Available online at www.sciencedirect.com

ScienceDirect

Procedia - Social and Behavioral Sciences 171 (2015) 1434 – 1441

Procedia
Social and Behavioral Sciences

ICEEPSY 2014

Children and Minors in Institutional Care: Research of Self-Regulation

Soňa Vávrová[a]*

[a]*Research Centre of FHS, Faculty of Humanities, Tomas Bata University in Zlín, Mostní 5139, 760 01 Zlín, Czech Republic*

Abstract

The paper deals with self-regulation in children and minors living in so-called "total institutions". It aims at a scientific study of the determinants and conditions of the process of developing self-regulation. The research is based on the assumption that the organisations originally established by the society to correct risk behaviour in children and minors now rather contribute to the preservation and reproduction of such behaviour. A scientific research in the process of self-regulation in institutionalised children and young people will answer the question of the meaning and purpose of such institutional care which is historically rooted and preferred in the Czech Republic, rather than supporting rehabilitation of families in their natural social environment. The aim of the paper is to present research approaches to study of process of self-regulation in children and minors (aged 11^{+}) living in institutionalised environment. Self-regulation can be considered as one of the fundamental human abilities. It is based on conscious control of volitionary behaviour focused on achieving goals with a desired change in behaviour as one of the possible goals. The degree of self-regulation is significantly affected by the social environment we live in. The researcher used qualitative methods of focus groups and interviews to develop culture and social fair quantitative instrument - Self-regulation Questionnaire in Children and Minors (SRQ-CM).

Peer-review under responsibility of the Organizing Committee of ICEEPSY 2014.

*Keywords:*Self-regulation; institutional care; children and minors.

* Corresponding author.
E-mail address: vavrova@fhs.utb.cz

Peer-review under responsibility of the Organizing Committee of ICEEPSY 2014.
doi:10.1016/j.sbspro.2015.01.265

1. Research aim

In accordance with psychologists, sociologists and educators we believe that the experience of institutional care in childhood and adolescence is an important factor in the process of human personality formation. Based on the claim above we engaged in a research focused on self-regulation in children and adolescents living in institutional care. **The aim of our research** was to uncover **the mechanisms of functioning of self-regulation** and identify **its deficit areas**. We also aimed at **determining its development in relation to the social environment** in which the individual grows up. **In the initial phase**, we focused on self-regulation in children and adolescents (11 +) in an institutionalised environment of children homes and special educational institutions. For this purpose we applied a qualitative research strategy (focus groups and interviews). **In the second phase**, we designed and validated a research tool *Self-Regulation Questionnaire in Children and Minors* (SRQ-CM), which was used to collect data in the above mentioned institutions. **In the third phase**, we will collect data through SRQ-CM in children and adolescents in the same age cohort (11 +) living in their natural social environment. **In the fourth and final phase**, we are to compare the level of development of the individual components of self-regulation in children and adolescents living in an institutionalised and natural social environment. The results obtained will provide a deeper insight into the area of self-regulation and mechanisms of its functioning. This will help us clarify the relationship between an environment and the development of the level of self-regulation.

2. Current status of institutional care for children and youth in the Czech Republic

The institutional care of children and young people has had a long tradition in the human history. In general, the predecessors of children's homes and other institutional care facilities are considered to be orphanages, poorhouses and other church facilities providing care and education to children and youth without a home or family. However, such facilities were infamous for dismal living conditions and inhuman treatment of orphans, as we know, for example, from Charles Dickens' novel *Oliver Twist*. During the course of time the institutions became state-operated which brought about positive changes in their organisation. Since the beginning of its existence, an institutional type of care for children and adolescents has gone through various stages and has been affected, in particular, by socio-cultural traditions and the political situation in the given area, the two major milestones being World War I. and II. With growing social humanisation, in the 60s of the 20th century, the reform movement aimed at eliminating collective institutional care, emerged. This tendency gains significant force especially in the past twenty-five years, when the institutional care of children and young people becomes increasingly influenced by the philosophy of deinstitutionalisation, which is gradually being implemented into practice and legal provisions of all developed countries.

Due to a global trend of transformation of **the substitute institutional care**, it gradually transforms into **family care**, decreasing the number of these care institutions, and hence the number of bed in these facilities. Such tendency is also visible in the Czech Republic. Act no. 109/2002 Coll., on the Exercise of Institutional and Protective Education in School Establishments and on Preventive Educational Care in School Establishments and on Amendments to Other Acts, as amended (hereinafter referred to as "Act") ranks **diagnostic institutions, children´s homes, children's homes with schools and protective educational facilities** among facilities of institutional care, protective education and preventive education care (see § 2. 1 of the Act). Currently there are 219 facilities of this type in the Czech Republic, with a total capacity of 7966 beds. 6549 children and young people are currently in care of these facilities, of which 2673 are girls (40.8%). The above listed statistics shows that it is boys who more often grow up in institutional care.

Table 1 shows the development of the number of institutional, protective and preventive care facilities in the past 5 years. An overall decrease by 13 institutions can be seen. The most significant reduction occurred in the number of children´s homes, which decreased by 9. The number of children in care dropped by 486.

Table 1 *Development of number of institutional care facilities (state as of 30.9.2013)*

School year	2008/09	2009/10	2010/11	2011/12	2012/13
Facilities Total	**232**	**229**	**228**	**227**	**219**
Children's Home	155	151	150	149	146
Children's Home with School	29	31	31	31	30
Special Educational Institution	34	33	33	33	29
Diagnostic Institution	14	14	14	14	14

Source: Own, using Czech Statistical Office data

Table 2 shows the actual number of children and young people (usually aged 3 to 18, or up to 19 years) in the monitored facilities over the past years. A downward trend is also apparent here, with the exception of 2009/2010 school year, which could be due to strong population years.

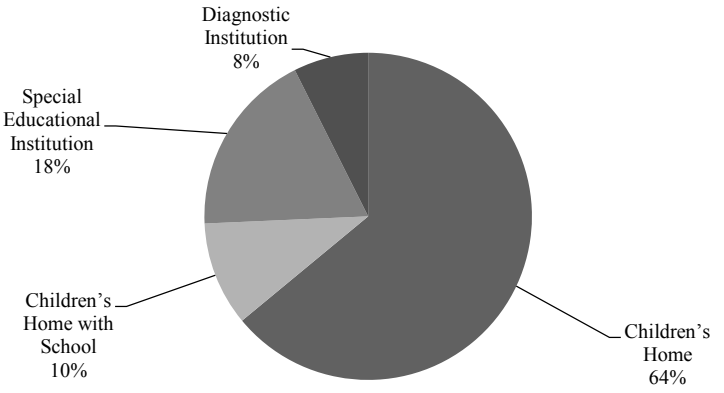
Table 2 *Development in number of children and minors in institutional care (state as of 30.9.2013)*

School year	2008/09	2009/10	2010/11	2011/12	2012/13
Children in Facilities Total	**7820**	**7878**	**7397**	**7150**	**6549**
Children's Home	4739	4704	4628	4451	4253
Children's Home with School	742	787	760	761	697
Special Educational Institution	1546	1534	1445	1495	1146
Diagnostic Institution	793	853	564	543	453

Source: Own, using Czech Statistical Office data

The following Chart 1 expresses the percentage of children and adolescents in individual types of institutions. It can be seen that almost three quarters of them live in children's homes (without school and with school).

Chart 1 Children and minors in facilities for institutional and protective education (school year 2012/2013)



Source: Czech Statistical Office, 2013.

The founder of the facilities for institutional education, protective education and preventive educational care in the Czech Republic is the state, represented by the Ministry of Education, Youth and Sports, also the regions, as self-governing units, churches and the private sector. The state is a sole founder of diagnostic institutions, children's homes with school and protective educational institutions. Regions are major founders of children´s homes.

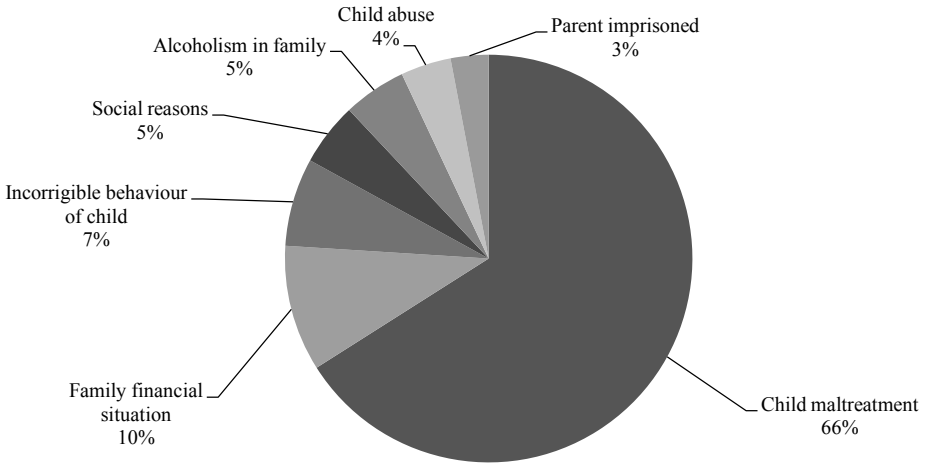
The law explicitly defines the functions and roles of various types of institutional facilities. **The diagnostic institution** (§ 5 of the Act) is a facility that further places children and youth into children´s homes, children´s homes with school, protective education facilities based on a complex examination or directly provides preventive

education care. **Children's homes** (§ 12 of the Act) hold an educational and social function and are designed for children without serious behavioural issues who have been ordered institutional education. In contrast, **children's homes with school** (§ 13 of the Act) are established to provide care for children and adolescents with ordered institutional care in case of severe behaviour conditions or temporary/permanent mental disorders, as well as for children with ordered protective education and under-aged mothers who fulfil the above conditions. In general, this facility is intended for those who cannot be educated in a standard school, which is not part of the children's home. **Special educational institutions** (§ 14 of the Act) provide care for persons older than 15 years with severe behavioural issues and ordered institutional education or protective education. In exceptional cases, a child below 15 may be placed in an educational institution. In relation to children, it fulfils the same tasks as children´s homes.

The system of care for vulnerable children and youth has been currently undergoing transformation towards deinstitutionalisation in the Czech Republic, partly due to a large number of children placed in long-term care of the individual institutions (see Table 2). The Czech government has committed to establish a functional system ensuring consistent protection of children's rights and fulfilling their needs by 2018 (see The National Strategy to Protect Children's Rights). The philosophy of transformation is based on the assumption that the best social environment for the life of the child is the family, as evidenced by the research of psychological deprivation and emotional ties carried out in the Czech Republic, or more precisely in the former Czechoslovakia. As early as 1963, Matějček and Langmeier were the first ones to attract the interest of experts to the situation of children living outside their primary family environment and thus started a longitudinal survey of psychological deprivation in children and adolescents in institutional care (see Langmeier, Matějček, 2011). Their findings confirm the negative impact of institutional care on the life of a child, therefore institutional care should be the last resort in dealing with difficult life circumstances of the child and his family.

The reasons for child´s placement in care of children´s homes in the Czech Republic are listed in the graph below.

Chart 2 Reasons for child placement in children´s home



Source: Ptáček, Kuželová, Čeledová, 2011.

According to the research available, children in the Czech Republic are placed in institutional care primarily due to a lack of adequate care on the part of parents (66%). Problem behaviour of the child or parents (alcohol abuse, crime, child abuse) is the second most common reason for child´s placement in institutional care (19%). Notice the warning signal of 10% of children who come into children´s homes because of a difficult financial situation of the family and 5% due to a difficult social situation.

3. The influence of institutional care on shaping of personality in childhood and adolescence

Basic information about the impact of institutional care on the personality development of the child or adolescent can be found in the theories of deprivation, emotional ties and the theory of needs. The basic unmet need in institutional care is the need for security and safety related mainly to the close bond between the mother and the child that is absent in institutional settings. Following the above, we should also mention the well-known theory of attachment (Bolwby, 1969), which assumes that the relationship to the mother is an irreplaceable long-term emotional bond, that in turn affects relationships with other people. At this point, it seems necessary to point out the difference between a secure attachment and a relationship between a child and an emotionally unavailable and uncaring mother. In the second case, a child living with its mother in its natural social environment may suffer the same emotional deprivation as in the case where the mother is indeed absent and the child lives in a substitute care facility. Langmeier and Matějček (2011) believe that it is the experience of deprivation itself which causes disturbance in personality development, manifesting itself in relation to oneself and others. Separation from loved ones in combination with other aspects, such as accumulation of persons with elements of problem behaviour and constant peer group pressure, often found in a social care institution, may contribute to creating a social environment that does not encourage individuals to internalise the desired behaviours and life values. In line with the above, we assume that institutional social environment influences the development and the degree of one´s self-regulation, which is often lower in the case of individuals with problem behaviour.

Regarding environment, we speak of external factors of personality development, which are particularly active in the process of socialisation. In the primary stage of this process, the nuclear family plays a crucial role. Here however, the nuclear family is substituted by institutional care. In the secondary stage of socialisation, one of the other important factors is a peer group, which also plays an inalienable role in the primary stage due to the collective nature of the facility. The social status and the social role in a peer group of an institutionalised child living in a facility forms the child´s social world and its ideas about life. In the theory of socialisation, we encounter the concept of self-regulation, which expresses internalisation of originally external control/regulation and external prohibitions (Nakonečný, 2009). In institutional care, a vital role is played by the way of exercising control and sanctions, which was also confirmed in our research of self-regulation. In other words, self-regulation of behaviour is directly linked to the application of the system of positive and negative sanctions and its acceptance by an individual.

In years 2010 and 2011, a research into the development of children in alternative forms of care took place in the Czech Republic. The goal was to map out their psychological, social and somatic development and their needs in alternative family care and institutional care. The research was conducted in children's homes and in foster and biological families (complete and incomplete ones). The major finding was that children from children´s homes tested as the intellectually weakest ones, showing the poorest performance in recognising emotions and socially appropriate behaviour, and manifested higher self-assessment, especially the need to rely on oneself, arising from the necessity of independence. The research further showed that children from children's homes are the most emotionally and physically neglected ones, have the highest number of manifestations of behavioural disorders, hyperactivity, impulsivity, etc. They also display the largest amount of symptoms of depression, feelings of loneliness and a lower ability to experience joy. They also evaluated their own school success the lowest (Ptáček, Kuželová & Čeledová, 2011).

In many aspects, children from alternative family care ranked similarly to children from institutional care. This can be attributed to their previous experience with a stay in a children´s home or other institutional facilities. It can therefore be concluded that the research results above correspond with psychosocial theories, which also document the negative effects of institutional care in childhood and adolescence on individual´s life.

4. In search for connections between institutional care and self-regulation

As mentioned in the previous chapter, **self-regulation** can be understood as **internalisation of external control/regulation and prohibitions**, or figuratively as internal control/regulation, i.e. self-regulation. Self-regulation can manifest itself in various aspects of human existence, from self-regulation of behaviour, emotions, attention to self-regulated learning. In social psychology (e.g. Bandura, 1997; Ryan, Deci, 2000), various approaches describing the related mechanism are found, whether it is self-regulation of behaviour saturated, for

example, by the thought of *What would the parents say?* or self-control based on internal morals/ethics associated with feelings of guilt and shame. These are basically two sides of the same coin. Some authors (e.g. Carver, Scheier, 2011) prefer the term self-regulation to other related terms. Generally self-regulation can be defined as a *capacity to override natural and automatic tendencies, desires, or behaviours; to pursue long-term goals, even at the expense of short-term attractions; and to follow socially prescribed norms and rules* (Bauer, Baumeister, 2011, 65).

Development of the degree of self-regulation in children and adolescents in institutional care is closely linked to the process of socialisation, or to the socialisation factors and influences. In the area of self-regulation, **internal and external determinants** can be uncovered. The outside ones - represented by parents, peers, friends, teachers, educators etc. - are vastly different in an institutionalised environment. While a child in a family environment internalises self-regulatory models and patterns seen in their parents, children in institutional care are more reliant on their own experience or the experience of peers. Inside institutions, patterns of self-regulation are reciprocally exchanged among peers, which often means that deficient models are passed on. Should we accept the argument of Helus and Pavelková (1992) that the purpose of self-regulation is the relationship of the individual to oneself led by the effort to gain self-knowledge and enhance self-improvement, then a low level of self-regulation presents an interesting phenomenon - disruption of the relationship with self. If this is true, then the individual is incapable of introspection or any changes. The second source of self-regulation comes from one's inner self. In this instance we speak about personality self-regulation, i.e. the individual feels the need to do something with themselves and to make something of themselves, i.e. alter their personal characteristics and achieve something (Mareš, 2013). In connection with socialisation in institutional care, the development of this component of self-regulation may be hampered as well. In practice, we may encounter children and adolescents living in institutional care who have lost their "zest for life" and lack "the meaning of it". Our assumptions are also based on the study reported above (Ptáček, Kuželová & Čeledová, 2011), which among others, drew attention to the high rate of depression in children from children's homes.

5. Possible approaches to research of self-regulation in institutional care

In order for researchers to further comprehend the issue of self-regulation and the mechanisms of its functioning in children and adolescents living in institutional care, qualitative research strategy was used in **the first phase** of the research. The focus groups interview technique was applied as a data collection method, which took place in a randomly selected children's home and special educational institution. Both facilities are located in the territory of the Zlín Region, one of 14 regions in the Czech Republic. Semi-structured interviews with an identical scenario were used, i.e. randomly selected children aged 11+ were put in a group. The minimum age limit of the probands was determined in accordance with the Piaget's theory of cognitive development, as between the ages of 11 and 12 an individual reaches the formal logic operations phase, i.e. *is able to think hypothetically, regardless of the specific definition of the problem, consider various options, even those that are not really there, is able to think abstractly and think about what could or should be* (Vágnerová, 2012, 45). It was necessary for the children and adolescents to be able to articulate their views regarding the four studied areas of self-regulation, i.e. self-regulation of **behaviour, cognition, emotions and attention**. Based on a content analysis of the annotated transcripts of the recorded videos the findings were divided into four areas, which in the context of the research have proven to be significant to probands themselves, namely: **setting personal goals, self-regulation of behaviour, self-regulation of conflicts and self -regulation of learning.** The most discussed areas for the participants was self-regulation of behaviour related to attaining personal goals and resolving interpersonal conflicts. Subsequently, in-depth phenomenological interviews with 15 adolescents living in children ´s homes were conducted, focusing on self-regulation of behaviour in relation to peer group pressure, which proved to be rather strong, especially in the area of problem behaviour.

Qualitative research served as the basis for **the second phase**, in which we designed and validated a research tool *Self-Regulation Questionnaire in Children and Minors* (SRQ-CM). First, we engineered a version of SRQ-CM/30 containing 30 questions. Using factor analysis a shortened version with 12 questions was created. Respondents answer each question using a 5-point scale, ranging from 1 (*False*) to 5 (*True*). The finalised tool SRQ-CM was used to obtain data from children and adolescents (aged 11 to 19, mean age = 15 years, SD = 1.98) living in 10 children's homes and correctional facilities in Czech Republic and their key workers. Based on the results, we came to the conclusion that the degree of self-regulation of behaviour in children and adolescents is evaluated differently

by their key workers (n = 95 valid, 7 questionnaires were excluded for incompleteness) than by the children and youth themselves (n = 102 valid) - see Table 3.

Table 3 *Perception of level of self-regulation in children and minors in children's home*

Overall level of self-regulation	Age group	Mean	Std. Deviation	Std. Error
From perspective of children and minors	up to 15 years	3.269	.630	.106
	15 – 18 years	3.182	.671	.092
	over 18 years	3.066	.896	.240
From perspective of key social workers	up to 15 years	2.689	.735	.134
	15 – 18 years	2.925∗	.813	.114
	over 18 years	2.328∗	.984	.263

∗Difference is significant at the .05 level

As seen above, children and adolescents from children´s homes reported higher levels of self-regulation of their own behaviour than when evaluated by their key workers. This fact becomes a significant source of information to our research, as it offers a new perspective on the research of self-regulation using standardised questionnaire techniques.

6. Conclusion

We can conclude that disruption in the functioning of self-regulation mechanism, and reduction in its ability, happens mainly due to internalisation of inappropriate self-regulatory patterns during socialisation. In connection with the above, the key point seems to be the social environment in which such internalisation of the norms, values and patterns of behaviour occurs. Institutions and collective socialisation taking place there play an important role in the development of self-regulation and its components. The current research suggests that the most affected component is self-regulation of behaviour, which is related to self-regulation of emotions and is reflected in conflicts and their solutions. In specialised literature, low levels of self-regulation are often associated with behavioural issues and interpersonal interactions. For example, theory and research of self-regulation can be found in the fields of alcohol abuse (Carey, Carey, Carnrike, Meisler, 1990; Chassin, DeLucia, 1996; Wills, Sandy, Yaeger, 2002), drug use (Baumeister, Heatherton, 2009) and procrastination (Eerde, 2000; Senécal, Vallerand, 1995; Motiea, Heidaria, Sadeghic, 2012).

Low levels of self-regulation of behaviour was evident already in the first phase of the research - in focus groups interviews when researchers commonly encountered unexpected behaviour patterns in children and adolescents. An interesting piece of finding was also observed in differences in the degree of self-regulation in children and adolescents from different types of facilities of institutional care. We claim that self-regulation was least developed in individuals in a special educational institution, which can be attributed to the fact children and adolescents with serious behavioural problems are placed in this type of facility. The question of the chicken and the egg arises here, as to whether such institutional care contributes to a reduction in the ability of self-regulation or whether individuals with lower levels of self-regulation or preconditions for its lower levels are placed in this institutional care.

Another significant finding was made in the quantitative part of the research. An identical research tool was used for children and young people in care and their key staff. The results obtained showed that children and youth reported higher levels of self-regulation of their behaviour than when assessed by the key staff working in direct care of children. This fact may indicate a generally problematic measure of the degree of self-regulation using standardised questionnaires in any group of respondents, who may have the tendency to make themselves look "better." Now is the time to open a professional discussion on approaches to measuring self-regulation.

In the wake of these findings, **the third and fourth phases** of the planned research have become increasingly more important for us. We are to collect data through the SRQ-CM in children and adolescents in the age cohort (11 +) in their natural social environment, and subsequently compare the obtained results (more specifically, the overall rate of self-regulation and self-regulation in each of the identified areas) in children and adolescents living in an institutionalised and natural environment.

Acknowledgement

The article was created within a grant project GA CR No. 13-04121S *Understanding the Mechanism of Self-Regulation in Children and Minors in Institutional Care.*

References

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Bauer, I. M & Baumeister, R. F. Self-Regulatory Strenght. (2011). In Vohs, K. D. & Baumeister, R. F. (Eds.). (2011). *Handbook of Self-Regulation* (pp. 65–82). New York: Guilford Press.

Baumeister, R. F. & Heatherton, T. F. (2009). Self-Regulation Failure: An Overview. *Psychological Inquiry, 7*, pp. 1–15.

Bowlby, J. (1969). Attachement and loss. Volume 1. Attachement. New York: Basic Books.

Carey, M. P., Carey, K. B., Carnrike Jr., C. L. M. & Meisler, A. W. (1990). Learned resourcefulness, drinking, and smoking in young adults. *Journal of Psychology, 124*, pp. 391–395.

Carver, C. S. & Scheier, M. F. (2011). Self-Regulation of Action and Affect. In Vohs, K. D. & Baumeister, R. F. (Eds.). (2011). *Handbook of Self-Regulation* (pp. 3–21). New York: Guilford Press.

Czech Statistical Office. Available on http://www.czso.cz/csu/2014edicniplan.nsf/t/1F00327EB9/$File/2300421429.pdf.

Eerde, V. W. (2000). Procrastination: Self-regulation in ininitiating aversive goals. *Applied psychology: an international review, 49*(3), pp. 372–389.

Helus, Z. & Pavelková, I. (1992). Vedení žáků ke vzdělávací autoregulaci a humanizace pedagogiky. / Guiding pupils towards educational self-regulation and humanisation of pedagogy. Pedagogika, 42, 2, pp. 197–208.

Chassin, L. & DeLucia, C. (1996). Drinking during adolescence. *Alcohol Health and Research World, 20*, pp. 175–180.

Langmeier, J. & Matějček, Z. (2011). Psychická deprivace v dětství. / Psychical Deprivation in Childhood. Praha: Karolinum.

Mareš, J. (2013). Pedagogická psychologie. / Educational Psychology. Praha: Portál.

Motiea, H., Heidaria, M. & Sadeghic, M. A. (2012). Predicting Academic Procrastination during Self-Regulated Learning in Iranian first Grade High School Students. *Procedia - Social and Behavioural Sciences, 69,* pp. 2299–2308.

Nakonečný, M. (2009). Sociální psychologie. / Social Psychology. Praha: Academia.

Národní strategie ochrany práv dětí. / National Strategy to Protect Children's Rights. Available on http://www.mpsv.cz/files/clanky/14309/NSOPD.pdf.

Ptáček, R., Kuželová, H. & Čeledová, L. (2011). Vývoj dětí v náhradních formách péče. / Children Development in Alternative Form of Care. Praha: MPSV ČR. Available on http://www.mpsv.cz/files/clanky/13150/nahradni_pece.pdf.

Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivatio, social development, and well-being. *American Psychologist, 55,* pp. 68–78.

Senécal, C. & Vallerand, R. J. (1995). Self-regulation and academic procrastination. *The Journal of Social Psychology, 135*(5), pp. 607–619.

Statistical Yeardbook of the Czech Republic 2013. (2013). Praha: Czech Statistical Office. Available on http://www.czso.cz/csu/2013edicniplan.nsf/t/0E002418FB/$File/000113.pdf.

Vágnerová, M. (2012). Vývojová psychologie: Dětství a dospívání. / Developmental Psychology: Childhood and Adolescence. Praha: Karolinum.

Wills, T. A., Sandy, J. M. & Yaeger, A. M. (2002). Moderators of the relation between substance use level and problems: Test of a self-regulation model in middle adolescence. *Journal of Abnormal Psychology, 111*, pp. 3–21.

Zákon č. 109/2002 Sb., o výkonu ústavní výchovy nebo ochranné výchovy ve školských zařízeních a o preventivně výchovné péči ve školských zařízeních a o změně dalších zákonů. / Act No. 109/2002 Coll., on the provision of institutional education or protective education at school facilities and on preventative educational care at school facilities and on amendments to certain acts.