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CONTENTS

Dear readers,

it would say "with a drop of delay", but still ... You get to your hands another issue of our international scientific peer-reviewed journal. We apologize very much for such delay. We have intensively worked on other necessary processes, related to improvement of the scientific level of accepted and already published texts, to processes of the journal´s indexing in international bibliographic databases, respectively related to the improvement of the quality level not only of the processes that the editorial office links with the publishing of the periodical but also with the overall level of quality of the final version of the current and future release of *Social Pathology and Prevention*.

The following information is also related to this. Meanwhile, the structure of the editorial staff has slightly changed. New members have joined our international editorial board and possibly a network of our supporters, colleagues, or experts engaged in social pathology and prevention, who have an interest in sharing thematically linked content to different social and society related phenomena, facts, opinions or comments of the others has been enlarged. All of these colleagues can do so through various forms of communication (theoretical, empirical, theoretical-empirical), as well as become engaged in critical-objective discourses, possibly present their own research schemes, communicate the research findings, references from field practice, examples from the field and, moreover, the space opens up for, as it is standard in the case of journal of this level, the reviews and reporting reports.

The issue of social pathology and prevention is a social phenomenon touching the population that is already affected by this phenomenon. However, it casts shadow also on people who, in a certain parallel of time, place, and context, interconnected both with society and with status in society, are not and do not have to be affected. However, the views on the trajectory of life point to the existence of determinant and determined risks, and even suggest that they themselves may become the risk for others. Approaches to socially pathological phenomena and phenomena which socially pathologize should be multidisciplinary, interdisciplinary and transdisciplinary. Such concepts are wholly expected, desirable, justified.

The published contributions of the authors' teams and the authors of this issue are characterized by such approaches and such concepts. Thematically, they are aimed at different target groups, or their target group is composed of people with different characteristics, yet they have something in common. One of the texts deals with social climate issues in the classroom. The team of authors from Palacky University in Olomouc presents the research and does not forget to confront it with the theoretical concepts. Also, other essays have a similar content scheme. The essay of authors of Prešov University in Prešov deals with the quality of life of girls placed in residential care in Slovakia, and our colleague from Charles University in Prague, offers us a look at the research findings of the national and international context of the ever-increasing drug addiction in the Czech Republic. Inclusion of an example of good practice from the field and information in the form of a report on the participation of colleagues at the Faculty of Public Policies

of the Silesian University in Opava and their external teams in the processes of inclusive education is not a substantive error of the editorial office. On the contrary, this intention underlines the abovementioned population heterogeneity, subject relativity or potential, social, society related and situational interconnection, and reflects the requirement of multi / inter / transdisciplinarity of social pathology and prevention.

Martin Kaleja
Deputy Editor-in-Chief

ARTICLES

COMPARISON OF QUALITY OF LIFE IN GIRLS IN RE-EDUCATION FACILITIES IN SLOVAKIA AND POLAND

Jarmila Žolnová, Veronika Vaňugová

Abstract

The study investigates the quality of life in adolescent girls (N 97) with psychosocial disabilities committed to the re-education facilities in Slovakia and Poland. More specifically, we focus on comparison of the cognitive evaluation of life as a whole. In order to determine life satisfaction or dissatisfaction we used the exploratory Life Satisfaction Questionnaire composed by Fahrenberg, Myrtek, Schumacher, and Brähler (2001). The collected data were then analysed using a t-test showing that the girls were neither satisfied nor dissatisfied with their life cycle in the re-education facilities, without any significant differences.

Keywords

life satisfaction, girls, re-education, Slovakia, Poland

Introduction

Special educational facilities in Slovakia include therapeutic and educational sanatoria, diagnostic centres, and re-education centres. A child is placed in the re-education centre based on a court decision or at the request of the child's legal representative.

The definition of the re-education centres can be found in the Section 122 of the Act No. 245/2008 on Upbringing and Education (School Act) and on amendments and supplements to certain Acts as amended. They are defined as special educational facilities that provide children up to the age of eighteen, with an option to prolong their stay by another year, with the upbringing and education inclusive of a vocational training. The purpose of re-education centres is to re-integrate a child into his or her original social environment using special upbringing and educational program and individual re-education program.

In Poland, the special educational facilities include shelters for minors (in Polish language schroniska dla nieletnich), youth educational centres (in Polish language młodziezowe ośrodki wychowawcze), correctional institutions (in Polish language zakłady poprawcze) and juvenile correctional facilities (in Polish language zakłady karne dla młodocianych). A child, who has been showing a lower degree of demoralization, has committed a minor criminal offence or is unable to adjust to the norms of the society she or he belongs to, can be committed to a youth educational centre upon the decision of the court, in cooperation with the shelter for minors and the Centre for Education Development (in Polish language Ośrodek Rozwoju Edukacji), or at the request of child's legal representative. The purpose of these facilities is upbringing, re-education, and re-socialization of a child. The main goal is to eliminate the causes and symptoms of social maladaptation. In addition, evenly important is to achieve such change in a child's behaviour so that he or she can be integrated back into the everyday life respecting the societal norms. Placement in the special educational facility is not the kind of life events that a child accepts willingly. It is an order from the state or legal representative of those children. The children lose their friends, their lifestyle changes and they feel uncomfortable.

In the years 2013 and 2014, the Public Defender of Rights in Slovakia carried out an internal analysis with the focus on the system of re-education. The final reports revealed some shortcomings in the re-education process and material and technical equipment of the centres. Based on the motivational interview, a child is allocated to a study programme at the secondary vocational school that provides the same programme as the school at the re-education centre.

Websites of the particular re-education centres provide the information about the study programmes that girls can attend, e.g. horticulture, agriculture, textile production, dressmaking, and custom sewing. In addition to these programmes, girls in Poland can also study to become a cook or a waitress; hairdresser and they can also study at the grammar schools or vocational schools outside of the re-education facility. The Public Defender of Rights further criticized the fact that educators in the re-education centres do not encourage independence in these children. Locating this kind of facilities on the outskirts of towns and villages does not help either. Children are provided with ready food, daily program, their leisure time is filled with a broad range of activities, and so when they leave the facility they are unable to integrate into common everyday life. On the contrary, the Polish re-education system introduced special boarding houses, falling under the authority of youth educational centres, providing the young persons with the possibility to live there before leaving the re-education centre. They are under a low level of direct supervision with open regime. Girls are responsible for their own shopping and cleaning, they attend various cultural and sporting events. They also free to search for a job and their own place to live.

Using the modified model of the intercultural project WHOQOL (World Health Organization Quality of Life), the presented study seeks to evaluate the differences in how the adolescent girls in the re-education centres and youth educational centres see the particular domains determining their quality of life. The WHOQOL introduces the following domains and sub-domains: physical health (energy and fatigue, sleep and rest,

pain and discomfort); psychological health (positive feelings, negative feelings, self-esteem, thinking, learning, memory and concentration, bodily image and appearance); level of independence (mobility, activities of daily living, dependence on medical substances and medical aids, work capacity); social relationship (personal relationships, social support and sexual activity); environment (financial resources, health and social care, freedom, physical safety and security, physical environment, opportunities to acquire new information and skills, transport) and spiritual domain (religion, spirituality and personal beliefs) (Babinčák, 2008, p. 37). The quality of life encompasses cultural and spiritual dimension and as such, it is perceived subjectively. The quality of life refers to our good feeling, well-being, and satisfaction with all around us (Masárová, 2012).

At the same time, we look at the assessment of global life satisfaction and the possible differences based on the nationality of the surveyed girls.

Assessing one's own life is very individual and it is conditioned by the complexity of a one's life. Veenhoven's model (Babinčák, 2008, In Bačová 2008, p. 56) shows that the chances of a good life need not mean a good life. Based on this model, the quality of life is divided into four quadrants. Liveability of the environment is defined by good living conditions. Life-ability of the person includes adaptive potential, health, capabilities of the person and so on. Utility of life shows that a good life must be good for something more than itself. It enriches the environment and people that the person associates with. Joy in life is a subjective appreciation of one's own life.

Global life satisfaction is a cognitive assessment of life as a whole (Dieder, 1994, In Mcknight, Huebner, & Suldo, 2002). Minors who are committed to the re-education facility see this event as a radical and negative change in their lives. Suddenly, there is someone else who decides the direction of their life journey. The young people feel cheated when they realize that the verbal threats became reality. The formal procedure surrounding the placement, although different in both countries, is not the primary factor determining how the children feel about this life-changing event. The more important indicator is the refusal to accept the formal decision. The placement is an external decision the girls simply do not agree with. Therefore, we assume that the global life assessment will be identical among the girls from both groups and that they will present the tendency towards dissatisfaction with their current life.

The aim of the research is to offer a global comparison of the subjective assessments of the quality of life among the girls in the re-education centres in Slovakia and the youth educational centres in Poland. At the same time, we want to establish how the particular domains determining the quality of life affect its global assessment.

Methodological procedure

To achieve the aim of the research we used an exploratory questionnaire method. The measuring tool was a questionnaire designed to establish the quality of life. The life satisfaction questionnaire was designed by Fahrenberg, Myrtek, Schumacher and Brähler

(2001). Rodná and Rodný (2001) translated the questionnaire into the Czech language and Testcentrum published it in Prague in the same year. Žolnová, Višňovská and Majherová (2015) modified the questionnaire so that it reflected the needs of the research into life satisfaction of students at the mainstream secondary vocational schools and students at the secondary vocational schools under the authority of re-education centres. Our modified questionnaire comprised eight categories: Health; Future profession training; Financial and material security; Leisure time; Sexuality; Self-satisfaction; Friends, acquaintance and family; Living. Each category contains seven statements. For each of these seven statements respondents indicated their preference by marking the most suitable level of satisfaction. The level of satisfaction or dissatisfaction with the statements in each of the eight categories was marked on the Likert scale. The following numerical points described the levels of satisfaction: 1 – very dissatisfied, 2 – dissatisfied, 3 – more dissatisfied than satisfied, 4 – neither satisfied nor dissatisfied, 5 – more satisfied than dissatisfied, 6 – satisfied, 7 – very satisfied. In each category, the respondent could score the maximum of forty-nine and the minimum of seven points. Following the questionnaires, we used t-test to calculate the statistical significance between the particular items of the eight categories defining the quality of life as well as to compare the categories of the quality of life. We established the statistically significant differences at the 0.05 ($p<0.05$) a 0.01 ($p<0.01$) level of significance.

In order to collect the data from the Polish re-education facilities, we had the questionnaire of life satisfaction translated into the Polish language.

The collection of the data took place in the facilities of both countries from June 2016 until January 2017. Prior to questionnaire administration, we obtained a written consent from all directors of the re-education centres and youth educational centres. We collected the data personally upon our visits to these establishments.

Research sample

The sample comprised 97 (100%) girls from the re-education centres and youth educational centres, where 48 (49%) of the girls were from the centres in Slovakia and 49 (51%) of the girls were from the Polish youth educational centres. The respondents were all in the age group of fifteen to nineteen years of age, with an average age 16.1 in Slovakia and 16.9 in Poland. All respondents were in the re-education executive process for the minimum of six months or more.

Description and data comparison

We analysed and compared the particular domains determining the quality of life and the level of global life satisfaction in girls based on their nationality. We then evaluated the results of total arithmetic means for the individual domains of the quality of life, statistical differences, and t-tests from both samples (See Table 1).

**Table 1 Global life satisfaction: data analysis and comparison
in the domains of quality of life**

Domain	A.M		S.D.		t-test p
	SR	PL	SR	PL	
Health	4.12	3.91	1.38	1.11	0.40
Future profession training (school)	4.79	4.88	1.49	1.18	0.77
Financial and material security	4.54	4.90	1.58	1.29	0.25
Leisure time	4.60	3.93	1.63	1.63	0.12
Sexuality	4.74	4.90	1.45	1.13	0.53
Self-satisfaction	4.82	4.61	1.62	1.47	0.49
Family, friends, acquaintances	5.37	5.28	1.66	1.34	0.79
Living	4.47	4.63	1.64	1.55	0.43
Total	4.68	4.56	0.36	0.48	0.81

(Source: own elaboration)

*-p<0.05, **-p<0.01

Legend:
*A.M. – arithmetic mean, S.D. – statistical difference, SR – sample of girls from Slovakia,
PL – sample of girls from Poland*

The table shows that the girls in Slovakia and Poland are almost equally satisfied with the domain of Health. The Slovak girls are, by two-tenths, just slightly more satisfied (4.12; 3.91) than the girls from Poland. In the domain Future profession training, the Polish girls are, on average, by one-tenth, slightly more satisfied than the Slovak girls (4.79; 4.88). In the domain Financial and material security, the Polish girls are more satisfied by four-tenths (4.54; 4.90). The girls from Poland indicate also higher satisfaction with their sexuality – on average by two-tenths (4.74; 4.90). The girls from Slovakia, however, are more satisfied with themselves in comparison to their Polish peers (4.82; 4.61). In the domain Family, friends and acquaintance (5.37; 5.28), the Slovak girls are by one-tenth more satisfied, while in the domain Living (4.47; 4.63), the Polish girls were more satisfied. In the domain Leisure time (4.60; 3.93), we recorded the greatest difference. The girls from Slovakia were more satisfied by seven-tenths, however, it difference is still not statistically significant.

The mean values indicate that the girls from Slovakia and Poland are the least satisfied with the domain of Health. The girls from Poland assessed the domain of Leisure time equally negatively. The most positive responds were recorded in the domain Family, friends and acquaintance, both in Slovakia and Poland. The girls in the re-education centres in Slovakia and in youth educational centres in Poland were indecisive about their

satisfaction with their present situation concerning health, future job training, financial security, living arrangements, leisure time activities, sexuality, own Self and family and friends ties (they indicated neither satisfied nor dissatisfied on the questionnaire scale). The Slovak girls are, on average, approximately by one-tenth, more satisfied.

By comparing the mean values in global life satisfaction (Slovak girls: 4.56 and Polish girls: 4.68), we can conclude that the girls assess their life satisfaction indifferently, that is by marking neither satisfied nor dissatisfied on the Likert scale (See Graph 1).

Graph 1 Global life satisfaction of girls

(Source: own elaboration)

Based on the mean values we have concluded that the girls of adolescent age, regardless of their nationality, are in general indecisive when it comes to their life satisfaction. T-test showed no significant differences between the two groups in the global assessment of life satisfaction or in assessment of particular domains determining the quality of life.

Conclusion

The study aimed to present the assessment of eight domains determining global quality of life from the perspective of adolescent girls committed to the re-education centres in Slovakia and youth educational centres in Poland. The study offers mean values calculated from the statements of ninety-seven girls. The results show that girls from Slovakia and Poland indicated that they felt indecisive about their life satisfaction or dissatisfaction in the domain Health, Future profession training, Financial and material security, Leisure time, Sexuality, Self-satisfaction, and Living arrangements (point 4 on the Likert scale). The girls were rather satisfied than dissatisfied (point 5 on Likert scale) with their family

ties and friendships. Indecisiveness in global satisfaction with life (point 4 on the Likers scale) is identical for the both groups of girls.

Indefinite global assessment of life in the system of re-education asks for changes which (Ungar 2005, In Lukšík, Hargašová, Kuruc, Lukšíková, 2014) describes as critical. Factors that are crucial for successful implementation of these changes are stability and continuity of the system; development of reading literacy; parents or guardians recognizing education as a key to a better life; friends outside of family circles who were and are successful at school; after school activities fostering development of social skills. The empirical findings can be of a practical use in the facilities where we conducted our research. Together with other diagnostic methods known to special pedagogy, the questionnaire could be used as another diagnostic instrument with the purpose to evaluate the dynamics of the re-education process.

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Authors

Mgr. Jarmila Žolnová, PhD.
Faculty of Education, University of Prešov in Prešov
Department of Special Education
Ul. 17 novembra 15, 080 01 Prešov, The Slovak Republic
jarmila.zolnova@unipo.sk

Mgr. Veronika Vaňugová
Faculty of Education, University of Prešov in Prešov
Department of Special Education
Ul. 17 novembra 15, 080 01 Prešov, The Slovak Republic
veronikavanugova@gmail.com

EDUCATIONAL AND THERAPEUTIC APPROACHES WITHIN THE SYSTEM
OF SECONDARY AND TERTIARY PREVENTION PROVIDED TO PERSONS
ADDICTED TO HABIT-FORMING SUBSTANCES

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EDUCATIONAL AND THERAPEUTIC APPROACHES WITHIN THE SYSTEM OF SECONDARY AND TERTIARY PREVENTION PROVIDED TO PERSONS ADDICTED TO HABIT-FORMING SUBSTANCES

Eva Šotolová

Abstract

Addiction behaviour, specifically abuse of and addiction to habit-forming substances, must be approached from multidisciplinary perspective. The text is focused mainly on programs of secondary and tertiary prevention in which special educators are involved. It contains fundamental information for educators working also in other areas than that of addictology, in view of the fact that the problem of abuse of habit-forming substances by adolescents in young offender institutions and youth detention centres has been increasing. Emphasis is put on crisis intervention, on minimization of health and social risks in low-threshold programs, on residential and follow-up care and on substitution programs.

Keywords

Addictology, habit-forming substances, Harm Reduction, contact centres, residential care, follow-up treatment programs, self-help organizations, substitution, crisis intervention

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1. Problem of Crisis as an Addiction Factor

Crisis can be understood from social, philosophical, medical or psychotherapeutic perspective. Crisis is not an unambiguous phenomenon; it may be an emergency condition involving a threat to the individual, but also an opportunity for a positive change. Crisis can help the individual to get to a higher level in self-concept, self-education and relations to other people. Crisis is a situation that leads to a change of the common life style; it implies stress and endangers the balance. Crisis is perceived

as a dramatic coping with mental, relational and other conflicts. The help provided to the individual in crisis is called crisis intervention. In a situation of crisis, the individual is increasingly open to external help; when the crisis is over, the openness to help and thus the readiness to changes gets weaker. A poorly mastered crisis situation leads to the mental threat syndrome. The mental threat syndrome arises in a situation in which the person cannot bear or master his/her subjective experience. Primarily the following experiences are in the foreground:

- the person is not able to cope with anxiety, both real and unreal;
- the person has an unbearable feeling of guilt based on subjectively poorly mastered remorse;
- the person has difficulty to cope with shame and inquity related to the unbearable feeling of self-image or unbalanced integrity.

There is only thin line between the mental threat syndrome and a mental disorder. As Cohen and Lazarus (in: Šebek, 1988) state, the loss of mental balance is manifested by the changed feeling of physical integrity, by the loss of healthy feeling, accompanied by changed self-concept, disturbed emotional balance, lose of confidence within social roles and tasks.

There is a difference between **developmental crisis and pathological crisis.** The developmental crisis is caused by a conflict of older mental structures with new ones in the course of the development. Each developmental crisis constitutes a precondition both for regression and for progression of the development. Developmental crises in themselves lead to some undermining of the stability of the mental structure achieved. Children manifest individual differences with respect to the progress of developmental crises. They are conditioned by constitution and by early experience. The importance of early stages of development and of the related crisis consists, among other things, in the fact that wrongly solved crises impede the progress of all subsequent developmental crises. Developmental debts intensify the regressive developmental tendencies and force the individual to step back and to finish the unfinished issues. That leads to a prolonged, never solved crisis, gradually acquiring the character of a pathological crisis that may persist all life long. Developmental crises may change to a pathological crisis. Its experience is not necessarily strong and alarming, but it can be noticed in chronic dissatisfaction, in immature relations to other people, in poorly controlled impulses, in inability to understand one's feelings, in inability to find a life goal, etc. The pathological crisis can be the result of combination of other factors. It can manifest an intensified neurotic conflict through a trauma, developmental interference and developmental crisis (Šebek, 1988).

"Anything from outside, disturbing the typical course of mental development, has the character of a developmental interference. Developmental interferences include chronically wrong educational procedures of the parents, long lasting disease, separation from parents inadequate to age, excessive load put on the child at school or at home,

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growing up in a single-parent family, as well as other influences. Developmental interferences occur even in adulthood. For example, when the individual cannot apply his or her education for external causes in the long term; when the woman cannot implement her mother role, etc. Developmental interferences usually have the character of micro-traumatization; they are sometimes called cumulative traumas." (Šebek, 1988, p. 8)

2. Drug Addicts and the Methods of Their Treatment

The drug abuse is different in every individual, every group, generation or culture. It changes in the same individual depending on time. Addict persons abuse different drugs in different social and cultural environments with different results, in different amounts and for different reasons. Therefore, the solution cannot be simple. The solution of any problem involves a specific analysis of the problem. Similarly, to all other behaviours, which are multi-determined, the way of drug abuse is influenced by many factors. Family, school, crowd, mass media, the whole society. The influence of the family is considered primary by experts. Many drug addicts come from families which apparently function well, but only on the surface. The family does not or only inadequately fulfil the educational function. The general atmosphere in the family is important.

Presl, unanimously with American authors, points out the excessively careful, protecting education by mothers. Such inadequate education is as risky as any other extreme educational approach. It is manifested by abnormal dependence of the mothers on their children. Mothers often stagnate at an earlier education degree, tending to cleave to their children and to handle them as younger ones than they really are and assuming a protective attitude. The addict child is assigned a privileged role. The child is subject to considerable control and sometimes even indirect manipulation, related to strong emotional affection. Such attitude results from lack of understanding the need of the child's gaining independence. Fathers are described as standing aside, disinterested or even missing. Mutual relations between the father and the son are often described as completely negative in the families of addict persons.

Each of the pronounced educational attitudes provokes different, usually undesirable characteristics in the child.

American authors report a much higher number of pathogenic events in the family of an addict person than in the healthy population. The perception of the general pathogenic family atmosphere gets into the foreground. The affected individual is not able to cope with such stress and escapes to socially pathological behaviour. Such behaviour often constitutes a response to the crisis in the family. The drug addict person is afraid of separation from the family, but on the other hand, the family has the same feelings with respect to the drug addict. It is a process of mutual dependence, in which the addict's misdemeanour has had a protective function, aimed at maintaining the family cohesion. The family's need to "have him/her" has been equal to or greater than his/her need to

have the family. As the family seems to need him/her very intensively, they exert pressure on him/her and tend to protect him/her against external influences. The family members do not acknowledge their own responsibility; they usually blame external systems for the addict's problems. The addict's behaviour diverts the parents' attention from their own problems – and dispels the family problem. Families of drug addicts often characterize themselves as closed, tight families.

The drug is expected to solve specific, mostly unconscious conflict situations that can be understood only based on the individual life story. The phenomena increasing the risk of becoming ill include low frustration tolerance, insufficient processing of affects, relationship disorders. Sufficient control functions are not available. The consumption of drugs is attractive as they restore the feeling of existence, fight against low spirits, satisfies wishes and reduces fears. The value of drugs affects the following areas:

• suppression of impossible wishes,
• exclusion of morally critical functions, through reduction of perception sharpness, avoidance of resignation, humiliation and self-accusation,
• restoration of the state of child's irresponsibility, suppression of the desire for liberation from extreme feelings of obligation and blame,
• the consumption of drugs also includes an attempt to seek the identity. Such search often leads to the choice of negative identity (Frank, 1986).

We cannot say that a personality is predestined to develop addiction based on his/her characteristics. We only can determine some characteristics increasing the risk of the origination of the illness. A drug addict person who succumbs to the addiction both mentally and physically loses the ability to perceive the reality as such. Such person's psyche deteriorates, the person is indifferent to own health and even risks death. Many addicts are unapproachable at the beginning of the therapy, they cover their feelings of fear, worthlessness and resignation. They are mostly mistrustful, they have lost the relation to themselves, to their family members and to the surrounding world. Drugs and many activities leading to acquire them, including criminal activities, have become the only contents of their life. To achieve positive results of re-education, the clients must cooperate. Many of them consider re-socialization unbearable and hard at the beginning. They resist, close themselves, sometimes interrupt the therapy hoping to manage it by themselves or to find a more pleasant therapeutic facility. Some of them must be excluded from the therapeutic program.

The will to common drugless life is considered one of the most important factors of the therapy. The foundation consists in common work, organizing of activities, continuous confrontation, mutual information, support, praise and criticism. Within the daily common life, individual and group therapy, the client acquires trust in the community and focuses on the group work. The clients assume responsibility and control each other, they gradually get independent, seek jobs and accommodation or return to their families and get gradually integrated into common life. The long lasting therapy triggers

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a developmental process during which the individual therapeutic goals are achieved one after the other. The client's motivation is the basic precondition of success.

3. Motivational Interview in Therapeutic Approach

Many clients come to the therapy with varying and conflicting motivations – so called ambivalence. "They know the risks, costs and damages related to their behaviour but, at the same time, they are bound to the drug abuse, which they consider attractive" (Miller & Rollnick, 1991, p. 37).
An ambivalent individual has contrary or mixed feelings on oneself, the respective subject or idea, and is led in two mutually exclusive directions or to two contrary goals. It is important that the therapist approaches ambivalence as a natural phenomenon, accepts it and focuses on controlling it in the course of the therapeutic process. Miller combines elements of directive and non-directive psychotherapy in the motivational interview. It is a specific therapeutic style, developed to help the clients to decide and commit to the change. It is based on the strategy of humanistic therapy, cognitive-behavioural therapy, theory of systems and social psychology (Miller & Rollnick, 1991).

Basic principles of Miller's motivational interview

Expression of empathy – empathic reflections are selectively used to strengthen the processes. Internal attribute – the responsibility for changes is born by the client. It is the recognized credit for the change achieved. External attribute is the opposite – in such case, the responsibility and the credit for the change is attributed to chance, external circumstances, illness and other factors. It has been proved that internally attributed changes are much more durable.
Insignificance of labelling – the therapist examines and reflects the client's perception without labelling and corrections. An acknowledgement and acceptance of the label of an addict during the motivational interview are not considered indispensable. The therapist focuses on the client's addiction-related problems and on their solution.
Avoiding of arguments – the motivational interview should help the client to learn to know the reality and to act accordingly. The therapist should not use any direct arguments, as they are deemed counter-productive. The client is considered a valuable source in the problem solution and has the right to choose his/her own goal and strategy of therapy. The therapist tries to initiate the client's problem solving process in a natural way. The motivational interview has a great importance in programs aimed at minimization of health risks.
Increase of own efficiency – it concerns the client's ability to get involved in the process of coping with a situation. The client is encouraged by the therapist to overcome obstacles and to achieve a behaviour change by emphasizing the client's own responsibility for

making a decision to change. The client's self-confidence is strengthened. The therapist's task consists in offering different procedures to achieve the change. It is very important for the therapist to correctly distinguish the stage of the client's change process and to choose an adequate therapeutic intervention based on that (Miller & Rollnick, 1991).

The fundamental preconditions for the client's successful resocialization include:

• acknowledgement of the need to change the current situation;
• acknowledgement of the addiction status;
• acknowledgement of the need of help;
• acceptance of the help offered;
• acknowledgement of the goal of abstinence;
• assumption of own responsibility for own life and effort to change it through active cooperation;
• acknowledgement of the purpose of general change of behaviour – creation of new behaviour patterns (Frank, 1986).

When treating drug addicted persons, the success is based on a comprehensive system of resocialization programs consisting in:

• field work;
• activities of low-threshold facilities like C-centres and other outpatient centres;
• detoxification wards of psychiatric clinics;
• therapy at psychiatric clinics or in therapeutic communities;
• educational and therapeutic approaches in day care centres;
• follow-up care indispensable to prevent relapses and provided in follow-up treatment centres and sheltered housing.The care system must include also substitution therapy intended for specific clients.The therapy is aimed at renouncing drugs, restoring physical and mental health and social and work integration in the society. The process is time and effort demanding. Individual therapeutic goals are achieved in a gradual manner.

4. Harm Reduction – Focus on Tertiary Prevention

Harm Reduction is an approach leading to reduce the negative effects of drug abuse. "The goal consists in minimizing the amount of suffering of the abuser and of the user's surrounding in the area of health, social and financial problems that may be related to drug consumption but are not implied in it" (O'Hare, 1992, p. 116). Harm Reduction is based on the assumption that the ideal goal of our intervention – lifelong total abstinence from drugs – will always be totally unacceptable to a certain percentage of the users. Harm Reduction

is aimed at achieving an individual change of the risk behaviour by making available the specialized services primarily in outpatient facilities in order to approach as many persons from hidden population as possible. That can be achieved within the programs of low-threshold facilities, field and substitution programs. Field workers associate with drug users, establish contacts with them, acquire their confidence and carry out preventive interventions. The field work and programs of low-threshold facilities are aimed at establishing a permanent therapeutic relation and at winning the respective person to solve his/her risk behaviour within the programs in specialized facilities. Permanent and consistent abstinence constitutes an ideal solution, but such solution is unattainable to most addicts at the given moment. Therefore, a realistic approach should be applied, not aiming at the ideal, however little realistic solutions, but at solutions which reduce or minimize the harmful consequences of drug abuse (Heller & Pecinovská, 1996).

Given the spreading of the HIV virus and of other transmissible diseases by drug users, the issue of general health of the drug users has been getting to the foreground, additionally to the emphasis on replacement and substitution programs. Public health was focused on fighting epidemics of different diseases and unsuitable life conditions in towns and villages in the 19th century. In the 20th century, issues of prevention were emphasized additionally to the individual life style. Stress was put on personal responsibility for own health. At present, the public health has been focusing more and more on the individual. Main trends consist in the individual's education, standardization and responsibility for own behaviour. All that is pervaded by the Harm Reduction approach, which is gradually penetrating from public health to other areas.

The programs aimed at minimization of health risks should include psychotherapeutic intervention. Individual facilities and programs for addicts combine elements of cognitive-behavioural and humanistic therapeutic schools.

5. System of Ambulant, Institutional and Stationary Care For Addicts

Outpatient therapy is characterized by regular visits of patients to AT advisory centres and other psychiatric outpatient facilities. The patients take part in group therapy and individual therapeutic interviews. They can also work in abstinence clubs, intended both for former and for current patients. The abstinence clubs (usually attended by a professional therapist) include therapy and hobby activities. Interesting forms consist in weekend therapies, intended for patients and their families. Partner groups are sporadically operated by some advisory centres. The therapeutic program is completed with professional lectures. Psychotherapeutic groups constitute the most important part of the therapy. The quality of their work depends on the therapist's personality and on the therapy applied.

Contact centre is a low-threshold facility where the clients are not registered under their names and birth numbers. The client only must give his/her name or nickname, age, type of the drug used and the kind of its use. The facility is focused on clients who

are less motivated to undergo therapy. The C-centre activities are aimed primarily on reducing the health and social risks of the drug users. It is focused on ambulant therapy, first aid, consultancy and therapy within Harm Reduction – reduction of health and social risks resulting from the drug issues. Most services provided by the C-centre form part of tertiary prevention, care for persons using habit-forming substances and for persons addict to such substances. The fundamental program of the facility includes:

• contact work with drug users,
• crisis intervention,
• replacement program,
• basic health and sanitary service,
• minimum food and vitamin program,
• advisory services,
• operation of advisory and crisis hotline,
• reference testing of saliva to detect presence of HIV virus antibodies,
• basic social service.

Contact work with drug users The goal of the work consists in establishing contact, building confidence between the client and the contact worker and motivating the client to undergo therapy. Great emphasis is put on the reduction of risks related to drug abuse. Cooperation with people who do not use drugs but come into contact with the users (parents, other family members) is important as well.
Psychotherapeutic crisis intervention implies help to a person in need through psychological means. Two main goals of crisis intervention can be distinguished – stabilization of personality and understanding the situation with respect to future. The person must not stay alone with his/her problems – he/she must carry hope into a change for the better when leaving the therapist.
Replacement program – replacement of used needles and syringes for sterile ones, accurate registration of injection tools and disposal of the used tools. Minimum food and vitamin program – offering of soup, baked goods, soft drinks, coffee. The health program includes provision of vitamins: vitamin C, Multi-tabs, Calcium-Magnesium. The program is being reduced in some contact centres.
Consultancy is focused on drug users. Provision of information on potential therapy and its conditions, detoxification and health care. Consultancy activities can be provided also to parents and persons who come into contact with the users. Consultancy and crisis intervention can be also provided by phone.

Basic social service

It includes primarily contacts with the family, with the school, authorities, consultancy when arranging documents, seeking job, housing, when asking for social benefits and

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unemployment support. Help in contact with courts and other social help. The social worker arranges places in the therapeutic community or in psychiatric ward for motivated clients. The clients are informed about the start of therapy. The client's decision is supported by the whole working team.

The Czech Republic does not establish **application rooms** yet. The first application room was established in Bern in 1987.

Great significance is attributed to **field programs** too. Field workers focus on clients with risk behaviour who are not motivated to change their behaviour. The field worker tries to get the client to the contact centre from the open drug scene, e.g. streets, parks, or closed drug scene – places inaccessible to the public, e.g. flats, squats. Programs provided just in the street are important.

Institutional therapy

Institutional therapy is more intensive than outpatient therapy. It involves several weeks of stay in the hospital in the psychiatric ward. The main components of the therapeutic program consist in detoxification with follow-up psychotherapy. The therapists make use of techniques and procedures suitable for patients of different types and applied in different stages of therapy. Their main characteristics are: permanent clients' exposure to the therapeutic influence, regime therapy (in alcoholic patients according to J. Skála's example implemented in the Apolinář Hospital). The therapy duration depends on the individual's situation (e.g. general health condition, duration of drug career, previous relapses, etc.).

Therapeutic communities – development in the world

"The idea of the therapeutic community emerged in Great Britain in the course of World War II. The war hardships brought many soldiers with reactive neurotic and psychosomatic disorders to British hospitals" (Kratochvíl, 1987, p. 8). The first therapeutic communities were intended for clients with mental health disorders (neuroses, psychoses, personality disorders, etc.). Such therapeutic communities were called "democratic". The therapeutic communities for clients addict to habit-forming substances are called "hierarchic". "The original, old type of therapeutic communities emerged in the English psychiatric hospital by the end of World War II" (Skála, 1987, p. 85). The therapeutic communities were based on the ideas of Maxwell Jones and Tom Maine who tried to implement a democratic system based on open communication of all community members.

"The new type started developing in 1958, primarily to cure addictions" (Skála, 1987, p. 85). The first therapeutic community for drug addicted persons was established in the United States in 1958 by Charles Dederich and called "SYNANON". Ch. Dederich continued developing the principles of Alcoholics Anonymous. "Most current

communities for addict persons can find their roots in that organization. A detailed study of the development of Synanon can provide the workers of therapeutic communities with extraordinary knowledge on what is efficient and healing in a therapeutic community and what is dangerous and risky, on the other hand" (Kooyman, 1993 in Kalina, 2003, p. 54). The atmosphere of Syanon was objective at the beginning; later, Syanon got into a protracted crisis, become withdrawn from the world and considered it hostile. The crisis resulted primarily from Dederich's failure to cope with power and relapse. Syanon gradually turned into a sect directed by an autocratic leader who refused any criticism. In spite of that, the experience from Syanon inspired the creation of a number of communities in America and in Europe. Daytop Village (1963) and Phonix House (1968) are the best known of them. In Europe, there are communities like Daytop (Germany), Emiliehoeve (Holland) and other ones (Kalina, 2003).

The first therapeutic communities in Eastern Europe were established in Poland and called Monars. The first Monar was founded in Gloskow by Marek Kotaňski, a psychologist, in 1978. Marek Kotaňski was an important personality in the area of care for addicts, HIV positive persons and homeless persons. After the success of Monar in Gloskow, other communities were established in different parts of Poland with the help of former Gloskow clients and of the staff of the therapeutic community. Monar is a Polish non-governmental organization aimed at helping drug addicts, HIV positive persons, AIDS patients, homeless persons and other groups of people in need of help.

Therapeutic communities in the Czech Republic

The term "therapeutic community" was used in our country in connection with addictions for the first time by Stanislav Kratochvíl in 1971. He defines a therapeutic community as a "special form of intensive group therapy where the clients, usually of different ages, genders and education, live together for some time and, additionally to group sessions, share also common working and other program activities, which allows them to project problems from their own lives, primarily relations to people into such small model of society. The community has therapeutic character, as it allows, additionally to the above stated projection, also feedback on maladaptive behaviours, instigates acquisition of insight of own problems and of own share in creation of the problems, it should enable corrective experience and support training of more adequate and more adaptive behaviours" (Kalina, 2008a, p. 17).

The therapeutic communities are intended for long-term or middle-term therapy of different addictions to habit-forming substances. Kratochvíl lists the following principles of a therapeutic community:

• patients' active involvement in treatment,
• development of good communication at all levels between the clients, in side the therapeutic team and between the patients and the team,

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- increased equality of rights in decision making,
- social learning in which the community member gets feedback on the perception of his/her behaviour by others.

Therapeutic communities have specified behaviour rules; for example, no alcohol or other habit-forming substances are allowed; drug abuse results in exclusion. A serious breach of rules results in termination of the therapy, while a minor offence leads to degradation in the community hierarchy or other disadvantage. At the beginning, therapeutic communities were established exclusively in the area of public health in our country. The first specialized ward intended for research and therapy of alcoholism, known as Apolinář (one of the first facilities of its kind in the world), was established by Jaroslav Skála in 1948 at the psychiatric clinic. Since 2012, that ward for therapy of addictions is a part of the Addictology Clinic of the 1st Medical School and General University Hospital in Prague.
"Skála was probably the first worldwide to use the principles of a therapeutic and educational group in the area of addictions with success. The Apolinář or Skála model united the elements similar to the therapeutic community and behavioural or rather educational approaches. It is however not clear whether there was a connection between the first period of Apolinář and of M. Jones' and T. Maine's establishments in Great Britain. It can be taken for sure that in late 1940s, Skála was inspired by the knowledge from the area of education of socially disturbed youth by the concept of educational communities of A.S. Makarenko, a Ukrainian educator" (Kalina, 2013, p. 84). Kooyman lists A.S. Makarenko among the forgotten predecessors of therapeutic communities for drug addicts. "J. Skála has never completely clarified the sources and inspirations of his therapeutic system" (Kalina, 2013, p. 84).
In 1948, J. Skála established a sociotherapeutic club inspired by Alcoholics Anonymous and called it KLUS – Klub Lidí Usilující o Střízlivost (Club of People Striving for Sobriety). In 1951 he established the first sobering-up station worldwide. In 1967, together with E. Urban, a psychologist, and J. Rubeš, a psychiatrist, they used the principles of the therapeutic community to establish one of the top systems of psychotherapy training – SUR. Later, J. Skála was one of the originators of the system of theoretical education of psychotherapists at the Psychotherapeutic Faculty. He devoted all his life to his mission. In 1991, M. Těmínová and M. Vlček, special educators, established a therapeutic community for drug addicts in the village of Němčice near Strakonice, which gave origin to the SANANIM citizen association.
The treatment in that therapeutic community is intended for long-term therapy. It is divided into four stages. In the first stage, the client acquires confidence into the group and the community. The work at the client's motivation to abstinence is in focus. The client's motivation to own behaviour change is the foundation of successful resocialization. In the second stage, the client focuses on work in group and on training of responsibility. In the third stage, the client gets gradually more independent, searches housing and job and integrates into common life. The therapy in Němčice takes ten to fifteen months and it is aimed at making the clients cope with the challenges of day-to-day life:

• get social and communication skills;
• assume responsibility for their decisions;
• acquire working habits;
• learn to solve challenging life situations;
• accept themselves;
• be satisfied and happy.

The long-term therapy in the therapeutic community is a strenuous but efficient process. A part of clients prematurely terminate the therapy in the community; some even do not start it. In 1998, the SANANIM citizen association established the therapeutic community in Karlov near Písek, with a middle-term program and therapeutic ward also for mothers with children. A comprehensive program for integration of the clients' family members and friends was processed in detail by the White Light therapeutic community. The community was established by J. Radimecký, a special educator. Other important communities include Podané ruce, Magdaléna, etc.

The therapeutic approaches used in the therapeutic community might not suit everybody. Some clients do not cope with the therapy, they leave the community or breach the rules and are excluded from the therapy, they can pass to another therapeutic program of a psychiatric hospital or to another therapeutic community. After some time, they can return to the same community.

At present, we can often see therapeutic approaches focused on specific clients, e.g. on young people placed to young offender institutions (YOIs) because of behaviour disorders. Such young offender institutions include: YOI Husův domov, section Poklad, Dvůr Králové; YOI Hostouň, separate unit Medvědí Kámen; YOI Čakovická, Prague 9 (Klíčov), separate unit Křešín; Youth detention centre Hodkovičky, Prague 4, separate unit "Cesta", Řevnice; YOI Žulová; YOI Pšov (we intentionally do not state the whole names of the individual facilities).

Day care centre

Day care centres are psychotherapeutic outpatient facilities for therapy of drug addictions. The facilities are visited by motivated clients whose institutional care can be substituted by outpatient care. The day care centre of SANANIM has been in operation since September 1996, as the first of its kind in the Czech Republic.

"The programs of the day care centre include a set of diagnostic, therapeutic and rehabilitation procedures, methods and techniques considering the client's current condition and needs:

• day care program in group for 12 persons at the maximum, taking 3 months,
• individual psychotherapy and family therapy, consultancy for parents and other family members,
• group therapy for the clients' parents and partners,

- social work and consultancy,
- psychological and psychiatric examinations,
- differential diagnostics,
- club and leisure time activities for the clients" (Kalina, 1999, p. 18)

The day care centre closely cooperates with other programs of SANANIM. It continues the activities of the Contact centre and the Field programs, it precedes and sometimes replaces institutional or community therapy. The day care centre is followed up by the resocialization and follow-up treatment program of the Follow-up treatment centre.

Follow-up care – follow-up treatment programs

Follow-up treatment is not exactly defined; it is not determined when follow-up care is indicated, where it begins and ends. The follow-up treatment centre is a socio-therapeutic centre providing follow-up care for clients who have underwent a therapeutic program of some type and for those who have prematurely terminated the basic therapy or abstain from alcohol without having underwent a therapeutic program and are motivated to life without drugs.
The term "follow-up care" stands for many services used by the client after leaving the therapy. They include consultancy, psychotherapy, sheltered housing for clients who have no place to live or do not want to return to their family. They support and maintain abstinence after the end of the therapy.
Standards (Czech Cabinet Office, 2003) define the target population for follow-up treatment programs as "abstaining persons with medical history of addiction to habit-forming substances with minimum suggested period of abstinence of 3 months and preference of persons who have undergone detoxification and at least a short-term therapy of outpatient or residential type with insight of and motivation to long lasting abstinence". The definition determines follow-up care as a service provided preferably to clients who underwent therapy in the past. However, there are clients who enter the follow-up treatment program without preceding professional help, with some awareness of their condition and with the need of help and support in abstinence (Kuda, 2003).
The basic set of clients has undergone a therapy.
"After the end of the therapy, the client is confronted with the challenges of daily life. It is a very difficult time, with increased probability of return to the original addicted behaviour. Therefore, the client, during follow-up treatment, gets particular support to build a new life without drugs. The support must affect some areas of the client's life. It is not psychotherapeutic work but social help (job, housing). It is a permanently valid 'daily life therapy'. The clients learn to assume all responsibility for their abstinence and life without drugs." (Kuda, 1999, p. 26)
The goal of the follow-up treatment centre consists in supporting the client in gradual integration into common life. Other goals include: prevention of relapse, finding job and housing, personal stabilization and finishing the therapeutic process, creation of

a self-help community of abstaining clients (Kuda, 2003). The follow-up treatment centre includes sheltered housing. The flats are provided to clients who have underwent long-term therapy, do not have any place to live or do not want to return to their families. The conditions are: the client's abstinence, payment of rent, exercise of a job and participation in the afternoon follow-up treatment program. The goal of sheltered housing, i. e. a kind of "midway house", consists in helping the client to overcome the first months after the return from the therapy (Kuda, 1999).

International self-help organizations

Alcoholics Anonymous

"Alcoholics Anonymous are a community of women and men sharing the experience and hope to solve their common life and to help the others to recover from alcohol. The only requirement on membership consists in the wish to stop drinking. The Alcoholics Anonymous association is not linked to any sect, church, political organization or any other institution; it does not wish to get involved in any dispute; it does not support or contradict any third entity's programs. Their primary purpose consists in staying sober and in helping other alcoholics to achieve sobriety." (Alcoholics Anonymous, 1989)
This is the basic preamble of the movement that has set only one task: the fight against alcoholism. The Alcoholics Anonymous movement originated in the U.S.A. in 1935. It was established by two alcoholics who had been treated without success until then. In 1939, "The Big Book", the crucial work of the Alcoholics Anonymous is issued. AA observes "12 Steps" and "12 Traditions" containing specific instructions to cope with the problem of addiction to alcohol (from acknowledgement of defeat in relation to alcohol, to a honest balance of the present life, correction of errors and mistakes, to humility and help to other alcoholics who are still suffering). Twelve Steps and Twelve Traditions constitute the crucial part of the AA text:

"Twelve Steps:
1. We admitted we were powerless over alcohol (drugs, gambling) – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.

10. Continued to take personal inventory, and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.'
It should be pointed out that AA-type organizations are not linked to any specific religion and that the members include also atheists." (Kalina et al. 2003, p. 86)

"Twelve traditions:
1. Our common welfare should come first; personal recovery depends upon AA unity.
2. For our group purpose there is but one ultimate authority – a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose – to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centres may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Out public relations policy is based on attraction rather than promotion; we need always to maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions."
(Alcoholics Anonymous, 1989, p. 7)

The AA meetings are held without attendance of professionals; they are always led by one of the longer abstaining alcoholics. The AA meetings can be either closed, i.e. only for alcoholics, or open, i.e. for alcoholics and those interested in the issue (family, friends, therapists). Multiple groups meet in the Czech Republic. The anniversary congress held in Montreal in 1985 was attended by fifty thousand persons from all over the world. AA have achieved recognition by professionals. Therapists and therapeutic institutions cooperate with them and motivate the patients to attend the meetings.

Self-help organizations operating in our country

Our oldest club operating continuously is "KLUS", which stands for "Klub Lidí Usilujících o Střízlivost" (Club of People Striving for Sobriety), established by docent Skála. After 1948, it was not possible to establish an organization speaking about entrusting life to God's care in Czechoslovakia. Doc. Skála established an organization that used some elements of Alcoholics Anonymous, but counted with involvement of professional therapists as well. Socio-therapeutic clubs combine elements of self-help and help of professionals. They are mostly established at facilities specialized at addiction therapy in our country. The scope of club activities can be broad, from meetings of abstaining addicts to programs in which the addict can take part with the whole family or friends. The development of clubs dates back to late 1970s and has been continuing until the present.

Clubs and other self-help groups fulfil the mission of social psychiatry and sociotherapy, defined by the World Health Organization as follows:

"Provide the person affected and endangered by a mental disease with the opportunity to create social contacts beneficial for preservation or re-creation of adequate social behaviour. Their role consists in strengthening and maintaining the patient's interest in real social life and in real relations to people." (Bútora, 1989, p. 281)

The fundamental treatment of alcoholism without follow-up treatment, resocialization and rehabilitation usually bring only a short-term effect. Many alcoholics use their previous reference groups due to abstinence and feel a deficit in that sense. The club allows eliminating or mitigating the deficit at least temporarily. For lonely persons, it may even have the role of a primary social group. A long lasting and regular involvement in the club can be understood as a cultural change, as gradual acquisition of the culture of a new group. The club activities are not restricted to problems with alcoholism. Psychotherapeutic and sociotherapeutic procedures can be used also for other diseases, damages and stress situations. The goal of self-help groups consists in breaking out of social isolation, in achieving better social integration, in improving communication with other people (Bútora, 1989).

Substitution therapy

Substitution programs are intended for users of opiates (most frequently heroin). Substitution consists in replacing the illegal opiate by a legal opiate, aiming at mitigating the problems resulting from drug addiction, breaking up links to the illegal drug world, redirecting the client to a life style acceptable both for the client and for the society. Ideally, in achieving gradually full abstinence from drugs. Substitution therapy ranks among Harm Reduction approaches (minimization of health and social risks). It is a maintenance therapy, unlimited in time.

The preparations most frequently used in long-term maintenance substitution programs

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include **methadon** (*Methadon*), followed by buprenorphine (*Buprenorphine*). Methadon (*Methadonum hydrochloridum*) is a synthetic opioid, used orally in the Czech Republic. The first substitution program was started in the USA in 1964. In the Czech Republic, the first methadon program was started at the Apolinář clinic in 1997. During the first three years, it was a so called low-threshold program, intended for quite problematic drug clients. After the Centre for methadon substitution, DROP INem, o.p.s. was opened, the program started changing into a high-threshold program.

The **low-threshold program** is attended by the client every day, including weekends and holidays, to undergo continuous toxicological exams. If the exams repeatedly prove the presence of illegal substances, the client is excluded from the program for a month. However, some clients do not want to give up intravenous application of drugs, they use Pervitin, abuse alcohol and medicines.

The **high-threshold program** is intended for socially stabilized clients. The program involves clients having steady jobs or preparing for steady jobs, students, pregnant women, mothers with small children. The clients attend the program twice or three times a week and get the substitution substance for the remaining days to use it at home. Abstinence from illegal drugs is a condition and it is continuously checked. If a finding is positive, the client is put back into the low-threshold program.

"Forms of substitution therapy:
1. Short-term therapy (fast detoxification substitution, implemented most frequently during the stay in hospital and taking 1–2 weeks)
2. Middle-term therapy (extended detoxification, carried out during institutional treatment, sometimes during outpatient treatment; it takes several weeks to months; it is adequate for clients with very high tolerance or addict to several substances, which are discontinued or substituted gradually)
3. Long-term therapy, which is usually implemented in outpatient form – maintenance substitution, e.g. with methadon or buprenorphine for clients addict to opioids, which can take many months or years." (Popov in Kalina et al., 2003, p. 221)

The benefits of methadon as a substitution substance are listed by Parrino (1993):
1. "Methadon does not have euphoric, tranquilization or analgesic effect; the clients' consciousness or mood are not changed by using it, which allows normal social life.
2. The correctly specified methadon dose blocks the narcotic effect of other opioids, if they are used.
3. It does not lead to increased tolerance; so the substitution dose need not be increased, but remains stable.
4. Methadon is efficient even when used orally and it has an effect for 24–36 hours; it can therefore be applied 1x a day without syringe.
5. Methadon mitigates craving, which is stated to be one of the main motives of relapse.
6. When used in the doses intended for substitution, methadon is medically safe and non-toxic." (Popov in Kalina, 2003, p. 222)

Termination of methadon program

Methadon is discontinued by gradual reduction of the daily dose; it usually has a long-term character. When undergoing detoxification from methadon, the critical stage with increased risk of relapse domes at a time when the dose drops below 25 mg and the effect of the substance does not cover the 24 hours. The habit-breaking condition after methadon is usually weaker than after high heroin doses, but it is longer. "Methadon substitution reduces the use of heroin, criminality, risk behaviour related to injection use and premature deaths of opiate-addict persons" (Kalina, 2001, p. 65).

Buprenorphine substitution (based on thebain, an opium alkaloid) is carried out in form of sublingual tablets called Subutex and Suboxone. Subutex has been administered in the Czech Republic since 2001, Suboxone since 2008. "Suboxone contains, additionally to the active substance, i.e. buprenorphine, also naloxon that, if administered intravenously, provokes a strong antagonistic effect and abstinence syndrome. Thus the presence of naloxon should avoid intravenous abuse of the preparation. Buprenorphine can be prescribed by all physicians. If opiate-addicted persons are medicated by other preparations containing opioids, it is not a lege artis executed substitution therapy" (Randák, 2005 in Adiktologie 2011/3, p. 137).
Verster and Bunning (2004) describe the benefits of correctly provided substitution therapy. The benefits include reduced risk behaviour, improved physical, mental and social condition of the client. Infectious diseases like hepatitis B and C and HIV occur less frequently; mortality, particularly that resulting from overdosage, decreases. The life of the client and of the client's family achieves higher quality; public expenses on health care and criminal system decrease.

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EDUCATIONAL AND THERAPEUTIC APPROACHES WITHIN THE SYSTEM
OF SECONDARY AND TERTIARY PREVENTION PROVIDED TO PERSONS
ADDICTED TO HABIT-FORMING SUBSTANCES

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Author

doc. PaedDr. Eva Šotolová, Ph.D.
Faculty of Education, Charles University in Prague
Department of Special Education
Magdalény Rettigové 4, 116 39 Praha 1, The Czech Republic
eva.sotolova@pedf.cuni.cz

RELATIONS AMONG STUDENTS – SCHOOL CLIMATE FACTORS[1]

Helena Grecmanová, Lucie Blaštíková

Abstract

The area of school climate has been a hot topic both in Czech and in international studies; it must be dealt with also with respect to the needs of practice, if relations among students are to be improved. The article discusses the climate of the senior elementary school (6th–9th year), primarily in connection with its essential factors, i.e. students. The text presents theoretical foundations of school climate from selected national and international authors. Basic research tools that served as source of inspiration for the actual research are stated; the research is described in the next part of the article and it is based on the project implemented in 2015. Our goal consists in presenting the results of the research aimed at revealing the relations among students in selected elementary schools from the perspective of students, teachers and parents. The method of questionnaire research was used. Weak, but significant correlations among important areas of school life were revealed.

Keywords

school climate, elementary school, relations, students, research

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Studies of climate have been used to describe school for more than fifty years, with an intermission in the 1970s when approaches observing the school culture were preferred. Recently, the interest in researching the school climate has been increasing again (Ježek, 2003; Hanke, 2005; Benack, 2006; Petlák, 2006; Cassinerio & Lane-Garon, 2006; Grecmanová, 2008; Cohen et al., 2009; Gavora & Braunová, 2010; Cemalcilar, 2010; Ding, Liu, & Berkowitz, 2011; Lašek, 2012; Urbánek & Chvál, 2012; Popa, 2012; Grecmanová et al., 2013; Kantorová, 2015; Hosford, 2016). One of the motives may consist in the finding

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[1] The article describes some findings detected at implementing the internal project of the Faculty of Pedagogy of the Palacký University in Olomouc called *School climate as influenced by the school prevention methodist and social educator at elementary school.*

that the climate influences not only our feelings, including satisfaction or dissatisfaction in the given environment, behaviour, etc., but it can intensively determine the students' performance too (Fend, 1977; Moos, 1979; Dreesmann, 1979, 1981, 1982, Anderson, 1982; Fischer, 2003; Seebauer, 2005; Janke, 2006). In 2013, a school climate study (Momma & Anis-Ul Maque, 2014) was implemented to find out how the school climate influences the quality and efficiency of lessons. The analysis of the acquired data was carried out with the help of factor analysis, in order to create specific dimensions (focus on relations, support and obstacles in lessons). The students (and teachers) spend much time at school, and it is therefore not surprising that they wish to spend the time in peace and without stress, so that they can feel good and perform well. If there is an unfavourable climate at school, the students and the teachers may experience pressure and threat. Instead of concentrating on their work, they spend energy to ensure their own safety (Bessoth, 1989). However, studies in the area of perception of the school climate, implemented at present, in relation to standards supporting safe and prosocial behaviour, confirm differences in the perception of the actual feeling of safety (Hopson, Schiler, & Lawson, 2014).The article aims at defining the school climate, presenting research approaches to the school climate, and describing the actual research of climate at some senior elementary schools with focus on the relations among students from the perspective of students, teachers and parents. The following research question has been formulated in this respect: how are relations among students in selected elementary schools assessed by students, teachers and parents? The research of the school climate was implemented in 2015 at four elementary schools in the Czech Republic, involved in the project (see footnote).

1. School climate

The school climate is a psychosocial phenomenon related to perception, experiencing and evaluation of the school environment by its participants, particularly teachers, students and parents (Grecmanová, 2008). Teachers, students and parents are influenced by persons (their characteristics, qualities, competences, etc.) they meet at school, communicating and establishing relations with them. The students' personal features can be observed as their individual characteristics or as the characteristics of their class (Janke, 2006). The relations among schoolmates are considered the most important "climate-forming" factors by Rosolová and Střelec (2003). The social dimension that daily influences peoples' experience is an important part of the school environment and climate. Therefore increased attention is paid to it in our study too. However, the school environment includes also the cultural dimension (e.g. curriculum, values, image, traditions) influencing the specific character of the school, and material dimension (school architecture, equipment, aesthetic arrangement) is not insignificant either.
With these factors, objects, phenomena, processes, etc. in the school environment, the students, teachers and parents contact each other more or less regularly, they interact with each other and filter the interaction subjectively in their experience. The impressions

from the environment are influenced by inner subjective conditions, e.g. by values, experience, quality of perceptions, the percipient's expectations, etc. (Grecmanová, Geršicová, & Muchacká, 2012) and by outer objective conditions concerning the school environment. The mood, feeling, experience, impression from (in) the school environment, described as its climate, have a long lasting character. If that condition is not fulfilled, it is not climate. Short lasting experiences in the school environment, related to a specific situation, are connected with the atmosphere. The school climate is shaped in the long term and it also changes in the long term. The changes in the school climate are challenging and everybody involved in shaping the climate should participate in them (Benack, 2006; Mareš, 2005).

The individual factors and components of the environment act upon the school climate not only on their own behalf but within a system in which they get into different variable relations. Foreign studies focused on the school climate can serve as an example: they perceived school as a complex in which all students and teachers participate in, experience and perceive the processes taking place at school. Also parents as indirect participants of the educational process were considered important climate factors. A study was focused on students with problematic school absences. A contribution to the students' truancy and high absence was assumed at the parents' side (Hendron & Kearney, 2016). An Irish study, focused on perception of the school climate by teachers in relation to the efficiency of the inclusive practice points out how the whole process of inclusion affects individual climate factors, primarily the teachers who get into new and difficult conditions (Hosford, 2016).

The school climate includes the climate of the teaching staff, the climate of classes, the climate of lessons, the climate of communication, etc. All of them are specific phenomena influencing each other. Each of the above stated climate variants is, as Ježek (2003) says, an arbitrarily defined set of aspects of the school environment. That means that they, similarly to the school climate, are dependent, but always only on specific facts, phenomena and factors of the environment and on perceptions of a specific group of people acting at school. For example the class climate is related primarily to social and cultural dimension; it is experienced and reported by students. As Fend (1977) states, differences between classes are caused by mutual relations taking place in them. Therefore the climates of individual classes differ. But the class climates at a school can be considerably similar thanks to similar approaches and relations in the classes among the students and relations between the teacher and the students. Then we perceive a "unified spirit" at the school.

This text relies on the fact that each school has its specific climate. The type of the climate can be determined for each school. The following positive climatic types are mentioned in literature (Oswald, 1989): climate of school with educative target orientation, plurality, open and progressive climate with great interest in working tasks of the school and in human contacts, personality-oriented climate, with democratic direction, with life-oriented educational process. The favourable climate is usually identified in the environment of a school where teachers and students have an intimate relation full of confidence,

the students cooperate, are ready to help each other, "everybody" fulfils the school obligations, etc. A considerably favourable climate is also identified in connection with so called progressive teachers who look with favour upon changes, are not conformist, criticize pressure on performance, have an optimistic view of human, require sense of belonging to the group, but also independence (Fend, 1977). According to German teachers, shaping of a favourable climate has the following important conditions: emotional harmony and sense of belonging to other teachers, success in the discipline and self-fulfilment, cooperation with colleagues and with students, satisfaction with the given situation (Schaffer, unpublished texts). A study mentioned by Stangl (1982) shows that the climate is positively influenced by favourable actions of the parents towards school. The favourable climate brings increasing parents' interest in school, improved cooperation between the parents and the teachers and among the parents. A regular assessment of the school climate and support to positive climate was implemented by a team of researchers of The Ohio State University in 2013. Their study was aimed at formulating suggestions for the development of positive climate. But attention was paid also to origination and consequences of negative climate with respect to incidence of bullying at school (Wang, Berry, & Swearer, 2013). The researchers found that if students feel aversion to school, it is often present also in their parents' minds. Adverse climate influences the life at school inconveniently and may provoke loss of motivation, reluctance to school and learning, bad school results, neuroses and other health problems (Piťha & Helus, 1993).

2. Research of school climate

The research of school climate is described as human-oriented. That expresses that it is oriented on the human in the role of respondent and researcher, but also in the role of climate creator. The history of research of school climate dates back to the 1950s and 1960s when great attention was paid primarily to conception and verification of research tools (Halpin & Croft, 1963), while less interest was devoted to theoretical foundations, ascertainment of the climate particularities and solution of climatic problems (Janke, 2006). At the beginning, the first studies of school climate were implemented primarily in the United States; in the 1970s and 1980s, they were common in Germany as well (Fend, 1977; Dreesmann, 1979; Lange et al., 1983). In the Czech Republic, space for research of the school climate was created after 1990 only. The first researchers included Lašek (1991, 1995, 2012), Klusák (1993), Mareš (1998, 2000), Grecmanová (1996, 2008) and others. Later, the research was joined e.g. by Urbánek (2003, 2005, 2008), Ježek (2003, 2004, 2005), Chvál (Urbánek & Chvál, 2012), Kantorová (2015).

The research of school climate often has a descriptive character of the general school environment or of its part, according to the perception, experience and evaluation of its creators: students, teachers (school direction), parents, etc. Besides the less frequent description or assessment of the general school environment and climate, we can find

more frequently studies of the climate of the class, of the teaching staff and assessment of partial educational aspects and relations: interpersonal relations of teachers (Urbánek, 2003; Kallestad, 2010; Kottkamp et al., 2012), social structure in class, acceptance of students by ethnic groups (Fellner et al., 1997; Brand et al., 2008), influence of school procedures on social relations among students (Wardová, 1994; Brand et al., 2008; Ding et al., 2011), clarity of rules and order during lessons (Grecmanová, 2004; Brand et al., 2008; Ding et al., 2011; Zullig et al., 2011), etc. The studies of school climate observe and compare for example the differences in the school environment (Cemalcilar, 2010; Zullig et al., 2011), differences in perceptions, by researching the opinions of different respondent groups (teachers x students x parents) on the climate (Hanif & Smith, 2010). Researchers are interested also in environment factors influencing the climate, including the ways, intensity and circumstances of the influence, as well as the effects of the climate on the factors, etc. (Cemalcilar, 2010; Zullig et al., 2011). Recently, the students' empathy with regard to the school climate was researched. The study showed that empathy has influence on better study results of the students. But the influence of empathy on the climate was considered arguable (Zorza & Marino, 2015). It can be stated, with respect to the research of school climate, that it may constitute a source of information on many educator phenomena and areas. In brief, it may even show how teachers and students see their life in the school environment (Brand et al., 2008; Ding et al., 2011). According to the results of the study (diagnostic process) of the school climate, the "favourable school" climate will enable further satisfied life in its environment, while pedagogical measures and corrections can be initiated for the welfare of teachers, students and parents if an adverse climate is identified (Mareš, 2005; Benack, 2006; Grecmanová, 2008; Kallestad, 2010).

The research of the school climate should always use at least two groups of respondents (students, teachers, school direction, parents, school inspectors, operation employees, etc.), to have sufficient and objective informative value. Students, but also teachers and parents are most frequently approached as respondents. The first group of respondents – students – are primarily focused on the relations they establish among each other, on their relations to the teachers or on their views on the lessons. Students versus school climate were focused by studies made e.g. by Walberg (1966); Moos and Tricket (1974); Fend (1977); Dreesmann (1979, 1981, 1982); Bessoth (1989); Mareš and Lašek (1991); Eder (1996); Satow (2001); Lašek (2001); Linková (2002); Grecmanová (2002); Hanke (2005); Benack (2006); Dopita, Grecmanová and Chráska (2008); Bear et al., (2011); Zullig et al., (2011); Yang et al., (2013); Kantorová (2015). Teachers are the second group of respondents of climate studies, who often assess the social and cultural dimensions of the school environment. The studies of school climate focused on teachers are documented in different authors' publications (Anderson, Walberg, & Welch, 1969; Thomas, 1976; Fend, 1977; Randhawa & Michayluk, 1975; Moos, 1979; Průcha, 1997; Urbánek, 2003, 2005; Horvátová, 2005; Janke, 2006; Urbánek & Chvál, 2012; Grecmanová et al., 2013; Skopalová, 2014; Momma & Anis-Ul Maque, 2014; etc.). The third group of respondents is represented by parents who are involved in assessing the school climate (Hendson & Kearney, 2016) usually as indirect

participants of school life, through mediation of their children. The climate studies with respect to parents were implemented also in the past (Walberg, 1972; Stangl, 1982; Eder, 1996; Grecmanová et al., 1998; Schaffer, unpublished texts; etc.). It is difficult to collect sufficient amount of statements from parents, students and teachers to allow a statement on the general school environment and climate; therefore the studies are often limited only to its variants (class climate, teaching staff climate, etc.), which need not be commented by all respondent groups stated above (teachers, students, parents, school direction), but for example only by students and teachers. The highest level of objectiveness is found in students, when comparing the statements of the individual respondent groups. The teachers and school direction sometimes deviate from reality, trying to show it "in better light" (Grecmanová, 2008).

The research methods are based on quantitative and qualitative research approaches. Quantitative studies are more frequent and they allow better capturing of the school climate through description of perception, experience and assessment of people (also in respondent roles) who belong to and shape the school environment. Questionnaire and sociometric techniques are used. However, quantitative methods also cause some problems in the research of school climate. On one hand, they suggest the climate structure in advance, which sometimes leads to distortion to the phenomenon (Mareš & Ježek, 2006). The quantification of the findings might not be optimal either. Some climate aspects can be squeezed into figures and data only with difficulty. Qualitative studies rely on observation, interviews, analysis of drawings, documents, photographs, etc. (Hendl, 2006). Some of the above stated methods and approaches (observation, analysis of photographs) do not allow linking the research of the climate with the experience and assessment of the teachers, students and parents, unless they are parallelly researchers. Qualitative studies are more time consuming. But the positive thing is that when processing the results, the descriptive and metaphoric (artistic) language can be used, which often captures the climate better.

The researchers studying the school climate are usually external researchers who have experience with the investigation of the school climate. The benefits of their involvement in the research of the school climate are seen in the researcher's professional preparedness and detached view, focus on the research goal, and lack of involvement in the relations among the school employees. Different questionnaires were developed for their needs in foreign countries, e.g.: the High-School Characteristics Index – Der Sekundarschul-Merkmals-Index by Stern (1970) is aimed at understanding the students' needs and the school expectations. The same concept, but at the level of teaching, is applied at present in the questionnaire known also in our country: the Classroom-Environment-Scale, CES by Moos (1979). Further, the School Climate Scale (SCS) – by Haynes, Emmons and Comer (1993) is also used.

Examples of selected questionnaire areas: my school is in a safe place; everybody gets the same approach in our school.

My School Inventory (MSI) – Der Fragebogen Meine Schule – by Ellet and Walberg (1979) corresponds, at the class level, with My Classroom Inventory by Anderson

(1973) with the following dimensions: satisfaction, tension, competence, coherence and demandingness.

Examples of selected questionnaire areas: students in our school are friendly; students compete with each other; some students say that school is funny; some students try to do their work better than others.

Fragebogen für Lehrer, Schüler und Eltern – Questionnaires for teachers, students and parents by Oswald et al. (1989) deal with interactions, feelings and understanding of roles. The interaction patterns concern everybody involved in the education in some way: teacher x students, school direction x teachers, teacher x teacher, teachers x parents, students x students. Feelings of teachers are investigated with regard to their overloading and feelings of students are investigated with regard to their fear of examinations. A more recent questionnaire for verification of interpersonal relations among students is the Gerechtes Schulklima (FAIR-L) – Fair school climate from 2002 by Dalbert and Stöber.

Examples of selected questionnaire areas: teachers in our school are fair; teachers in our school call a spade a spade.

At present, the following questionnaires are available too:

Inventory of School Climate – Teacher (ISC-T) by Brand et al. (2008), to investigate relations between teachers and students, empathy among students, rules, disturbing, safety, performance. A similar questionnaire was constructed for the group of student respondents: Inventory of school climate – student (ISC-S) – from 2003 by Brand, Felner and Ahim et al.

Examples of selected questionnaire areas: students strive to get the best marks; there are students looking down on others; students in our school get help with decision making.

Delaware School Climate Survey-Student (DSCS-S) – a questionnaire used in the city of Delaware, by Bear et al. (2011), focused on safety / confidence in school, justice, rules, relations between teachers and students and among students.

Modified – Delaware School Climate Survey-Student (M-DSCS-S) – a modified version of the above stated questionnaire by Yang et al. (2013), focused on relations between teachers and students, relations among students, observance of rules and fair approach, relation to school.

Recently, the research of school climate has included, additionally to the still most widespread questionnaire method (Wang & Degol, 2016), also the focus group method or interviews (Momma & Anis-Ul Hague, 2014). Students who were involved in bullying, both as aggressor and as victims, were subject to investigation of subclinical psychotic experience in relation to the school climate. The results were presented based on regressive analysis (Horrevorts, Monshouwer, Wigman, & Vollenbergh, 2014). The school climate research verifies also theoretical models. The ascertainment of correlations between democratic school climate and civic engagement of teenagers (Lenzi et al, 2014) is an example.

It was expected that some questionnaires will be also used by school employees; that has not been the case at considerable degree yet. It even seems that the teachers refuse

to implement research of school climate by themselves due to lack of time, lack of confidence in their research abilities, fear of misuse of the results, etc. In view of that and of the belief that the research of school climate should serve primarily to the teachers, students, parents and school direction, the following questionnaires were developed: School climate. A set of questionnaires for teachers, students and parents (Grecmanová et al., 2012), School climate. A set of questionnaires for teachers, students and parents. 1st revised version (Mareš et al., 2012). School class climate. Questionnaire for students (Mareš & Ježek, 2012). The above stated research tools include manuals with instructions for everybody who will implement research with the questionnaires.

The questionnaire for students, developed by Grecmanová et al. (Grecmanová et al., 2012), includes for example the following items: I have a classmate to whom I can confide everything; I can rely on all classmates; me and my classmates respect each other; everybody can admit one's mistake before the classmates; I am afraid of some classmates.

The set of questionnaires developed by Mareš et al. (Mareš et al., 2012), aimed at verifying the relations among students, includes for example the following items: I have a classmate to whom I can confide everything; I can rely on all classmates; me and my classmates respect each other; everybody can admit one's mistake before the classmates; I am afraid of some classmates.

Finally, some examples of items from the questionnaires for students by Mareš and Ježek (Mareš & Ježek, 2012) can be mentioned: I have many good friends in my class; my classmates treat me friendly; when we get a common task, I feel good cooperating with my classmates; I feel most of my classmates like me; when I need, my classmates help me.

All above stated item examples are specific by focus on relations among students.

The conclusion of the theoretic part of the article is devoted to the goal of the study: to describe the relations among students at selected elementary schools from the perspective of students, parents and teachers.

3. Study at senior elementary school

The study had three partial stages. First the questionnaires were developed. Then the questionnaire research followed, and the last part described the school climate of selected senior elementary schools (6th – 9th year).

Description of questionnaires and their focuses

The study made use of a set of questionnaires. The set included three questionnaires – for parents, for teachers and for students. When constructing the questionnaires, experience from construction and verification of other questionnaires was used (Grecmanová, 2008; Grecmanová et al., 2013, Dopita, Grecmanová & Chráska, 2008). The contents of the three questionnaires was focused on social, and cultural dimension of school

environment. The following relations were observed: students-students, teachers-students, teachers-teachers, teachers-director, students-parents, parents-teachers with respect to their actions at school. Phenomena like friendship, conflicts, aggression, fear, understanding, support, help, confidence, cooperation, interest, communication, respect to teacher, "usefulness" of knowledge, personal assertion, evaluation, individual approach, teaching procedures, rules, keeping the word, director's track of school, school equipment, satisfaction with school, etc. came to the foreground. The questionnaire was constructed by one of the co-authors[2] of the article for the purpose of the above stated project. It is an own questionnaire, not an adapted questionnaire.

The questionnaire for parents was the shortest, containing thirteen close-ended statements and three open-ended questions. The questionnaire for teachers contained twenty-five close-ended statements and three open-ended questions. The questionnaire for students also had 25 close-ended statements and only one open-ended question. The statements were formulated concisely and clearly, trying to express one fact or to follow only one phenomenon at a time. All statements were expressed in a positive manner, to avoid confusing the respondents when "disagreeing" with negations. The items served to ascertain data (facts, opinions, attitudes) needed to meet the research intention. The close-ended statements were evaluated at a dichotomic scale with the following options to choose: "I agree" or "I disagree". This way of evaluation of statements was chosen for better understandability for the respondents, particularly for the students, for faster (more time-efficient) evaluation of the statements, but also because of the need to choose one of the extreme values offered. The danger of black and white perspective was eliminated by the possibility to compare the evaluation of statements from different respondent groups. The respondents were informed in written about the way of evaluation at the beginning of each questionnaire.

Research implementation

The research was implemented at four complete elementary schools in the Czech Republic (ZŠ III is a special school) interested in cooperating and in researching the school climate. Originally, the study was intended to include all classes of the elementary schools, but in view of the selected questionnaire method, it was decided to focus only on the senior elementary school. The answers were statistically evaluated in the first and second data classification. The subsequent statistical data processing, i.e. the combination of individual features made use of the Chi-squared test ( ) with 0.05 level of significance, as well as Pearson's correlation coefficient, as the data were nominal. In this context, it was researched whether the frequencies acquired by measurement in school reality differ from the theoretical frequencies corresponding to zero hypothesis (Chráska, 2007). Pearson's correlation coefficient helped to determine the closeness of relation between the phenomena compared (Chráska, 2007).

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[2] Prof. PhDr. Helena Grecmanová, Ph.D.

**Relations among students in individual elementary schools
from the perspective of students, teachers and parents**

The researchers paid attention to the evaluation of whether the student has a classmate to whom he/she can confide (item No. 5), whether the student has good relations with the classmates (item No. 6) and is not afraid of them (item No. 7), whether the student has friends among the classmates (item No. 12), whether the classmates support each other (item No. 13) and whether the classmates do not harm each other during breaks (item No. 19), as perceived by the students. The teachers assessed mutual help among students (item No. 22) and occurrence of aggression among students at school (item No. 23). The parents commented the child's fear of classmates (item No. 4), whether the child has friends at school (item No. 5) and whether the child has contacts with classmates after school (item No. 7).

The subsequent test first states the results of the first classification of opinions of the students, teachers and parents. The results of the second classification are referred only in statistically significant cases, only from the students' perspective.

Elementary school I.

Characteristics of the school and of the research set:

201 (of 201) students, 24 (of 24) teachers, 79 (of 201) parents.

The relations among students were characterized relatively positively by the students. Nearly all students stated to have friends among classmates (99 %), to have good relations with classmates (95 %) and to have a classmate to whom they can confide (91.5 %). Three quarters of respondents of ZŠ I., i.e. 74.2 % agree with mutual support of classmates. Less than a quarter of classmates (22.1 %) have experienced mutual harming during breaks. It is satisfying that up to 92.5 % students are not afraid of their classmates. The teachers evaluated the relations among students almost in two thirds as showing signs of aggression (59.1 %); however, the students help each other, according to the teachers' statements (90 %). The parents stated that the children are not afraid of classmates, which was agreed by 94.9 %, and that they have friends at school (agreed by 100 %). The child has contacts with classmates also after school (89.7 %).

The correlations of items in the STUDENTS questionnaire (important items 5, 6, 7, 12, 13, 19) are always stated in subsequent tables (Table 1, 2, 3, 4).[3]

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[3] The tables state the calculated values of Pearson's correlation coefficient, always for specific item combinations in the questionnaire. The questionnaires are enclosed to the article. The values in bold show dependence between the phenomena observed.

Table 1 Correlation of items – Elementary school I.

	5	6	7	12	13	19
5	X	**0.17**	**0.12**			
6		X	0.02			
7			X			
12				X	**0.17**	
13					X	
19		0.01	**0.17**	0.05	0.12	X

Source: own processing

Pearson's correlation coefficient shows only a weak dependence between items 5 and 6, 7 and 19, 12 and 13. Students have good relations with classmates and they have classmates to whom they can confide. Classmates are not afraid of each other, they do not harm each other during breaks. They have friends among classmates and support each other.

Elementary school II.

Characteristics of the school and of the research set:

469 (of 469) students, 32 (of 32) teachers, 316 (of 469) parents.

In this elementary school, the students have friends among classmates in 94.9 %; they have good relations with classmates (91.4 %); many of them also have a classmate to whom they can confide. 83.4 % students can count on mutual support among students. Some classmates (23.5 %) have experienced mutual harming among classmates during breaks, but 88.1 % are not afraid of their classmates. When the teachers assessed the relations among students, it was found out that they see aggression at school very often (93.1 %). But many students (80 %) help each other. The parents stated that the children are not afraid of classmates in 90.2 % and that they have friends at school 97.8 %. The child has contacts with classmates also after school (84.9 %).

Table 2 Correlation of items – Elementary school II.

	5	6	7	12	13	19
5	X	0.30	0.13			
6		X	0.2			
7			X			
12				X	0.24	
13					X	
19		0.17	0.32	0.10	0.23	X

Source: own processing

As for ZŠ II, Pearson's correlation coefficient shows more frequent dependence between the phenomena under research; it also achieves higher values than at ZŠ I. But it is still a low dependence, specifically between items 5 and 6 (the student has a classmate to whom he/she can confide, and the student has good relations with classmates), and between items 7 and 19 (the student is not afraid of classmates and classmates do not harm each other during breaks). There is only a weak dependence between items 6 and 7, 13 and 12, 19 and 6.

Elementary school III.

Characteristics of the school and of the research set:

42 (of 42) students, 10 (of 10) teachers, 20 (of 42) parents.

The students stated to have friends among classmates (90.5 %), to have good relations with classmates (97.6%) and some of them stated to have a classmate to whom they can confide (69.1 %). 73.8 % students have experienced mutual support among students. Up to 28.6 % students reported mutual harming of classmates during breaks. In spite of that, 80.5 % students are not afraid of their classmates. Teachers confirmed frequent aggression in relations among students in 81.8 %. However, some students (77.8 %) help each other. The statement that the children are not afraid of their classmates was agreed by 80.8 % parents; 96.7 % of them stated that their children has friends at school. According to the parents, the child has contacts with classmates also after school (78 %).

Table 3 Correlation of items – Elementary school III.

	5	6	7	12	13	19
5	X	**0.23**	**0.19**			
6		X	**0.31**			
7			X			
12				X	**0.34**	
13					X	
19		**0.24**	0.09	0.32	**0.32**	X

Source: own processing

Pearson's correlation coefficient shows only a weak dependence between items 5 and 6, 5 and 7, 19 and 6. There is low dependence between items 6 and 7 (the student has good relations with classmates and is not afraid of them), 12 and 13 (the student has friends among classmates and the classmates support each other), 12 and 19 (the student has friends among classmates and the classmates do not harm each other during breaks), and 13 and 19 (the classmates support each other and they do not harm each other during breaks).

Elementary school IV.

Characteristics of the school and of the research set:

177 (of 177) students, 13 (of 13) teachers, 122 (of 177) parents.

The students confirmed to have friends among classmates in 91.3%, to have good relations with classmates in 90.9 % and to have a classmate to whom they can confide in 82.5 %. Mutual support among classmates is common to 75.1 % students; 26.6 % students have seen mutual harming among classmates during breaks; however, 90.4 % students are not afraid of their classmates. Teachers reported 100 % occurrence of aggression among classmates. However, students also help each other (90 %). The child has contacts with classmates also after school only in 45 %. At ZŠ IV., only 65 % parents stated that the children are not afraid of their classmates, but that they have friends at school (100 %).

Table 4 Correlation of items – Elementary school IV.

	5	6	7	12	13	19
5	X	0.11	0.15			
6		X	0.03			
7			X			
12				X	**0.21**	
13					X	
19		0.00	**0.19**	0.06	0.11	X

Source: own processing

Pearson's correlation coefficient also revealed only weak dependences between items 12 and 13 (the student has friends among classmates; the classmates support each other) and 7 and 19 (the student is not afraid of the classmates and there is no harming among classmates during breaks). Nevertheless, we do not see a weak dependence as insignificant in the area of relations.

Conclusion

The authors have been researching the school climate since several years; they consider it a significant school environment phenomenon, experienced, assessed and evaluated by the creators of the environment, primarily by students, teachers and parents. Many studies have shown that additionally to the cultural dimension of school environment, primarily the social dimension is a very important area affecting the school climate (Grecmanová, 2008). Social dimension is a relationship dimension concerning communication and cooperation, behaviours among students, teachers and parents. Therefore this article focused on the school climate, on research approaches to school climate and on current research of climate in four selected elementary schools in the Czech Republic from the perspective of relations among students, as assessed by students, teachers and parents. The specific focus on the relations among students was undoubtedly provoked by the increase of risky behaviour of students at schools that must be address or rather prevented by the teachers. It cannot be expected that positive climate will develop at schools where aggression, bullying and truancy occurs.

All schools subject to the study brought a very frequent statement that the students have friends among classmates, that they have good relations with classmates and, except for ZŠ III., that they have also a classmate to whom they can confide. Mutual support among classmates was shown in about three fourth of cases. However, about one fourth of students has experienced harming among classmates during breaks, although most pupils are not afraid of their classmates. Aggression among pupils was confirmed also by

teachers, mostly at ZŠ IV. (100% occurrence where fear of classmates was mentioned even by parents (35 %). It is certainly difficult to assess relations among pupils and the climate in the said schools without further research in more detail. Therefore we consider simple description as most adequate. Pearson's correlation coefficient revealed only weak or low dependences among the phenomena under research at all schools; that, however, does not mean that the dependences are insignificant. It can be stated with some caution that if the described situations occur at school, they often exist independently of each other. The finding can have a significance in case of searching causes of the specific character of a climate and in case of striving to change and shape it.

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Authors

prof. PhDr. Helena Grecmanová, Ph.D.
Faculty of Arts, Palacký University Olomouc
The Department of Sociology, Andragogy and Cultural Anthropology
tř. Svobody 26, 779 00, Olomouc, The Czech Republic
helena.grecmanova@upol.cz

Mgr. Lucie Blaštíková
Faculty of Education, Palacký University Olomouc
The Institute of Education and Social Studies
Žižkovo nám. 5, 771 40, Olomouc, The Czech Republic
lucka.blastikova@seznam.cz

APPENDIX 1 – QUESTIONNAIRE FOR PUPILS

Dear pupils,

We would like to ask for cooperation in determining the climate of your school.

We kindly ask you to fill out the following questionnaire. The survey takes only a few minutes. The questionnaire is anonymous, so we ask for true answers.

Please fill in the heading before you start working on the questionnaire.

In the questionnaire, answer like I agree/ I disagree. Please circle the corresponding answer. If you correct your original response, simply cross it out and circle the second option.
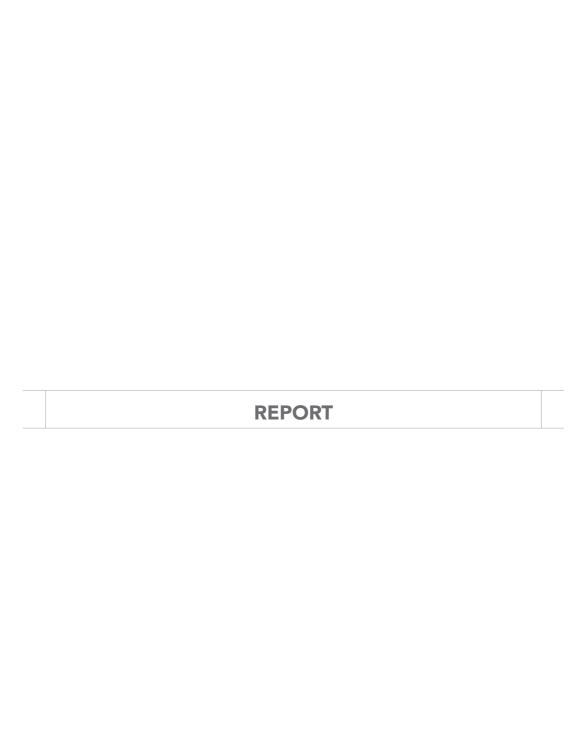
Thank you for your willingness.

Have a nice day, a team of authors

SCHOOL:
CLASS:
BOY   GIRL

NUMBER	FORMULATION OF STATEMENT	ANSWER	
1.	Teachers have understanding for my problems.	I AGREE	I DISAGREE
2.	Teachers keep promises.	I AGREE	I DISAGREE
3.	My parents are interested in my school results.	I AGREE	I DISAGREE
4.	My parents go to class meetings.	I AGREE	I DISAGREE
5.	At school, I have a classmate I can trust.	I AGREE	I DISAGREE
6.	We are friends with classmates.	I AGREE	I DISAGREE
7.	I am not afraid of classmates.	I AGREE	I DISAGREE
8.	At school, I have a teacher I can trust.	I AGREE	I DISAGREE
9.	I am not afraid of teachers.	I AGREE	I DISAGREE
10.	Teachers talk with us about our problems.	I AGREE	I DISAGREE
11.	Teachers are interested in pupils´ hobbies.	I AGREE	I DISAGREE
12.	I have friends among classmates.	I AGREE	I DISAGREE
13.	My classmates and I support each other.	I AGREE	I DISAGREE
14.	At school, we follow the rules.	I AGREE	I DISAGREE
15.	I like learning.	I AGREE	I DISAGREE

16.	Our teachers teach in interesting way.	I AGREE	I DISAGREE
17.	At school, we pay attention to the lessons.	I AGREE	I DISAGREE
18.	We do not disturb during lessons.	I AGREE	I DISAGREE
19.	During breaks, my classmates and I do not hurt each other.	I AGREE	I DISAGREE
20.	Our teachers praise us.	I AGREE	I DISAGREE
21.	We can improve bad grades (assessments).	I AGREE	I DISAGREE
22.	The principal comes to our class sometimes too.	I AGREE	I DISAGREE
23.	I find our school interesting.	I AGREE	I DISAGREE
24.	The school is well equipped.	I AGREE	I DISAGREE
25.	I am contented at school.	I AGREE	I DISAGREE

Do you have any other comments?

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REPORT

HOW TO INTERCONNECT RESEARCH
AND DEVELOPMENT
IN EDUCATIONAL PRACTICE

Martin Kaleja, Marek Cetkovský

Experts from the Faculty of Public Policies of the Silesian University in Opava, as an implementation team conducted a sociological monitoring of education of preschool children and pupils of compulsory school education in the context of the whole of Czech Republic in the period from June 2014 to September 2015. They implement a research contract where the contracting authority was the Ministry of Education, Youth and Sports of the Czech Republic. The research goal had three basic research planes. The first one involved the implementation of research in the field of literacy among pupils of 3rd and 4th grade at primary schools of all types. The second research plane focused on the readiness of teachers to educate all groups of pupils, and the third dealt with an analysis of educational systems in two selected cities – Sokolov and Krnov.

The project currently implemented is also financially supported from the resources of the European Union. This time, building on the research mentioned, it has a developmental blueprint. Project name: Direct and clear support of the educational inclusion – the question of school, family, neighbourhood (reg. No. 02.3.61/0.0/0.0/15_007/0000239). It represents research-based and desirable support of inclusive policies for the education of primary school pupils at risk of school failure. It addresses the issues of both school and family environment, the issues of counselling and competences of teachers and other staff involved in the solution of these issues. Its main objective is to contribute to the inclusion of marginalised groups of pupils in the education system and to increase their school success rate. Another aim is to cancel animosity and eliminate prejudices and stereotypes through the cooperation of families, schools and other people or entities involved.

The concept is divided into six key activities which are not only dedicated to the family and school environment but also address the competences of teachers, of counselling office staff and of other staff involved in the area of school education. It is possible to consider as a dominant and central innovation concept of the project the fact that the various parts of the key activities were systematically incorporated into the implementation based on long-term monitoring of the issues of educational inclusion of target groups and on the results of research projects on the implementation, but also based on long-term direct pedagogical field practice with the target group and experience based on the European trends toward active support of school inclusion of the affected groups of pupils.

In the framework of the first key activity (KA1), direct work is conducted with children at risk of school failure. The project staff prepare after-school tutoring or clubs of mathematics and reader literacy. Tutoring takes place at school compounds, or in the form of individual visits in families which naturally engages the children's parents in the process. The targeted tutoring implementation in their home environment, then, naturally affects family life of pupils, enables the staff to talk with the parents and explain to them that the project support is limited in time and that it offers them the opportunity to participate in effecting changes at the school level, as well as among teachers and that some changes must be made by themselves.

Other objectives of the project include the creation of a fully competent environment, using the expansion of the activities of the schools' counselling workplaces by the position of a school special needs teacher and coordinator for school inclusion (KA2). The creation of these positions at specific schools in the context of specific pupils and teachers helps create positive changes that will lead to the autonomy of the teaching staff and to the shaping of the internal inclusive social and physical space of schools. Based on efficient synergy among all members of the school counselling office, the pupils of selected schools are provided with individual non-pedagogical support by means of a classroom assistant (KA3).

To support the effective cooperation among all stakeholders involved in the educational process, the project counts on creating space for joint meetings of teachers and parents, or social workers, (KA4) to develop effective communication and cooperation needed for the positive mood of educational processes both in the family and in school environment, or in the environment of leisure time activities.

In order to guarantee the development of professional competences of teaching staff, further education courses have a firm place in the project, focusing mainly on working with pupils of a different socio-educational characteristic which should be taken into account in the framework of the application of optimal educational strategies.

Currently, almost all the key activity implementations are in full swing. Since the fall of 2016, nineteen primary schools have already joined the project. By the end of 2016, seventy-one tutoring platforms and clubs at elementary schools and seventeen individually designed tutoring programs in families had been implemented. The implementation currently involves eighty-one pedagogues who are taking care of more than three hundred children at risk of school failure. These are not the final figures by far, as the project counts on the participation of at least thirty additional primary schools. In November 2016, a training course to support conducting teaching activities according to the principles of the methodical instruction "Starting Together" took place at the compounds of the Faculty of Public Policies in Opava. Faculty of Public Policies in cooperation with the organization Step by Step CR, CIC [o.p.s.] awarded thirty pedagogues certificates with the accreditation of the Ministry of Education, the Youth and Sports. Other courses are to be started this spring.

By the end of the three-year project implementation, the implementation team will evaluate the inclusiveness of at least fifty involved primary schools from the vicinity of

Opava, Krnov, Ostrava and Vsetin whose results will be higher than at the very beginning. Thanks to the implementation of the whole concept of the project, significant changes of both quantitative and qualitative nature in school success rates are expected for a majority of Roma primary school pupils involved. The training programs will support education processes based on the individual principle, ensure the development of key competences and of both reading and mathematical literacy of pupils. In a systemic way, the teaching staff will be led to the formation of an inclusive environment both on the social and physical level so that they can perform this activity independently. Using the training courses designed, the teachers will become familiar with practical issues of school inclusions both in wider and narrower educational intents and always with substantive relevance to the learners themselves, the social environment in which they live and grow up, and to the people who have influence on the processes of their socialisation.

Authors

doc. PhDr. et PhDr. Martin Kaleja, CSc.
Faculty of Public Policies, Silesian University in Opava
Bezručovo nám. 885/14, 746 01 Opava, The Czech Republic
martin.kaleja@fvp.slu.cz

Mgr. Marek Cetkovský
Faculty of Public Policies, Silesian University in Opava
Bezručovo nám. 885/14, 746 01 Opava, The Czech Republic
marek.cetkovsky@fvp.slu.cz

EXAMPLE OF GOOD PRACTICE

IMPLEMENTATION OF INCLUSIVE MEASURES TO SUPPORT PUPILS OF DIFFERENT SOCIO-ECONOMIC AND CULTURAL ENVIRONMENT

Katarína Dubělčíková

One of the projects aimed at the introduction of inclusive measures is the project Support of Inclusion in the Moravian-Silesian Region. The project involves eight primary schools, one secondary school, two pedagogical psychological counselling offices, a DTIC (District Facility for Further Training of Teaching Staff and Information Centre), and the non-government non-profit organization Společně-Jekhetane, CIC [o.p.s.].

The aim of introducing positive inclusive conditions is to support pupils from marginalized groups, pupils of different socio-economic and cultural environment and pupils with special educational needs. It focuses on such conditions that will help the target group pupils experience school success, facilitate their transition from one level of education to another and allow them to integrate themselves into the society.

In the framework of the implementation of the project, emphasis is mainly placed on networking. The aim is to establish cooperation among individual entities, namely, the schools, the educational and psychological counselling offices and the NGOs. This mutual cooperation should be directed toward providing support to target group pupils and to the families of these pupils. To do so, a cooperation and collaboration of stakeholders in inclusion is necessary. It is important that the cooperating entities have established real communication and cooperation which will lead to mutual understanding and effective transmission of information. School counselling offices, which include the special needs teachers and the school psychologists, play a key role here. Each of the participating schools thus has specialized staff at their disposal directly on site. An integral part is formed by the school assistants who work in tandems with the teachers. Their work duties are, in particular, the communication with teachers, pupils and families. The answer to the question of how to achieve the support of the target group pupils may be found in the development of co-operation and competences of all the agents involved in education, whether directly or indirectly. Of course, the interest and motivation of parents to be involved must not be omitted. The support of the whole community from officials with decision-making powers to end users (pupils, parents) is needed for inclusion to be implemented.

The project activities aim to support target group pupils and, at the same time, they focus on the support and development of competences of teachers. These activities include:

Primary and Secondary Schools:

- Increasing the competences of teaching and non-pedagogical staff to work with the pupils and families of the target group
- Development of key competences and literacy in the framework of after-school clubs
- Establishment of the position of a special pedagogue and a psychologist
- Support by means of a school assistant
- Methodological support of the special needs teacher, psychologist and school assistant in the form of training and supervision
- Intervisional expert guidance of the school in creating conditions for inclusive education
- Activities aimed at facilitating the transition of children and pupils from one level of education to another, including tutoring at school, after-school groups for the development of key competences in the framework of informal clubs. Tutoring can also be carried out in cooperation with an NGO where the NGO worker visits the families.
- The development of cooperation among the teaching staff, social and health-care services and the family in education primarily through parents' clubs where the parents meet the teachers and other professionals once a month. The clubs focus on developing and strengthening partnership of the professionals with the parents, the transmission of information regarding the education of pupils, how to work with them at home and what to focus on. The clubs are attended by the parents, the inclusion coordinator, other professionals of the school counselling office and social, health-care or other spheres. They address the current needs of parents and pupils.

The establishment of the position of special needs teacher and school psychologist will increase the possibility of early intervention towards the support of target group pupils and their integration into their classes. By ensuring the presence of a school assistant at the school, the establishment of more efficient cooperation with the pupil's family will become possible, especially enabling the assistant to influence the family environment.

Pedagogical-Psychological Counselling Offices:

One of the major activities of the pedagogical-psychological counselling office is the support of school counselling offices by organizing educational activities both for schools and the teaching staff, and for the parents, methodological support and supervision of the project activities. The pedagogical-psychological counselling offices are expected to cooperate closely with the schools and NGOs.

Non-Governmental Non-Profit Organisations:

- The close cooperation with schools and families – the identification of their current needs and efficient response to the identified needs

- Cooperation with the pedagogical-psychological counselling office – according to the current needs and requirements of parents and schools.
- Activities aimed at establishing contact of the school with the family of the pupil, learning the environment, location, determining the needs and possibilities of the support to the pupil's family
- Activities for the teaching team focused on understanding the different concept of education in Roma families
- Methodical guidance of school assistants
- Activities for Roma and non-Roma parents aimed at removing the barriers of mutual prejudices in the form of social events at neutral venues Parents have the opportunity to get to know each other in the context of informal meetings.
- Activities for Roma parents which will be focused on the development of parental competence and understanding of the importance of education for their children in the form of workshops.
- In difficulties dealing with the school, the parents are provided with individual support communicating with the pedagogical worker which can help prevent conflicts caused by incorrect interpretation of the said. Thanks to the project, it happens more and more often that the staff of NGOs are invited by the school to cooperate with families of pupils at risk of exclusion. It especially concerns such activities that help establish a closer cooperation with the family, aiming at improving the pupil's grades, attendance and behaviour.
- Part of the auxiliary activities may be tutoring.

The project helps open multiple possibilities to support pupils of marginalised groups, and open and expand horizons. Through the activities, the families become closer to the school which provides the opportunity to remove the barrier between teachers, parents and pupils.
In the course of one year, cooperation was successfully established between schools and non-profit organizations which the schools perceive as positive experience, particularly in regard to the cooperation with families. It is easier to work on producing plans to support the pupils and motivate the parents to cooperation. Among other things, this leads to the creation of partnership between parents and teachers. The experience of social workers of NGOs are passed on to the school assistants. In the framework of methodological meetings, experience and examples of good practice are shared. At the same time, there is room for the development of social competences.
Once per the duration of the project, each school organizes a discussion for the teaching staff. The aim of this discussion is to bring the Roma culture closer and point out the differences in the education of Roma families which helps overcome the barriers between the schools staff and the families from different social and cultural environment.
In conclusion, I want to once again underline the need to interconnect all of the agents involved in the inclusion measures. This involves looking for possibilities to help the pupils who are at risk of exclusion. The possibility to use the services of the school

psychologist, the special needs teacher and the school assistant on the site at school makes the support of target group pupils more efficient. There is a greater chance to prevent exclusion from the course of education. Thanks to tutoring either directly at schools or in families, the pupils have the opportunity to experience academic success which increases their motivation to continue their education. At the same time, the teaching staff have the opportunity to develop their social skills within the project to learn that education is not just a question of studying but that every pupil does have his or her social background. Their education and learning is thus in a significant way influenced by the social environment in which they grow up.

Author

Mgr. Katarína Dubělčíková
Společně – Jekhetane, o.p.s.
U Tiskárny 3, Ostrava, The Czech Republic
inkluze@jekhetane.cz

SILESIAN
UNIVERSITY
FACULTY OF PUBLIC
POLICIES IN OPAVA