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SOS Children's Village Lekenik – A positive Example of Alternative Care for Children and Youth

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Abstract

The Convention on the Rights of the Child, among numerous other documents, states that the best way for a child to grow up is in their biological family. Sadly, however, sometimes, in situations where parents are unable to provide the necessary care for their children, other adults take over, in this case, alternative care. Forms of alternative care include placing the child with relatives, in childcare homes, family-type children's homes or foster families. The SOS Children's Village Lekenik is one example of two active SOS villages in the Republic of Croatia. This paper focuses on the role of the SOS mom. The paper gives a brief overview of the selection and education of SOS moms, how an SOS family functions, and the workplace challenges and successes involved. As key elements in working with children in alternative care, emphasis is placed on love, patience and understanding of every child's individual needs.

Keywords: Alternative care, family, SOS mom, SOS village.

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1. Introduction

In the family, children (individuals under 18 years of age) acquire their first knowledge, experiences, skills and habits. Children learn about values and responsibility and start forming their world view. No other developmental context can measure up to the power and scope of influence of the family (Berk, 2008). The responsibility that the family has toward the child is enormous. Even when relations are bad, the family is still very powerful, and is one of the most influential developmental environments (Rosic, 1998). Emphasising the family's strong influence, Forward and Buck (2002) say that parents plant the mental and emotional seed in us, which grows as we grow. In some families, it is the seed of love and respect, while in others it is the seed of fear, obligation or guilt.

A child who is temporarily or permanently deprived of a family environment or for its own protection cannot be allowed to remain in its family environment is entitled to special protection and assistance of the state. Such care can include, among others, foster placement, adoption, or, if necessary, placement in suitable child care institutions (Convention on the Rights of the Child, 2001, Art. 20). In accordance with the Convention on the Rights of the Child and recent findings of developmental psychology, it is undeniably best for the child to grow up in its biological family. However, in the case of children with abusive parents, parents who misuse their parental duties, or for other reasons that are in the child's interest, isolation from the family and placement into social welfare homes or foster families is often the only solution. It is the task of society to take care of children whose development is at risk in their biological family, and this includes placing the child in an institution as one of the possible forms of care (Sladovic, Kregar & Vejmelka, 2007). It is necessary that experts base their professional interventions – regarding children living and growing up in a risky environment – with respect to the child's right to a life in a family, while at the same time fulfilling the obligation of the state to represent the best interests of the child, even when that means separating the child from the family. At first glance, it is clear which cases require separating the child from the family, but in practice it is not easy to assess with certainty at which point exactly the level of neglect reaches the stage where it becomes necessary to isolate the child from the family, and whether the separation will benefit the child, not only from the expert's point of view, but also from the perspective of the child and its parents (Davison, 1995). In situations where parents are unable to provide the necessary care for their children, other adults take on the responsibility for their care; in this case we are talking about alternative care. Forms of alternative care include placing the child with relatives, in children's care homes, family-type children's homes, or foster families.

The society we live in today is a high-risk society riddled with uncertainties; many traditional values have collapsed, interpersonal relationships are superficial, and the race for material goods is never-ending. To live and raise a child in this environment is a major challenge that many parents are unfortunately not able to cope with and need help and support from the state.

2. History of the Concept of the SOS Children's Village

The first SOS Children's Village was founded and built by Hermann Gmeiner in 1949 in the Austrian town of Imst. Hermann Gmeiner was born in June 1919 in the Austrian village Alberschwende as the fifth of nine children in a humble family home. His mother died when he was only 5 years old, and the oldest sister Elsa, who was 16 at the time, took care of the other siblings. During his schooling, Gmeiner had an interest for mathematics and language, but in the end he decided to study medicine. His wish was to become a pediatrician. He had a very developed sense of empathy towards children, especially those who lost their parents during World War II. Seeing that Austria was at the time, just as many other European countries, full of widows and abandoned children, he thought it would be good to put the two together – in one house. Having no money, he decided to acquire some by sending letters throughout Austria explaining why it is necessary for children to grow up in the warmth of a home with a mother who, although not biological, is a mother after all. He did not ask for much – just one shilling. Soon, response letters started arriving, and in them shillings enough for one, two, three

houses, and soon there was enough for a whole village. This is how the first historical SOS Children's Village was built 1949, in the town of Imst.

In the first 10 years he built ten villages. The idea spread from Austria to France, Germany and Italy. A little later, around the 60s, villages were built in Latin America and Asia, and in the 70s they spread to Africa.

Hermann Gmeiner invested all his efforts to help children who had lost their home and family in the Second World War. He firmly believed that every child needs a healthy family environment and quality family relationships in order to properly grow and develop, a belief which is also the framework of the SOS child care concept. The basic principle of the organisation of the SOS Children's Village, as well as their educational approach to children, was at that time an unusual family concept where the most important role and function is given to the SOS mother, whose care, affection and responsibility provide the base of everyday life (Daniel & Martinovic, 2005).

The ease with which SOS villages adapt to the culture and traditions of different countries helped them expand and operate in 135 countries worldwide. Today, there are 533 SOS Children's Villages in the world and 2,310 SOS side projects, namely SOS Kindergartens, SOS Youth Projects, SOS Social Centres, SOS Schools, SOS Vocational Training Centres, SOS Medical Centres and SOS Emergency Relief Programmes.

3. SOS Children's Village Lekenik

The Association of SOS Children's Village Croatia has been active since 25 February 1992 as a full member of SOS Kinderdorf International, the world's largest non-governmental organisation in the field of child and youth care, and is seated in Innsbruck, Austria. Croatia has two SOS Children's Villages – SOS Children's Village Lekenik and SOS Children's Village Ladimirevci. This paper will present how the SOS Children's Village Lekenik was found and how it functions. The cornerstone for the SOS Children's Village Lekenik was laid on 10 September 1992. In the next four months, family houses for the accommodation of children were built, together with ancillary facilities and a children's playground. The first little residents and their SOS mothers came to Lekenik in early 1993. When the number of children increased, it was time for the official opening ceremony, which took place on 8 October 1993 and the date was declared to be the SOS Children's Village Lekenik Day (http://sos-dsh.hr/hr/sos_djecje_selo_lekenik.aspx#).

The village contains the SOS Social Centre Hermann Gmeiner, a place for the children's creative, cultural, educational, physical and social development, and is open to both the residents of the Children's Village and to the local community. The importance of leisure activities for children and youth is evident in the carefully thought-out workshops and activities that take place every day in the Social Centre (Figures 1–6).



Figure 1. Drama club



Figure 2. Hobby art



Figure 3. Computer workshop



Figure 4. Playroom



Figure 5. Art workshop



Figure 6. Rock band

A pre-school and primary school lie in the immediate vicinity of the SOS Children's Village, and are attended by children from the SOS Children's Village Lekenik, along with little residents of Lekenik and the surrounding area. High-school students usually relocate to Velika Gorica or Zagreb to the SOS Youth Facility, attend high school there and live in a shared flat with a few high-school students who are also in the SOS Children's Village care system. High-school students who choose to continue living with the SOS mom in the family house commute to school every day.

The SOS Children's Village Lekenik is the first Children's Village in the Republic of Croatia. It is a family-type children's home. It consists of 15 family houses (named after flowers) that surround a green square. Children enter the SOS Children's Village by the court's decision through social care centres. Legally, three laws regulate the placement of children: the Social Welfare Act (NN 157/2013), Foster Care Act (NN 90/2011) and Family Law (NN 103/2015). A stable home is a prerequisite for a healthy and happy childhood. For this reason, every child entering the SOS Children's Village Lekenik is placed in one of the houses. Currently, the SOS Children's Village Lekenik accommodates 79 children; more than half of them are pre-school children. The child lives with other children who become its SOS siblings; one family usually has five–six children. As a rule, biological brothers and sisters are placed in the same SOS house so that at least part of the family stays together.

4. Role of the SOS Mom

According to attachment theory, the child needs to develop a strong and continuous emotional connection with at least one stable adult (usually the mother) in order to grow into a mentally healthy adult (Bowlby, 1951). Children in institutional care are at risk in terms of attachment disorders and developmental delays in social, behavioural and cognitive domains (Johanson, Browne & Hamilton-Giachristis, 2006). The organisational structure of institutions does not support the creation of stable relationships between staff and children because of the rotating shift schedule of personnel, large

number of children and shortage of staff (Sovar, 2015). Jovancevic (2008) points out that placing the child in a family can make up for the many negative consequences of early institutionalisation.

The importance of placing children in family-type homes has been recognised in the SOS Children's Village, which operates as a family with the SOS at the centre. In order to become an SOS mom, the interested candidate had to undergo a rigorous selection process. An essential requirement for applying for the position of the SOS is a completed high-school education. The education process lasts 2 years, of which 1.5 years is spent in preparation. This way the SOS mom gains a thorough insight into the functioning of the SOS Village and family, gets to know other SOS moms and children and can assess whether she is prepared to assume her new role. But there is one most important requirement – the SOS mom must have a big heart. The children that she takes into her family have multiple risk factors and it takes a lot of patience, expertise, care, empathy and love to help them. Orphans and children without adequate parental care become her family. These children have often experienced severe trauma and are distrustful and insecure. They yearn for care, understanding and stability, but are at the same time distrustful of their new environment and do not know what lies ahead.

It is important that the SOS mom 'recognises and respects the family background, cultural origins and religion of every child' (Who we are – A loving home for every child, 2014). The SOS mom has an individual development plan that sets realistic and achievable optimal goals.

SOS moms usually have their own biological children who grew up, left the family nest and do not need their mom on a day-to-day basis for normal functioning. In their new SOS family, these women often find a new meaning in life and new challenges. Some SOS moms have spouses who are often engaged in the functioning of SOS families as SOS partners, helping the family in routine jobs or unpredictable situations such as, for example, going to the doctor.

SOS moms meet for monthly supervisions where they exchange experiences and receive the necessary support. If necessary, in the case of specific needs and situations within an SOS family, the SOS mom can receive individual support of a social-pedagogical-psychological team working in the SOS Village. SOS moms can count on 24-hour support of the administrative-technical team.

Because of the demanding nature of the SOS mom's job and possibility of *burnout*, recovery programmes are implemented. Furthermore, 3 years before retiring, a retirement plan is carried out for the moms. This implies that SOS moms do not receive any new children during their last 3 years in order to synchronise their retirement with the children's relocation to the SOS Youth Facility.

During our tour, we visited the 'Pansy' ('Macuhica') house run by SOS mom Mira. Her responsibilities are numerous: cleaning the house, cooking meals, grocery shopping, balancing the home budget. Like every mom, her working hours are 24 hours a day.

The house accommodates six children. Some of the children are of pre-school age, and some have started primary school. In addition to household duties, she helps children with their homework, goes to individual meetings with teachers, takes care of the children's health – from going to the doctor when they are sick to preventive checkups at the dentist. In addition, like any other mother, she combs their hair, makes pancakes, talks to her children about their dreams and comforts them when they cry because of unrequited teenage love.

Mira points out that the biggest challenge of the SOS mom is earning the children's trust, and that the biggest misleading expectation is to think that children will quickly accept you. She points out that being an SOS mom is not a job, but a way of life!

Is there any greater happiness than to see a child become a successful parent? The SOS village is proud of this fact – their children complete their education and professional training, work and start their own families. Happy families. Families that function successfully. Families whose members honour, respect, support, understand and love each other. The best indicator of this is that SOS grandchildren come to visit SOS moms (actually, SOS grandmothers).

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