministry of Health and Social Care, 2010, 4). Even though the general trend is to focus on deinstitutionalization, it is also important to bear in mind the fact that there are still children whose best interest is served by placing them in residential institutional care. Namely, if we are discussing older children and adolescents, children with behavioural problems of lesser intensity, children that have suffered stress or trauma, children with special needs, children that suffered neglect or abuse, their need of professional assistance and treatment ought to be borne in mind. For them, constant professional care ought to ensure recovery and proper psychosocial development, and this type of care is best provided in residential institutions, which then do serve the child's best interest (Sladović Franz, 2004).

This paper presents the results of the research conducted with the institutional caregivers on the topic of potential and possibilities of improvement of residential care homes for children in the Republic of Croatia. The focus is on the importance of preserving the best interest of the child as the primary principle that ought to guide the child care professionals.

THE BEST INTEREST OF THE CHILD IN INSTITUTIONAL CARE

Institutional care for children has four separate, but parallel functions (Gillian, 1999, in Vejmelka, 2012,1): 1) maintenance (satisfying the basic physical and psychological developmental needs of the child, and in accordance with the child's age, developmental stage, and other specific demands); 2)

protection (prevention of further abuse and/or other forms of endangerment, and protection and promotion of the child's rights and interests); 3) recovery (the recovery from stressful, traumatic events that were suffered prior to placement in institutional care, or that were the cause of this placement); 4) preparation (training the child for a return to the family or independent living by means of developing practical skills and knowledge, and emotional stability and resilience). The quality of care and the fulfilment of the child's best interest is what depends on the manner and quality of realization of these functions. On the other hand, if these functions are realized in a manner that is low-quality, untimely, and inadequate, the child's right to care is gravely compromised, with a certain lack of fulfilment of the child's best interest. This also indicates that there is a possibility of cumulative difficulties accrued by the child, as it moves from the family into residential care, where the child's needs are not met, posing a further risk to the child's psychosocial development. The children's residential care home is a specific environment where children live together 24 hours a day, and engage in various quotidian activities, so that their peer group there largely takes on the socialization role of the family, along with the role of family for practical purposes.

Numerous criticisms have been directed at institutional residential care for children, and we will only note the most significant ones here. The European Commission's Daphne Programme commissioned a study on the number and characteristics of at-risk children under the age of three in institutional care in order to harmonize care policies and improve the level of care. The study was carried out by the World Health Organization office for Europe and University of Birmingham (2007). The key recommendation of the study was that not a single child under the age of three should be placed in institutional care without a parent or primary guardian. The study emphasizes that "Institutional care of young children is harmful to children's development and negatively affects neural functioning at the most critical and unparalleled period of brain development, causing physical, intellectual, behavioural, social and emotional skill deficits and delays" (Browne, 2009, 21). There is some encouraging research that provides a somewhat more optimistic prognosis for the child's cognitive development, suggesting that an early intervention may result in recovery (Vejmelka, 2012). The disorders do appear to be reversible if the child is placed into a family environment within the first six months of life. It is thus extremely important that the placement of children in residential care homes be short-term and temporary, and that the child is provided with an opportunity to fulfil its right to life in a family environment, be it through the return to own family, or if that is not possible, by means of placement in a foster family.

Additionally, the care professionals are often unable to individualize the care for the children, and in Croatia the ratio of children to staff is unfavourable, with 5 to 11 children cared for by a single staff

member. This endangers the development of the children's stability, safety, and their attachment to the care professionals. One of the features of institutional residential care is the common occurrence of long periods of stay, of 5 or more years, which primarily leads to a loss of contact between the child and its biological parents (Sladović Franz, 2004, Sladović Franz, Kregar Orešković and Vejmelka, 2007, Vejmelka, 2012).

Given the existing criticism of the practice, placing children in social care homes is in most cases not in the best interest of the child, with the exception of cases that require treatment, complex care, and everyday professional support. However, if it is found that placing the child in a residential care institution is the best option given the issues the child is experiencing, then the fulfilment of its best interest depends on the conditions and possibilities for intervention in the institution itself.

The child's best interest is the primary principle of the Convention on the Rights of the Child, which states in its Art. 3 that "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration". In the area of care, the child's best interest ought to be the starting point of all decisions and interventions. The best interest of the child is a normative category that contains various aspects and defining it has been a constant challenge to both scholars and legislatures (Willumsen i Skivenes, 2005). Some authors note that it is a concept that cannot be defined in the abstract, but is rather determined based on the situation that the child is in, leading to its numerous definitions and interpretations by various actors (Hrabar, 2005). In the context of family law, the "interest of the child is an undetermined, but determinable legal concept", which means that there is a "demand that a child's specific need be determined and satisfied in the best possible manner" (Alinčić et al., 2001). This openness in defining what the best interest of the child really is makes for the concept's key criticism, as it lacks a set of specific guidelines for the decision-makers. It is important to note that an adequate definition of the term "the best interest of the child" is that which determines that the interest of the child is a decision that is in line with what the child would decide for itself if she were capable of doing so (Hrabar, 2005). This is precisely why it is important to pay attention to the child's perspective and include the children in the discussion of matters that affect them directly.

Even though there are differences in the way this concept is understood, all analysts agree that if it is truly the case that the child's best interest is served by separating it from its family, then the state is required to intervene in a manner that provides suitable care. The aforementioned Convention notes this in Art. 20: "A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State."

When it comes to the children in the social care system in general, the best interest of the child is mentioned primarily in the context of separating the child from the family, placement of children in care outside the family, and if this placement is expected to be long-term, in the context of making decisions regarding the child (the child's health, schooling, accommodation, meetings and quality time with parents, and similar). It is in the best interest of the child placed in care that she should grow in a psychosocial climate that is high-quality, supportive, and enabling of a positive psychosocial development. This is the responsibility of all institutions and the relevant government department, as well as of those state institutions that take on the duty of care for the children in need.

THE CONDITIONS AND POTENTIALS OF THE RESIDENTIAL CARE HOMES FOR CHILDREN WITHOUT APPROPRIATE PARENTAL CARE

It is vital that a child grows up in an environment that is encouraging and supportive of its psychosocial development, and it is necessary that the conditions (space, facilities, available activities, and similar) they live in are adequate. It is also important to make use of the existing potential of the residential care institutions to improve the living conditions by transforming the care homes for children. Appropriate facilities are particularly important now that access to technology is so vital for the children's ability to do well in school and to fulfill all the educational obligations. This is important as it allows for equal chances for success from an early age, and it prevents dropping out of the education system, followed by a reduced risk of unemployment once adulthood is reached. Along with the space and the satisfaction of basic needs, children in care require social support in order for the emotional difficulties they encounter to be ameliorated. Social support also allows for the child to function in a stable manner in the midst of the changes she encounters, as demonstrated by numerous examples of research (Sladović Franz, 2004, Pećnik and Raboteg Šarić, 2005, Klarin, 2006). It is the responsibility of the state and its institutions (including the residential care homes for children, and their employees), the professionals in care for children, non-governmental organizations, and the community as a whole to work in concert to improve the quality of care for children, all with the aim of fulfilling the best interest of the children in care. The Council of Europe (2006) has identified the rights that are specific to children in institutional care, and the particular guidelines and quality standards that ensure the implementation of the aforementioned core principles and specific rights, which concern the conditions and the potentials of the institutions themselves.

Space and Community

The Council of Europe publication titled *The Rights of Children in Care and at Risk* (2006) states the core principles of the rights of the child in institutional care, and notes that the placement in residential care should be an exception that stems only from the best interest of the child, with a need to socially (re)integrate the child as soon as possible. It is also noted that the placement of a child into care should not be longer than necessary, and should also include supporting and working with the child's family. The assessment of the necessary stay in residential care is also rather indeterminate, and often depends on the quality of the professionals' decisions. The document also states that the child in residential care ought to have a guarantee of fundamental rights (nutrition, hygiene, adequate accommodation, and similar).

These standards include the recommendation of selecting the residential care home that is closest to the child's previous residence, and the need to maintain regular contact with the parents (Council of Europe, 2006). In Croatia, the situation is often precarious in this regard, and a child's placement often depends on the available space and accommodations in the institutions themselves, sometimes resulting in the child's placement relatively far from their prior residence. Both the public and the experts advocate the child's right to life in their primary local community (family), and if that is not possible, life in an environment that resembles the family to the greatest extent possible, i.e. in foster families, or in institutions that are organized as families. Residential care homes for children in Western Europe (e.g. the Netherlands, Sweden, Scotland) are organized in precisely that way. The child-rearing groups live in cities, in separate buildings, houses that resemble others in the neighbourhood, and that take part in the community, allowing the child to be embedded in it, rather than confined to the limited network within the care home. Furthermore, a more favourable ratio of children to caregivers is ensured, so that there are more members of the multidisciplinary team of professionals involved in caring for children, and can focus on the needs and difficulties of individual children. Examples of this type of care are the homes provided by Xonar in the Netherlands (www.xonar.nl) and the Common Threads organization in Scotland that cares for 30 children in 11 housing units (www.commonthreadgroup.com).

Working conditions in the residential care home

One of the important standards for implementing the rights of children in care concerns the conditions that allow for continuity of the educational and appropriately emotional relationship between the staff and the children, particularly by means of ensuring the stability of staff (continuous presence, avoiding transfers). The Council of Europe guidelines (2006) note that these considerations ought to be taken into account when organizing the institutions for residential care of children. These institutions ought to include stable educational groups of both boys and girls, which

are characteristic for care institutions in Western Europe, while the Croatian practice relies on same-gender groups in residential care.

The high professional standards for the staff are necessary, and are to be maintained by continuous education and systematic specialization. It is interesting to note the statistics on residential care of children employees in Croatia, where most of the employees work in assistive activities. According to the Annual Statistical Report on the Employees in Social Care Institutions in Croatia in 2014, the state-run residential care homes for children without appropriate parental care had 550.5 full time employees (this includes the permanent employees, temporary employees, and trainees). Of these, 348 are professional workers and caregivers, 169 of whom are caregivers (primarily teachers - 85.5, preschool caregivers - 37.5, social pedagogues - 22, and social workers - 13; only a small number of other professionals are employed in the sector). While these professions dominate in the state-run institutions, the ratio is reversed in those institutions that are owned and run by other entities. It is interesting that the data do not provide details on the professions in the care institutions owned and run by other actors, which begs the question of which professions are included in care, and whether they are properly educated for the work they are doing.

The experts in the area of care for children work with the children, but also face administrative burdens, and find that the time they dedicate to paperwork is "stolen" from the children, while these administrative tasks are seen as difficult and unnecessary (Kertesz, Humphreys and Carnovale, 2012, Burton and van den Broek, 2009). Quality care for children is also determined by adequate remuneration for the employees. We know that the salaries in the social policy sectors in Croatia are very low, especially given the importance and responsibility of the work they perform. The incongruence of the professional skills of social policy sector employees and the salaries in the sector are also noted in the international literature (Whitebook, 2015).

It is particularly important that the staff remain stable, employed for the long term, and that there are few alterations in staff assignments. Furthermore, it is necessary that there is a favourable ratio of caregivers/staff to the number of children in the group, with a preference for smaller groups. In Western European countries it is typical that units of 2 to 4 children rely on twice the number of caregivers. If possible, a gender-diverse staff should be assembled in order to facilitate positive gender identification. This is often difficult, as we know that the care professions tend to be dominated by women. The children's residential care facilities ought to be developing multidisciplinary teamwork, including supervision/monitoring, which is also commonplace in Western Europe.

Additionally, resources ought to be efficiently utilized with regard to the child's basic needs, which is no easy task in the institutional setting based on rigid norms, rules, and bureaucracy. The system of cooperation with the child's parents and the family treatment ought to lead to the quickest possible

return of the child into the family, and this segment is particularly weak in Croatia, and in some cases it is fully absent, resulting in a greater incidence of children remaining in care until they come of age. The average length of stay in residential care in Croatia is 4.5 years (Vejmelka, 2012), but some children remain in care much longer than that. In contrast, European standards see even one year in residential care as an unnecessarily long period.

It should be noted that the standards also note the requirement of adequate and effective monitoring, including collection and analysis of statistical data and further research in the institutions. These institutions should, in turn, be accredited and registered with the relevant public services, and based on the legislation that outlines the minimal standards of care. This does not exclude the need to recognize non-governmental organizations that are active in this line of work, as well as the other organizations that can have an important role in the lives of children in institutional care, such as churches, religious and other private organizations.

INSTITUTIONAL CARE FOR CHILDREN WITHOUT APPROPRIATE PARENTAL CARE IN THE REPUBLIC OF CROATIA

There are 14 residential care institutions for children without appropriate and adequate parental care in Croatia. All of these institutions have been founded by the state. Their full capacity is 1034 children, and their capacities were filled at 82.21% (850 children in residential homes, organized housing, full-day or half-day board). A total of 550.5 persons was employed in these institutions, 348 of whom were assistive professionals and caregivers (Ministry of Social Policy and Youth, 2015). There are also three non-state children's homes in the country (Children's Home - SOS Children's Village Lekenik; SOS Children's Village Ladimirevci; Children's Home "Tic" in Rijeka). These three institutions had a capacity of 250, with 205 children in care in 2014, counting both children in residence and those that were only there for half-board. They were cared for by 122 employees, 96 of whom are professional staff and caregivers (Ministry of Social Policy and Youth, 2015). In Croatia, the residential care units are typically characterized by large capacities, with far more children per unit than is recommended by the scholars and the practitioners. These units have the capacities of housing about 30 to 70 children each, and are only rarely full to capacity (Vejmelka, 2012). Furthermore, these institutions are typically in buildings that were not constructed for the purpose of housing children, but have been converted and are not satisfying the requirement that the child is to live in a family-like setting, as guaranteed by the Convention on the Rights of the Child.

The data on those children who were in residential care of state institutions in 2014 are quite interesting. The care ended for 71 children who returned to their families, while 47 moved into foster care, and 31 moved to other residential care institutions. There were 33 adoptions of children that

were in care in 2014. On the whole, there were 113 adoptions in 2014, while the adoption waiting list consisted of 643 hopeful parents. More than half of those (305) had at that point been waiting to adopt a child for more than three years (Ministry of Social Policy and Youth, 2015). As can be seen from the data noted above, most of the children that leave residential care return to their biological families, or are transferred to foster families. In accordance with that, more attention ought to be given to support of and assistance to the biological and foster families, all with the aim of preventing the child's return to residential care.

Table 1 Comparison of institutional and non-institutional forms of accommodating children without appropriate parental care in 2010 and 2014. (Source: Ministry of Health and Social Care, 2010, Ministry of Social Policy and Youth, 2015.)

Form of accommodation	2010.	2014.	Change in the number of users in care
State-run and owned institutional residential homes	782	850	8,70 %
Non-state social care homes	188	205	9,04 %
Other legal persons that take part in the provision of social care	164	204	24,39 %
TOTAL IN INSTITUTIONAL CARE	1 134	1 259	11,02 %
Non-institutional accommodation (foster families and family-like homes)	1 695	1 881	10,97 %

As can be seen in Table 1, the ratio of children in residential care to those placed outside the institutional setting in 2010 was quite unfavourable, as 59.92% were in the former, and 40.08% in the latter. In 2014 the numbers remain similar, with 40.10% outside residential institutional care, and 59.90% in residential care. It is clear that the desired changes have not been taking place, and that the statistics are far from the aim of 20%:80% in favour of placement outside institutional residential care, as was foreseen in the Plan for Deinstitutionalization and Transformation of Social Care Homes and Other Legal Persons Conducting Social Care Activities in the Republic of Croatia 2011-2016/18 (Ministry of Social Policy and Youth, 2015). Further, one can also notice an 11.02% increase in the incidence of institutional accommodation in 2014 compared to 2010, as well as a 10.97% increase in non-institutional forms of care and accommodation.

Given a rather large increase in institutional residential care, it is very important to pay attention to the children that are placed there, the conditions of their accommodation, possibilities and potentials of the institutions themselves, and to work on improving these conditions with the aim of

achieving the best interest of the children. Nevertheless, deinstitutionalization remains the aim of care, as well as transformation of residential care homes into organizations that are embedded in the community they serve, with the Western European countries as clear models in this regard.

The overview of the relevant literature, statistical reports, and the results of research so far all point to the importance and necessity of improving the quality of implementation of deinstitutionalization measures, and of improving the quality of social welfare institutions of residential care for children, with the aim of fulfilling the best interest of the child. Accordingly, we have conducted a research project including the caregivers in the residence care institutions for children without appropriate and adequate parental care. The project's scope is wide, as it includes all of Croatia. The main aim was to find out where the caregivers and staff see potential for improvement of quality of accommodations and services that their institutions offer.

PROJECT AIMS AND RESEARCH QUESTIONS

The aim of this paper is to find out what potential for improvement is identified by the caregivers and caregivers in the residential care for children, with the aim of preserving the best interest of the child in mind. In accordance with our project aim, we have asked the following research questions:

- 1) How do the caregivers describe the potential for residential care for children without appropriate and adequate parental care?
- 2) What do the caregivers consider as issues that would need to change if the Croatian system of residential care for children is to improve?

METHODS

Research participants

The caregivers employed in the residential care homes for children without appropriate parental care in Croatia have been the participants in this research project. Only those in direct care were taken into account, and the sample does not include the temporary or night-time caregivers. The project was conducted as part of doctoral research. There were 71 respondents from all 14 publicly owned and run institutions of residential care. As the project was conducted in a setting characterized by vulnerable groups, the project research did not include a collection of socio-demographic data on the caregivers. These data were forgone in order to protect the participants' anonymity, and in order to ensure the respondents' sincerity in this qualitative project.

Data collection method

The research presented here is part of a broader project on the environmental and personal determinants of violent behaviour that the author conducted in children's residential care institutions as part of her doctoral dissertation. The questionnaire designed for this project was given to caregivers in all residential care institutions for children without appropriate parental care. The respondents only answered two open-ended questions which were aimed at discerning what features of their work they are proud of, and what they considered issues that need to change in order for the quality of care to improve. It is important to note that all participants provided replies to these questions, and that their responses were broad, in the essay format. This paper presents the qualitative data analysis of those two open-ended questions.

Research process and data collection

The research was conducted in all 14 institutions of residential care for children without appropriate parental care in the Republic of Croatia. At the very beginning of the interview, the respondents were acquainted with the project aims and the research methodology. They were asked to fill in the questionnaire when they are alone, as the portion of the project that concerned the children was being implemented. Additionally, the questionnaire was anonymous and the participants were aware that they could back out at any time or submit an empty or partially empty questionnaire. Those who were not present at the time when the researcher was there were asked to fill in the questionnaire within 7 days and mail them to the researcher using the provided envelopes, with the researcher's address already printed on them. Several of the institutions did not return the questionnaire on time, and were contacted over the phone and reminded of their agreement to return the questionnaires. Finally, data on caregivers and caregivers were acquired for every group of children that was part of the remainder of the project. It took approximately 20 minutes for the respondents to fill in the questionnaire.

Data analysis

Given that the volume of each respondent's reply was slightly over one page of text, the total data collected consists of 80 pages that formed the basis of further qualitative analysis. Thematic analysis was used, which is where both of this paper's co-authors contributed. This procedure can be defined as a method of identification, analysis, and reporting on patterns (themes) in the collected data. By applying this method, we are able to organize the data and provide a detailed description and interpretation of the various identified themes (Boyatzis, 1998, prema Braun & Clarke, 2006). Additionally, this method allows for detailed description of the data, which enables the researcher and the reader to gain a good impression of the dominant and relevant themes that stem from the

data (Braun and Clarke, 2006). For each of the topics, i.e. research questions, we identified specific themes, while the coding procedure determined the categories within the themes, using the standard methodology. Unlike other methods of qualitative data analysis, thematic analysis sets the themes in advance, but it also allows for identification of new themes that had not been initially defined (Ajduković and Urbanc, 2010). A theme is a form within the data that can be determined deductively or inductively, depending on the researcher's theoretical or analytical approach. Here, we have chosen the deductive approach, sometimes referred to as the theoretic approach (Braun and Clarke, 2006). Finally, it should be noted that the results and discussion refer to direct quotes from the respondents, but they are identified only by the numbers assigned, rather than names, in order to preserve their anonymity.

Thematic analysis begins with the defining of thematic areas that are generated from prior knowledge of the area of study, in line with the deductive theoretic approach. The next step is getting acquainted with the material (reading, rereading, noting key initial ideas), followed by generating initial codes (coding of interesting elements of text, assigning parts of text to codings), the search of themes (collecting similar codes into themes). The next stage is to test the theme (check whether all potential themes fit the excerpts from the text), defining and naming the themes (analysis of specificities of all themes, and uncovering the "story told by analysis", generating clear definitions and names for themes). The last step is producing a report (selecting lively, interesting examples, returning to research questions and the literature, writing the report) (Braun and Clarke, 2006).

RESULTS AND DISCUSSION

The results show that the caregivers point out the positive elements of the psychosocial climate of the residential care institution as the key potential for quality care for children without appropriate parental care. They also suggest that further improvements of the elements of psychosocial climate would also improve the quality of care provided to the children. Psychosocial climate is a term with many synonyms, such as institutional climate, social climate, treatment climate, and similar. All of these terms define the specific set of environmental determinants of behaviour of the members of a social system. When talking about psychosocial climate, we are referring to a state of interpersonal relationships, the impact of the environment on the individual and vice versa, a collection of rules, norms, and activities, as perceived by the members of the institution. It also follows that this experience is communal to the members of the system (Žižak and Koller-Trbović, 1999).

What potential do the caregivers recognize in the residential care institutions for children without appropriate parental care?

The first research question was aimed at discerning what the caregivers are proud of, i.e. which potential of care for children they recognize as being in the best interest of the child in care.

The thematic area of potential of residential care institutions comprises four specific topics (see Table 2): 1) good interpersonal relationships and the caregivers' expertise, 2) good relationship with the children and children's achievements, 3) comfortable space and communal activities, 4) inclusion in the community

Table 2 Sources of potential in the institutions of residential care for children

Theme	Category
Good interpersonal relationships and the caregivers' expertise	Quality of interpersonal relationships The caregivers' professional work
Good relationship with the children and children's achievements	Children's achievements Children's prosocial behaviour Continued contact with the clients even after they leave the institution
Comfortable space and communal activities	Decoration and appearance of the residence Facilities Activities organized in the institution
Inclusion in the community	Cooperation with the local community Cooperation with schools Cooperation with volunteers Cooperation with external experts

1) Good interpersonal relationships and the caregivers' expertise

Our data analysis has shown that the caregivers are proud of the quality of interpersonal relationships in the institution, and that they see that feature as a source of potential for further development. These relationships are also mirrored in the relationship between caregivers and the children. In their responses, the interviewees noted their pride in "the open communication between caregivers and children" (S2), "in the developed relationships of mutual trust and respect" (S5), "mutual understanding" (S64). They also noted the good relationships among the children (S26: "children selflessly help each other", S27: "the children happily help each other"), pride in the relationships among the caregivers (feeling pride "in the relationships among the colleagues in the shift" noted by S64 and S65), and the general atmosphere in the institution (pride in "the atmosphere in the group, S58; "in the comfortable, familial atmosphere in our institution", S1).

Finally, the caregivers recognize the potential in their colleagues, and note that they are proud of the caregivers' professional work, i.e. the quality of their work with children in their care (S7: "I am proud of the ways in which all caregivers see the children as equals, and we work together for the benefit of these kids"; S8 notes "high quality communication and professional work with children"). The caregivers also noted the efforts that they and their colleagues put in working with the children in care (S12: pride in "the collective effort in our work"; S42: pride in "the workers who have contributed by their continuous hard work"), and exhibited a sense of pride in the achievements of their work (S15: pride in "educational and upbringing results"; S54 feeling pride "when I notice that my work is having a positive effect on the children"). The existing research on the children's experiences of living in residential care by Sladović Franz, Kregar Orešković and Vejmelka (2007) found that they are generally happy with the caregivers' approach to children and describe it as supportive, while they also note that some caregivers have been strict in their approach to children, and that some have even engaged in corporal punishment. Since the quality of interpersonal relationships is a key aspect of an institution's psychosocial climate, it should be invested in so that a greater level of satisfaction of both the employees and the children in their care is increased.

2) Good relationship with the children and children's achievements

The caregivers have also noted pride in the children's successes and achievements (S5: "the children's successes; S30: "I am proud of the successes that our children have achieved in their sports groups, the drama group, and the folklore group"; S59: "successes in personal growth"). The caregivers are also proud of the children's appropriate and prosocial behaviour (S24: "We are proud of the way our children behave in school and in the community"; S52: proud of "the positive responses in the children's behaviour"), and of the relatively low incidence of deviant behaviour among their wards (S16: "relatively little physical aggression, vagrancy, alcohol and drug abuse"; S24: "we do not have the problem of addiction, nor do we have any occurrence of felonies, with a minimal incidence of misdemeanors"). The caregivers are also proud of the continued contact with their clients/wards after they have left the institution (S42: "After the children leave the institution, we do not break off contact, we visit and contact them"; S5: "I am proud of them for calling and visiting me."). Continuing the contact after leaving care is very important, as the youth or young adult is at risk of numerous difficulties, and at risk of social exclusion (Stein, 2005).

3) Comfortable space and communal activities

There is visible pride in the standards in the environment that the caregivers work in, i.e. decoration of the children's home (S10: "the decoration of the space"; S61: "Aesthetic decoration of the space in the home"), the facilities (S5:"the facilities in the home itself, the computer lab, the weekend house

in C., the beautiful summer resort in S."; S17: pride in "the facilities that are continually improving"), and in the activities organized in the institution (S2: "various events in the institution"; S30: "publication of the home's paper 'Awakenings'"). These residential care facilities and homes need to be appropriately designed so that they provide living conditions that are not just adequate but also inspiring and encouraging. As noted by the Council of Europe document on the rights of children in care and at risk, this too is contributing to the fulfillment of the best interest of the child (Council of Europe, 2006).

4) Inclusion in the community

The caregivers emphasize that they are proud of the way in which they cooperate with external sources of support, such as the local community (S2: "Good cooperation with the local community"; S4: "involvement of the home and the children in various activities in our town and outside it."), schools (S3: "cooperation with teachers"; S4: "good cooperation with the teachers and the school"), cooperation with volunteers (S15: "proud of the large number of volunteers in recent times, which also indicates that they are feeling comfortable in our institution"; S32: "good cooperation with volunteers and youths outside our institution"), and cooperation with external care professionals (S3: proud of "cooperation with the teachers and professionals outside the institution"; S5: "cooperation with the professionals in the home and outside it"; S6: "teamwork and good cooperation with the team of professionals in the institution and in the Social Welfare Centre"). The caregivers' cooperation with the external sources of support is certainly an important element in the care for children, which also contributes to better integration of children into the community and to the expansion of their social network.

These themes truly indicate that the caregivers identify certain aspects of the psychosocial climate of the residential care home as sources of positive improvement and future potential. The psychosocial climate is a multidimensional construct, and the stated aspects are interdependent so that the change in one of them affects all the others. The quality of the above listed aspects of the psychosocial climate certainly affects the preservation of the best interest of the children in care, which has been recognized by the caregivers taking part in this research.

Recommendations for improving the residential care homes for children

The second research question was aimed at discerning the perspective of caregivers in the area of possibilities for advancement and improvement of residential care for children without appropriate parental care. This thematic area comprises six specific topics (Table 3.1): 1) the necessity of improvement in interpersonal relationships, communication, and educational procedures; 2)

improvement of the space and facilities; 3) improvement of cooperation with the community; 4) improvement in the processes of acceptance into the institution; 5) improvement of the process of leaving care, and 6) increase in quality of the conditions of professional work.

With this research question, we have found that the caregivers find that the preservation of the child's best interest requires that some aspects of the institutional psychosocial climate be improved. This same area was also recognized as a source of potential. Additionally, they emphasized that it is important to work on the improvement of professional profiles of employees by providing additional education to the existing workers, employing new care professionals, and generally increasing the standards of quality in the experts' work.

Table 3 The caregivers' recommendations for improving the institutional care homes for children without appropriate parental care

Theme	Category
The necessity of improvement in interpersonal relationships, communication, and educational procedures	Need for better quality of child protection Need for improvement in interpersonal relationships in the institution Need to alter the educational approach
Improvement of the space and facilities	Improvement in facilities Improvements in appearance of the living space Development of activities in the institution
Improvement of cooperation with the community	Need for improved work on the relationship between the child and the family Improvement in the cooperation with the local community Improvement in the cooperation with the state services and institutions Improvement in the cooperation with the volunteers
Improvement in the processes of admission into the institutions	Timely (prior to admission) receipt of information on the child Advancement of criteria for admission into the institutions
Improvement of the process of leaving care	Need to set up a transfer group for those children that are waiting to be moved to another (type of) institution Activating the housing communities
Increase in quality of the conditions of professional care work	Need for the caregivers' professional advancement Need to relieve the caregivers' burden Need for staff changes and improvements Reduction in the conditions necessary for full retirement

1) The necessity of improvement in interpersonal relationships, communication, and educational procedures

One of the caregivers' recommendations was that there ought to be a higher level of quality in terms of protection of children in care. (S28: "Children which do not have to be placed in residential care ought to be placed in appropriate case as soon as possible"), particularly with regard to the time necessary for the resolution of cases (S28: "it took months for us to find appropriate accommodation and care for a child with mild developmental problems and behavioural issues"). It does appear that situations when type of care provided changes over time need to be handled more swiftly, and this is recognized by the caregivers themselves (S13: "a faster realization of the change in the form of care for a child after his/her negative influence on other children is recognized"; S18: "increasing the speed of the procedure to change treatment"). In order to preserve the best interest of the children, it is certainly necessary to adjust the treatment to the specific needs of the individual child. Similarly, it is vital to improve the speed at which the prescribed type of care is administered, and at which the child is returned to its primary local environment, be it a biological or foster family. The caregivers have also noted the need for greater individualization of work with children (S70: "transform into the 'family-based' organization, try to individualize our effort by decreasing the size of groups in care; work with an individual approach!!!").

Additionally, the caregivers have noted that it is important to separate the children that are prone to abuse of others from the institutions (S39: "provide faster (much faster) removal of children that abuse other children and do not accept the order in the residential care institution"; S37: "timely (URGENT) removal of those children that systematically abuse their peers"), and that better responses to the children's problems should be provided (S66: "our reactions towards the children facing difficulties need to be timely (and sometimes they are late)"; S64: we need "higher level of quality of responses at the home level when the children find themselves in difficulties"). Violence among children in residential care homes is very specific with regard to the context in which it appears. Children in care spend time together every day, and do not have the option to leave into the safety of their own home, but are instead continually exposed to violent children. Additionally, the spaces they inhabit are often not appropriate for care of children, which poses additional challenges to the caregivers when they need to act in cases of uncovering violent behaviour among the children (Vejmelka and Majdak, 2014).

Even though the caregivers are generally feeling pride in the state of interpersonal relationships in the institutions, some find that further improvements are necessary (S35: "I think we are missing some communication"; S39: we should "also be continuously working improving our own, in-house communication and thus have a permanent impact on a healthy and encouraging environment, full of content adults that the children can recognize as such"). They have also noted a need for a change

in educational approach, i.e. a need to clearly determine the consequences of inappropriate behaviour (S37: "exactly determine the consequences for the children that act in an inappropriate manner"; S39: it is necessary to "provide better and more precise consequences of the children's inappropriate behaviour") and to focus on the instruction in those skills that the children will require once they leave the care institutions (S19: "more of preparation for everyday life, more rearing, less studying"; S26: "in order to advance the care for these children, we need to encourage and motivate them to fulfill their obligations with regard to school and home, work on making them independent and prepared for life outside the home"). The satisfaction with the state of interpersonal relationships as a part of the psychosocial climate is certainly an important element that contributes to the children's positive development, but it also leads to an increase in job satisfaction among the professional staff of caregivers, making it very important to work on ever improving these relationships (team building, workshops, education, more group work, ...). Furthermore, when Davison (1995, in Žižak and Koller-Trbović, 1999,93) discussed the 12 elements of high-quality climate in the institutional setting that allow for change and reduction of problems faced by the children in care, characteristics of the environment held a prominent position on the list. It was noted that the environment of mutual respect and respect for human rights certainly contributes to a greater degree of satisfaction with the quality of interpersonal relationships in the social care institutions, and to the preservation of the best interest of the child while she is placed in institutional care.

2) Improvement of the space and facilities

The caregivers have pointed out that they are proud of the existing standards in residential care, but also point out that there is room for improvement, and suggest that these improvements should be in the areas of facilities (S10: "better facilities in information technology"; S52: "new areas for playing sports, a gym"), and in the area of general appearance of the buildings (S21: "all the bathroom facilities should be remodeled, and the building exterior should be renewed"; S57: "paint all the rooms"). They also noted a need for further development of activities within the institutions (S63: "have more of communal activities"; S27: "in order to improve the care for children, we should encourage them to take part in extracurricular activities, ensure the development of their interests"). Institutional accommodation should certainly be adequately decorated and equipped. Apart from improving the key features, such as painting the walls and building exteriors, and maintenance of the buildings, investment in the other infrastructural features that would allow the children to take part in various activities seems to be key. The children themselves noted that access to computers and the internet are not available in the residential facilities, and that the IT equipment is modest. This is a problem with regard to the children's computer literacy and media education, which are key for the

ability to responsibly choose media content, and with regard to their future competitiveness in the labour market.

3) Improvement of cooperation with the community

In order for the best interest of the child to be fulfilled, the caregivers point out that it is necessary to improve the cooperation with the external sources of support - the local community (S4: "even better cooperation with the social surroundings"; S43: "more cooperation with the local government, the institutions"), volunteers (S24: "further intensify volunteer engagement"; S25: "further enhance cooperation with the volunteers"), and with the state services and institutions (S37: "the social welfare centres' cooperation with the care professionals should be enhanced"; S35: "I think that the institutions in charge should be taking a more active role in the lives of the children whose care has been entrusted to us. They should take more care about each of the children."). They also find that it is exceptionally important to work on the improvement of the relationship between the child and the family, i.e. the child's parents (S18: "working together with the parents to improve the situation and the relationships in the family."), and to ensure that the children are able to go home (S31: "make it possible for the individual kids to go home, improve contact with the parents"; S28: "make it possible for the children to go into foster families during school holidays, in the summer, winter, and over Easter"). It is in the best interest of the child to work with the parents and help construct a positive relationship between them and their child, thus leading to the shortest possible stay in residential care and a return to the primary family. Furthermore, it is important to work on improving the cooperation between children's homes and external sources of support (local community, volunteers, civil society organizations, state services and institutions), and to include the children in the activities of the local community.

4) Improvement in the processes of admission into the institution

With the aim of improving the work of residential care institutions, the caregivers point out that it is necessary to receive information about the child in a timely manner, and at the moment of placement into care (S12: "getting timely and true information about the child being placed in our care"; S13: "timely and correct information about the child at admission"). They also note that the criteria for admission into care need to be brought up to date (S38: "pay attention to the process of admitting children into care, i.e. admit only those children that really need to be in residential care"). Institutional forms of accommodation have been subject to criticism precisely because of the issues that our respondents list in their answers to the survey questions. The area of child protection services is very demanding because the care professionals must reach complex conclusions, form opinions, and make difficult decisions, often facing time pressures, limited knowledge of the families

involved, difficult emotions, all of which affects their precision when making a decision (Munro, 2004, in Sladović Franz, 2011, 463). Timeliness of the decision is important in any type of case involving a child's fate. A timely and appropriate reaction of the care professional must be in line with the child's best interest, and the care professionals are expected to answer the following questions when making their decisions: 1) which decision should be made; 2) what are the existing options; 3) which information is necessary for the decision to be reached; 4) what are the possible consequences of the various decisions; 5) how probable are these consequences; 6) what are the pros and cons (expected utilities) of each decision; 7) what is the final decision (Sladović Franz, 2011). It is vital that the institution that whose care the child is placed in is acquainted with the correct and true information about the child even prior to the child's arrival. This ensures that the child is given appropriate accommodation, that the individual work plan has been developed for the child. All of this contributes to a positive psychosocial development of the child.

5) Improvement of the process of leaving care

Further, the caregivers note that there is a need to set up a transitional group for the clients that are awaiting transfer to another institution (S56: "a transitional group for those clients that await transfer"; S57: "a special group for children that are waiting to be transferred to a different institution"). In addition to that, they pointed out that the housing communities should be activated (S63: "start the housing community"; S25: "activate the pending housing community") so that the children could successfully adapt to deal with the problems of leaving the care system and becoming independent.

6) Increase in quality of the conditions of professional work

The caregivers accentuated some systemic problems that need to be addressed so that institutional care of children could be improved. Their recommendations are aimed at improving the quality of their own professional specialization (S1: "work on ourselves more, education and similar"; S2: "hold more frequent workshops, professional education of the caregivers"; S15: "constant monitoring"), and at improving the working conditions of professional staff, primarily through the reduction of number of children in care groups (S6: "reduce the number of children"; S14: "reduce the number of users in a group") and a reorganization of their working hours by making the shifts shorter (S17: "reduce the working day to 6 hours so we can dedicate our work to the children, just like the caregivers in kindergartens, teachers") or reducing the time spent with children (S17: "reduce the time spent directly with children to no more than 5 to 6 hours"; S15: "less of direct work with our users, more time for administrative work"). In a similar vein, they suggest an increase in professional staff (S9: "increase professional staff, through employment or as external associates"), and

employment of younger staff (S60: "young people (hiring)"). Some noted that additional professional staff in specific areas is needed, such as nurses that could provide direct medical care in the institution (S52: "we could use a nurse to work here full time"), and specialist psychiatric assistance (S56: "a psychiatrist's assistance in the institution"; S52: "the services of a psychiatrist, a therapist, at least several times a week"). In conclusion, the caregivers consider that a reduction in the terms of retirement would contribute to greater job satisfaction and an increase in the quality of care (S18: "a reduction in the terms we need to fulfil to retire would enable an increase in the level of job satisfaction"; S15: "care would be even better if there were a possibility of retirement on reduced terms").

The results of this project indicate that there is a need for frequent additional education for the professional staff, which can in turn promote a warm and encouraging style of working with children, and can promote positive relationships among the caregivers and higher quality of teamwork. This would also improve the relationship between caregivers and the children, and would increase the consistency in the structure of care for the child (Groark et al., 2003). Additionally, working on a more positive relationship between the educator and the child decreases the rigidity, increases flexibility, and improves job satisfaction (Groark et al., 2003). The research conducted on the employees of the Every Child organization, their partners, and experts in the area of institutional care has shown that careful selection (intrinsically motivated caregivers), provision of support in their work and organization of workshops for their benefit has led to a strengthening of the bond between the carer and the child, ultimately leading to improved quality of care for the children (Delap, 2011). Delap (2011) also notes the importance of working with small groups of children, and that of working with parents in parallel, so that the children do not stay in residential care more than is necessary, and that both the child and the parents are strengthened for a return of the child into the family. Similar guidelines for the development institutional residential care are found in numerous other examples of research, and in official documents (e.g. Department of Health, 2002, Barth, 2002, Groark et al., 2003, Csaky, 2009).

CONCLUDING CONSIDERATIONS

Even though institutional care needs to be the final measure, implemented when all other options have been exhausted, this form of care for children without appropriate parental care is still very much present in Croatia. This is still taking place, even as there is a continuous emphasis on the need to deinstitutionalize the system of care for these children, a need emphasized by both the scholarly literature and the official policy documents of the Republic of Croatia. The results of the research

conducted in all 14 institutions of residential care for children who do not have appropriate parental care indicates where the employees of these institutions see the potential of their places of work, and what types of concrete improvements they think are necessary. They have thus pointed out that the potential for quality care is reflected in the generally good quality of interpersonal relationships and high expertise. They also noted that the potential can be seen in the good relationships with the children in care, and in the children's own achievements, comfortable spaces and communal activities. Some level of cooperation with the community (local community, schools, volunteers) also makes part of what the caregivers see as potential held by their institutions. When a child is placed into institutional residential care, the first order of business is to ensure her basic living conditions, followed by an encouraging and supportive psychosocial climate that allows the child to thrive. The care for the child and the process of growing up ought to be based on the development of the child's capacities and abilities, a respect for its autonomy, and support for contact with the world outside the institution, in preparation for independent life in the future.

Our analysis has shown that the caregivers identify high-quality interpersonal relationships in the institution as a valuable potential in the care for children. The results indicate that caregivers point out the importance of interactions at the child-carer level and the expertise of the carer as key for the success of working with children. The scholars in this field have also identified several characteristics of the caregivers that are crucial in ensuring effective care. Thus Richter (2004) notes that it is particularly important that the carer responds in an appropriate manner to the child's needs and notices the signals that the child is sending. This sensitivity to the child's needs ensures timely responses, making for care that is in the best interest of the child.

On the other hand, the caregivers have noted that there is a need to improve the quality and conditions of their professional work, including a need for specialization, lifelong learning, and some concrete suggestions that would allow for a lessening of their burden (personnel changes, introduction of reduced terms for full retirement). Even some ten years ago Ajduković (2004) noted that it is necessary to make the groups in care homes smaller. She also recommended individualizing the care for children, ensuring that all relevant professionals are employed in the care institutions, increasing the opportunities for professional advancement and education of the employees, and permanent monitoring of the professional care provided. Implementing these recommendations would lead to a better psychosocial development of the children placed in care, something that was also recognized by our respondents. The caregivers' recommendations state that there is a need for further improvement of interpersonal relationships among the employees, better quality of protection of the children in care, and that in some cases there is a need for the change in educational approach, something that might depend on the ability to provide continuous education and specialization services for the caregivers in this line of work.

Nowadays we are very much aware of the fact that institutional care as exists now simply cannot provide the child with all that is necessary for her uninterrupted development. A children's residential care home is a place where a child, due to the organization of labour (large groups, few caregivers, spatial limitations), cannot receive the care that is in line with the recommendations for good-quality institutional care that Western Europe's systems are based on. It is also interesting that the caregivers list what they think are sources of potential as the areas that provide possibilities for improvement of care. Thus, for example, spatial arrangements and decoration are listed in both thematic areas, which points to two conclusions. It may be that there is inequality among the institutions with regard to the quality of the space. It could also mean that, in spite of the efforts to make the best use of the space that they have, the caregivers still see numerous possibilities for improvement of facilities, appearance of the buildings, and the activities that take part in them. Cooperation with the community is also recognized in both thematic areas, particularly when it comes to cooperation with local community, state services, and volunteers, including the civil society organizations. A systematic and high-quality type of cooperation with the community could be crucial for organizing activities for the children in care but also for the improvements in the living spaces. It is possible to organize various volunteer activities that would encourage the local community to take a more active role in the life of the institution. This would also bring about a higher level of awareness of the the problems that are faced by the children that do not have appropriate parental care.

It is certainly necessary to work on increasing the community resources that are available to the children (half-board for children, professional assistance and support to families), and to promote fostering as a primary form of non-institutional care for children without appropriate parental care. Fostering can allow a child to grow up in an encouraging environment of the family, in her primary local community, and it preserves the child's best interest. The process of deinstitutionalization should lead to a reduction of children in care homes, which will enable the professionals there to give more attention to individual needs of their wards, in line with their needs. Even though the positive developments in this area are visible in Croatia, there needs to be more work leading to the aim of deinstitutionalization, as well as more monitoring of the care institutions' progress. Furthermore, children's residential care homes need to be transformed so that they provide half-board services to the children that continue to live in their homes (Ajduković, 2004). This would help establish a better relationship between the child and the family, and would facilitate the child's full return to the family. England is an example of good practices in this regard, where the change of focus from non-family care to support for the family lead to an 80% increase in returns of children to the family (Thoburn, 2002, in Sladović Franz and Mujkanović, 2003). The Centre for the Provision of Services in

the Community "Izvor" in Selce is a good example of the practice of transforming child care institutions. There, the children can spend a part of the day in the Centre, which also provides professional assistance, expertise and support to both the children and the families in the community. This way, children remain in their communities, primarily in their own families (or in foster families), and the existing social ties the child is embedded in are not lost, ensuring a child's better integration. This is an outcome that is certainly in the child's best interest. We must note that there is a great need for the introduction of different types of fostering in Croatia, practices that are not yet common in the country. Here, we are primarily referring to fostering children with developmental difficulties and children with behavioural problems. On top of that, there is regional inequality in fostering and care in general, which often leads to transfers of children out of their primary environments. This ought to be prevented by equalizing the access to quality care for all, regardless of place of residence (Sabolić and Vejmelka, 2015).

Further, our results indicate that the caregivers find the process of admitting a child into a residence home inadequate. The social welfare practice is often fraught with difficulties. When making decisions about a child in the social welfare system, especially when deciding on the separation from the family, one necessarily asks what the right time for such a decision might be. How does one decide whether the child's best interest (or what we think is the child's best interest) is served by ridding the child of the right to live with its family, and comes down on the side of the right to protection? The experts agree that the situations in which the child's rights and dignity are being violated, and in which no other solution is adequate, are those that warrant a separation from the family. In Croatian practice the model of "rescuing the child" is dominant over the model of "support for the family" (Ajduković, 2004). This means that there is no timely and appropriate support for the family prior to the separation of the child, and a child is removed from the extreme situation she was regrettably exposed to, placed into an institution, with still no provision of support to the parents. The respondents in this paper also note the need to improve the relationships between children and their parents. It is extremely important that the experts work with the family while the child is placed in care. This is a way to counsel the family, to point out the past mistakes, and to educate and guide the families towards changing non-functional behaviours, and thus prepare them for a possible return of the child. The treatment of the parents that lost the right to live with their child is necessary, as is working towards the improvement of the family circumstances. One cannot expect that a family can achieve necessary changes and resume proper care for the child without external professional assistance and support.

Even though the caregivers who took part in our research state that they stay in contact with the clients even after they leave care, they also note that it is vital to give particular attention to provision of assistance and support to children that leave the system of social care to commence

independent life. The youths that finish school or come of age and must leave the care institution encounter numerous problems and obstacles in adjusting to life outside the institution. Council of Europe (2009, in Sladović Franz and Branica, 2013) notes that an adequate exit from care is a "process that helps youths to transfer to independent living from the social welfare system. This includes schooling, professional training, and learning of life skills while in care, and the services of "extended care" which include counseling, independent life skills training, community resources, covering the costs of university education, and various forms of financial aid" (Sladović Franz and Branica, 2013). Leaving care is very problematic for the children, regardless of whether they are going back to their family, or commence independent life on their own, which has been confirmed in research of both care professionals and care clients (Byrnes, Macallair and Shorter, 2002, Holzer, 1996, Maruna 2001, in Barton, 2006).

Noting the shortcomings of this research may be of great use in designing future studies. One issue we have dealt with is the fact that there was no random sampling, making it difficult to generalize our results to the whole population of caregivers, even though the project included respondents from all 14 residential care homes for children in Croatia (Milas, 2005). Additionally, possible limitations stem from the type of questionnaire we used, making it possible that not all relevant aspects of the research topic were addressed. A more appropriate method, such as interviewing or focus groups, would be beneficial for a deeper understanding of the problem in the future. On the other hand, the principles of anonymity, confidentiality, and voluntary (respondents had the option of not participating or not answering any of the questions) participation were respected. Our recommendations for future research include covering those areas of work in children's residential care that the caregivers find themselves lacking competence for. This would provide insight on the types of additional education and workshops that can greatly advance the quality of their work, and their care for children. Future research should also take into account the care workers' advice on successful transformation of residential care institutions to institutions that provide services in the community, and their views on defining the concept of the child's best interest.

In conclusion, a child in care outside the family needs to be provided with an environment that resembles that of the family to the greatest possible extent. The child needs to be integrated in the local life and community, and has to be able to get at least a substitute for the warmth of the family, as well having all basic needs cared for, including the provision of stability and support. On the other hand, there is a necessity of professional work with the child's significant adults while the child is placed in residential care. Since there is a problem of plenty of children remaining in the care system for overly long periods of time, there are also more numerous incidences of difficulties and greater risk of a difficult adjustment to independent living. The basis of the work done by professionals in the care for children is made precisely of the attempts to prevent these and other risks.

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