

Contemporary Perspectives on Child and Youth Welfare from Different European Countries

Alexandra Geisler

Marco Wille (eds.)



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Pia Eriksson, Alexandra Geisler, Terje Halvorsen, Lena Jauch, Emil Korzeniewski, Minna Niemi, Madalena Sofia Oliveira, Carlos Silva Peixoto, Alexandra Petrů, Andrea Rácz, Faustino Rizzio and Marco Wille

Represented in this volume: Czech Republic, Finland, Germany, Hungary, Italy, Norway, Poland & Portugal

List of Authors

Eriksson, Pia

Pia K. Eriksson is an associate professor in social work at the University of Helsinki and senior researcher at the Finnish Institute for Health and Welfare. Dr. Eriksson has extensive experience in the field of child welfare as a researcher, expert and social worker. Her research interests are related to out-of-home care: the organization and delivery of services, professional practices, and the experiences of children. Her current research focuses on the effectiveness of residential care, restrictive practices and the wellbeing of children in care. Contact: Pia Eriksson, P.O. Box 54, FI-00014 University of Finland, Finland, pia.k.eriksson@helsinki.fi

Geisler, Alexandra

Alexandra Geisler is Professor of Applied Social Pedagogy at the University of Applied Sciences Dresden (FHD). She studied Social Work at the University of Siegen and earned her M.A. in International Social Work and Human Rights in Berlin. She received her Ph.D. in Sociology from Humboldt University Berlin with a dissertation on human trafficking and racialization of *Rroma* women. Her professional work and research focusses on marginalization, structural violence, sexualized violence, and participatory social work research. Contact: Prof. Dr. Alexandra Geisler, www.alexandra-geisler.de, Email: alexandra-geisler@mail.de

Halvorsen, Terje

Terje Halvorsen is a professor in child welfare at the Department of Social work at NTNU (Norwegian University for Science and Technology). As a researcher he has worked on topics in social pedagogy, philosophy of education, developmental psychology, and residential care. Contact: Professor Terje Halvorsen, Institute of Social Work, Norwegian University of Science and Technology, Box 8900, Torgarden, 7491 Trondheim, Norway; terje.j.halvorsen@ntnu.no

Jauch, Lena

Bachelor and Master Degree in Social Work. Worked in homeless assistance, in a crisis facility for young adults and in Berlin Youth Emergency Service focusing on counseling, taking into custody and placement of minors. Has been working in the Berlin coordination office since 2018 focusing on the development of flexible support settings for children and young people with complex support needs. Completed further training as a trauma-focused specialist counselor.

Korzeniewski, Emil

Emil Korzeniewski, M.A. – Assistant at the Department of Theory of Education and Pedagogy of Care, University of Gdańsk. His doctoral research focuses on the conceptual

foundations of *care, nurturing, relationship, and education* within the practice of caregiving and educational work in residential childcare institutions. He has professional experience in the foster care system. Currently, in addition to his academic work, he practices as a psychotherapist at the Centrum Pomocy Dzieciom of the Empowering Children Foundation (FDDS) – an institution operating according to the Barnahus and Children's Advocacy Centre models. Contact: Emil Korzeniewski, University of Gdańsk, Faculty of Social Sciences, Institute of Pedagogy, Department of Theory of Education and Pedagogy of Care, ul. Bażyńskiego 8, 80-309 Gdańsk, Poland, email: emil.korzeniewski@ug.edu.pl

Niemi, Minna

Minna Niemi is a senior researcher at the Finnish Institute for Health and Welfare. Her expertise in child protection services and inter-agency collaboration is grounded in professional experience as a researcher, developer, educator, and practitioner in social work. Currently, she focuses on research related to out-of-home care in child protection. Her interests include foster family care, residential care, the child protection service system, and the child's position in care proceedings. Contact: Minna Niemi, P.O. Box 30, FI-00271 Helsinki, Finland, minna.niemi@thl.fi

Oliveira, Madalena Sofia

PhD in Psychology, MSc in Forensic Science and Degree in Social Work. Assistant Professor at the Higher Institute of Social Work in Porto and Guest Assistant Professor at the University Institute of Health Sciences-CESPU and the University of Maia. Director of the Master Degree in Social Intervention in Childhood and Youth at Risk of Social Exclusion at the Higher Institute of Social Work in Porto. Researcher at the Centre for Research in Justice and Governance - JusGov - University of Minho, having devoted the last two decades to the study of violence in intimate relationships, intergenerational transmission of violence, child abuse and neglect, and new types of victimisation/aggression, resulting in over a hundred presentations at national and international conferences and publications in journals, chapters, and books in the field of abuse, violence, and crime.

Contact: madalena.oliveira@isspp.pt

Peixoto, Carlos Silva

Post-graduate in clinical and forensic psychology. Diverse professional background, focusing on human rights, mental health, families, children and youth. Working for the National Commission for the Promotion of the Rights and Protection of Children and Young People, Porto Higher Institute of Social Service and Non-governmental Organizations. Member of the Research Center for Social Service Sciences. Researcher, especially in the areas of children's rights and protection, with several publications. Contact: Peixoto, C. S., Instituto Superior de Serviço Social do Porto, Av. Dr. Manuel Teixeira Ruela, 370 - 4460-362 Sra. da Hora Portugal, carlos.peixoto@isspp.pt

Petrů, Alexandra

Mgr. Alexandra Petrů, PhD., works at the Department of Social Work, Faculty of Social and Economic Studies, Jan Evangelista Purkyně University in Ústí nad Labem. Her main professional interests include school social work, supervision, and crisis intervention. She earned her Ph.D. in Applied Economics and Administration from Jan Evangelista Purkyně University and a Master's degree in Supervision and Management in Social and Health Organizations from Charles University. She has experience in crisis intervention, social work, and education. Currently, she directs the UJEP Social Clinic and provides supervision in social work, justice, and education. Contact: Department of Social Work, Faculty of Social and Economic Studies, Jan Evangelista Purkyně University, Pasteurova 1, 400 96 Ústí nad Labem, Czech Republic; e-mail: alexandra.petru@ujep.cz

Rácz, Andrea

Andrea Rácz is an associate professor with habilitation of the Department of Social Work at the Faculty of Social Sciences of Eötvös Loránd University, Hungary. She acquired her MA in sociology at Eötvös Loránd University and holds a PhD in sociology. Her main research field is child welfare and protection. She has published several research articles and books, which primarily deal with social exclusion, child welfare, and child and youth protection. In recent years, in addition to her teaching and research work, she has led several child protection projects. Contact: Andrea Rácz, ELTE Eötvös Loránd University, Faculty of Social Sciences, Budapest, Hungary, 1117, Pázmány Péter sétány 1/a. racz.andrea.aniko@tatk.elte.hu

Rizzio, Faustino

Faustino Rizzo, Ph.D. in Reggio Childhood Studies, is a Research Fellow at the Department of Philosophy, Sociology, Education and Applied Psychology (FISPPA), University of Padua. His research focuses on family education, childhood vulnerability, and the promotion of children's rights within justice and welfare systems. He collaborates with the national P.I.P.P.I. program and international research group. Contact: Faustino Rizzo, University of Padua, Department of Philosophy, Sociology, Education and Applied Psychology (FISPPA), Via Beato Pellegrino 28, 35137 Padova (Italy). Email: faustino.rizzo@unipd.it

Wille, Marco

Marco Wille is a qualified social worker (BA) with a master's degree in social work as a human rights profession (MSW). He currently manages a small residential facility providing supported independent living for young people who have intensive support needs, often stemming from trauma or psychological challenges in Germany. His practice is rooted in a human rights-based approach, focusing on fostering resilience and promoting self-determination for those under his care. Contact: marcowille@posteo.de

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Introduction

Child and youth welfare systems across Europe reflect a diverse array of legal traditions, institutional structures, and professional practices. While united by the shared commitment to children's rights and the protection of vulnerable young people, each country faces distinctive challenges shaped by history, politics, and social change. This volume, *Contemporary Perspectives on Child and Youth Welfare from Different European Countries*, brings together contributions from researchers and practitioners to provide a comparative lens on current debates, shortcomings, and innovations in the field.

The chapters cover eight European contexts: Czech Republic, Finland, Germany, Hungary, Italy, Norway, Poland and Portugal. Together, they illustrate both the diversity and convergence of welfare practices. This publication brings together comparative insights from these eight European countries to examine how different welfare regimes diagnose, label, and respond to young people with complex support needs. While the national frameworks differ historically, legally and financially, all contributions highlight similar tensions: between care and control, participation and coercion, individual responsibility and structural failure. This publication therefore does not aim to offer a universal definition or intervention model. Instead, it provides a multi-perspective analytical overview of discourses, practices, and challenges, offering a basis for transnational reflection, professional exchange, and policy re-orientation.

By presenting these perspectives side by side, the volume not only maps the complexity of European child and youth welfare but also underscores recurring themes: the tension between prevention and reaction, the balance between control and rehabilitation, and the central role of participation and rights in shaping effective systems.

The following chapters were written by experts with situated knowledge of their national contexts. Each contribution discusses the socio-historical background of the child and youth welfare system, the current "Zeitgeist" shaping professional and political debates, the theoretical and methodological foundations of the authors' analysis, and the implications for future policy and practice. Together, the texts make visible the systemic patterns behind individual biographies – and call for a re-imagining of child and youth welfare that is relational, rights-based, and structurally informed rather than reactive, punitive, or deficit-oriented.

Germany

In their article “*“System Crashers” and Complex Support Needs: Structures, Challenges, and Professional Perspectives in the German Child and Youth Welfare System*,” Alexandra Geisler, Lena Jauch, and Marco Wille analyze the legal foundations, structures, and current challenges of child and youth welfare in Germany, with particular attention to systemic pressures, the role of independent providers, and innovative responses to so-called “*system crasher*” cases.

Background: The German child and youth welfare system (Kinder- und Jugendhilfe) is grounded in the Basic Law (Art. 6 GG), which establishes parental rights alongside the state’s duty to supervise and intervene if children’s well-being is endangered. The guiding principle is subsidiarity (§ 4 SGB VIII): municipalities (Youth Welfare Offices) hold legal responsibility, but services are predominantly delivered by independent providers, many of them affiliated with church or welfare associations. This structure ensures plurality, parental choice, and participation through the legally mandated *help plan process* (Hilfeplanung).

Key provisions of SGB VIII include:

- Duty to protect in cases of child endangerment, including court-enforced measures if necessary.
- Educational assistance (Hilfen zur Erziehung): a spectrum of interventions from counseling and family support to foster care, residential placements, and intensive individual support.
- Taking into custody (Inobhutnahme): emergency intervention, which children themselves may also initiate.

Current challenges include financial austerity, workforce shortages, and increasing pressure on providers to demonstrate cost-effectiveness. This trend risks commercialization, with cheaper services prioritized over quality, leading to larger groups, less-qualified staff, and reduced continuity. Particularly vulnerable are so-called “*system crasher*”: children and youth with complex needs who do not fit standardized structures and often experience multiple placement breakdowns.

Innovative responses have emerged, such as the Berlin and Hamburg Coordination Offices and projects in Lower Saxony and North Rhine-Westphalia. These initiatives stress interdisciplinary cooperation, individualized support, and interpretive diagnostics that reframe challenging behaviors as biographically understandable coping strategies. Evaluation results show these models can stabilize trajectories and prevent exclusion.

Conclusion: The German child and youth welfare system is marked by a strong legal framework emphasizing subsidiarity, participation, and pluralism of providers. Yet austerity, fragmentation, and bureaucratic pressures risk undermining its potential. Addressing the needs of highly challenging youth requires shifting from reactive, standardized responses to preventive, participatory, and cooperative approaches—supported by structural reforms that safeguard professional ethos and adequate resources.

Finland

The article *“Trends and Shortcomings of the Finnish Child Welfare System in Meeting Adolescents’ Needs in Complex Situations: Current Challenges and Future Directions”* by Pia Eriksson and Minna Niemi analyzes the current state of Finnish child welfare, particularly in relation to adolescents in out-of-home care (OHC) with complex needs.

Background: Finland has a long-standing child protection tradition built on voluntarism, preventive family support, and a strong rights-based framework. Despite these foundations, growing societal challenges—including rising youth violence, increased drug-related deaths, and frequent absconding from residential care (RC)—have exposed systemic weaknesses in addressing adolescents’ mental health, substance use, and rehabilitation needs.

The authors synthesize Finnish research, administrative reports, and policy debates to highlight three central shortcomings:

1. Limited support for foster family care as a viable alternative to RC.
2. Insufficient rehabilitation and weak multiprofessional collaboration.
3. A growing reliance on restrictive measures rather than therapeutic responses.

Recent government proposals emphasize control—such as expanding restrictive measures, creating secure rehabilitation units, and strengthening legal powers to prevent absconding. While such steps may ensure short-term safety for certain adolescents, the authors caution against allowing restrictive practices to overshadow children’s rights and the rehabilitative aims of care.

Conclusion: Finnish child welfare is at a crossroads. Effective reform requires balancing safety and control with sustained investment in universal services, accessible mental health and substance abuse treatment, and robust multiprofessional collaboration. Without these, the system risks drifting toward containment rather than genuine rehabilitation and support for vulnerable adolescents.

Hungary

The article „*The Situation of Child Protection from the Perspective of Children, Young People and Professionals in Hungary*“ by Andrea Rácz explores the current state of child protection in Hungary, drawing on statistical data, qualitative research, and the perspectives of children, young people, and professionals.

Background: The Hungarian child protection system serves nearly 24,000 children and young adults, with the majority in foster care and a significant minority in children's homes. Recent years have seen structural changes, including the growing role of churches in provision, a shortage of foster families, and declining aftercare participation. Despite the system's legal framework, children in care often face educational disadvantage, stigmatization, substance abuse, homelessness, and limited social integration opportunities.

Based on three qualitative research projects, the article identifies systemic shortcomings:

1. Lack of prevention and delayed interventions – professionals are overburdened and often only respond to the most critical cases.
2. Resource constraints – shortages in psychology, special education, and trauma-informed services hinder effective care.
3. Reproduction of disadvantage – intergenerational patterns of child protection involvement are common, with many young people leaving care unprepared for independent life.
4. Voices of children and youth – care recipients often feel unheard, depersonalized, and treated with pity rather than respect, though they value attentiveness, educational support, and empathetic professionals.

The study also highlights the case of *Attila*, a young adult in aftercare, whose trajectory demonstrates systemic failures: delayed responses, inadequate foster care oversight, and repeated neglect of children's perspectives. Despite some improvements, his experience reflects the insecurity and conditionality many young people feel within the system.

The article concludes with an example of good practice: the YOUNGo mobile application, developed by the Rubeus Association, which provides youth-friendly support on education, health, housing, and independence. While such innovations are valuable, Rácz argues that structural reform is essential. Key priorities include investing in prevention, ensuring adequate staffing and training, protecting children's rights, and creating a comprehensive child protection strategy grounded in participation and transparency.

Conclusion: Hungarian child protection is marked by systemic crisis, high professional overload, and limited capacity to meet children's needs. Yet both professionals and young people identify pathways for improvement, emphasizing the need for humane, participatory, and adequately resourced approaches to ensure real social integration for children in care.

Poland

In his article *"Child Protection Standards (SOD) in Poland: Between Legal Necessity and Everyday Challenges"* Emil Korzeniewski reviews the recent introduction of Child Protection Standards (Standardy Ochrony Dzieci – SOD) in Poland, which became legally binding in 2024. The standards mandate all institutions working with children—such as schools, foster care, and childcare organizations—to implement minimum procedures for safeguarding children from abuse, neglect, and violence.

Background: Historically, child protection in Poland lacked coherence, depending heavily on local initiatives and non-governmental organizations. Violence against children was widespread and often overlooked by both state and church institutions during the 20th century. Although Poland was a co-initiator of the UN Convention on the Rights of the Child (1989), systemic reforms progressed slowly. Tragic cases of child deaths due to abuse, most recently in 2023, triggered public outcry and catalyzed legislative change, culminating in the 2024 amendment to the Act on counteracting sexual crimes and protecting minors.

The new standards require institutions to establish clear procedures for safe adult-child interactions, reporting suspected harm, protecting children's data, staff background checks, and ensuring child-friendly complaint mechanisms. Research from pilot projects indicates positive outcomes: improved staff confidence, quicker institutional responses to abuse, and greater transparency. However, challenges remain, including insufficient preparation time for institutions, lack of uniform guidelines, resistance from parents, and political polarization around child protection reforms.

The article underscores that while some schools and care institutions risk treating SOD requirements as bureaucratic obligations, their true significance lies in shifting organizational culture: recognizing children as rights-holders and ensuring systemic, predictable responses to harm. The standards also align Poland with international frameworks such as the UN Convention on the Rights of the Child and the Council of Europe's Lanzarote Convention.

Conclusion: The implementation of SOD marks a historic turning point in Poland's child protection system. Yet, effectiveness will depend on consistent application, adequate resources, and depoliticization of child protection debates. Beyond legal compliance, the

challenge lies in embedding a genuine culture of safety and participation across institutions that work with children.

Portugal

In their article „*Home Care in Portugal: Perspectives and Challenges*“ Madalena Sofia Oliveira and Carlos Silva Peixoto trace the historical evolution of child protection in Portugal and critically examine the organization, practices, and challenges of residential care.

Background: The Portuguese System for the Promotion and Protection of the Rights of Children and Young People (SPRPCJ) was established in 2001, rooted in the Portuguese Constitution and the UN Convention on the Rights of the Child. Despite a comprehensive rights-based legal framework, Portugal continues to rely predominantly on residential care as an alternative to family placement. The country has one of the highest rates of child institutionalization in Europe, with over 94% of children in out-of-home care living in residential institutions.

Objectives and Theoretical Base: Drawing on child development, attachment, and trauma-informed perspectives, the authors highlight the need to align national practices with international standards emphasizing family-based and therapeutic care.

Methods: Through historical and legislative analysis, the chapter synthesizes national data (CASA Report, ISS 2024) and relevant research to assess the structure, quality, and outcomes of residential care.

Findings: Portugal's residential care system remains largely institutional, characterized by large facilities with limited therapeutic focus and insufficient preparation for autonomy. Despite reforms, therapeutic and post-care support are underdeveloped, and professional training is inconsistent. The dominance of institutionalization contrasts sharply with minimal investment in foster care and preventive family support.

Implications: The authors call for an ecosystemic and therapeutic reconfiguration of residential care, emphasizing smaller, family-like homes, trauma-informed practice, and strengthened aftercare. Policy attention should shift toward preventive services, family support, and foster care as primary interventions.

Conclusion: Residential care in Portugal faces enduring structural and conceptual challenges. To uphold children's rights and well-being, Portugal must transition from an institutional to a family-oriented, therapeutic model, supported by evidence-based, child-centered practice and sustained policy commitment.

Italy

In *“Learning to ‘Be No One’: Freedom, Responsibility, and Residential Care in the Italian Juvenile Justice System,”* Faustino Rizzo examines the transformation of Italy’s juvenile justice system from a corrective to an educational and rights-based model. Through the case of “Stefano” and the development of the *Liberi di scegliere* (“Free to Choose”) program, Rizzo illustrates how residential care can become a pedagogical space of freedom and responsibility for young people from mafia-affected families. His analysis reframes deviance as a systemic and relational phenomenon, highlighting the need for inter-institutional collaboration to sustain the right of children to “choose differently” beyond their inherited contexts.

Background: Over recent decades, Italy’s juvenile justice system has transitioned from a corrective–institutional model toward an educational, relational, and community-based paradigm, rooted in children’s rights and restorative justice principles. This shift is particularly relevant in regions affected by organized crime, where young people’s identities are shaped by inherited loyalties and structural vulnerability.

Objectives and Theoretical Base: The chapter analyses the case of “Stefano” (2012), the first judicial measure by the Juvenile Court of Reggio Calabria combining parental responsibility limitation with extra-regional residential care. Drawing on phenomenological pedagogy and restorative justice theory, it examines how such interventions can expand adolescents’ experiential horizons and interrupt intergenerational cycles of criminal belonging.

Methods: Based on doctoral research (Rizzo, 2024), the study applies a mixed-method design, integrating judicial documents, social work records, and narrative-biographical interviews within a multiple case study approach.

Findings: Residential care is shown to function as a pedagogical suspension—a protected space enabling recognition, reflective responsibility, and freedom beyond inherited identities. The analysis introduces the concept of “mafia vulnerability,” reframing deviance as a relational and systemic phenomenon rather than individual pathology.

Implications and Conclusion: The chapter argues that sustainable protection in mafia-affected contexts requires long-term, inter-institutional ecosystems linking justice, education, and community care. Only through such continuity can the right to “choose differently” persist beyond removal from risk.

Czech Republic

This article *“From Challenging Youth to Systemic Shortcomings – Rethinking Residential Care for a Different Path”* by Alexandra Petrů examines the historical development, legislative framework, and ongoing challenges of institutional care for children in the Czech Republic,

situating the discussion within international child rights obligations and European deinstitutionalisation trends.

Background: For decades, Czech child protection was highly institutionalised, with infant homes, children's homes, and special facilities as the dominant response to children without adequate family support. Research since the 1970s (e.g., Langmeier & Matějček) already demonstrated the negative developmental consequences of institutionalisation. After the political changes of 1989, the Czech Republic ratified the UN Convention on the Rights of the Child, leading to legislative reforms such as the Child Protection Act (1999) and the Act on Institutional and Protective Upbringing (2002). Despite policy commitments, large numbers of children remained in institutions, with persistent issues of fragmentation across three ministries, overrepresentation of Roma children, and insufficient support for family-based alternatives.

Recent developments: A major breakthrough came in 2024/25, when infant homes were abolished and the institutional placement of children under three was legally prohibited (effective 1 January 2025, with extension to under-sevens by 2028). Other reforms strengthened foster care remuneration and professional support, and introduced trauma-informed practices, individual child protection plans, and greater emphasis on child participation. Nonetheless, the total number of children in institutional care (approx. 6,400 in 2023/24) remains high. Structural inequalities (notably regional disparities in Ústí nad Labem and Karlovy Vary) and the shortage of long-term foster families hinder further deinstitutionalisation.

Professional debate and innovations: Current discussions focus on balancing deinstitutionalisation with realistic capacity-building. Proposals include therapeutic foster care for children with high needs, community-based small group homes, host care as complementary support, and unified data systems for monitoring children's trajectories. Experts call for financial shifts from institutional facilities to prevention and family support, unification of fragmented ministerial responsibilities, and systematic inclusion of children's voices in policymaking.

Conclusion: The Czech Republic has made historic progress, notably the closure of infant homes and the legal ban on institutionalising very young children. However, systemic shortcomings—persistent reliance on institutions, overrepresentation of Roma children, sibling separation, and insufficient preparation of care leavers—remain. Effective transformation requires not only legislative bans but also investment in prevention, long-term foster care, family support, and inter-ministerial coordination. Ultimately, success will be measured not by the closure of institutions but by the quality of life and social integration of children growing up in state care.

Norway

The article *“Eclecticism in Residential Childcare”* by Terje Halvorsen critically examines the role of professional theories and evidence-based approaches in Norwegian residential child welfare, arguing for a pluralistic and flexible practice that responds to the diverse needs of children in care.

Background: The Norwegian child welfare system (Barnevernet) serves approximately 44,000 children annually, with foster care as the primary measure and around 1,000 young people in residential care homes. Historically, Norwegian child welfare professionals operated with significant autonomy, drawing on diverse theoretical traditions. Since the late 1990s, however, policymakers and scholars have pushed for evidence-based practice (EBP), inspired by medicine and psychology, emphasizing randomized controlled trials (RCTs) as the “gold standard.”

Objectives and Theoretical Base: The article critically examines the role of professional theories in residential childcare and the attempt to establish an evidence-based, standardized approach. Halvorsen reviews theories spanning psychoanalysis, attachment theory, behaviorism, social pedagogy, constructivism, resilience, empowerment, environmental psychology, and more. He situates these within broader debates on methodology, epistemology, and philosophical anthropology.

Methods: The analysis draws on historical and contemporary professional theories, as well as observation of Norwegian academic debates through textbooks, articles, conferences, and seminars.

Findings: Despite extensive research, no single method or multimodal program has shown decisive impact on the majority of children in residential care. Evidence often consists of weak statistical correlations that should not be overgeneralized. The failure to identify a universally effective model challenges the evidence-based movement’s quest for a singular “ultimate approach.”

Implications: Halvorsen argues for eclecticism as the most viable professional stance in residential childcare. Given the diversity of children’s needs, cultural backgrounds, and life experiences, professionals should flexibly combine insights from multiple theories, tailoring support to each child. Eclecticism acknowledges both the strengths and limitations of theories while maintaining openness to revision as new knowledge emerges.

Conclusion: Instead of searching for one standardized, evidence-based method, residential childcare should embrace a pluralistic and eclectic approach. This requires professionals to cultivate broad theoretical knowledge, reflective practice, and ethical awareness, enabling them to provide holistic and individualized care.

Concluding Synthesis and Outlook

Across the eight country contributions, a set of shared structural patterns becomes visible, despite significant differences in welfare regimes, legal frameworks, and political culture. Children and young people who are categorised as having “complex support needs” do not constitute a homogeneous group, yet their trajectories reveal recurring systemic mechanisms: fragmented responsibilities, time-limited interventions, escalating placement chains, and the tendency to interpret institutional breakdowns as individual failure.

A second cross-national theme concerns the dominant interpretive frameworks applied to many young people. Across the cases, escalation is frequently medicalised, psychologised, or moralised, while its structural roots – poverty, marginalisation, trauma, racialisation, and cumulative institutional discontinuity – remain under-acknowledged. The country analyses show that the category of “complex needs” is itself produced through system interaction: young people become “unmanageable” when support conditions are unstable, adult relationships are rotated, and interprofessional coordination is the exception rather than the norm.

At the level of professional practice, the chapters converge on the importance of continuity, participation, and social-pedagogical expertise. Stabilisation requires not only specialised services, but also time, trust, and a shift in professional logic from reactive case administration to relational responsibility. In several countries, however, marketisation, bureaucratisation, or risk-management reforms have moved practice in the opposite direction, reducing professional discretion and prioritising procedural compliance over meaningful engagement.

Finally, the comparison highlights a broader European dilemma: child and youth welfare systems are increasingly expected to manage the social consequences of inequality, exclusion, and mental health crises, while their organisational design remains fragmented, time-bound, and crisis-driven. The eight cases demonstrate that sustainable responses to complexity cannot be built through emergency placements, diagnostic escalation, or institutional rotation, but through integrated, cross-sector, community-anchored support ecologies.

The chapters that follow deepen these insights through detailed national analyses. Read together, they provide not a blueprint, but a shared orientation: complexity is not an attribute of young people, but a signal of systemic limits. Addressing it requires not only more services, but different systems – coordinated, participatory, and structurally aware – capable of holding lives in motion rather than circulating them through institutions.

Alexandra Geisler & Marco Wille

GERMANY

“System Crashers“ and Complex Support Needs: Structures, Challenges, and Professional Perspectives in the German Child and Youth Welfare System

Alexandra Geisler, Lena Jauch, Marco Wille

*Alexandra Geisler*¹ is Professor of Applied Social Pedagogy at the University of Applied Sciences Dresden (FHD). She studied Social Work at the University of Siegen and earned her M.A. in International Social Work and Human Rights in Berlin. She received her Ph.D. in Sociology from Humboldt University Berlin with a dissertation on human trafficking and racialization of Roma women. Her professional work and research focusses on marginalization, structural violence, sexualized violence, and participatory social work research.

Lena Jauch holds a Bachelor and Master Degree in Social Work. Worked in homeless assistance, in a crisis facility for young adults and in Berlin Youth Emergency Service focusing on counseling, taking into custody and placement of minors. Has been working in the Berlin coordination office since 2018 focusing on the development of flexible support settings for children and young people with complex support needs. Completed further training as a trauma-focused specialist counselor.

*Marco Wille*² is a qualified social worker (BA) with a master's degree in social work as a human rights profession (MSW). He currently manages a small residential facility providing supported independent living for young people who have intensive support needs, often stemming from trauma or psychological challenges in Germany. His practice is rooted in a human rights-based approach, focusing on fostering resilience and promoting self-determination for those under his care.

Keywords

“system crashers”, structural violence, coordination structures, subject-logical diagnostics, institutional responsibility, prevention and stabilization, individualized support settings

Abstract

The article examines the structural, institutional, and professional dynamics shaping the trajectories of children and young people who are repeatedly excluded from standard child and youth welfare services in Germany and are colloquially referred to as “system crashers.” Drawing on legal frameworks, current debates, and practice-based evidence from coordination offices in Berlin and other German cities, the analysis demonstrates how

¹ Contact: Prof. Dr. Alexandra Geisler, www.alexandra-geisler.de, Email: alexandra-geisler@mail.de

² Contact: marcowille@posteo.de

repeated placement breakdowns, diagnostic blind spots, austerity pressures, and fragmented inter-agency cooperation co-produce the very complexity that later renders these young people “unplaceable.” Rather than attributing failure to individual behaviour or pathology, the article mobilizes subject-logical diagnostics and lifeworld-oriented social work to foreground structural mechanisms of exclusion and to reposition young people as rights-bearing subjects rather than objects of intervention. The discussion is enriched through practitioner perspectives that reveal the tensions between professional ethics, institutional logic, and cost-driven decision-making. The paper argues for a systemic paradigm shift toward early, preventive, flexible, and relationally grounded support structures, coordinated across sectors and co-created with young people themselves. It concludes that sustainable responses to complex support needs require not only legal reform and funding security but also a renewed professional self-understanding of social work as an advocacy-oriented, participatory, and reflexive practice.

The German Child and Youth Welfare System

Germany's “Basic Law” (Grundgesetz) enshrines the natural right of parents to care for and raise their children, while also stating that the state has a supervisory role in this process (cf. Article 6, Grundgesetz 2025). This establishes a dual responsibility between parents and the state to ensure the well-being of children. If parents are unable to meet this responsibility and require support, the state is obligated to provide assistance. The fundamental principle is that state-initiated measures must always be as non-intrusive as possible, aiming to maintain and strengthen the parent-child relationship. Intervention in the family system, such as placing a child outside the home, should only occur if the child's welfare is otherwise at risk.

A key principle of the German youth welfare system is the *principle of subsidiarity* (cf. § 4 Sozialgesetzbuch VIII 2025). This legal framework clearly defines a collaborative partnership between the state, and non-state service providers. Public responsibility for providing this assistance lies with the districts and cities, which are obligated to each establish Youth Welfare Offices.

Alongside these *public bodies* are the *independent providers*, which are non-state organizations, typically structured as welfare associations or private companies. These independent providers offer youth welfare services, and the Youth Welfare Offices are legally required to prioritize using their services. Public bodies can (and must) only provide these services themselves if no suitable independent providers are available, which is rare. Thus, the state promotes independent providers rather than competing with them. Youth Welfare Offices are responsible for supervising independent providers to ensure they carry out their duties professionally and within the legal framework.

An important unique feature in Germany is that a large portion of independent providers are organized within the welfare associations of the Catholic and Protestant churches (Caritas and Diakonie) and are therefore also ideologically shaped. Many training institutes for social workers, educators, and similar professions are also run by the church. The third-largest welfare association is the Paritätische Verband, which is deliberately non-ideological. Other associations are affiliated with political parties, such as the Arbeiterwohlfahrtsverband (AWO), which is close to the Social Democratic Party of Germany.

In practice, a Youth Welfare Office first determines a specific need for assistance (e.g., parental counseling) and then seeks out suitable independent providers to deliver that assistance (e.g., counseling sessions). The Youth Welfare Office pays the providers a fixed rate for their services and monitors the progress of the assistance (including whether it is still necessary) through regular reports. Typically, a region has multiple providers for a specific type of service, which may also differ in their conceptual approaches. Recipients of assistance—the children and/or their legal guardians—are guaranteed the *right to choose* (cf. § 5 Sozialgesetzbuch VIII 2025). Youth Welfare Offices must respect this right. As long as the preferred facility has capacity and is professionally suitable, the Youth Welfare Office must contract with them to provide the service.

As the right to choose demonstrates, *participation* of the recipients plays a crucial role. Another element is the *help plan (Hilfeplanung)*, in which the Youth Welfare Office, the independent provider, and the recipients meet regularly to discuss and set goals for a specified period, usually at least every six months. The law also stipulates that children must be heard and involved in the process, in a manner appropriate to their developmental stage (cf. § 8 Sozialgesetzbuch VIII 2025).

Legal Basis and Key Provisions

The legal basis for youth welfare is the Eighth Book of the German Social Code (cf. Sozialgesetzbuch VIII). Its foundational principles were established as early as 1921. After the Nazi regime, the law was fundamentally reformed to include, for example, a child's right to be "educated to physical, emotional, and social competence." Following reunification in 1990, the Child and Youth Services Act (Kinder- und Jugendhilfegesetz) replaced the different laws previously in force in East and West Germany with the new SGB VIII, which has since been reformed multiple times (cf. BGBl. I 1990). The most recent reform in 2021 decided that the previously separate responsibilities for children with and without disabilities will be fully integrated into SGB VIII and the jurisdiction of the Youth Welfare Offices by 2028 (cf. Beckmann/Lohse 2022).

The most important legal provisions for this article are the duty to protect a child's welfare in case of endangerment, educational assistance, and taking a child into custody.

- *Duty to Protect*: As soon as a Youth Welfare Office becomes aware that a child's welfare is at risk, it is obligated to intervene and provide a remedy. The child and their legal guardians must be involved. If necessary, protection can be enforced through a court order, without the consent of the legal guardians.
- *Educational Assistance (Hilfen zur Erziehung)*: This refers to various measures that children or legal guardians are entitled to. The assistance provided is tailored to the child's educational needs and can be combined. Examples include: parental counseling, social group work, family support services, day groups, foster care (placement with another family instead of a residential home), residential care and other supervised living arrangements, and intensive social-educational individual support.
- *Taking into Custody (Inobhutnahme)*: This is the provisional placement of children and young people in emergency situations by the Youth Welfare Office. It gives the office the authority to place the child in a suitable facility and, for this purpose, to remove them from other people. Children can also initiate this measure themselves, even against their parents' will.

Current Challenges

A current challenge is the issue of *funding*. Policymakers are mandating austerity measures, and the allocation of funds, particularly in the social sector, is increasingly being questioned. In recent years, there has also been a growing shortage of skilled workers. The youth welfare system is under pressure to justify its services, as assistance is often long-term and perceived as "expensive". The original principle of a collaborative partnership between Youth Welfare Offices and independent providers is fading. Youth Welfare Offices are increasingly acting as commissioners and monitoring bodies, while providers and recipients are burdened with demonstrating why help is even necessary.

Overall, this is leading to a growing *commercialization* of the entire system. Facilities that can offer services at a lower cost have a better chance of being hired and utilized. As a result, the question of economic efficiency is becoming central for both public and independent providers, and in the worst cases, it overshadows the question of what constitutes the best possible assistance. Since personnel costs are generally the largest part of the expenses, this is also a major area for potential savings. As a result, there is a tendency to, for example, employ less-qualified staff, increase group sizes, or raise the caseload volume. The youth welfare system faces significant challenges, regardless the comprehensive legal framework and the institutionalized cooperation between public and independent providers. Despite these challenges there are also professional discussions and model projects on how to work with young people who are barely reached by the current system because their behaviour overwhelms regular services and facilities—these young people are known as „system crasher“. It is in this context that the discourse on young people with complex needs has emerged, describing young people whose needs and

behaviors exceed the system's established capacities and reveal its structural vulnerabilities.

„System crasher“ in Germany: History, Challenges, and Perspectives of Coordination Work

The term „system crasher“ is neither an official legal nor medical designation. Instead, it has emerged from public and professional discourse to describe children and adolescents characterized by high escalation potential, unstable trajectories of support, and incompatibility with conventional welfare structures. These young people are often subject to multiple burdens, experience exclusion across different societal domains, and undergo recurrent crises and breakdowns of support. In response to the increasing number of so-called „system crasher“, various innovative approaches have been developed in Germany, such as the Berlin Coordination Office for the Development of Flexible Support Settings, whose structure and impact have been documented in a comprehensive evaluation report (Wunsch & Bergschmidt, 2022).

The expression „system crasher“ became widely known through the 2019 feature film of the same name. It refers to children and adolescents who exhibit extremely challenging behavior, highly complex needs, and frequent breakdowns in care arrangements. From a professional perspective, the concept is controversial, as it risks individualizing problems that are often rooted in systemic deficiencies (Baumann, 2019).

Even before gaining media attention, several practice-oriented projects in Germany had already focused on this target group—though usually under different designations, such as “highly burdened adolescents,” “young people with particularly challenging behavior,” or “incompatible trajectories of support.”

One of the first systematic approaches was the “Grenzgänger” project in Lower Saxony, which sought to strengthen cooperation between child and youth services and child and adolescent psychiatry. Through joint case conferences, clearer diagnostics, and improved planning, the project aimed to stabilize trajectories (Groen & Jörns-Presentati, 2018). Similarly, the association of Braunschweig/Wolfenbüttel/Salzgitter established a collaborative model among six child and youth welfare providers. In 2011, this collaboration led to a first performance agreement with a local youth welfare office, later joined by others in the region. The initiative aimed to develop individualized solutions beyond traditional youth welfare formats (DVJ, 2015).

Another example is the Hamburg Coordination Office for Individualized Support. According to Peter it's guiding principle is the case-specific integration of different service systems so that resources, expertise, and knowledge are pooled and applied collectively. This involves the coordinated inclusion of youth services, schools, psychiatry, and health care in order to design flexible, tailored solutions together with welfare providers (Peters, 2020).

In North Rhine-Westphalia, similar projects have emerged, such as the Dortmund Coordination Office for „system crasher“ (KoSyDo). Modeled on successful concepts from Hamburg and Berlin, KoSyDo brings together all relevant stakeholders. For each case, a specialized team of professionals is assembled, closely oriented to the individual needs of the young person (Newsroom: Dortmund aktuell, 2024).

These projects share a central understanding: the causes of escalating trajectories do not primarily lie in the “maladaptation” of young people but in structural deficiencies of the support systems. This logic also informed the Berlin model project “Coordination Office for the Development of Flexible Support Settings” (Wunsch & Bergschmidt, 2022), which exemplifies a paradigm shift—from attributing deficits to adopting an interpretive, cooperative planning of support.

The Berlin Coordination Office was launched in 2018 as a result of an initiative called “Alliance for the Difficult,” aimed at assuming institutional responsibility for highly challenging youth welfare cases (Wunsch & Bergschmidt, 2022). Its guiding principle is: “Failure is allowed—giving up is not.” The approach is based on structured methods, including interdisciplinary intake meetings and temporary teams (“temporary-team”) that accompany the coordination process over extended periods. Methodologically, the work draws on Baumann’s (2019) concept of subject-logical diagnostics, which interprets problematic behavior as biographically understandable coping strategies.

Evaluation findings underscore the project’s effectiveness: the Berlin Coordination Office has contributed to breaking cycles of breakdowns and stabilizing trajectories (Wunsch & Bergschmidt, 2022). In almost all documented cases, the office became involved after trajectories had escalated and they have been asked to support by local youth welfare offices. The goal of the intervention is to reduce the likelihood of affected young people to fall out of the youth welfare system—with risks such as homelessness, long-term psychiatric placement, or incarceration.

The Berlin initiative illustrates that even highly complex trajectories can be addressed constructively through consistent interpretive, participatory, and multi-professional approaches. However, the practice also reveals the limitations of a system that too often reacts only to escalation rather than acting preventively.

While scholarly debates and model projects provide important insights into the phenomenon of „system crasher“, the perspectives of practitioners offer an indispensable complement. Lived experiences from the field illustrate how systemic shortcomings translate into everyday practice and shape the trajectories of affected young people. The following interview with Lena Jauch, an experienced social worker at the Berlin Coordination Office, provides such a perspective, highlighting both the dilemmas and the possibilities inherent in current practice.

How Cases and Assignments Emerge in the Child and Youth Welfare System

Lena Jauch: When we talk about so-called “complex cases,” I often think it’s not the young people themselves who are so exceptional, but rather that they simply don’t fit into the existing structures. I recall many situations where a child or adolescent showed early signs—whether in kindergarten, primary school, or at the time of school enrollment—yet no one broadened their perspective. Standard measures are applied because they are available, not because they are suitable. When a young person does not fit into the support system, it is often interpreted as an individual problem. In reality, it is very often a systemic failure. There was a lack of attention, timely support was missing, or there was no possibility to implement flexible, needs-based forms of assistance. And this is precisely what produces the so-called “complex cases” we face years later. Placement breakdowns, multiple institutions, repeated crisis interventions—these did not just happen without a reason.

Marco Wille: And what makes it even harder: once a certain threshold has been crossed, it becomes incredibly difficult to turn things around. I’m thinking of cases where ten or fifteen interventions have already failed. The young people come to see themselves as “unsustainable,” and the professionals involved see it that way too. This perspective becomes entrenched. Yet it would be so important to look closely at where the ruptures occurred, what was overlooked, and how a genuine new beginning could be created.

Alexandra Geisler: What we see here is the effect of institutional mechanisms. When the system no longer knows what to do, responsibility is externalized—blame is placed on parents, on providers, or on the child themselves. But ultimately, this reveals a structural lack of responsibility. No one feels accountable anymore; everyone withdraws. And this is how children become “complex cases.”

Multiple Placements

Lena Jauch: Let me start with a concrete case. A boy, let’s call him Jonas, entered the youth welfare system at age six. Initially, his needs were straightforward: stability, reliable caregivers, and therapeutic support to process neglect and early trauma. But instead of continuity, Jonas experienced twelve different placements over eight years. Each time a placement broke down, he became more distrustful. By the age of fourteen, he had already been labeled ‘unplaceable’. What strikes me is that Jonas’s complexity was not inherent—part of it is produced by the system itself.

Alexandra Geisler: So Jonas didn’t start as a so-called complex case, but the multiple disruptions created the very difficulties that later made him ‘difficult to place’?

Lena Jauch: Exactly. Each new failure reinforced his fear of abandonment. Professionals then described him as resistant and oppositional, ignoring that his behavior was a logical response to instability. This is a prime example of how cases are constructed in our system.

Marco Wille: And this raises a systemic question: why do we keep allowing so many breakdowns instead of investing in stabilization at the beginning?

Lena Jauch: Because the system is reactive, not preventive. Resources are mobilized once a crisis has escalated. Early interventions—like providing specialized foster families or intensive therapeutic support—are often rejected as 'too expensive'. Yet the costs of multiple breakdowns are much higher in the long run.

FASD and Structural Gaps

Lena Jauch: Another example is children with Fetal Alcohol Spectrum Disorder (FASD). One girl I worked with, let's call her Mila, displayed highly externalizing behavior, impulsivity, and learning difficulties. She needed a highly structured environment and trained staff. But almost every provider refused to take her. She was placed in three different group homes within two years, none of which could handle her needs.

Alexandra Geisler: So the refusal isn't about Mila herself, but about the lack of adequate services for her diagnosis?

Lena Jauch: Yes. FASD is a good example of a diagnosis that the system has not integrated properly. Providers lack training, and funding structures don't cover the additional support required. Instead of adapting the system, we push the child through existing structures, and when that fails, she becomes a 'case' nobody wants.

Marco Wille: This sounds like a systemic blind spot. If a certain group of children is predictably underserved, then it's not an individual problem—it's structural.

Trauma and Misattributions

Lena Jauch: Absolutely. Let me share another case. A fifteen-year-old girl, Sarah, had multiple suicide attempts. Instead of recognizing her behavior as a cry for help linked to developmental trauma, the narrative became: 'She manipulates staff to get attention.' With that label, her chances of receiving trauma-informed therapy decreased dramatically. She was moved to a stricter residential setting where the focus was on control rather than care.

Alexandra Geisler: That's concerning – and it shows how labeling effects operate. Once someone is seen as manipulative, the system stops listening to their real needs.

Lena Jauch: Exactly. And this is what subject-logical diagnostics tries to counter. Instead of asking 'What's wrong with you?' it asks 'What happened to you?' If staff had interpreted Sarah's self-harm as an understandable coping strategy, the trajectory might have been different.

Theoretical Elaboration: System Logic

Marco Wille: It seems like there is a broader pattern here: youth welfare structures are guided by standard solutions, not by individual logic. Would you say that's a design flaw of the system itself?

Lena Jauch: Yes. The logic of the system is one of categories and available services. A twelve-year-old goes to a group home, a sixteen-year-old to semi-independent living. This standardized matching ignores individual biographies. When a child doesn't 'fit,' instead of questioning the system, the child is blamed.

Alexandra Geisler: So the system produces non-fit by design, and then interprets it as individual failure.

Lena Jauch: Exactly. And this creates escalating spirals. The more a young person resists, the more restrictive the measures become. But restriction does not equal stability. In fact, it often fuels further escalation.

Structural Factors and Deficits in Cooperation

Marco Wille: I'd add another factor: lack of inter-agency cooperation. Schools, psychiatry, youth welfare—they all operate in silos. Without coordination, young people fall through the cracks.

Lena Jauch: Yes. Take Sarah's case again. Her school documented years of absenteeism and trauma indicators, psychiatry had short-term crisis admissions, and youth welfare organized temporary placements. But no one connected the dots. Each institution worked with fragments. Only a coordinated response could have stabilized her—but that coordination was missing.

Alexandra Geisler: And that's not due to a lack of information. Often, the data exists. But it is not shared, not read, or not integrated.

Lena Jauch: Right. Files remain unread, diagnoses unused, recommendations ignored. And then we ask why cases escalate. The truth is: our structural deficits actively produce escalation.

Conclusion of the Thematic Cluster

Lena Jauch: So to summarize: children do not enter the system as '„system crasher“s.' They become „system crasher“s because of repeated breakdowns, lack of preventive investment, blind spots for certain diagnoses, stigmatizing labels, and missing coordination between agencies. If we want to change this, we must change the system logic—not the children.

Alexandra Geisler: And that requires cultural change: from seeing young people as problems to recognizing them as subjects with rights.

Marco Wille: And structural change: better funding, prevention instead of reaction, and genuine multi-professional cooperation.

Lena Jauch: Exactly. Without these changes, we will continue to produce the very complexity we claim to struggle with.

Coordination office for young people with complex support needs – case understanding and procedure

Workings of the Berlin Coordination Office

Marco Wille: We've talked a lot about the system's biggest shortcomings. Let's get more specific and look at how these shortcomings can be addressed, especially for young people who have been failed by the system. Lena, you work for the Berlin coordination office, which is responsible for exactly that. Could you please describe your process, and more importantly, how cases come to you?

Lena Jauch: The public clients are always the youth welfare offices, because they are responsible for the case and for covering the costs. So, we first have an initial meeting at the youth welfare office where we explain our approach. It's crucial that the direct supervisor is also present. If they understand the case and the urgency, it's easier for them to justify the costs to their own leadership. It also provides a safety net for the social workers in charge of the case, because it's often about young people where it's not clear if they'll be alive for much longer.

Alexandra Geisler: That's at a point in the support process where a lot has gone wrong, where people often don't know what to do next, and where there's a lot of worry in the room.

Lena Jauch: In that meeting, it's more about the case and less about the person themselves, for example, the dynamics that have developed around the young person, what has happened, who is involved and worried. Right from the first meeting, we try to clearly state any doubts, expectations, and potential disappointments to avoid creating false hopes, which almost always happens anyway.

If the decision is made to work together, the preparation begins: We receive waivers of confidentiality and use the files to create a history of support, which we summarize anonymously. Maybe there were similar diagnoses, suicides, or negative experiences with youth welfare in previous generations. We want an overview of the entire history of support. This often results in 20 to 30 pages in a table format. What you can almost always read from it very clearly is in which settings things worked well and in which they didn't, or after what kind of incidents the history of support regularly became difficult. You can find a lot of connections there. The main goal is to get the most objective view possible of what has already been tried, what perhaps hasn't, what has worked well, and what hasn't.

Marco Wille: Do the young people get to see this timeline as well?

Lena Jauch: Not at that point—often only years later, when the time is right to go through it together. But we use it to prepare for the case submission meeting. This is the kickoff meeting for the long-term collaboration, what we call the „temporary-team“. Everyone involved in the case is invited. There are usually three or four people from the youth welfare office—as well as case workers, supervisors, placement workers and others involved. A legal guardianship often exists in these cases as well. Then there are non-residential services, residential care, emergency services, KJP³, KJP⁴, JGH⁵. In addition, there's our advisory board, which consists of eleven people—made up of people from youth welfare organisations and the psychiatric field who are there to advise those involved in the case. In this group, we consciously try to spend a lot of time understanding the case and don't want to immediately rush into taking action. We use the understanding-based subject-logical diagnostics method by Menno Baumann to prepare the case discussion and try to introduce and discuss hypotheses we've developed about it. At the end of the meeting, we always make suggestions and recommendations on how to proceed, and a date is set for the first „temporary-team“ meeting. We then accompany the case for an average of two to three years, meeting every four to six weeks with everyone involved, and with the young person, if they want to join, to discuss the next small steps.

Working with high risk children

Alexandra Geisler: To go back to the concern for these young people. You said that sometimes it's unclear if they'll live for much longer. How do you deal with that? I mean, when the pressure to act is very high.

Lena Jauch: It's a constant supervision topic for us: how often we're at risk of slipping out of our actual meta-role, into this vortex where the case discussion must happen quickly, for example, because a court order is expiring. It's really tough. In the beginning, we actually approached this process too quickly. It's simply a lot of work that needs to be done well. Now I know that if the kick-off meeting is, say, in two and a half months, everyone involved has time to do their tasks well, can keep the date free, we can find a large enough room, and everyone is well-prepared.

Marco Wille: After the kick-off, the pressure doesn't stop in some cases, and for many, there's certainly a massive danger involved. I can imagine the process is not too different from regular youth welfare work and it always takes time for support to actually start—for a variety of reasons. What happens in the meantime?

³ Child and Adolescent Mental Health Service

⁴ Child and Adolescent Psychiatric Clinic

⁵ Juvenile Court Assistance

Compulsory admission and locked units

Lena Jauch: Sometimes compulsory admission might be used as a result of "helplessness". And sometimes it's not clear to me if it really is always warranted. At the beginning, my position was: no admissions to locked units at all, and everyone was always on board with that. That hasn't fundamentally changed, but sometimes reality gets in the way and due to systemic failures, an alternative setting can't be created, no matter how hard you try. And before something terrible happens, we have to resort to a locked unit.

Alexandra Geisler: For some though, that can be very overwhelming. I mean, for some, a lot of safety and predictability is great, but for those who are fighting for autonomy, it's the exact opposite when decisions are being made about them.

Lena Jauch: My plea is always that we first try to understand where we need to look from, instead of just immediately screaming for a locked unit based on the sheer danger aspects. And such facilities are always group settings. They just can't get away. In the end, you're penning them into a setting they haven't been able to tolerate for a long time—that's already critical. It's very important to make the distinction here between locked psychiatric and locked pedagogical: If it's really acute, sure, then they go to the clinic and temporary deprivation of liberty is warranted to protect their life. A temporary locked psychiatric placement like that is considered at some point for 99% of our target group. But placing someone in a long-term locked pedagogical setting, we've only done that once in the last seven years. You can't even find such places. We might have liked to in six cases, but there are hardly any places—at most, with a two or three-year waiting list, no matter what the case is—and what do you do until then?

Marco Wille: Yeah, what then? Then we're back to individual settings that go beyond the normal, or regular. For example, a caregiving arrangement that isn't locked down but still has the permission to restrict freedoms at certain points.

Lena Jauch: That's rare, but yes. It's then widely discussed, also with the pedagogical staff, whether they're even willing to do that. Then the possibility of restricting freedom must be permitted by the court, so to speak. These are always the least intrusive interventions possible, like observing or following them. Of course, that's very annoying, but it's not something like restraining them for five minutes. For one case, the pedagogical staff has the instruction to hold for a maximum of two minutes, and then the clear order: anything beyond that, the police do it, not the professionals. But most of the time, that's enough. Often, these are also cases where a lot of public presence happens. For example, when very young children massively endanger themselves or others in public spaces and the professionals don't have the permission to restrict their freedom, nothing can be done. They just stand there.

Participation of the young people

Alexandra Geisler: The young people are supposed to have a say and not be restricted—I'd like to look at that. How involved are they actually in the whole process?

Lena Jauch: The young people can, of course, participate in the meetings. Even in the kick-off meeting. But that must be well-prepared. We always meet with the young people beforehand to prepare them and try to make it clear that it's a really big room with a lot of people. "You are very welcome to come, but it's going to shock you a little." The experience is that most of them react very positively and say, "Oh wow, he's there too, she's there too, and I know you too." In individual cases, you also have to say very clearly: "We are all really scared that you're going to die, and that can't happen. That's why we're here."

But the young people only join at the end. The discussion takes a total of three hours, and on the one hand, that's just too long for many, and on the other hand, many things are discussed that, in our view, are too destabilizing for their current situation. Very often, the young people's main concern is to see who is sitting there, and they want to be there when the „temporary-team“ is created.

Marco Wille: That's one of the difficulties with participation—it's often very challenging. I mean, for example, making informed decisions is important and great, but everything must be understood first, really understood, for the decision to be truly informed. There are certainly cases where that's not even possible.

Lena Jauch: There are individual cases, for example, with very young children, or if there is a strong cognitive impairment. Then the young person might not be able to understand what kind of meeting the case discussion is, and it would be too overwhelming. I always discuss this with the youth welfare offices and legal guardians. Sometimes we get ahead of it and say that a trusted pedagogical professional will discuss it in a smaller setting. Such cases exist, but in principle, the young people are always invited, including to the „temporary-team“. I have cases where we do some „temporary-team“ meetings where the young person doesn't come because we have to weigh things, or when financial matters are discussed, which isn't interesting for many young people. Most of the time, the young people also only join at the end. I always try to plan enough time for that. We need time among the professionals to discuss things and then we have to discuss who talks to the young person and about exactly what, which documents we take off the table beforehand, where the young person sits. Sometimes it's a bit too rushed: everything is supposed to work in one hour and then they join for the last ten minutes, and it's not a good experience. It's better to take half an hour more and finish ten minutes early. It must be well-prepared and calmly done so that it doesn't seem like they're just barging in, but rather that it's their event that we prepared for them.

Creating specialized settings

Alexandra Geisler: We've spent a lot of time on preparation and understanding the case. The task of the „temporary-team“ is to create very individual and flexible support settings; what can we imagine such a setting to be like?

Lena Jauch: I think what is most often requested, or what is most often the need that comes out of the case discussions, is actually not a group setting. A lot of the cases that land with us are ones where you can see that they can't handle a group, or the group can't handle them. There are also many who long for a group, and after 20 attempts in groups, you just have to realize that it unfortunately doesn't work. A typical setting that we "create" very often is "flexible housing", so a supported housing apartment, designed for two people, with at least two rooms, where one young person is housed, but there is always staff there at night as well. So, supported housing with 24/7 care, sometimes 24/7 with a 2:1 ratio (two professionals for one young person), sometimes also with unattended times. For this target group, we have never considered it useful for it to be family-like, meaning the same person always stays overnight there—it really has to be on a shift basis. The behaviour is often so challenging for the professionals that you have to leave after one night to clear your head. Then there are sometimes also settings for the transition, for example, where three youth crisis facilities alternate every two weeks because it's so challenging that it only works if everyone has a few weeks off in between.

Marco Wille: Four years ago the law was finally clarified that support measures can be combined. It used to be often said that this wasn't possible – actually it still is: Either residential or non-residential, for example, but never both at a time.

Lena Jauch: We always have that. It's not really a special setting, but it's still often difficult for the youth welfare offices: we almost always have a long-term non-residential individual case support (in addition to the residential placements), which shouldn't be ended when a residential setting is added or changes. We see it again and again in the case histories that non-residential settings are started and ended four or five times in a row. That's why my plea is really: just leave the non-residential support in there! These kids simply have no one in their family, have no constant caregivers, so why take them away again after six months just when things are going a little bit well?

Austerity in the youth welfare system

Alexandra Geisler: We see that quite often. As soon as something is working just fine a decision is made to end it. It works, all aims are achieved? Well then no more help is needed. It's expensive – no one seems to think about the long term if they can cut costs right now.

Lena Jauch: A prejudice that exists in many districts is: if the coordination office comes, it will always get more expensive, so we won't even ask. But that's not actually because of

the coordination office, but because of the pedagogical need. If that need is taken seriously, it costs money. If you don't know about it, and in the worst case, don't even grant any support, it costs nothing—to put it bluntly. But we're seeing exactly these kinds of movements much more often now, due to the very strong cost pressure in the offices.

Sometimes the youth welfare office pays a higher daily rate so that a facility can use more staff in the care, or three places are paid for so that in the group of five, only two places are occupied and the young person can be there at all. Then two places are kept vacant so that one child can exist there. That's really tough, also because such places are very scarce. The providers we work with, who get many of these requests, report that they often have several such requests from youth welfare offices per week. The case workers are desperately looking for such places, but the quality management, says they are far too expensive. There's a real dissonance between demand and what is ultimately granted. Such individual settings are of course very expensive.

Alexandra Geisler: That's very interesting, because when I started in social work 30 years ago, there were many more such individual settings, and they have successively disappeared. But that was also the beginning of the 2000s, there was already a lot of pressure to save money back then. And then it just kept going. It's not like we didn't have a tradition there and didn't have expertise. A lot of these flexible support settings were cut. I remember when I started here in Berlin, with homeless young people, in a drop-in centre, how many settings we still had: flexible supported housing, single housing, bed without conditions. Those are exactly the ones you are creating again now.

Lena Jauch: What's striking in Berlin is that there are hundreds of providers, but the providers who are the only ones willing to create such individual settings can be counted on one hand.

Marco Wille: But in Berlin, there is also no housing capacity for such individual settings. There are only a few apartments that are even suitable. Many providers have apartments in multi-family buildings, where consideration must also be given to the neighbours and their own rental contracts.

Then there are also the teams, who have to agree and be willing to care for such cases. That also has a lot to do with fear. What happens if we bring someone in now who, for example, is a repeat offender. It doesn't even have to be a complex case.

Lena Jauch: This also applies to one-on-one care with some adolescents, where you read in the file that there have been many assaults against caregivers. Then you're sitting in the youth welfare office and the provider says, we offer this, but only 2-to-1, and the youth welfare office says, 2-to-1? Are you crazy? The pressure on the providers is also incredibly high.

The Profession of Social Work and Its Practitioners

Lena Jauch: For me, professional attitude is the be-all and end-all of our work. It's not about whether someone is particularly skilled—that's a prerequisite. What matters beyond that is: can I build a relationship? Am I willing to engage, even when it becomes difficult? Do I see the young person in their entirety, or only through the lens of a diagnosis? I have seen many professionals who, at some point, resigned inwardly—not because they wanted to do poor work, but because they no longer had structural backing. They were left alone with complexity. What we need are spaces to reflect on our stance, share experiences, and strengthen one another.

Marco Wille: Yes, and those spaces are often missing. Supervision is treated as a luxury, when in fact it is a lifeline. We expect professionals to deliver peak performance every day—without emotional relief, without genuine team development. That cannot work.

Alexandra Geisler: Ultimately, it's also about how we understand social work: as the craft of building relationships, as reflexive practice, and as professional intervention. We need to articulate this more clearly—in training, within organizations, and in the public sphere.

Professional Self-Understanding

Lena Jauch: When we speak of the profession of social work, I often notice how fragmented the self-understanding still is. Many colleagues see themselves as case managers, administrators, or even controllers of youth behavior, rather than as advocates for children's rights. This narrow self-image has consequences. If social work reduces itself to managing files, monitoring compliance, or ticking boxes, it loses sight of its professional mandate: enabling participation, empowerment, and protection of young people in vulnerable situations.

Alexandra Geisler: So you're saying the problem is not only structural but also rooted in how professionals perceive their own role?

Lena Jauch: Yes. The profession carries an ethical core—respect for dignity, recognition of rights, and commitment to social justice. But under pressure from bureaucratic systems, professionals often act more as agents of control than as advocates. Take for example a youth welfare office case conference: decisions are often driven by cost considerations and institutional availability, rather than by the actual needs of the young person. In that moment, social workers risk becoming administrators of scarcity rather than professionals striving for the best solution.

Marco Wille: That resonates with what I see in practice: the clash between professional ethos and institutional logic. The system demands efficiency, measurability, and documentation. But the essence of social work is relational, dialogical, and often not immediately measurable.

Strains in Practice

Lena Jauch: Let me give you a concrete example. A colleague working in residential care told me about a teenager who had already gone through twelve placements. Every breakdown was carefully documented, but the reports contained little reflection on what the institutions could have done differently. Instead, the focus was always on the young person's deficits. The professional became a scribe of failure rather than an advocate for change. This shows how easily the professional role can be reduced to paperwork.

Alexandra Geisler: And this is linked to working conditions, isn't it? High caseloads, lack of supervision, constant staff turnover—under those conditions, it is difficult to maintain a professional identity that goes beyond administration.

Lena Jauch: Exactly. Social work is emotionally demanding. Without adequate support structures—such as regular supervision, manageable caseloads, and organizational backing—professionals burn out. When that happens, they retreat into defensive practices: documenting risks, covering their backs, and avoiding responsibility. In that climate, true professional action, oriented toward participation and empowerment, becomes almost impossible.

Power and Powerlessness

Marco Wille: I think it's also important to talk about power. Social workers have power over children and families—through assessments, reports, and recommendations that shape their lives. But at the same time, they are powerless within the structures that dictate what resources are available. How do you see this paradox?

Lena Jauch: That's a crucial point. Social work operates in a double bind: powerful toward clients, powerless toward the system. For instance, a social worker may recommend intensive therapeutic support for a young person, but if the funding is denied, they have no authority to enforce it. The family perceives them as all-powerful, while the professional experiences themselves as powerless. This tension leads to frustration and disillusionment.

Alexandra Geisler: So the profession risks losing credibility both with clients and with institutions. Clients feel controlled rather than supported, while institutions view social workers as cost drivers.

Lena Jauch: Exactly. And this is where the question of professional identity comes in. If we understand ourselves as advocates for rights and participation, we can resist being reduced to administrators. But this requires courage, reflection, and collective professional discourse.

Theoretical Elaboration: Professionalization

Marco Wille: How do you see the debate on professionalization in social work? Do you think the field has reached a level of maturity comparable to medicine or law?

Lena Jauch: We're not there yet. Medicine and law have established monopolies of expertise and societal recognition. Social work still struggles to assert its autonomy. Often, external actors—politicians, administrators, even the media—define what social work should do. This weakens professional authority. A stronger orientation toward theory, ethics, and evidence could strengthen our standing.

Alexandra Geisler: So you're advocating for a professional discourse that insists on autonomy and clear boundaries of expertise?

Lena Jauch: Yes. For example, only trained social workers should decide on certain interventions, just as only doctors decide on medical treatments. Otherwise, our expertise will remain undervalued. But we must also engage in public debates, showing why social work matters for society.

Professional Attitude in Everyday Practice

Lena Jauch: I'll share one more case. A social worker in child protection was pressured by a supervisor to close a case quickly because of budget constraints. The family clearly needed ongoing support, but the official argument was: 'No acute danger, therefore no justification for further funding.' The social worker decided to keep visiting informally, in her own time, because she could not accept leaving the family unsupported. This demonstrates how professional ethics sometimes collide with bureaucratic logic—and how individual professionals carry the burden.

Marco Wille: That's admirable, but also dangerous. It shows both the strength of professional commitment and the vulnerability of individuals within the system.

Alexandra Geisler: And it highlights why professional solidarity is so important. No one should have to shoulder such conflicts alone. The profession needs collective spaces of reflection and advocacy.

Conclusion of the Thematic Cluster

Lena Jauch: To conclude, I believe the profession of social work must reclaim its ethical mandate: to advocate for the rights and dignity of young people, to resist reduction to administrative roles, and to develop a stronger collective identity. Only then can we navigate the contradictions between institutional constraints and professional ideals.

Alexandra Geisler: And that means strengthening training, supervision, and discourse—so that professionals can act with confidence, not only as bureaucrats but as advocates.

Marco Wille: And at the same time pushing for structural reforms—better funding, recognition of expertise, and institutional support. Only then can the profession live up to its full potential.

Cooperation and Coordination Structures

Interface Problems

Lena Jauch: When we speak of cooperation structures, we have to admit that many of the so-called complex cases are actually failures of coordination. Schools, youth welfare services, psychiatry, and health care each do their own part, but rarely in concert. For the child, this means fragmented interventions and conflicting expectations.

Alexandra Geisler: That resonates with what we see: one institution documents problems, another prescribes measures, a third provides temporary care—but no one connects the dots.

Lena Jauch: Exactly. I remember a case of a 13-year-old girl with repeated self-harm. The school had records of absenteeism, the pediatrician noted psychosomatic complaints, and youth welfare provided temporary family assistance. But no one brought this information together. Only after a severe crisis and psychiatric admission was the extent of her trauma recognized.

Marco Wille: So the problem was not lack of information, but lack of integration.

Lena Jauch: Yes. We don't have a culture of joint responsibility. Each sector documents for itself, often in incompatible systems. Instead of interdisciplinary conferences, we have parallel monologues. And the child is the one who pays the price.

Case Conferences

Alexandra Geisler: I have seen positive examples where case conferences were introduced. But often, they remain superficial. Everyone presents their view, but there is little genuine dialogue. Why do you think that is?

Lena Jauch: Because true cooperation requires more than meetings. It requires a willingness to share responsibility and sometimes to compromise institutional interests. In practice, that's difficult. A youth welfare office may fear additional costs, a school may worry about its reputation, psychiatry may insist on medical criteria. Without a shared goal, conferences remain ritualistic.

Marco Wille: So the form exists, but the function is weak.

Lena Jauch: Precisely. And that's why model projects like the Berlin Coordination Office are so important. They show what happens when institutions commit to joint case responsibility. Success comes not from a single brilliant intervention, but from continuity and cooperation.

Missing Transitions

Lena Jauch: Another critical issue is transitions. Children move from kindergarten to school, from school to vocational training, from child psychiatry to adult psychiatry. Each transition

is a high-risk moment. Too often, there is no handover. Files get lost, therapies stop abruptly, support networks collapse.

Alexandra Geisler: I recall a young man with ADHD. When he turned 18, his child psychiatry treatment stopped immediately. Adult psychiatry said: 'We don't treat ADHD, that's a childhood disorder.' Overnight, he was left without medication and support. Within months, he dropped out of training and became homeless.

Lena Jauch: Exactly. Age limits and categorical boundaries are artificial constructs. But for young people, they determine life chances. If coordination fails, what could have been a stable transition becomes a downward spiral.

Theoretical Elaboration: System Logic

Marco Wille: This seems to reveal a deeper system logic: each institution secures its boundaries, defines its mandate narrowly, and avoids shared responsibility. What does that mean for cooperation?

Lena Jauch: It means that without structural incentives, cooperation will remain the exception. Right now, institutions are rewarded for efficiency in their own domain, not for collaborative success. A school that manages to exclude a difficult student may appear successful internally, even if that student fails completely in life.

Alexandra Geisler: So institutional logics sometimes work against the child's interest.

Lena Jauch: Yes. And that's why we need coordination structures that transcend institutional borders. Otherwise, children are passed around like hot potatoes—too psychiatric for youth welfare, too behavioral for psychiatry, too disruptive for school. Each system claims: 'not my responsibility.'

Successful Cooperation

Marco Wille: So success is possible when institutions align their resources and commit to long-term cooperation.

Alexandra Geisler: And that requires trust and continuity, which are rare commodities in our fragmented system.

Conclusion of the Thematic Cluster

Lena Jauch: To conclude, I would say: cooperation and coordination are not optional extras—they are central to the success of child and youth welfare. Without them, we produce fragmentation and exclusion. With them, even highly complex cases can stabilize. The challenge is to move from isolated projects to systemic change.

Marco Wille: That means institutional incentives must change—rewarding cooperation rather than isolation.

Alexandra Geisler: And professionals need spaces where they can meet, reflect, and plan together. Only then will cooperation become part of everyday practice, not just a special project.

Conclusion

In conclusion, the analysis demonstrates a dynamic interplay between legal structures, systemic challenges, and professional practice within German youth welfare. The trajectory from the general framework of youth welfare, to the specific difficulties posed by so-called „system crasher“, and finally to the lived realities articulated by a practitioner, underscores a central paradox: while the system aspires to guarantee protection and participation, its very structures sometimes generate exclusion and instability. Addressing this tension requires not only legislative and organizational reform but also a cultural shift toward reflexivity, cooperation, and genuine recognition of young people as subjects of rights rather than objects of intervention.

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FINLAND

Trends and Shortcomings of the Finnish Child Welfare System in Meeting Adolescents' Needs in Complex Situations

Current Challenges and Future Directions

Pia K. Eriksson, Minna Niemi

*Pia K. Eriksson*⁶ is an associate professor in social work at the University of Helsinki and senior researcher at the Finnish Institute for Health and Welfare. Dr. Eriksson has extensive experience in the field of child welfare as a researcher, expert and social worker. Her research interests are related to out-of-home care: the organization and delivery of services, professional practices, and the experiences of children. Her current research focuses on the effectiveness of residential care, restrictive practices and the wellbeing of children in care.

*Minna Niemi*⁷ is a senior researcher at the Finnish Institute for Health and Welfare. Her expertise in child protection services and inter-agency collaboration is grounded in professional experience as a researcher, developer, educator, and practitioner in social work. Currently, she focuses on research related to out-of-home care in child protection. Her interests include foster family care, residential care, the child protection service system, and the child's position in care proceedings.

Keywords

Finland, residential care, out-of-home care, restrictions, child protection

Abstract

This article offers a contemporary analysis of Finnish society, focusing on children whose social problems challenge both social and legal authorities and prompt a rethinking of current practices. We examine the shortcomings and developmental trends in out-of-home care as well as changes proposed. Inquiry-based reading was used as a method, applied primarily to Finnish publications and administrative reports, alongside a review of relevant research. According to our findings, recent proposals concerning adolescents in out-of-home care focus more on reducing unauthorized absences and problematic behaviour than on addressing their mental health, substance abuse, and support needs. Solutions increasingly emphasize control, particularly in residential care. We argue that temporary restrictions, when used to safeguard children physically and emotionally, can help create secure environments where children's needs are better met. However, success depends on shifting the focus toward the content of care and rehabilitation. Control should enable, not

⁶ Contact: Pia Eriksson, P.O. Box 54, FI-00014 University of Finland, Finland, pia.k.eriksson@helsinki.fi

⁷ Contact: Minna Niemi, P.O. Box 30, FI-00271 Helsinki, Finland, minna.niemi@thl.fi

replace, therapeutic efforts. The proposed solution of a more restricted living environment may be suitable for a small group of children provided that control does not dominate. In all discussions involving restrictive measures, children's rights and legal protections must remain central.

1 Introduction

In recent years, there have been several indicators of the system failing to answer to the needs of young people with complex needs in Finland. Attention has been paid to the rise in serious violent crimes committed by individuals under 18 years of age (Sutela 2024; Heiskanen 2024) and increasing drug-related deaths among adolescents (Onnettomuustutkintakeskus 2024). Further, there are clear indications of polarization and intensification in youth substance abuse. Abuse of drugs and other substances among children in out-of-home care (OHC) is notably higher than among those living with a parent (Niemi & Eriksson 2023; Niemi et al. 2025). In particular, youth running away from residential care (RC) are identified as a significant group both committing violent crimes and falling victim to them (STM 2025).

As a response to rising youth violence and drug abuse problems, Finland has emphasized the importance of preventive interventions, which is reflected in development projects and resource allocations addressing these problems. Finnish child welfare is built on the principle of voluntarism and priority of the least intrusive measures, with a strong emphasis on in-home services and supporting the family (Child Welfare Act). Furthermore, self-determination and participatory rights of both parents and children are strong. Like its predecessors in the 2000s, the present Finnish government has committed to promoting structures that support in-home services in child welfare, early interventions, and multiprofessional support (e.g. Markkula et al. 2021; Moilanen et al. 2021; Korpilahti et al. 2023). Simultaneously, the government has planned and proceeded to severely cut Finnish social security and social and health services (Valtioneuvosto 2023), which is expected to negatively affect the well-being of children, particularly those living in low-income families (Yliruka et. al. 2023; Mettinen & Pekkarinen 2024; Tervola & Ollonqvist 2025).

Public and political discussions about child protection in Finland largely focus on the small group of teenagers in OHC who exhibit severe and visible behavioural challenges that are visible to society in connection to runaway behaviour. These are only the tip of the iceberg, as the group of children in OHC is heterogeneous and much larger. In 2024, a total of 17,100 children under 18 had been placed in OHC. Of these, 9,400 were under a care order. Care orders are most common among 13- to 17-year-olds (9,901 in custody, 1.5%–2.1% of the population in OHC in 2024). When comparing the rates for 13- to 17-year-olds in custody between the years 2010 and 2025, there has been an increase of 15.5%, whereas the rate

for children under school age has dropped. The majority of these teenagers are placed in RC (Forsell & Inget-Leinonen 2025). Many of these children are in need of mental health services, and there is an overlap in children placed in OHC and psychiatric open care and ward patients; 34% of teenagers (markable 13–17-year-olds) in wards have been placed in OHC during the same year. These account for 12% of teenagers in care during the year (Heino et al. 2018).

An ongoing reform of child welfare legislation, initiated by the Finnish government, primarily focuses on solutions for youth involved in criminal activities and substance abuse, with a special focus on those residing in RC (Valtioneuvosto 2023). The preparatory group led by the Ministry of Social Affairs and Health has proposed establishing a secure rehabilitation unit for young people as one answer to the current challenges in RC. Furthermore, this multi-ministerial group has planned to amend legislation to enable more effective interventions in reducing cases of children running away from RC (STM 2025).

This article presents a contemporary analysis of Finnish society which pays attention to the situations and needs of children who “break the system” – children whose social problems challenge the abilities of both social and legal authorities and force them to renew their operating principles. We ask, *what are the shortcomings and developmental trends in answering to children's complex needs in the Finnish child protection system, and what kind of changes are proposed in the near future for those whom OHC fails*

We used inquiry-based reading (Katan & Andreas Baarts 2020) as a method for scrutinizing these questions. The inquiry-driven reading was conducted mainly with Finnish publications and reports on national and administrative perspectives in order to offer a national picture of the topic. The first phase of reading targeted trends and phenomena in recent history leading up to the present shortcomings presented. The second phase, guided and structured by the trends identified in the first phase, was conducted on current documentation on the proposed changes.

This analysis addresses the social challenges encountered by youth and societal efforts – particularly those within the domains of social welfare and child protection – to respond to these challenges. Thus, the focus is not on the problems of children or on behavioural changes among young people in Finland.

2 Background

2.1 Short History of the Finnish Child Welfare System

After Finland gained independence in 1917, it gradually developed into a democratic society with strong Scandinavian influences, where the state and civil society became closely intertwined. Women played a central role in both public life and the workforce, contributing significantly to the country's social transformation. After World War II, social

democratic values and family-oriented policies further shaped the direction of social development (Hearn et al. 2004).

Already in the late 19th century, societal discussion on children in need of care and protection had led to pressure for legislation about child welfare. In preparations, those aged under 15 years were divided into categories of need for protection (maltreatment, neglect, or abuse) and upbringing (malicious children who committed a crime or those whom family/school could not handle) (Siltanen 1990). But until the 1930s, child welfare was largely considered the responsibility of patriarchal families. Societal intervention was minimal and typically limited to cases involving abandoned or orphaned children. Juvenile offenders were dealt with through the regular justice system (Hearn et al. 2004).

In the 1920s, international debates on child welfare reform had begun to influence Finnish discussions. These debates promoted increased state control and centralization of child welfare services. However, in the politically charged and socio-economically divided atmosphere following the Civil War, such proposals were ultimately rejected (Malinen & Markkola 2025). Finland – characterized by economic hardship and a strong tradition of municipal autonomy – finally passed the first relatively conservative Child Welfare Act in 1936. This legislation marked a turning point. For the first time, municipal social workers were authorized to intervene in families where children lacked adequate care, offering support and, when necessary, taking children into custody (Hearn et al. 2004). In child protection, a distinction was made between children whose protection was based on problematic home conditions (lack of safety) and those whose issues manifested through the child's own behaviour, such as criminal activity or substance abuse (delinquency) (Pösö 1993; Hytönen 2016).

Finland opted not to develop a system with youth courts, and the age limit for criminal responsibility was set to 15 years in the 1940s – meaning that children under this age were only (and still are) subject to child welfare measures (Marttunen 2004). Thus, children's needs were defined as care needs and not as cause for punishment (Kalliomaa-Puha et al. 2021). As a possibly criminal act was considered one symptom of the overall situation of a child, welfare services were responsible for meeting the needs of the children. Young offenders between 15 and 18 years old have a special situation, as they are subject both to child welfare intervention and the criminal justice system (Marttunen 2004; Enell et al. 2022; Niemi & Juuriala 2024). In the criminal justice system, they benefit from a mitigated scale of punishment and a greater possibility for the waiving of measures (Marttunen 2004), and in the child welfare system, they are treated as other children their age (Child Welfare Act).

In 1983, a revised Child Welfare Act emphasized in-home services – children's well-being, preventive measures, and family support – establishing child removal as a measure of last resort. The role of other public services, such as home help, day care, health care, and

urban planning, became significant. (Hearn et al. 2004). In assessments, attention was turned to how the child's health and development were adversely influenced by the home environment or the child's own behaviour. Since then, the obvious categorization of children into two groups – lack of safety versus delinquency – has not been present in the legislation (Pösö 1993). What in history was defined as malicious was seen as exhibiting social adjustment hardships in the 1960s, conduct disorder in the 1970s, and challenging behaviour from the beginning of the 2000s (Kitinoja 2005, 34).

A 2007 legislative reform granted social workers greater authority to assess children's needs and to implement interventions. At the same time, the Child Welfare Act was rewritten with a strong emphasis on supporting families and strengthening the participatory rights of children and their families. Since a minor change in legislation in 2012, RC has explicitly been defined as secondary to foster family care with the aim of reducing placements into RC. According to current legislation, the setting for children placed in OHC is to be based on an individual evaluation of the child's needs, and only those whose needs cannot be met in foster family care are to be placed in RC. The discretionary right of social workers is strong in evaluation and assessment.

Finnish child protection has remained more community- and family-oriented compared to countries such as England, where legislation tends to focus more on individual child protection and regulatory control (Hearn et al. 2004). Finnish child protection has evolved under the leadership of professionals in social work, who are expected to possess an understanding of the values, principles, and practices of child protection – spanning social, educational, health, and population policy as well as legislation and financial resourcing. They have also borne responsibility for developing methods and promoting dissemination of research-based knowledge (Hämäläinen 2022).

Early prevention and its related reforms have also been critically examined within the Finnish context. According to Satka and Harrikari (2008), what is promoted is not a legalistic approach but rather an “intervention ethic” embedded in a multiprofessional network. This approach emphasizes crime prevention strategies whereby identified risks are addressed through regulation and management of children in various institutional settings – for instance, by restricting young people's mobility and assessing family-related risks. Within this framework, child protection can be seen as increasingly serving as a tool for crime prevention, raising timely questions about the principles and goals that currently guide child protection and those that will shape its future.

In early 2023, Finland launched a major structural reform of its social and health care system to promote equal, accessible, and cost-effective services while addressing demographic challenges (Tynkkynen et al. 2025). Before the creation of twenty-one wellbeing services counties, currently responsible for the organization of social and health care, child protection was a municipal social services, often integrated with primary health

care. Many municipalities operated through joint authorities or cooperation areas, resulting in a highly fragmented administrative landscape by 2023 (Yliruka & Niemi 2025).

2.2 Finnish Residential Care

When looking more closely into the history of Finnish RC, two main strands starting in the early 20th century can be identified. Different institutions were established for children in need of protection and those in need of education and upbringing. Social and health care sector entities were established to house orphans and infants awaiting foster or adoptive placement (Kauppi & Rautanen 1997; Särkelä 2016). The other strand was the founding and development of institutions with integrated schools for teenagers displaying antisocial behaviour. These correctional facilities, founded in the late 19th century, were partly changed into state-run reform schools at the beginning of the 20th century (Pösö 1993, 66–67).

Upbringing in the latter institutions was harsh, and physical work, education, and discipline were used to eradicate bad behaviour (Siltanen 1990). In the 1960s, democratization and the rise of human rights influenced the institutions and were followed by new ideologies in rearing – stressing the community, therapeutical methods, and the involvement of families (Siltanen 1990). The tradition of strict disciplinary upbringing was gradually replaced by more communal and nurturing educational approaches. Institutional child protection work has evolved into ethically demanding transformative work requiring professionals to possess strong expertise, situational sensitivity, and moral reasoning, especially when applying restrictive measures.

Regardless of major changes in orientation, state-run RC units (reform schools) were still, in the late 20th century, much debated and controversial with a stigma of being compulsory institutions for ill-behaving children (Pösö 1993; Siltanen 1990).

A strengthening therapeutic orientation is seen to require structural reforms, such as smaller units, increased staffing, and the involvement of specialized professionals (Hoikkala 2020; also Pösö 2012; Eronen & Laakso 2016). The legal status of the child has been significantly reinforced, with growing emphasis on the child's rights. This shift has increased the demands on professionals' legal competence and highlighted the importance of situational judgement (Hakalehto 2016; Harrikari 2012; Hoikkala 2020).

When it comes to restrictions in RC, common rules and structured routines were in the 1980–1990s still seen as guaranteeing good care and upbringing in OHC. The methods used included restriction (Heino 2020, 106). Restrictions were not visible in legislation at that time as restrictive measures; body searches, restrictions on communication, limitations on freedom of movement, and isolation were not specifically regulated in the Child Welfare Act enacted in 1983. At that time, practical operations were guided by administrative instructions and the internal rules of institutions, which led to inconsistent practices at

different municipalities and facilities. The lack of regulation was one reason a new Child Welfare Act was passed in 2007. The aims were to strengthen the right of the child and to regulate the use of restrictive measures in order to strengthen the practices of the professionals working in RC. There remained a need to further regulate restrictive measures, and attempts to clarify use of them based on that law were made by legislative changes to the Child Welfare Act in 2019.

Until the 1990s, RC providers were (in accordance with other social and health care) mainly municipalities, the Finnish state, or NGOs (Särkelä 2016). The privatization of RC for children and youth has been rapid compared to other social services (Särkelä 2016; Eriksson & Harrikari 2023), and the private market share is large compared to the other Nordic countries (Shanks et al. 2021). In recent years, the share of the private market has not grown as rapidly as it did in the 1990s, but the trend is for the share of for-profit large companies to become larger and small non-profit providers to disappear (Eriksson & Harrikari 2023). In 2024, 526 RC units offered care for children and youth on child welfare grounds in Finland, with approximately 20% being public and the rest private service providers (Laajasalo et al. 2025).

At present, five state-run residential care units (reform schools) are based on a separate law stating that children that cannot appropriately be cared for in other units can be placed in a state-run unit with an integrated school (Act on the child welfare units under the Finnish Institute for Health and Welfare 1379/2010). As child protection placements and restrictive measures are based on the Child Welfare Act, the same legislation applies to state-run, other public, and private RC units.

Finland has not had locked secure institutions for children, but individual periods of “special care,” determined by social workers and lasting up to 90 days, can be imposed for children exhibiting particularly severe symptoms. During these periods, their freedom is restricted in many ways, and professional support is more intensive compared to common RC (Child Welfare Act, Sections 61–74). Instead of locked institutions, the system is built on individual assessment and the discretion of professionals when it comes to restrictions.

Restrictive measures are based on specific reasons and apply only to the individual child, not to the community in which the child lives. Finnish child welfare legislation defines restrictive measures, which are: 1) restrictions in contact, 2) confiscation of substances and objects, 3) bodily search and physical examination, 4) inspection of possessions and deliveries, 5) restraining the child physically, 6) restrictions on freedom of movement, and 7) isolation and special care. Most restrictive measures require an administrative decision, which the child can appeal in administrative court (Child Welfare Act, Sections 61–74). In Finland, all child protection residential care units have equal authority regarding the use of restrictive measures, unlike in e.g. Sweden (Enell 2022). Separate regional state administrative agencies and the Finnish Parliamentary Ombudsman monitor institutions,

including their use of restrictive measures. Restrictive measures are not permitted in foster family care, except a restriction of contact based on a decision made by a social worker.

3 Systemic Shortcomings and trends

Since the death of a child in in-home child welfare services in 2012 – a case that marked the first to receive significant media and public attention – Finland has placed strong emphasis on child welfare reforms, including development projects, expert investigations, and efforts to address systemic shortcomings. An expert group report commissioned by the Ministry of Social Affairs and Health in response to the incident (STM 2013) marked the beginning of a new era in Finland's child welfare system, one characterized by national development initiatives and expert-led recommendations. Attention has been paid especially to the strengthening of universal and preventive services for children, youth, and families (e.g. STM 2020; Lindberg & Yliruka 2023).

In an inquiry-based reading guided by the first question (on shortcomings and developmental trends in answering to complex needs in the Finnish child protection system), we focused on solutions for adolescents facing severe and complex challenges whose needs are frequently addressed through OHC. In national policy documents and research reports outlining child welfare development needs and future directions in the aftermath of the aforementioned incident, we identified three key phenomena in efforts to meet these needs: a) foster family care as an alternative to RC, b) rehabilitation and multiprofessional collaboration, and c) increased control.

3.1 Foster Family Care as Alternative to Residential Care

Since the beginning of 2012, foster family care has been explicitly defined as primary in relation to RC in the Child Welfare Act, but it is still subject to individual evaluation of each child. If a child has complex needs that cannot be met in foster family care, they are placed in RC. In RC, more restrictions are permitted than in family care, and they are often seen by practitioners as needed for adolescents with complex needs including substance abuse, mental health issues, and antisocial behaviours.

As research shows that children in foster family care are generally better off on as young adults (Kääriälä & Hiilamo 2017), there has been a continuous willingness to increase the share of foster family care as an alternative to RC. The National Audit Office of Finland (2012) stated that the growth of foster family care requires increased support for the families as did the Ministry of Social Affairs and Health (2013), that recommended strong support for foster families a year later (STM 2013 21). Further, the supervision of foster families has been recommended to be strengthened and the legislation updated accordingly (Eriksson & Korhonen 2022, 106).

Strongly supported foster family care was identified as one future direction in developing alternatives to RC for adolescents in Finland in a national reform of child protection ten years ago (Eronen & Laakso 2016). Further, strongly supported and intensive foster care was suggested by, for example, Heino (2020) some years later. Regardless, following the change in law in 2012, there have been no concrete national efforts to strengthen and secure enough support for foster families to be able to care for adolescents in need of strong support. The suggestions have received attention among professionals, and some local development programmes have been initiated.

3.2 Rehabilitation and Multiprofessional Collaboration

The working group appointed by the Ministry of Social Affairs and Health in 2012 (STM 2013) mainly focused on recommending changes in and strengthening in-home services for families with children. Some of the main shortcomings identified were related to a lack of communication and information-sharing between authorities and the need to strengthen multiprofessional collaboration. Furthermore, staff resources in child welfare were to be secured, which was brought into the Child Welfare Act in terms of a maximum number of clients per social worker ten years later following repeated identification of the need by another working group (STM 2020).

The ethos of the child welfare legislation stressing preventive and universal (as well as targeted) in-home services has been continuous, and development of these are seen as a possibility to reduce OHC placement. One of the main challenges identified in a vision of future directions for reforming the child welfare system published by the Ministry of Social Affairs and Health (Hoikkala et al. 2023) was the service system being siloed and fragmented, as services are built on an organizational basis and are not flexible in meeting a user's individual needs.

The same challenges of a siloed system with deficiencies in collaboration between the social and health care sectors face children and youth in OHC. The National Audit Office of Finland (2012) identified shortcomings in child welfare services, particularly in placing children in suitable units and in accessing and coordinating specialized health care for children in care. OHC placements were, according to the audit report, covering for a lack of psychiatric care, as specialized health care referred children to OHC due to strained resources. The deficit in mental health services for these children was identified regardless of a change made to the Health Care Act to ease the situation (Ibid 2012). A multidisciplinary, national-level research group made suggestions regarding integrative organization and leadership as well as multiprofessional cooperation to ensure services for children and youth in need of both welfare and specialized mental health care services (Heino et al. 2018).

The National Audit Office (2012) recommended securing health care services for children in care. The same recommendation was made by researchers ten years later, as the situation had not improved. In a research report based on a large national sample, the same shortcomings in finding a place that meets the needs of demanding adolescents was found to persist, as aggressive children with acute psychiatric and substance abuse problems are especially difficult to place (Eriksson & Korhonen 2022). As the needs of the adolescents placed are not met, they are moved around, which threatens stability and continuity in their situation.

In 2019, the Ministry of Social Affairs and Health appointed a working group to reform child protection legislation so that the content and structure of OHC in child protection would better meet the needs of children requiring demanding special support (STM 2020). In response to deficits in the service system and in the inability of OHC to answer to the needs of the most demanding children, the working group proposed minimum staffing levels for child welfare services and the securing of multidisciplinary services for children in need of special support. The group also proposed that measures be taken to improve services for families with children, the threshold for children and young people to access mental health services be lowered, and preventive substance abuse services for minors be secured. The period of special care (so-called EHO) was proposed to be lengthened to up to 90 days to ensure rehabilitation. The only proposal that progressed into law was the staffing levels for social workers in child welfare services that were legislated and put into practice in 2022.

3.3 Increased Control

The 2012 working group (STM 2013) noted that parents of children in OHC struggled to set boundaries for adolescents, and staff in RC units lacked adequate tools to manage complex situations. These issues reflect challenges in professionals' mandate to impose restrictions when necessary. The discussion on where the line is to be drawn between regular upbringing and restrictions of human rights has been vigorous in the last decade (Heino 2020, 108). At the same time, professional voices following a change in the law (with the aim of protecting children's rights when restrictions are used) in 2019 have called for more tools to handle children with complex needs. A 2020 working group on demanding OHC, appointed by the Ministry of Social Affairs and Health (STM 2020), proposed legislative clarifications following confusion among professionals caused by the previous change in the law. These proposals remain pending after a change in government.

The restrictive measures are not considered by professionals working in RC units sufficient to safeguard all children in care. Also, implementation of a restriction on movement and preventing runaway behaviour, for example, are seen to pose challenges for multiprofessional role division between the RC unit, police, and specialized health care (Niemi & Eriksson 2025).

While the rhetoric of controlling in child welfare was until recently associated with the need to strengthen oversight and supervision of both foster families and RC units (Audit Office of Finland 2012; STM 2013; Eriksson & Korhonen 2022) in a scattered field of diverse service providers, discussion on control now has shifted to the need for more strict control of youth and their behaviour.

4 Proposed Solutions to Stated Needs for Reform in Child Protection

In the following, we use the three phenomena identified in the previous phase as a framework for our inquiry-based reading (Katan & Andreas Baarts 2020) to answer the second question (i.e. on the kinds of changes being proposed for those whom OHC fails). The framework informed our reading of recent administrative and political documents (2023–2025) that outline identified needs in and proposed changes to the organization and legislation of child protection, especially in relation to adolescents. Here, we identify and outline the proposed changes by national authorities in relation to current child protection and describe the intended transformation of the original phenomena.

The following documents were in focus:

- the Finnish Government Programme (VN 2023),
- a decision regarding a legislative reform group for child welfare legislation for minors involved in serious substance abuse, violence, and criminal activity (STM 2024),
- the final report of a preparatory group for the reform of child welfare legislation concerning adolescents who suffer from severe substance abuse issues, engage in serious violence, and commit crimes (STM 2025a), and
- a draft Government Proposal to Parliament for the amendment of the Child Welfare Act and related legislation (STM 2025b).

4.1 Stated Needs for Change

According to our reading, the first of the stated needs driving reforms of the child welfare service system at the moment is a deficiency in professional mandates. This appears to stem, for example, from legislative gaps concerning the authority of both police and child welfare officials to apprehend children who have left RC without permission. Child protection professionals and RC units are considered to require stronger legal authority and improved operational capacity to fulfil their responsibilities effectively. RC units reportedly face serious difficulties in locating children who leave without permission, particularly in the absence of effective collaboration with police and emergency services. Furthermore, the application of certain restrictive measures – such as physical restraint and personal searches – outside RC unit or in a vehicle is difficult. Additionally, shortcomings have been identified in how child protection services justify their official requests for assistance.

The second need for change identified in the documents is that RC units do not always have sufficient means to ensure the balanced development and well-being of children. The documents stated that there are not enough secure care units in Finland that would enable flexible and long-term (and sufficiently strong) protection when adolescents seriously abuse substances, are extremely violent, or have committed serious crimes. They also articulate that there are no RC units in Finland from which unauthorized departure can be effectively prevented. The documents state that the special care periods (so-called EHO) currently applied in Finland are not sufficient to break some of the most serious substance abuse, violence, and/or crime cycles of children, as these periods can last a maximum of 90 days. They also assess that responding to the situations of young people with serious substance abuse symptoms urgently requires new, functional service integrations and multidisciplinary cooperation. Currently, there do not seem to be sufficient services for young people with substance abuse problems. In addition, cooperation between social and health care is stated to be ineffective for young people with substance abuse problems, and young people are too often left without health care.

The documents express particular concern for adolescents with serious social challenges. The risk of marginalization among these young people, along with the widespread prevalence of mental health and anxiety issues among youth more broadly, are identified as urgent problems requiring swift and effective action. Crimes committed by adolescents increasingly involve violence, and serious offences have become more common, especially among those under the age of 15. Gang involvement is also highlighted in the Finnish government programme as a phenomenon needing prevention. The documents pay special attention to children who have absconded from RC and who are in a particularly vulnerable position. These children are frequently exposed to drug use, may become victims of sexual violence, and in some cases witness the deaths of their peers. Furthermore, experiences of violence and the constant threat of violence within child welfare institutions jeopardize children's right to physical integrity and protection from abuse. Feelings of insecurity are also heightened by unauthorized interference with others' property. Finally, the need for change is linked to concerns that current child welfare restrictions do not effectively prevent drug use among young people in RC. Thus, a need for reform in RC is emphasized.

4.2 Proposed Reforms in Child Protection

In the documents reviewed, one proposed improvement to child protection involves measures that would enable the continuation of foster family care or placement in foster family care instead of RC. Currently, placing a child in foster family care is not always feasible. Upcoming legislative reforms aim to ensure that if a child leaves OHC without permission, their prompt return can be secured, including when the child resides in a foster family. Therefore, the legislative process will re-examine the role of foster family care, considering its specific nature. The boundary between caregiving and restrictive measures

would be clarified to allow for a broader set of tools to protect children in foster family care settings. It has been proposed that, for example, removal of substances or objects that contribute to harmful situations or conditions for the child could be permitted as part of boundary-setting caregiving (also applicable to foster family care).

In addition to the emphasis on foster family care, the documents reflect a continued commitment to early intervention and support, diverse and multidisciplinary assistance, and a child protection service structure that prioritizes open care measures. According to the government programme, a broad national initiative will be launched to prevent youth marginalization, address mental health challenges, and reduce disparities in well-being. The approach promotes cross-sectoral cooperation and aims to improve the flow of information between authorities by removing legislative barriers that hinder collaboration. Targeted measures, such as extending periods of special care and enabling institutional care that integrates social and health services, will be implemented for young people struggling with severe substance abuse, cycles of criminal behaviour, or violent tendencies. Furthermore, the government programme proposes legislation to ensure equal access for children and adolescents to short-term psychotherapy and other effective psychosocial treatments (Health Care Act).

According to the proposed changes, a minor under the age of 18 who commits serious acts of violence or other criminal offences may be placed in a new type of secure care unit to be established, if it is deemed necessary to protect the child or others from harmful behaviour and to ensure access to rehabilitative services and long-term support. Secure care units must be staffed with professionals in social welfare, health care, and child development. Health care personnel must have expertise in neuropsychiatry, psychiatry, and substance abuse treatment. A multidisciplinary team is to be responsible for the child's care and rehabilitation, with continuous access to medical consultation. These units may impose more intensive and prolonged restrictions on freedom of movement and other fundamental rights than other forms of OHC. Placement will be based on criteria defined in child welfare legislation and does not constitute a criminal sanction. The service is intended as a last-resort measure with a strong rehabilitative focus.

Increased control over youth exhibiting serious criminal and substance-related symptoms is also reflected in legislative amendments aimed particularly at protecting children under the age of 15 (those below the age of criminal responsibility) and interrupting cycles of offending. Authorities' rights and responsibilities are to be clarified and strengthened, especially in situations where a child leaves or attempts to leave their placement without permission. Legislation will seek to enable more effective responses to unauthorized departures. A national preparatory group has proposed the establishment of specialized public authority units or teams to locate, return, and transport children who have gone missing from placements. However, these proposals have not been included in the draft

government bill. Additionally, the proposed measures⁸ aim to clarify the boundary between caregiving practices and restrictive interventions, allowing protective measures to be used in both RC and foster care settings.

5 Discussion

The question of how best to support adolescents with complex challenges has been debated in Finland since preparation for the first child welfare law began over a century ago. Most systemic shortcomings repeatedly identified over the past 15 years remain unresolved despite attempts at improvement through minor legislative changes. As these issues persist, the solutions vary over time, partly due to political guidance. When comparing the currently proposed solutions to earlier ones, the phenomenon of control has gained considerable attention and space. Efforts to increase foster family care are accompanied by attempts to clarify the role of certain restrictions as a natural part of parenting within semi-professional foster care. Insufficiency of rehabilitation for adolescents in care has cumulated in suggestions to lengthen restricted special care periods and to allow a new, closed form of RC. The discussion on different types of children needing RC and the division between child protection and the criminal justice system is not new; the same themes have emerged at different points since the late 19th century. The discussion is again topical (e.g. Niemi ja Juuriala 2024).

In public debate, proposals for change often revolve around increasing the capacity for restriction, as the goal appears to be reducing unwanted behaviours, such as unauthorized absences from RC by a small group of children in care. Public and political rhetoric identifies the importance of addressing severe mental health and substance abuse among children in RC, but the tangible solutions offered less so. The title of a report on state-run RC units by the social welfare board (Siltanen 1990) 35 years ago was “From punishments to rehabilitation: from seclusion to family therapy.” The report outlined in 1990 future directions that were dominant for decades. But are we now, in the 2020s, entering a new era where the pendulum swings back from softer methods to more control?

It is evident that the child protection system fails some children and new solutions are needed. For many, strengthening universal and basic services, battling childhood poverty, and supporting families can be the solution. For some, intensification of multiprofessional support and accessibility and availability of mental health and substance abuse services can be the solution. For the small demanding and vulnerable group of adolescents in need

⁸ Examples of proposed legislative amendments (at time of writing, the proposals had not yet progressed to parliamentary or committee consideration): security screening of individuals entering RC units; use of surveillance technology in shared areas of RC units; use of metal detectors; physical restraint of a child attempting to leave the institution without permission; expansion of the right to restrain a child outside the institution; and clarification of police procedures when apprehending a child who has left the institution without authorization.

of strong support, secure care might be a solution. We believe that restrictions that are temporary in nature and safeguard these children both physically and emotionally can provide a secure environment where their needs can better be met. The prerequisite for success is that the content, which is the care and rehabilitation itself, gains more attention, as control itself is not a cure but an enabler. The currently proposed solution can help a minority of children by providing a secure environment, as long as the aspect of control does not take over. The rights of children and their legal protection should also never be forgotten in discussions and proposals where the aspect of control is present. Therefore, we call for a more nuanced discussion on the prerequisites and consequences of introducing a new form of closed RC for the first time in Finland.

This article is based on a reading of Finnish administrative texts and research to form a picture of discussion and trends in Finland. It is not a systematic or comprehensive analysis but an inquiry-based reading by two researchers. Our own role in relation to the topic – as researchers and experts both working at a national research institute in Finland that is independent of but administered by the Ministry of Social Affairs and Health – is not objective. We and our colleagues have functioned as informants and experts for and in working groups as well as the Ministry of Social Affairs and Health in associated questions. The critical examination presented here is ours alone and does not represent the view of any organization.

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HUNGARY

The Situation of Child Protection from the Perspective of Children, Young People and Professionals in Hungary

Andrea Rácz

*Andrea Rácz*⁹ is an associate professor with habilitation of the Department of Social Work at the Faculty of Social Sciences of Eötvös Loránd University, Hungary. She acquired her MA in sociology at Eötvös Loránd University and holds a PhD in sociology. Her main research field is child welfare and protection. She has published several research articles and books, which primarily deal with social exclusion, child welfare, and child and youth protection. In recent years, in addition to her teaching and research work, she has led several child protection projects.

Keywords

child protection, youth in care, child protection professionals, development directions, innovative approaches

Abstract

OBJECTIVES: The aim of this study is to present the situation of child protection in Hungary based on published statistical data and research, focusing on the policy guidelines that currently define substitute care. The study also presents directions for the development of the system. **THEORETICAL BASE:** It is based on the theoretical approaches and policies that define the Hungarian child protection system. **METHODS:** The study is based on three qualitative research studies conducted by the author in recent years which explore the anomalies of the system, the identifiable educational values, and how child protection services are able to address the problems of children and young adults affected by child protection, compensate for childhood disadvantages, and promote successful social integration from the perspective of professionals and also those in care. **OUTCOMES:** The research results clearly indicate that Hungarian child protection is in crisis. Professionals are overburdened and lack resources. Those in child protection often experience a lack of meaningful and timely assistance. This is demonstrated by the case of Attila. Those leaving care have poor chances of social integration. The study also discusses possible directions for improvement and what professionals and those in care believe is needed to enable the care system to meet expectations for the professional functioning of child protection. Finally, the study presents a good practice example from Hungary, the YOUNGo application, which supports young people in care and those working with them in their transition to adulthood. **SOCIAL WORK IMPLICATIONS:** Identifying gaps in the functioning of the child

⁹ Contact: Andrea Rácz, Eötvös Loránd University, Department of Social Work, Budapest, Hungary, 1117, Pázmány Péter sétány 1/a. racz.andrea.aniko@tatk.elte.hu

protection system, gathering the opinions of professionals and, in the spirit of participatory involvement, exploring the situation, needs and future aspirations of those involved in child protection are essential for setting the direction for the development of the child protection system as part of social policy. All of which greatly contribute to increasing the methodological knowledge of professionals, diversifying their professional tools and educational and care methods and, more broadly, to renewing the professional content of higher education and other further education programmes.

Introduction

According to data from the Central Statistical Office (KSH), nearly 24,000 children and young people are living in the child protection system in Hungary. In 2023, a total of 21,428 minors and 2,387 people over the age of 18 received child protection services. Following an apparent decline after the COVID years, a steady increase can be observed. In terms of care settings, nearly 70% of those receiving care live with foster parents.¹⁰ In the current year, 33% of children receiving special care were placed in children's homes, a slight increase compared to previous years, while at the same time there has been a decrease in foster care networks. In 2023, 2,705 children were placed with foster parents, while 1,835 children were removed from care.¹¹ The number of foster parents decreased by nearly 100 compared to 2022, reaching 5,811 in 2023, although 500 (9%) did not raise children.¹² The number of foster parents has fluctuated between 5,200 and 5,800 over the past 10 years, with a quarter of those actively working as foster parents caring for children with special needs, i.e. children with disabilities, chronic illnesses or aged 0-3¹³.

In recent years there has been a significant change in child protection in terms of specialist care places, as the state has transferred a significant part of its maintenance and operational tasks to the churches. Currently, 2% of foster care places are run by civil organisations, with the rest being run by churches. This process has had little impact on institutions, with 83% of places in children's homes and apartment homes being state-run and 16% church-run (Rácz, Bogács, 2023:499).

In addition to foster care and various types of children's home placements, young adults in the Hungarian system are entitled to further support, known as aftercare service, depending on their status. If they are unable to support themselves, young adults can receive care until the age of 21; if they are in education, until the age of 24; in the case of higher education the upper age limit is 25. In the case of clients who are chronically ill or disabled

¹⁰ http://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg009.html

¹¹ https://www.ksh.hu/stadat_files/szo/hu/szo0018.html

¹² https://www.ksh.hu/stadat_files/szo/hu/szo0019.html

¹³ https://www.ksh.hu/stadat_files/szo/hu/szo0019.html

and are waiting for social care institution, they can receive support until the age of 22. The number of people receiving aftercare has fallen significantly, with 2,191 people receiving it in 2020, a 30% decrease in demand over ten years¹⁴. Research shows that the reason for this drastic decline is the disillusionment of young people, who flee the system upon reaching adulthood due to their bad experiences. It is true, however, that professionals are also happy to be rid of problematic young people who dropped out of school, have behaviour difficulties or use drugs (Szikulai, 2003; Rácz, 2012; 2014; Rubeus Egyesület, 2013, 2015; Rácz, Riegler, 2015).

The disadvantage compensation function of child protection often fails, and many of the young people are transferred to another system and unfortunately become homeless. According to research data, one in five homeless people spent part or all of their childhood in public care (Győri, 2021). According to data from the 2020 homeless survey, called February 3, (sample size: 7,000), 69% of those who had been living on the streets since becoming homeless came directly from child protection, and 61% had been in public care at some point in their lives (Győri, 2021:104). The situation of those in specialist care is very unfavourable in many aspects. There is a high rate of delinquency, running away, crime, substance abuse, prostitution and human trafficking, especially among those living in children's homes (Hatvani, Sebhelyi, Vaskuti, 2018:55-58). According to experts, 80-90 percent of children raised in children's homes go astray. In contrast, this rate is 10-20 percent for children living with foster parents¹⁵. It is also worth mentioning the unjustified removal of children from their families for financial reasons, which affects every third child according to a 2017 Ombudsman investigation (Gyermekjogi Civil Koalíció, 2019:24), as well as the over-representation of children of Roma origin and the prejudices against them (Darvas et al. 2016; Rákó, 2019), which greatly hinders the successful social integration of the target group. Numerous studies have reported on their low level of education, limited social networks and, as a result, weak position in the labour market (Cseres 2005; Szikulai, 2003; Rákó, 2014; Rácz, 2012).

It is important to note that foster care is of paramount importance in child protection in Hungary, although there are few foster parents, with an estimated 2,000 missing from the system due to low financial and social status¹⁶. Many foster families or their environment also have poor care conditions, as nearly 90% live in small settlements in disadvantaged regions of the country, where related public education, child health care and other services are also limited. Foster parents are overburdened, caring for an average of three foster children. (Homoki, 2024; Kothencz, Feleky, Lőrinczi, 2024). According to the results of a recent national survey of foster parents, 42% of foster parents are motivated by family

¹⁴https://www.ksh.hu/docs/hun/xstadat/xstadat_eves/i_fsg013.html

¹⁵<https://www.atv.hu/belfold/20250106/gyermekotthon-neveloszulo/>

¹⁶<https://hiros.hu/mintegy-2-000-neveloszulo-hianyzik-orszagosan/>

building, e.g. their children are already grown up and they would like to raise children again. Partly overlapping with this is the argument that 45% of them want to become foster parents due to altruism, based on internal motivation, but financial motives also appear among the reasons in 15% of cases (Kothencz, Feleky, Lőrinczi, 2024:53). On average, they become foster parents around the age of 40. Nearly 67% are married at the time of entry in the foster care system and are also raising their own children. However, nearly 20% are single or widowed, of which 11% have children of their own. 18.9% have only primary school education, but typically they have secondary education. Nearly 30% have a high school diploma, and 10% have a higher education degree (Kothencz, Feleky, Lőrinczi, 2024:23-28).

In recent years a number of child protection scandals have rocked the profession and public opinion, to which inadequate political and professional responses have been given. There are regular reports in the press about the systematic exploitation and sexual abuse of children¹⁷. In one case, for example, the head of an institution exploited the boys in his residential home for years. The director's accomplice was dismissed by the president of the republic which, in addition to exposing the systemic flaws, also amplified the voice of society and its protective stance¹⁸. The response was to tighten legislation and introduce checks on the impeccable conduct of employees, carried out by the National Security Service, which is part of the police force.¹⁹ Six percent of professionals resigned²⁰ and refused to undergo the investigation, which included an environmental study, questioning neighbours, gathering information about employees' leisure activities, substance use or sexual habits, and collecting data on their financial situation, all of which are typically considered humiliating in the profession. The intended purpose of the measure is to screen out potential paedophile offenders as a guarantee of child safety. Managers and those employed in professional positions will also have to undergo psychological aptitude tests as a result of the 2024 legislative amendment, which will have to be repeated every two years. The inadequacy of this measure is highlighted by the recent revelation of another case of abuse, in which the head of a custody centre for young criminals and his partner forced children in care to engage in prostitution. The investigation found nothing objectionable in the director's lifestyle, and the same director had previously received a state award, even though several reports had been made against him for child abuse and

¹⁷ https://www.youtube.com/playlist?list=PLhiKYNHvFc3_Y7Z-ImsNZXigVHIXLICJu

¹⁸ <https://www.szabadeuropa.hu/a/megtelt-a-hosok-tere-ezrek-tuntetnek-a-kegyelmi-botranyni-miatt-budapesten/32822959.html>

¹⁹ <https://tasz.hu/cikkek/tajekoztato-a-gyermekvedelemben-dolgozokat-erinto-kifogastalan-eletvitel-vizsgalatrol/>

²⁰ <https://telex.hu/belfold/2024/08/28/gyermekvedelem-szocialis-dolgozo-tavozas-felmondas-cseppko-utcai-gyermekotthon>

assault²¹. The crisis in child protection is illustrated by a recent case in a foster home in a county seat, where a drunk professional molested and abused children, tied babies to radiators, and the conditions of care were appalling, despite reports from the children and professionals in various forums. Suicide attempts were also a daily occurrence²².

In principle, we can assume that child protection is a complex support activity aimed at helping children and young people return home as soon as possible or, failing that, to meet their basic needs for social integration (Domszky, 1999). Building on the results of the author's three research studies conducted over the last few years, the current study examines the extent to which adequate assistance and intervention methods are available in family replacement care to correct and restore any disruptions (Rácz, 2022; 2023; Rácz, Bogács, 2023). We discuss what professionals and service users believe is necessary for the system to meet expectations regarding the professional functioning of child protection. The study also presents a case study, through the story of a person receiving aftercare, which highlights the anomalies in the system, the miscommunication of information, and the fragmented and bureaucratic nature of professional care. Although several child protection innovations have been introduced in Hungary, the study concludes by presenting a good practice that supports ICT-based development and the transition to adulthood.

Opinions of Child Protection Professionals, Children and Youth in Care

Methodology of qualitative research

This study summarises the results of three research projects along two main themes:

- 1) The research conducted as part of the Hungarian Academy of Sciences Bolyai Scholarship (2017-2020) dealt, among other things, with the professional image of child protection professionals and the family image of both caregivers and care recipients. Its aim was to identify the dysfunctions of the system. From the perspective of our current topic, the qualitative part of the research is particularly noteworthy, which included individual interviews with child protection experts and decision-makers (8 people) and eight focus group interviews (with an average of four to six participants) with professionals working in the field in various roles, such as family carers, educators, foster parents, child protection guardians, as well as children awaiting removal from their families, children and young people receiving specialist care, and parents affected by child protection issues. The research was conducted in the capital and in rural areas (Rácz, 2022).
- 2) The second research study, the results of which are presented in the current study, is part of a broader study on social solidarity in Hungarian society. In this study, the author examined the dysfunctions of state child protection and its institutionalised nature through

²¹ https://hvg.hu/itthon/20250530_Prostituciora-kenyszeritett-lanyokat-a-javitointezet-a-Fidesz-altal-kituntetett-mostanra-letartoztatott-igazgatoja

²² <https://rtl.hu/hazon-kivul/2025/08/17/szolnoki-befogado-otthon-gyerekbantalmazas-vadak>

group interviews with experts and professionals working in the field, as well as a case study. The basic criterion for selecting the case was to look at a child protection life story in which problems originating in the family were repeated or showed similar patterns in state child protection. Attila's case was based on four interviews and child protection documentation: interviews with the young adult in aftercare, his adult sibling who was already living independently, the foster parent, and the aftercare worker (Rácz, 2023).

3) The third study was a child protection investigation conducted by a larger research team, which aimed to identify educational values in relation to the day-to-day functioning of specialist care. Here, two expert interviews and two thematic focus group interviews (with children's home workers and professionals from the foster care network) were conducted together with four individual interviews with care recipients: three with children (aged 16-17) and one with a young adult (aged 20). The children and young people interviewed included those living in civil, state and church-run institutions (Rácz, Bogács, 2023).

Below, we present some of the main findings of the three qualitative studies and briefly describe the case study conducted as part of study No. 2.

Systemic problems in child protection

In the cited studies, experts identified the almost complete lack of prevention as one of the most significant problems in the functioning of the system. Due to their heavy workload and high turnover, professionals deal primarily with the most critical cases. The experts agreed that complex and long-term problems should be addressed from a broader perspective, with interdisciplinary cooperation needed to develop possible solutions. The recurrence of the problem within successive generation is a major concern, with many children entering specialist care from families where their parents, grandparents or other relatives have also been in care: “*[...] it is a big problem that they are being reproduced. [...] They behave just like their fathers, so these patterns are very evident, and the old cases are coming back alongside the new ones.*” (quote from research no. 1: group of child welfare workers, Budapest)

It can be said that basic services are lacking or have limited availability, and it is common to have to wait a very long time, either from the time a report is made until adequate system responses are received (Rácz, Sik, 2020), or until a decision is made in a child protection case (Rácz, 2014).

Typically, services and benefits are provided at the minimum level required by law. Children arrive with increasingly complex problems and multiple diagnoses, which would require complex services and adequate capacity. The development needs are also diverse. “*[...] children are arriving with more and more problems, so there are many with special needs, many children need a psychologist, development therapist, etc. Providing these services is a*

major task." (quote from research no. 1: specialist care focus group, foster parent advisor, rural area)

Professionals believe that it is also very stressful for them to be unable to help and protect families and children. Professionally inadequate decisions are also personal failures, because professionals feel that, as committed helpers, they themselves are part of a system in which they are powerless and helpless, and thus contribute to the deepening of problems and their systemic recurrence.

A kind of homogeneity can be observed in the foster parent network and institutional care in terms of educational values and goals. A fixed daily schedule, providing a framework, reducing social disadvantages and broadening educational opportunities play a major role in education. *"What I expected from education was that they would find the point where the child was stuck and intervene at that level and point, or start healing the child."* (quote from research no. 3: Focus group of foster care workers)

According to professionals, providing a therapeutic background and a trauma-informed presence are important values. The importance of maintaining biological family relationships, helping to resolve issues with the family, supporting the discovery of family history, and helping to process trauma is also emphasised.

In institutional care, greater emphasis is placed on supporting educational advancement, which is one of the keys to starting an independent life. In the case of foster parents, this goal, like the acquisition of self-care skills, is better integrated into everyday life, where biological children often serve as role models.

Young people's views on the child protection system

Children and young people are also aware of the shortcomings of the child protection system and reflect on this in relation to various issues affecting their lives.

They resent the fact that the primary emotion of professionals towards those in their care is pity.

"[...] their first thought is that they feel sorry for us on some level, that we ended up there, because if it had been their child who had been placed with foster parents or in a residential home, they would feel sorry for them even more, so I think that's why they feel sorry for us too." (quote from research no. 1: group of young adults receiving aftercare, rural area)

Young adults are highly critical of the system when they express opinions that do not reflect their individual needs or personal stories, as they feel that they have to adapt to a large machine *"[...] I came from a family, I had my own habits, my own temperament, everything, and they didn't take any of that into account... you had to adapt, and that can be unpleasant."* (quote from research no. 1: group of young adults receiving aftercare, rural area) They also find that their opinions only start to matter when they reach adulthood.

Before that, they feel passive and often do not even know what is happening to them or why. “[...] they don't start with you when they look at your possibilities. [...] I actually feel completely independent, I can organise my own time, and they allow me to try things out my own way, and if it doesn't work, I agree to let them show me how it should be done.” (quote from research no. 3: adult man raised in a civil society organisation)

It is also difficult for them that the reasons and circumstances for their admission are not always clear, for example, if the referral is related to neglectful lifestyle or financial problems.

They have differing experiences with the attitude of professionals, but in general they appreciate it when professionals listen to them, pay attention to them and, when they have questions or get stuck, can turn to them with confidence and the information and secrets they share are treated sensitively and empathetically. They greatly appreciate the support they receive in the areas of education, leisure and hobbies. However, their relationship with the child protection guardian is ambivalent; they often believe that the guardian looks after the interests of the system or, for example, sides with the foster parent against the foster child in conflicts with the foster parent.

Due to their traumas, young people have very difficult feelings about their families. Typically, their parents serve as bad role models, from whom they want to distance themselves and not become like in the future. Interestingly, they consider it a positive thing that what happened has made them more mature and grown-up compared to their peers.

At the level of the child protection system as a whole, it lacks personalisation and humanity. One of them said: “So we need more humane people in this system. And we really need to pay attention to what each foster parent is like, and not just listen to what they say as adults, but also listen to the children's complaints and feelings.” (quote from research no. 3: woman who was placed in a residential home by state foster parents) The positive aspects identified in their upbringing and care are the same in all participants' accounts, such as presence, empathetic involvement, attentiveness, cooperation between many participants, help in processing past traumas and helping to build a foundation for the future.

Table 1: Opinions of child protection professionals and those living in care about everyday life and its challenges

Professionals	Children and young people
Regardless of their background, they adhere to uniform principles in education. In institutional care, it is important to support education so that children can build an independent life based on adequate financial circumstances. In foster families, these processes are more	Both institutions and foster care offer many programmes, camps and leisure activities, and they do not feel that there are any shortcomings in this regard. They are grateful for the support and for finding supportive partners and understanding adults among the

<p>spontaneous, with a family atmosphere and informal relationships.</p>	<p>professionals. They consider education important despite their bad experiences and poor school performance.</p>
<p>They have few resources for education, there are many young people with problems (they come from difficult backgrounds, are traumatised, have serious educational disadvantages, behavioural problems and substance abuse), they lack up-to-date knowledge of modern educational methods, and there is a lack of training in this area.</p>	<p>There are many conflicts in the case of teenage problems, and professionals are not prepared for this.</p> <p>They often find it difficult to connect with professionals, feeling that they have to adapt to them, that the system makes them uniform, and that there is not always room for their personal stories and opinions.</p>
<p>Few services are available, e.g. psychologists, special needs teachers, and a trauma-sensitive approach is generally lacking at the systemic level. There is also a lack of human and financial resources to provide timely and comprehensive support.</p>	<p>They do not always receive meaningful help in processing trauma, only episodically, mainly after they get into the system.</p> <p>It is difficult for them because they often do not know why they are in the system, what family reasons led to their removal, what their family history is, how long they will remain in specialist care and where they will end up, or what the future holds for them. The uncertainty of the past, present and future is palpable, even if they feel lucky individually, but they see many negative examples, both in their immediate family and, above all, among their peers.</p> <p>They often do not have a trusting relationship with their child protection guardians, who do not represent their interests, are not supportive, and are not present in important decisions in their lives.</p>
<p>Personal example, listening and presence are important educational values for them. It is always necessary to start from the child, their situation and their wishes, and to plan and</p>	<p>They need love, attention, to be listened to and to be present at important events in their lives and when planning their future, and they want to work together to construct a way out of child protection.</p>

support their future in this way, which requires the joint work of many professionals.	There is a lack of social awareness of the situation of those involved in child protection, who experience stigmatisation, compounded by the professionals' own feelings of exclusion and overload.
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Source: Own edition based on the cited research, 2025.

Attila's case – systemic gaps reflected in his personal life

Attila is 21 years old and is currently being raised by foster parents as part of aftercare service. He entered the child protection system eight years ago with his two sisters, and he is the youngest child. His sisters quickly started independent lives.

The three siblings were placed in special care by the child welfare service. The family social worker believed that the parents' behaviour, resulting from their poor mental state, seriously endangered the healthy development of their children, and that the children were not being adequately cared for due to the family's serious social problems. In 2000, the family fell victim to a housing mafia. Initially, they were provided with accommodation through family ties, but due to conflicts between the growing generations, they had to move, so the local authority allocated them emergency housing in 2005. The child welfare service provided basic care for the family when, unexpectedly, in 2005, the mother left for an unknown destination. She then contacted the psychologist at the child welfare service, telling her that she had fled her home because of her husband's jealousy and that physical and psychological abuse were common in the family. With the help of the psychologist, she spent the night in a night shelter while her husband asked the police for help in finding his wife. After that, the parents went to the child welfare service together, who initiated the taking into care of the children due to the parents' relationship problems. During the first review of the protective measures, the guardianship authority upheld the protective measures due to the family's lifestyle problems, financial difficulties and family conflicts. Positive changes then took place in the family's life. The mother managed to find casual work and the family became members of a church community, and the mother became emotionally stronger. In 2008, the protective measures were terminated. After a less stressful two-year period, in the summer of 2010, the mother contacted child welfare services for help because her husband, who was working in the capital, had attempted suicide. As a result of frequent arguments, the mother left again for an unknown location, leaving the children in the care of their father and his relatives. In October 2010, the children themselves asked the family care worker for help in finding and bringing home their mother, who was found by the police but did not want to return home because of the abusive father. In the days that followed, the eldest sibling contacted the family social worker and said that her father had abused her, so she had spent the night at her girlfriend's family's home. The mother came and went, which made the children very

insecure, and their father behaved increasingly strangely. According to their reports, he had paranoid thoughts, shouting in the street that he was being followed. In the individual care and education plan, the family social worker recommended that the father undergo a psychiatric evaluation, although the father did not recognise his mental condition. The father was warned of the consequences of abusing his children. During a visit, the family social worker did not find the father at home, and the children told her that they did not want to live with their father anymore because they were afraid of him and were always afraid that he would kill them or their mother. Attila remembers his childhood as follows: *"Well, basically, our mother left us several times for long periods of time. There was a reason for this: my father beat my mother and was pathologically jealous. And so, basically, before we left, the three of us lived together for three months: me, at the age of eight, my 10-year-old sister and my 13-year-old sister, who ran the household. And that was quite stressful, because we had no supervision or security, which a parent should provide, but we didn't have that."* Attila remembers that his mother tried several times to ask for help before the situation became increasingly violent, but the professionals were unmoved: *"[...] the fact is that my mother took the report to them several times, saying that my father had beaten us and that he was practically deaf in one ear. So that team wasn't very helpful."*

The family counsellor decided that the children would be safer in specialist care, and in the winter of 2011, based on the decision of the registrar, they were placed with foster parents. They seemed to integrate easily into their foster family, who supported the children's previous relationships, and the siblings had several hobbies and performed well at school. After being placed in child protection, they were initially hostile towards their parents, but later developed a regular relationship with them and received psychological support to help them process their trauma. Attila's eldest sister took on the emotional role of parent, having previously been responsible for the family and her siblings.

It seemed that after a long period of suffering and uncertainty, Attila's life had reached a turning point and he was able to enjoy his secondary school years, but then another blow came. It emerged that his foster father was an alcoholic. The counsellor knew about the alcohol problem and the father promised to change, but this did not happen. According to the children, other problems then emerged, such as neglect and discrimination between their own children and their foster siblings in terms of care. *"[...] Well, as for the first [foster parent], the Regional Child Protection Service is partly responsible because the foster parent was an alcoholic. The foster mother even hid food from us. And then there were their own children. We got along, but we saw such a negative example, with violence and then alcoholism. And even though we reported it, it took practically six years for them to believe us, or I don't know why they didn't take any action."* The foster parent's legal relationship was terminated, and the children were placed with another foster parent. Attila found it difficult to adjust to the new situation, which was also a really stressful time for him because his sisters had come of age and started independent lives. Attila is currently learning a trade, is in a stable

partnership, and has a neutral relationship with his foster parent and aftercare worker, but he accepts their help. “[...] I like to make my own decisions, but of course if it affects someone else, then I involve them, for example if it's a partnership problem. But otherwise, I like to make my own decisions and stand by them.”

He is eligible for home creation support, which can help him start an independent life, although he has no cash assets. He is emotionally attached to his parents, but cannot receive financial or moral support from them. His sisters continue to provide him with support.

The case study shows that the child welfare and child protection systems that provided assistance barely intersected with his life, and his rights and interests were violated on several counts. In his case, assistance was mostly provided as a stopgap measure to solve an existing problem, and despite reports from professionals, they were not listened to. A lot of time passed between the request for help and the provision of assistance. Their credibility was questioned at the level of basic child welfare services and then at the level of foster care, or their problems, which were very serious, were trivialised. Similarly, the biological mother did not receive any meaningful help, even when she reported serious abuse and domestic violence. They were neglected in specialist care and experienced insecurity due to alcohol problems. Their defining experience was a sense of conditionality, of not mattering, and of help being delayed. With the help of his siblings, his own diligence and a positive outlook on the future, Attila is trying to get his life back on track. He does not have much faith in the child protection system and is critical of the professionals involved, although he does make use of the professional help available and will remain in the system for as long as his aftercare allows.

Overall, it can be said that in the absence of support from responsible adults, the child could only rely on himself and his parentified siblings, especially his eldest sister. Attila's story clearly shows that the family problems identified by the child protection system were met with half-measures or delayed support. Beyond basic care, the care process provided by the state child protection system was marked by recurring situations of risk, and problems arising in specialist care were addressed late, with responses that ignored the children's perspectives and disregarded their opinions and wishes.

A Good Practice

YOUNGo – “a helper who is always available in your pocket”

The following is an example of good practice in the form of an app developed by the Rubeus Association for children in specialist care and the professionals working with them. Of course, there are many innovations and examples of good practice in child protection in Hungary, such as the training courses, projects and chatbots of the Hintalovon Children's

Rights Foundation²³, the mentor programme of the Gyermekhíd Foundation²⁴, the programme for supporting young adults of SOS Children's Villages²⁵ and their campaigns presenting foster parenting and the fate of children²⁶. There are also programmes aimed at personality development based on art projects, such as ART-RAVALÓ²⁷.

YOUNGo is a programme supporting children and young people in starting an independent life, which is an application developed for Android and iOS phones and addresses topics related to becoming an adult, such as further education, housing, sexuality, drug-free life, social networks, job hunting and having children. It uses the language of young people, with content and a communication style tailored to them and based on the communication techniques they use, to bring the topics closer to them and help them become adults and, in a broader sense, integrate successfully into society. Its primary target group is children and young people aged 12-30 who are growing up without a family. However, the topics are relevant to all members of the youth age group. Its secondary target group includes child protection professionals working with children.

As background information, it should be mentioned that the development of the application (2016-2018) was preceded by a research-based series of five club meetings in Budapest and in the countryside entitled FIFTI (Social Integration of Young Adults). The experiences of the club series highlighted that there is a significant lack of programmes preparing children and young people for independent life, even though there is a demand for such programmes. The problem is that the majority of them do not have any stimulating hobbies, so they spend their free time idling and bored. Many of them have experienced failure at school and lack career awareness, which is compounded by the lack of career guidance services. Of the topics covered, the target group had the least information and practical experience in the area of money management (FIFTI, 2016). The experience of the FIFTI club series was summarised in a comic book (Kész felnőtt! [Ready for adulthood!], 2016²⁸), which also formed the basis for the YOUNGo application. The app also has a comprehensive website (<https://youngo.hu>) which can be studied together by those living in the institutions and, based on their experiences, it is easier to brainstorm together with educators than to search on a phone. A member of the aftercare team was also involved in the development to ensure that the needs, topics and tastes of the target group were accurately reflected. The basic idea came from a Dutch application called Kwikstart²⁹, with the difference that it does not collect knowledge related to the transition to adulthood and

²³ <https://hintalovon.hu/en/home-2/>

²⁴ <https://gyermekhid.hu/>

²⁵ <https://www.sos.hu/igy-segitunk-mi/kilepo-fiatalok-leaving-care/>

²⁶ For example: <https://www.youtube.com/watch?v=pHUZKG9wLV8>

²⁷ <https://artravaloo.com/en/>

²⁸ https://rubeus.hu/wp-content/uploads/2016/12/FIFTI_kepregeny_FINAL_20160715.pdf

²⁹ <https://play.google.com/store/apps/details?id=nl.kinderperspectief.kwikstart&hl=hu&pli=1>

successful care leaving for people with a child protection background, while providing access to other websites and apps, but rather provides a checklist for monitoring one's own progress through tasks.

The main topics of the YOUNGo app are:

- Children's rights;
- School and career choice;
- Leisure;
- Health;
- Conflicts and relationships;
- Problematic life situations: forced prostitution, addiction, crime;
- Starting a family life;
- Job search and employment;
- Housing options;
- Forms of child protection support after reaching adulthood;
- Helplines.

The above topics were updated in 2018 to include abuse, human trafficking prevention, and assistance for victims. In March 2020, due to the pandemic, a COVID-19 section was added, including numerous options such as support for home learning, available assistance, and mentoring programmes. The content and links are updated every year.

Nearly 1,000 children and young people in child protection system have downloaded the app to their phones, and the website has had nearly 4,000 visitors since its creation. It is important to note that young people often change their phones, so only the current download figures are visible. Due to the specific nature of the target group, the website is typically visited by institutions rather than individual users. Unfortunately, the institutions are very poorly equipped with ICT resources.

In 2018, the Rubeus Association promoted the app through a large-scale Facebook campaign and organised a photo competition for young people in which they took photos of their lives and challenges based on the themes of the app. The photo competition received more than 200 entries, and the campaign reached 110,000 unique users³⁰. With this, the Rubeus Association also aimed to raise social awareness among the target group (Rácz, Bulyáki, 2021; Rácz, Bogács, Jonkl, 2022).

Discussion

In addition to the growing number of children in public care, there are a number of structural problems in the Hungarian child protection system. Both basic child welfare services and specialised child protection services are characterised by high staff turnover

³⁰ <https://szavazas.young.hu/szavazas/3>

and heavy workloads, with numerous vacancies, particularly in the fields of psychology and special education. The financial and social status of professionals is very low.

In recent years, there have been several changes in the child protection system. Since the early 2000s, foster care has been given priority, and the role of churches has become increasingly important, especially in the area of foster care. The child protection structure established in 1997 is still modern and provides well-integrated care and services, although there is a lack of funding, resulting in significant service gaps. All domestic research shows that children and young people who enter the system are in a very vulnerable position. They are often removed from their families for financial reasons, despite legal prohibitions, and it can be said that families do not receive meaningful help to keep their children. A current and sad example of this is that nearly 300 babies were left in hospitals last year because they could not go home after birth, even though most of their parents would take them home and about 10% of them are adoptable³¹. Both the families and the children are in very poor condition. The problems drag on for years and, if they do receive specialist care, it is often uncertain whether they will receive the care they need and be placed in a suitable care facility. As one expert says: *"It takes a minute to take a child away, but five years to get them back. Here, 140,000 children living in poverty can be taken away from their parents at any time. In a well-functioning system, a child removed from their family would be returned within a year, but in Hungary the average is 5.5 years."*³² Research also highlights that they leave the system with very low levels of education and poor social networks, and many become homeless immediately after leaving or at some point in their lives. The risk of prostitution, human trafficking, substance abuse and crime is also high. As Rácz's three cited studies above indicate, young people are also critical of the system and the professionals working in it, as they often experience a lack of meaningful help, feel that they are not listened to and that their views are not taken into account. Their situation is made more difficult by the negative image they have in society, which has been exacerbated by child protection scandals in recent years and, in particular, the acquittal of an accomplice to paedophilia (grace case) shook the profession and Hungarian society as a whole. This stigma affects not only the primary target group of child protection, but also the professionals working with them, especially where no meaningful action is taken in cases of abuse and neglect over many years, and where the political and policy responses to these cases obscure the real problems.

Attila's case is a good example of how the child protection system responds with delays to serious child protection situations, from endangerment to abuse.

Despite all these negative trends, it is worth highlighting that professionals are fighting hard, and numerous developments and methodological innovations are taking place in

³¹ <https://telex.hu/belfold/2025/01/08/korhazban-hagyott-csecsemok-szama-nepszava-meg-mindig-260>

³² https://hvg.hu/itthon/20161029_gyerek_kiemeles_tasz_gyamugy

state, civic and church funded institutions to support children and young people in various areas and life challenges. YOUNGo is just one of many developments that are suitable for adequately addressing and supporting the target group. However, these local innovations cannot bring about meaningful, systemic change.

In 2015, with the participation of experts and professionals working in the field, a comprehensive concept was developed to reform child protection in all its segments. The concept addressed the strengthening of the detection and reporting system, the comprehensive development of parental competences, the modernisation of children's homes and foster care network and, in this context, the targeted assistance of children with different needs and the modernisation of the support system for young adults (Rubeus Egyesület, 2015).

It is important to mention among the development directions that in 2024, following the grace scandal, the Civil Coalition for Children's Rights summarised the steps necessary for child protection reform in 40 points with detailed justifications of which, in my opinion, the following are the most important in line with our topic, with a focus on specialist child protection services³³:

- Ensuring financial recognition, appropriate selection, training and support for those working in the child protection system.
- Ensuring sufficient human and material resources for proper functioning.
- Ensuring effective prevention and emphasising the importance of prevention.
- Preventing all forms of abuse and neglect, investigating cases of child abuse and sharing lessons learned widely within the profession and the public.
- Making the functioning of professional child protection services transparent. All this must also apply to funding. The Coalition proposes a child-centred budget, which means that at least 3% of GDP should be spent on families and children.

To achieve this, a comprehensive child protection strategy and broad professional dialogue are essential, as well as the continuous renewal of professional training and a response to new types of social phenomena and challenges.

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³³ <https://gyermekjogicivilkoalicio.hu/wp-content/uploads/2024/03/JAVASLATOK-GYERMEKVEDELEM-2024.-VEGLEGES-02.29.docx-2-1.pdf>

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POLAND

Child Protection Standards (SOD) in Poland: Between Legal Necessity and Everyday Challenges

Emil Korzeniewski

Emil Korzeniewski, M.A³⁴. – Assistant at the Department of Theory of Education and Pedagogy of Care, University of Gdańsk. His doctoral research focuses on the conceptual foundations of *care, nurturing, relationship, and education* within the practice of caregiving and educational work in residential childcare institutions. He has professional experience in the foster care system. Currently, in addition to his academic work, he practices as a psychotherapist at the Centrum Pomocy Dzieciom of the Empowering Children Foundation (FDDS) – an institution operating according to the Barnahus and Children's Advocacy Centre models.

Keywords

SOD, Social policy, Child rights

Abstract

This article is of a review character. It seeks to describe the system of child protection in Poland, with particular emphasis on the legal regulations introducing the *Standards for the Protection of Children*, which have been in force since 2024. The text provides an analysis of available scholarly studies concerning the implementation and functioning of these new provisions. Both the historical context and the prior experiences of the Polish child protection system are taken into account. Research findings on the potential benefits and risks arising from the introduction of the new regulations are examined, with attention drawn to their implications for institutional practice and the further development of social policy in the area of child rights protection. In addition, the article formulates recommendations and conclusions for practitioners regarding the application of the new provisions in order to safeguard the broad interests of children.

1. Introduction

For many years, it has been difficult to reach a cross-party consensus in Poland that would allow for the implementation of legal regulations aimed at safeguarding the well-being of children both within families and the broader education or foster care systems. Until

³⁴ Contact: Emil Korzeniewski, University of Gdańsk, Faculty of Social Sciences, Institute of Pedagogy, Department of Theory of Education and Pedagogy of Care, ul. Bażyńskiego 8, 80-309 Gdańsk, Poland, email: emil.korzeniewski@ug.edu.pl

recently (i.e., the early 21st century), the prevailing societal consensus was that children and adolescents constituted a weaker and largely invisible segment of society. As a result, they were marginalized and effectively deprived of their right to be heard (Flis-Swieczkowska, 2023).

The protection of children and young people from violence, abuse, and neglect has only recently emerged as a political and social priority in Poland. Previous legal mechanisms and the actions of both public and non-governmental institutions tended to be fragmented and lacked a coherent, nationwide strategy. Their effectiveness often depended on local initiatives and the commitment of individual representatives within the system. In practice, this led to significant disparities in the level of protection afforded to children across different regions of the country, with many cases of violence either going unnoticed or being reported in an inadequate manner.

A tragic incident involving a young child acted as a catalyst for systemic change. In 2023, the media reported the death of a young boy who had suffered from domestic violence. The scale and brutality of this tragedy shocked the public and exposed serious gaps in the child protection system. In response, a legislative amendment was introduced to the Act of 13 May 2016 on counteracting threats related to sexual crime and on the protection of minors, commonly referred to as the "Act X³⁵".

2. Historical Background

One of the most influential figures in initiating the discourse on children's rights in Poland was undoubtedly Janusz Korczak—a Polish-Jewish educator and child protection advocate. His legacy can be encapsulated by a quote from one of his posthumously published works:

"There are no children, there are people." (Korczak, 1958)

Korczak's engagement with children was far from theoretical. During the interwar period and throughout World War II, he managed the "Dom Sierot" (Orphan's Home), an institution providing shelter and safety for Jewish children orphaned or abandoned due to wartime circumstances. Drawing from his direct experience, Korczak formulated principles that called for the inclusion and emancipation of children's voices in public discourse (Kmak, 2021).

A particularly notable period in the context of children's rights in Poland was the era of the Polish People's Republic (PRL). This period was marked by ideological conflict between two major actors: the Polish United Workers' Party (PZPR) and the Catholic Church. Despite their opposing ideologies, both institutions shared a strong interest in shaping children's upbringing. On the one hand, the state organized large-scale, state-sponsored celebrations

³⁵ In the Polish media space, the law was named after the tragically deceased child. For ethical reasons, the child's name was replaced with X.

such as Children's Day and established so-called "children's communist towns." On the other hand, the Catholic Church heavily focused on child-centered initiatives such as catechism classes, children's sacraments, and various educational and pastoral programs.

Despite these efforts, both institutions largely ignored the widespread issue of child abuse occurring within families and schools. Violence against children was reportedly common during this period. For instance, nearly one-quarter of respondents in a study on memories from the PRL era recalled physical abuse by teachers (Budziszewska et al., 2015):

"You used to be allowed to hit children. There was one teacher who used a rubber inner tube and simply beat the children on their hands. There were maybe two or three teachers like that in our school. One time, my classmate got a multiplication table question wrong twice. The teacher beat her hands so badly that they were bruised and bleeding. I personally was hit with a chalkboard—she banged my head against it for every mistake I made."

(Woman, recollection from the 1980s, rural school; Budziszewska et al., 2015)

During this time, the Catholic Church did not take an official stance on violence in schools. While it functioned as an opposition force to the undemocratic state, it largely overlooked the rights and dignity of the child. The evolution of the concept of children's rights in Poland has, nevertheless, been strongly influenced by international initiatives. In 1989, Poland was one of the initiators of the United Nations Convention on the Rights of the Child. However, meaningful legal changes only began with the adoption of the new Polish Constitution in 1997. The 1997 Constitution introduced the principle of human dignity—including that of children—as a fundamental and protected value of the state. This provision generated significant debate, particularly in relation to children's personal rights, including bodily integrity. The new Constitution also established the Office of the Ombudsman for Children (Rzecznik Praw Dziecka), although the first appointment to the position—Marek Piechowiak—did not occur until the year 2000 due to contentious public discussions. In the following years, a kind of acceptance of the status quo emerged. Many politicians believed that the existing legal framework was sufficient to ensure children's safety, even as numerous public campaigns, such as "*Don't Shake the Baby*" and "*Hitting is Stupid*", drew attention to the issue of violence. These campaigns, typically organized by non-governmental organizations, played a vital role in raising awareness.

One of the most significant legal milestones was the formal prohibition of corporal punishment of children—an initiative largely championed by Ombudsman for Children Marek Michalak, who described this legislative success as one of his most important achievements. This was particularly noteworthy given the continued public acceptance of physical punishment at the time.

Unfortunately, the high-profile case mentioned in the introduction was not an isolated incident. At the turn of the 21st century, Polish media reported numerous tragic stories

involving children³⁶. One of the most controversial was the 2011 case of an infant's death in Sosnowiec. Following the sentencing of the child's mother, a tabloid published a cover interview featuring the convicted woman posing in lingerie on horseback, under the caption: "Now I have time for my passions." Despite repeated incidents, these cases rarely led to legislative change—until the tragedy referenced in the introduction prompted a national reckoning and a push for systemic reform.

As part of the 2024 legal amendment, institutions in regular contact with children are now required to develop and implement Child Protection Standards (Standardy Ochrony Dzieci – SOD) (Journal of Laws 2024, item 560, Articles 22b–22c). The new provisions came into force on February 15, 2024, with a compliance deadline of August 15, 2024. These standards have since become mandatory for educational and childcare institutions, with the goal of establishing mechanisms to prevent harm and to ensure consistent responses to violence, neglect, or abuse. The reform responds not only to domestic reports but also to international obligations, including the UN Convention on the Rights of the Child (1989) and the Council of Europe's Lanzarote Convention (2007).

One of the key contributors to the development of the standards was the Empowering Children Foundation (Fundacja Dajemy Dzieciom Się – FDDS). Since 2010, FDDS has conducted research and published findings related to child abuse prevention. It also played a critical role in training professionals and conducting public education campaigns in schools and care institutions. FDDS provided practical tools, including a child protection policy generator, and participated in public consultations, offering legislators valuable insights from frontline professionals. As early as 2010, FDDS began promoting child protection standards in Polish schools by developing model procedures for responding to violence and neglect. Its "*Child Protection Standards*" program included staff training, educational materials for children, and institutional safety audits. Research conducted by FDDS showed that institutions implementing these procedures responded more effectively to signs of abuse and cooperated more successfully with child protection authorities (Drabarek & Makaruk, 2022).

Between 2010 and 2019, the implementation of child protection standards in Poland was voluntary, leading to significant disparities between institutions in urban and rural areas. Some institutions developed comprehensive protocols, while others introduced only minimal measures, thereby increasing the risk of oversight and failing to guarantee children's safety. In many cases, institutions did not address these issues at all.

³⁶ In 2023, the Onet portal reported the suicide of a thirteen-year-old girl in foster care. In 2025, the TVN24 news portal reported the death of a six-year-old child, with the child's parents facing criminal charges.

In the 2010s, increased media coverage—especially through social and traditional outlets—began to spotlight the issue of child abuse, particularly within church-affiliated institutions. This exposed the systemic nature of violence against children and underscored the urgent need for structural reforms. Over time, educational and care institutions in Poland gradually adapted to new legal requirements. A key milestone was the introduction of mandatory criminal background checks for employees (Journal of Laws 2011 No. 180, item 1073), along with government recommendations for anti-violence policies in schools. However, until recently, Poland lacked a unified legal act that would integrate all components of a comprehensive child protection system.

3. The Importance of Child Protection Standards for Ensuring Children's Safety

The Child Protection Standards (SOD) establish a set of minimum requirements that every institution working with children is legally obliged to implement. The law outlines, among other things, the need to define safe relationship guidelines between staff and children, to develop clear procedures for reporting suspected harm, and to ensure appropriate institutional responses to concerning situations or disclosures of abuse. Institutions are also required to safeguard children's personal data and images, screen staff for criminal records, and provide regular training for personnel. Crucially—and often overlooked in practice—children must be informed of their rights and have access to reporting mechanisms that are age-appropriate and accessible to them (Journal of Laws 2024, item 560, Article 22c).

The implementation of these procedures is not only a formal requirement but also carries significant psychological and educational value. Establishing transparent and understandable protocols gives children a sense of safety and predictability in situations involving the disclosure of abuse. A child who knows that their school or care institution follows clear protection rules is more likely to feel that their safety is a priority. This is especially important for children with disabilities or special educational needs—groups more vulnerable to abuse than their peers (Szwed, 2024) as well as for children placed in the foster care system. In such cases, the standards help create an environment in which the child can report their experiences without fear, and staff are equipped with procedures and tools to respond appropriately to incidents of harm. This, at least, was the intention of the lawmakers and experts involved in drafting the legislation.

Research conducted in institutions that implemented the program showed a marked increase in interventions in suspected abuse cases and a rise in staff confidence regarding their competencies (Drabarek & Makaruk, 2022). However, it is important to note that these studies were conducted during a period when implementation of the standards was voluntary. As such, the findings may reflect outcomes primarily from institutions that already prioritized violence prevention.

It is also worth emphasizing that these legal reforms in Poland are not isolated developments but part of a broader international trend. Article 19 of the UN Convention on the Rights of the Child (1989) obligates states to protect children from all forms of violence. Furthermore, the UN Committee on the Rights of the Child, in General Comment No. 13 (2011), stresses that institutions working with children must establish complaint procedures that are accessible and child-friendly. The Council of Europe echoes these requirements, asserting that schools and care institutions must not only prevent violence but also provide active support to children during crises (Council of Europe, 2018). From the perspective of international law, the absence of clear and precise procedures for reporting abuse would constitute non-compliance with these standards.

Against this backdrop, it becomes clear that the standards introduced in Poland are not merely bureaucratic requirements but tools for real protection. When implemented with full commitment, they help organize staff responsibilities and intervention procedures, while also empowering children to participate actively in their own protection—not simply as passive recipients of care. As shown in the study by Drabarek and Makaruk (2022), schools that had adopted the standards were more likely to take action against cyberbullying, respond more quickly to signs of abuse, and collaborate more effectively with external protection agencies.

It is this practical function—linking institutional responsibility with the cultivation of a protection-oriented culture—that makes the new legislation transformative. The implementation of standards in Poland also facilitates alignment with established European models of child protection. In countries such as Germany, Sweden, and the United Kingdom, similar procedures have been in place for years and have been shown to effectively reduce the risk of abuse.

Pilot studies in schools implementing the Child Protection Standards highlighted a range of benefits. A majority (64%) of educational staff reported improved safety and protection for students, along with an increase in school-wide awareness (22%). From the perspective of specialist teachers and professionals, the most significant improvement was the introduction of internal transparency in procedures for responding to suspected child abuse (Drabarek & Makaruk, 2022). The study also revealed a key challenge in implementing the standards—resistance or lack of engagement from parents (40%). To illustrate this difficulty, one participant commented:

“Collaboration with parents is the biggest challenge today—they are hostile toward the school, unwilling to cooperate or participate in proposed activities like workshops or lectures. Out of about 300 invited parents, maybe three agree to participate.”

(School psychologist, Drabarek & Makaruk, 2022)

Implementation of the Child Protection Standards also obliges management personnel to obtain information from the Sexual Offenses Registry, which was established in 2016 as a

preventive measure against sexual crimes, particularly those involving minors (Truszkowski & Warston, 2024). Under the amended law, individuals working with children and youth are now required to submit a declaration of non-conviction under penalty of criminal liability (Truszkowski & Warston, 2024). These provisions are not only reactive but also preventive in nature, reinforcing violence prevention within institutional settings.

4. Consequences of Non-Compliance with Child Protection Standards

Although the implementation of Child Protection Standards (SOD) is now a legal obligation in Poland, practice reveals that some institutions treat these regulations as yet another bureaucratic formality rather than a tool for the real protection of children. However, minimizing or disregarding these standards can result in serious legal and social consequences.

A school principal or head of an institution who fails to implement a child protection policy may face administrative liability, and in extreme cases, even criminal responsibility. The Act on Preventing Threats Related to Sexual Crime and the Protection of Minors explicitly states that the absence of procedures, **or** failure to fulfill obligations related to their implementation, may trigger supervisory actions by the managing authority or school inspectorates (Journal of Laws 2024, item 560, Articles 22c–22g).

In practice, however, the more significant consequences of ignoring these standards are pedagogical and developmental. In institutions where staff are not properly trained and children are unaware of their rights, the risk of unreported abuse increases. This also elevates the likelihood of violence occurring within the institution itself. Research conducted by the Empowering Children Foundation (FDDS) shows that in schools lacking clear procedures, children are less likely to report experiences of abuse, fearing a lack of adult response or potential retaliation (FDDS, 2021). The absence of transparent rules contributes to a *culture of silence*, where children's suffering remains invisible, and those who experience violence are denied appropriate support and intervention.

The principle of "two sets of eyes"—which requires the presence of at least two adults during interactions that could expose a child to risk—was introduced **to** minimize the potential for abuse while also protecting staff from false accusations. If this principle is ignored, the risk of both actual incidents and the erosion of trust in the institution increases significantly. Failing to comply with the standards thus directly affects relationships between staff and children. In the context of schools or care facilities, this trust is fundamental; its loss may lead to heightened behavioral challenges, child isolation, or even *secondary victimization*.

Another key consequence of neglecting the standards is the failure to initiate organizational culture change. Child protection standards were never intended to be merely a set of documents; rather, they were designed to catalyze a shift in how

children are perceived—as rights-holders, not merely as passive recipients of care or education. When institutions implement the standards superficially, they miss the opportunity to strengthen staff competencies and to create environments that are genuinely child-friendly. In doing so, they forfeit the chance to ensure that education and care are not only effective, but also safe.

5. Public Debate and Controversies

The implementation of Child Protection Standards (SOD) has sparked significant public debate in Poland, with the primary point of contention being the rapid pace of their introduction. School principals and heads of care institutions reported that the time allocated to adapt internal procedures was insufficient, and the lack of uniform guidelines led to organizational confusion. Teachers and educators complained that they were provided only with general recommendations, with no practical tools or clear guidance on how to respond in situations of suspected harm or risk.

Trade unions, including the Polish Teachers' Union (ZNP), criticized the government for shifting the burden of responsibility onto schools, without ensuring adequate financial and organizational support (ZNP, 2023).

The media landscape also featured political narratives portraying the standards as a form of “excessive state surveillance” over teachers. A member of the opposition stated publicly that *“the legislator treats teachers as potential criminals.”* In response, experts from the Empowering Children Foundation (FDDS) reminded the public that the “two pairs of eyes” rule has long been a standard in Western countries and is intended to protect both children and educational staff.

Some criticism focused on interpersonal boundaries, particularly around relationships outside institutional settings. Teachers and parents expressed concern that the standards might restrict informal interactions with students—such as contact after school hours or communication via social media. Experts, however, emphasized that the absence of clear rules in the past had facilitated misconduct, creating ambiguous situations in which children were particularly vulnerable.

The public debate also included concerns about the role of non-governmental organizations. Critics argued that NGOs had disproportionate influence on the drafting of legislation and accused them of introducing ideological bias into the legal framework. This accusation, although contested by child protection experts, highlights the polarized nature of the discussion, in which child safety was at times overshadowed by political and ideological disputes.

6. Conclusion and Key Findings

The development of systemic solutions for ensuring child safety in Poland can rightfully be described as a form of *contemporary history*. These regulations have only been fully in force since August 15, 2024, and as of now, limited empirical data is available to assess their effectiveness. While evaluations conducted by non-governmental organizations offer some insight, the scale of legislative change suggests that a reliable assessment of the implemented measures—and the formulation of policy recommendations—requires large-scale, longitudinal research.

Reaching a consensus on how to evaluate these legal provisions may prove particularly difficult in the current climate of political polarization and the increasing ideological framing of children's rights by political actors. This has become especially apparent in recent political developments, where a proposed amendment to child protection laws was blocked. To illustrate just how recent and dynamic this legal and political context is, it is important to note that the presidential veto of the amendment occurred on August 29, 2025.

In his justification, the President argued that certain provisions of the bill could negatively affect the process of obtaining documentation necessary for individuals working with children. What this incident highlights is the highly contentious nature of current child protection reforms, as the President opted to exercise a full veto—one of the most consequential legislative tools available—rather than allowing the changes to proceed through alternative channels.

This situation underscores the fragile and politicized environment surrounding child protection policies in Poland, where the safeguarding of children's rights is increasingly entangled in broader ideological and institutional disputes³⁷.

In my teaching practice with future educators and social workers, I frequently encounter a clear need for precise and well-defined legal frameworks that can support them in navigating the realities of their professional roles. At the early stages of their careers, students often point to the ambiguity surrounding concepts such as “responsibility” and “authority” in the context of intervention work.

Research on burnout among social workers consistently highlights the emotional toll associated with “containing” or managing difficult emotions—particularly those related to witnessing or dealing with cases of violence—and the lack of adequate resources to perform their professional duties (Stanek, 2022).

³⁷ Accessed on August 30, 2025: <https://www.prezydent.pl/prawo/ustawy-zawetowane/szef-kprp-prezydent-podpisal-ustawe-o-swiadecznach-opieki-zdrowotnej-zawetowal-nowelizacje-tzw-lex-kamilek,105980>

One significant yet often overlooked factor appears to be the influence of legal frameworks and institutional procedures on job satisfaction. While it would be scientifically inappropriate to generalize from my own individual teaching experiences, I identify this aspect as a potential starting point for addressing the question: "Could clear procedures and a structured response system to child maltreatment enhance the professional wellbeing of social service workers?" A related question may be raised with respect to foster care professionals and education sector employees: „Can a similar assumption be made regarding the positive impact of procedural clarity on their daily practice and occupational satisfaction?”

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PORUGAL

Home care in Portugal: perspectives and challenges

Madalena Sofia Oliveira, Carlos Silva Peixoto

*Madalena Sofia Oliveira*³⁸ PhD in Psychology, MSc in Forensic Science and Degree in Social Work. Assistant Professor at the Higher Institute of Social Work in Porto and Guest Assistant Professor at the University Institute of Health Sciences-CESPU and the University of Maia. Director of the Master Degree in Social Intervention in Childhood and Youth at Risk of Social Exclusion at the Higher Institute of Social Work in Porto. Researcher at the Centre for Research in Justice and Governance - JusGov - University of Minho, having devoted the last two decades to the study of violence in intimate relationships, intergenerational transmission of violence, child abuse and neglect, and new types of victimisation/aggression, resulting in over a hundred presentations at national and international conferences and publications in journals, chapters, and books in the field of abuse, violence, and crime.

*Carlos Silva Peixoto*³⁹ Post-graduate in clinical and forensic psychology. Diverse professional background, focusing on human rights, mental health, families, children and youth. Working for the National Commission for the Promotion of the Rights and Protection of Children and Young People, Porto Higher Institute of Social Service and Non-governmental Organizations. Member of the Research Center for Social Service Sciences. Researcher, especially in the areas of children's rights and protection, with several publications.

Keywords

children, residential care, history, practices, Portugal.

Abstract

The Portuguese System for the Protection and Promotion of Children and Young People has been operational since 2001, with the approval of the Law on the Protection of Children and Young People in Danger (1999), is anchored in the Constitution of the Portuguese Republic (CRP) and the Convention on the Rights of the Child (CRC), based on an approach focused on the rights and needs of children and young people. Among other options within this system is temporary residential care, which is applied when a child or young person is at risk and cannot remain with their family in order to safeguard their rights.

³⁸ Contact: madalena.oliveira@isspp.pt

³⁹ Contact: Peixoto, C. S., Instituto Superior de Serviço Social do Porto, Av. Dr. Manuel Teixeira Ruela, 370 - 4460-362 Sra. da Hora Portugal, carlos.peixoto@isspp.pt

However, contrary to international recommendations, this alternative care option has been preferred in Portugal, compared to the residual option of foster care, as well as the imperative priority of a comprehensive strategy to prevent child abuse.

Residential care in Portugal is far from being a family environment and lacks a comporting therapeutic and specialized approach, facing numerous challenges that require urgent improvements.

This chapter therefore briefly analyzes the historical context in Portugal before presenting a brief overview of Portugal's efforts to adapt to changes in international regulatory guidelines on residential care. Finally, it outlines some of the ideas and challenges that deserve priority in promoting qualified, high-quality residential care.

1. Brief overview of the Portuguese System for the Protection and Promotion of Children and Young People

The protection of children and young people in Portugal is organized within the framework of the System for the Promotion of the Rights and Protection of Children and Young People (SPRPCJ), which operates in various levels. The protection of children is mainly ensured by the family, but when that is not possible and external support is needed, subsequent interventions are implemented, as defined in the Promotion and Protection Law.

This establishes a three-level intervention: i) Entity with Competence in Matters of Childhood and Youth, ii) Commission for the Protection of Children and Young People, and iii) Courts (Ferreira, 2023), which must be attentive, responsible, and continuous, involving various community, administrative, and judicial actors. This requires a culture of dialogue, coordination, and rapid, high-quality intervention for all children and young people.

Entities with Competence in Matters of Childhood and Youth (ECMCY) must intervene first, in agreement with the family. These entities are "natural or legal persons, public, cooperative, social, or private, which, through the development of activities in the areas of childhood and youth" (Art. 5, para. d) of the Law on the Protection of Children and Adolescents in Danger - LPCYD), for example: schools, health, social security, local authorities, private social solidarity institutions (IPSS), non-governmental organizations (NGOs). Thus, the procedures to be implemented by the ECMCY involve a methodology, generally composed of four vectors: 1) prevention; 2) detection and intervention; 3) report; and 4) collaboration.

Considering the economic, material, social, psychological, educational, health, and subjective well-being of children and young people (Pollard & Lee, 2003; UNICEF, 2013), ECMCYs should promote a culture of prevention, especially by fostering a protective and supportive community; carry out awareness-raising and training activities; implement preventive programs; promote positive parenting; promote non-violence in its various

forms (family, school, schoolmates, etc.); and develop a strategic plan to promote the rights and protection of children and young people, in consultation with other partners.

In a second line of action, the ECMCY should have internal procedures to detect potential situations of vulnerability and/or abuse; carry out an assessment and make decisions; formulate a consensual intervention with the family; follow up and monitor this intervention, recording all measures taken. In this assessment and intervention, the ECMCY should address, as proposed by Sousa (2005), the following: 1) Preparation and planning, the objective of which is to understand the system with which it will work; 2) Initial meeting and building a partnership with the family, the objective of which will be to establish a framework to focus on the family and its competencies; 3) Follow-up contact, whose objective is to explore alternative relationship patterns, reformulate ideas about the family and the problem, identify support networks, and manage conflicts; and 4) Continuation of the relationship, with the objective of cultivating the partnership, persisting, and being patient with the family.

If the intervention agreed upon with the family is not successful, either due to the severity of the situation or the lack of resources by the ECMCY, it may be necessary to report the situation to the Child and Adolescent Protection Committees (CPCJ). Finally, the ECMCY also has the responsibility to collaborate with the second and third lines of intervention, sharing information and/or implementing certain intervention strategy.

At the second level, intervention is the responsibility of the CPCJ, which intervenes with the consent of the family and without the child's opposition. They perform a complete diagnostic assessment, resulting in an intervention plan and subsequent follow-up. As recommended by Pezzot-Pearce and Pearce (2004), this involves acting quickly and efficiently, particularly in situations where the child is at risk; assessing the care provided to the child; encouraging and supporting parents; and helping to correct the situation of parents who do not meet the minimum standards compatible with normal development.

This diagnostic assessment follows the Ecological Model of Assessment and Intervention in Situations of Risk and Danger for Children, adapted from the Framework for the Assessment of Children in Need and their Families (Canhão, 2007; Department of Health, 2000), including three pillars: 1) Children's Needs (health, education, emotional and behavioral development, identity, family and social relationships, social presentation, and autonomy); 2) Parental capacity (basic care, safety, affection, stimulation, establishment of rules and boundaries, stability); and 3) Family and ecological factors (family history and functioning, extended family, family social integration, community resources, professional situation, family income, housing conditions). To this end, the child's needs will be assessed; family structure, dynamics, and functioning will be evaluated; and risk and protective factors will be identified. Depending on each case, this may involve interviews with parents/caregivers (notably motivational interviews); listening to the child; observation; home visits; a

genogram; an ecogram; needs assessment protocols; collateral contact with other entities; complementary psychosocial instruments; and instruments to assess parenting skills. This process should safeguard against all circumstances of possible secondary victimization, avoiding repetition of the narrative or acts that may exacerbate the trauma.

Based on this diagnostic assessment, the CPCJ will justify the need for intervention, applying protective measures (including: Support for parents; Support for another family member; Trust in a suitable person; Support for independent living; Foster care; Residential care | n.º 1, Article 35 of the LPCYD), involving a promotion and protection agreement and an intervention plan.

Finally, when CPCJ intervention, for various reasons (Article 11 of the LPCYD), is not permitted, possible, or effective, the case is referred to the court. The entire assessment and intervention process follows the same premises already outlined in the Ecological Model for Assessment and Intervention in Situations of Risk and Danger to Children.

According to the LPCYD and Decree-Law No. 332-B/2000, the monitoring of court promotion and protection processes is the responsibility of the multidisciplinary teams that advise the courts (MTACT), specifically in terms of technical support for judicial decisions (through diagnostic assessment, preparation of information and social reports) and monitoring the implementation of the promotion and protection measures applied (Rogado, 2009).

This multilevel intervention is expressed in a set of guiding principles (Article 4 of the LPCYD): Best interests of the child; Privacy; Early intervention; Minimal intervention; Proportionality and timeliness; Parental responsibility; Primacy of continuity of deep psychological relationships; Prevalence of the family; Mandatory information; Mandatory hearing and participation; Subsidiarity. It is important to note that the SPRPCJ is based on the important Convention on the Rights of the Child (CRC).

2. Brief historical overview of residential care in Portugal

Portugal has a long social and legal history of protecting children and young people, with its pioneering child protection law of 1911. Although it is possible to find older records from the 16th and 17th centuries with the first regulations on childcare, with the Manuelle and Philippine Ordinances (Rodrigues, 2019; Vilaverde, 2000; Almeida, Fernandes, and Peixoto, 2021). It is also possible to find older records specifically related to the care of orphaned or unprotected children, beginning in the Middle Ages with the role of the Church in the care of abandoned children, as well as some references to hospices and hospitals, such as the Hospital Real de Todos os Santos - Casa dos Meninos (Inácio, 2014; Martins, 2014; Rodrigues, 2019). The "rodas dos expostos" was another way for abandoned children to be adopted by other families (Leandro, 2011; Martins, 2014; Rosa, 2010), and these practices continued over the following centuries. In the 14th century, the first

Portuguese institutions created specifically to care for abandoned children were the Hospital dos Meninos Órfãos de Lisboa (Hospital for Orphan Boys of Lisbon) and the Hospital de Santa Maria dos Inocentes (Hospital of Saint Mary of the Innocents), founded by Queen Beatriz and Queen Isabel, respectively (Inácio, 2014; Rodrigues, 2019). In the 15th century, on the initiative of Queen Leonor and King Manuel, several institutions for the care of children were established in the areas of Lisbon and Porto (Vilaverde, 2000). In the 16th and 17th centuries, the first regulations on the care of children appeared, with the Manueline and Philippine Ordinances, and the role of the Santa Casa da Misericórdia de Lisboa (NGO) also emerged during this period (Rodrigues, 2019; Vilaverde, 2000). In 1775 and 1800, Queen Maria I, through her own decrees, laid the foundations for the organization of childcare in institutions (Sá, 1997). The Casa Pia de Lisboa (NGO), founded in 1780, played a key role, and in 1834, the first shelter for needy children and the Sociedade dos Asilos Infantis (Society of Children's Shelters) were founded (Rodrigues, 2019).

At the beginning of the 20th century, family support policies were established that contributed to a change in practices, maintaining alternative care options (Martins, 2014). The Child Protection Law of 1911 placed Portugal at the forefront of child protection, thus distinguishing children from adults and criminal law from juvenile law, based on a paternalistic and welfare-oriented justice system (Gonçalves & Sani, 2013; Rodrigues, 2019; Vilaverde, 2000). This law refers to the possibility of placing children in institutions without any specifications regarding structure, organization, or quality.

Most Portuguese residential homes are private non-profit organizations. Some were orphanages or boarding schools, where, largely due to poverty, families left their children to ensure they were fed and learned a trade (Rodrigues, 2019). These are generally associated with large institutions, with a large number of children, without privacy and comfort, and far from a family context, protection, affection, and relationships (Alberto, 2002).

In the 1940s, the National Organization for the Defense of the Family was created, assistance services were remodeled and centralized, family financial support was granted to the most needy families, maternal and child benefits and childcare in general were provided, and the Maternal and Child Institute and the Institute for Assistance to Minors were created (Martins, 2006). The 1944 judicial statute was also published, changing the name from Children's Court to Juvenile Court (Martins, 2006).

In 1956, the Santa Casa da Misericórdia de Lisboa (NGO) promoted the first restructuring of residential care in the district of Lisbon (Calheiros, Fornelos, & Dinis, 1993; Rodrigues, 2019).

In 1962, a new law called the Organização Tutelar de Menores (Minors Guardianship Organization) was enacted, with successive revisions (Delgado, 2006; Gomes, 2010;

Gonçalves & Sani, 2013). After a long period of dictatorship in Portugal, the 1976 Constitution of the Portuguese Republic, approved after the country's first free general elections, established that the State would ensure special protection for orphaned, abandoned, or deprived children (Articles 69(2)). In 1986, a new law (2/1986) regulated residential care, advocating for a small number of children per institution, with a family environment, promoting their personal development and social integration into the community (Gonçalves & Sani, 2013; Rodrigues & Barbosa-Duchane, 2017).

In 1990, Portugal was one of the first countries to approve the United Nations Convention on the Rights of the Child (Gomes, 2010; Simões, 2011), resulting in the LPCJP. Thus, until the end of the 20th century, social assistance responses for C/J were called: Temporary Reception Centers, for short-term care of up to six months and for younger children; Children's and Youth Homes, for long-term care and for older children; Independent Apartments; Residential Homes; Life Support Centers and Support Houses (Rodrigues & Barbosa-Duchane, 2017; Simões, 2011). In 1991, Child Protection Committees began to be set up locally and in the surrounding areas, with the aim of preventing children from being taken to court and raising awareness in the community of their duty to work together with families to find viable solutions for intervening with children and young people.

A major reform took place in 2001 with the Law on the Protection of Children and Young People in Danger, which is anchored in the Constitution of the Portuguese Republic (CRP) and the Convention on the Rights of the Child (CRC), defining, among other things, the measure of residential care. This law refers to the possibility of children being housed in institutions without any specifications regarding structure, organization, or quality. Most Portuguese residential care institutions are private non-profit organizations. In some of them, mainly due to poverty, families left their children so that they could be fed and learn a trade (Rodrigues, 2019). They are generally associated with macro-institutions, with a large number of children, without privacy or comfort, and far from a family context that is protective, affectionate, and relational (Alberto, 2002).

It was only in 2004 that the first large-scale data collection and characterization of children in residential care institutions was carried out in a more structured way, and since then it has been done annually (currently called Annual Characterization of the Situation of Institutional Care for Children/Young People - CASA, ISS-IP, 2019). Several programs and projects were frequently launched to improve the quality of residential care, such as the DOM Plan in 2009, which would be replaced in 2017 by the SERE Plan. As Simões (2011) argues, these plans aimed to promote an extra human touch in care institutions, focused on the needs of C/Y, in a more familiar and therapeutic environment, while investing in new specialized services.

More recently, it was only in 2019 that the Law introduced the residential care implementation system, a measure to promote the rights and protection of children and

young people in danger, aided by Ordinances No. 450/2023 of December 22, No. 95/2024 of March 11, and Law No. 23/2023 of May 25, allowing foster homes to be organized into specialized units in order to respond to specific problems and the educational and/or therapeutic intervention needs of children and young people. Creation of foster homes, with up to 15 children of a family nature, in a totally restorative environment, with therapeutic intent.

Despite this long history, the evolution of the quality of residential care has been slow, complex, and even misunderstood by child policies.

Evidence-based perspectives, supported by various theoretical perspectives that inform different paradigms over time, point to a practice of risk in relation to children that must be understood through a lens of child development, attachment, trauma-informed, and systematic, and must consider situational and contextual factors (Bowlby, 1951, 1969; Scottish Government, 2021).

Portugal and its organization of residential care for children, despite the progress made, still has a long way to go to reconcile effective practice with science. International developments have been faster than in Portugal, considering that, from a historical perspective, residential care institutions were often large institutions, such as orphanages and reformatories, evolving into more therapeutic and supportive environments; with smaller, family-like settings, aiming to create a more welcoming environment, all of which lead to challenges in the cohesive definition of residential care (Geurts et al., 2012; Gharabaghi, 2024; Hicks & Sinclair, 2012).

3. Brief overview of residential care in Portugal

The term residential care for children¹ lacks a universally accepted definition, reflecting the complex and dynamic nature of child welfare practices in different sociocultural contexts (Ainsworth & Whittaker, 2017; Hamilton-Giachritsis, et al., 2021), which vary significantly between countries in terms of services provided, size, and types of organization (Sindi, 2022). It is a multifaceted concept that encompasses various definitions and interpretations, largely influenced by cultural, social, and historical contexts (Johnson et al., 2006; Raj & Raval, 2013), as is the case in Portugal, according to point 2 above.

Residential care refers to different types of non-family alternative care services (Sindi, 2022) and encompasses various contexts and philosophies that aim to provide care and support to vulnerable young people who cannot live with their families (Ainsworth & Whittaker, 2017; Hamilton-Giachritsis, et al., 2021). The term generally refers to the provision of care to children and young people who cannot live with their biological families due to a range of circumstances, including neglect, abuse, or family breakdown (Johnson et al., 2006; Raj & Raval, 2013).

Portugal is one of the countries with the highest rate of child institutionalization in Europe, with around 232 children/young people per 100,000 inhabitants, which is almost three times the global average (UNICEF, 2024).

Here, residential care is seen as a measure to promote and protect rights, implemented when a child or young person is at risk and cannot temporarily remain with their family. It is legally framed by the Law on the Protection of Children and Young People in Danger (Law No. 147/99, of September 1) and subsequent amendments, and by Decree-Law No. 164/2019, of October 25, which specifically regulates the implementation of residential care, and by Ordinance No. 450/2023, which regulates the organization, operation, and installation of foster homes for children and young people (Assembly of the Republic, 1999; Government of Portugal, 2019; Ministry of Labor, Solidarity, and Social Security, 2023). It is defined as the placement of a child or young person in the care of an institution that has adequate facilities, equipment, and permanent human resources, with sufficient size and qualifications to ensure adequate care for their needs and well-being, with a view to their full development (see Table 1).

Table 1. Residential care in Portugal - Objectives and principles

Objectives	<ul style="list-style-type: none"> – Adequate satisfaction of their physical, psychological, emotional, educational, and social needs; – Establishment of secure and stable emotional bonds, crucial for the structuring and harmonious development of their personality; – Minimization of emotional damage resulting from the exposure of children or young people to dangerous situations; – Acquisition of skills for their personal, social, educational, and professional development; – Conditions that contribute to the construction of their identity and integration of their life history; – Progressive acquisition of autonomy with a view to full social, academic, professional, and community integration; – Promotion of the acquisition and reinforcement of skills by parents and/or guardians, so that they can perform their duties appropriately, respecting the best interests of the child or young person.
Principles	<ul style="list-style-type: none"> – <i>Individualization</i> - the intervention must take into account the child or young person as a subject of rights and their specific needs, particularly in terms of care and attention, allowing them to create secure and affectionate relationships and develop skills and values that promote

	<p>their role in the community, ensuring their well-being and integral development;</p> <ul style="list-style-type: none"> – <i>Adequacy</i> - the intervention must be adapted to the needs of each child or young person, their family situation, and the purpose and duration of the placement; – <i>Normalization</i> - the child or young person should have a daily routine similar to that of any other child or young person of the same age; – <i>Participation and hearing</i> - The child or young person is guaranteed privacy and the necessary means of contact to participate in the processes and decisions that affect them. They are also guaranteed the conditions to participate and be heard in decisions that concern them, based on their age and maturity. Their opinions must be taken into account, especially regarding the definition and implementation of their promotion and protection project and the review of the residential care measure; – <i>Privacy</i> - The promotion of the rights and protection of children and young people must be carried out with scrupulous respect for their privacy, image rights, and intimacy. – <i>Diligent intervention</i> - Intervention must be efficient, ensuring the fastest possible placement of the child or young person, as well as the implementation of the individual intervention plan and the definition of their life project; – <i>Preservation of parental and sibling ties</i> - attention should be paid to proximity to the contexts of origin and the safeguarding of deep psychological relationships, as well as to the non-separation of siblings, except where this is contrary to the best interests of the children or young people involved; – <i>Joint responsibility of the family of origin</i> - the participation and training of the family of origin should be encouraged with a view to commitment and collaboration; – <i>Inter-institutional collaboration</i> - coordination between the entities involved must be ensured, within the framework of a systemic approach which, through the respective professionals, allows and facilitates the stimulation and development of the potential of the child or young person and their families.
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However, international collaborations have consistently highlighted the importance of Therapeutic Residential Care (TRC), which emphasizes principles such as a family environment, trauma-informed care, and a focus on the holistic development of children and young people in care (Ainsworth & Whittaker, 2017). This consensus underscores the importance of aligning practices with a rights-based and development needs-based approach, highlighting that residential care must prioritize emotional support and the development of life skills in order to be effectively therapeutic (Ainsworth & Whittaker, 2017; Magalhães et al., 2016; Magalhães et al., 2018). The scope of residential childcare has evolved significantly, moving from institutional models, such as orphanages and boarding schools, to more community-centered approaches that emphasize therapeutic and family-focused care (Gharabaghi, 2024; Geurts et al., 2012). The shift to a community-oriented model emphasizes the importance of aftercare support and reintegration into the family or community as a central goal of placement (Geurts et al., 2012; Rovers et al., 2019). Furthermore, the effectiveness of residential care depends significantly on its organizational model and the training of caregivers within these contexts. Evidence suggests that residential care can be effective, particularly when it accommodates the complex needs of children and young people (Ferreira, Oliveira, & Peixoto, 2021).

In Portugal, therapeutic care has received little attention and investment. Preparation for autonomy and independent living for children and young people is poorly implemented. A qualitative and quantitative study that aimed to assess the perceptions of professionals in foster homes regarding preparation for autonomy and independent living concluded that, although these professionals consider this work essential, they recognize that it is not implemented due to a lack of practical knowledge, a lack of practical manuals, and a lack of resources and time (Cancujo, 2023; Ribeiro, 2023). Another study shows insufficient resources to support emancipation and meet the needs of those leaving foster care; similarly, the difficulties inherent in the labor market and the increase in housing prices, especially in large cities, are making it difficult to achieve the milestone of independent living (Díaz-Esterri, et al., 2025).

In Portugal, there is no consolidated post-care support service. The law only mentions (Government of Portugal, 2019) six months of follow-up after leaving the foster home and the possibility for young people (over 18) to return to the foster home of their own accord due to a situation of vulnerability (Assembly of the Republic, 2023, Law No. 23/2023). An interesting example has been the Support Platform for (Former) Young People in Care (PAJE), which aims to promote the social and labor inclusion of young adults who have left residential care, providing support in everyday and more continuous/in-depth situations, with the help of a multidisciplinary team. PAJE also aims to provide informal support (psychological, legal, counseling, etc.), putting the knowledge of volunteer professionals at the service of those who were unlucky in the early stages of their lives (Gaspar, Gaspar, & Elias, 2017; Gaspar, et al., 2019).

Regardless of the definition of residential care, more than 2.7 million young people worldwide are placed in this type of alternative environment (Petrowski et al., 2017). However, the proportion of placements seems to vary greatly depending on the country (Hamilton-Giachritsis, Peixoto, & Garcia-Quiroga, & Ferreira, 2021).

According to the Eurochild and Unicef report (2021), there are significant variations across Europe in terms of the percentage of children in foster care versus residential care, with countries such as Malta (5.5%), Ireland (8.8%), Estonia (10.8%) the United Kingdom (14.6%), and Sweden (22.3%) have percentages of children in residential institutions below 25%. Other countries, such as Greece (84.5%) and Portugal (94.7%), have the highest percentage of children in residential care (considering the total number of children in the out-of-home care system). Some countries have intermediate values, such as Cyprus (65.5%), Austria (60%), Luxembourg (56.8%), Germany (52.8%), Spain (52.1%), Italy (47.6%), and Belgium (42.1%). (Search for the international study presented at Santa Casa da Misericórdia do Porto, which set the targets for Portugal)

These data indicate that Portugal lags behind the international scene, with little appreciation and investment in alternative care measures, such as foster care. The United Nations Convention on the Rights of the Child underlines that every child should ideally grow up in a family, which critiques institutional care models where children are separated from familial support systems (Johnson et al., 2006).

Thus, the most recent data on institutional care in Portugal are summarized in Table 2.

Table 2. General characteristics of residential care in Portugal – 2023 (CASA Report, ISS, 2024)

- 6,446 children and young people were in residential care, representing an increase of 1.5% compared to 2022.
- 86% of children and young people were in residential care, while only 3.6% were in foster care.
- The vast majority of residential care institutions have 30 or more children or young people.
- 0.45% of Portuguese children and young people were in care institutions (Petrowski et al. 2017, 0.12% internationally, on an estimated average).
- Most were adolescents (12-17 years old, 63.2%).
- 38% had been in foster care for more than 5 years, highlighting the difficulty in finding permanent solutions.
- The most frequent reasons for the measure being applied were: neglect (52.4%), exposure to risky behavior (19.5%), and physical and/or psychological abuse (12.6%).

- The average length of stay in foster care was 4 years and 2 months, revealing a prolonged stay, given its supposedly temporary nature.
- 50.8% of children in care had complex characteristics and needs.
- A 25% increase in mental health problems among children and young people in care between 2022 and 2023.
- Despite the profile of children and young people in care, only 2.4% were in therapeutic care.
- Difficulties integrating into school and academic failure.
- Actions to support autonomy and independence in life remain insignificant, representing 1.3% of the protective measures taken.
- Although more than 30% of young people's plans are for autonomy and independence in life, only 7.18% have seen this life plan come to fruition.
- Empowerment/autonomy apartments continue to be a residual response in the system, representing only 3.10%.

From the data in Table 2, residential care is the preferred response to alternative care, with no focus on therapeutic residential care, despite the behavioral, emotional, and educational profile of children and young people, and without effective work in preparing them for and transitioning them to an autonomous and independent life. The facilities are large, accommodating many children and young people without a family environment. (try to see authors, or go with our idea).

In the Portuguese context, there are two main types of residential care: non-specialized (only care and supported accommodation, without education or treatment services at home) and specialized (e.g., residential care to treat emotional and behavioral problems or independent living apartments) (ISS-IP, 2024), according to Table 3. This new type of residential care is recent in Portugal, with all residential care facilities for children and young people being readapted by the end of 2026.

Table 3. Types of residential care in Portugal (Ministry of Labor, Solidarity, and Social Security, 2023)

Type	Description
Non-specialized residential care	for children intended for most children and young people, ensuring a daily living environment as close as possible to a family environment. Maximum number of children: 15

Specialized residential care	for children for children/young people with specific needs (e.g., disabilities, mental health problems, behavioral disorders). Maximum number of children: 10
Residential support units	that promote independence in life for young people preparing for adulthood, with training in personal, social, and professional skills. Maximum number of children: 7
Independence apartments	for young people transitioning to adulthood, with training in skills in a real-life independent living context. Maximum number of children: 7, ideally 3

Finally, it is important to consider that the profile of children and young people in care institutions is characterized by multifaceted factors, including their backgrounds, mental health needs, and experiences that influence their placement and care environments.

Research indicates that many of these young people have a history marked by adversity, including trauma and abuse. A significant proportion of children entering residential care institutions have experienced at least one traumatic event, with estimates suggesting that 40% to 80% have been victims of abuse (Briggs et al., 2012; Gordon et al., 2023). This prevalence highlights the complex psychosocial needs inherent to this population, which are often exacerbated by adverse experiences prior to placement, in a study of young people and caregivers from 29 general residential care institutions for young people in Portugal (Silva et al., 2021).

In demographic terms, children placed in residential care tend to be older and face more complex challenges compared to those in foster care, with previous out-of-home placements often contributing to their current situation. Data suggest that institutional care may serve as a "failure option," particularly for young people who exhibit greater clinical severity due to their family histories (James et al., 2021; Kor et al., 2023). Transitions to residential care settings are often poorly prepared, leading to experiences of vulnerability and disconnection from normality (Kor et al., 2020). In addition, placement trajectories highlight a worrying cycle of repeated foster care failures that push these young people into residential settings (Pronk et al., 2021). Studies conducted in Portugal corroborate these data on the complex profile of children and young people in residential institutions, ranging from the prevalence and symptoms of mental health and psychological maladjustment, which are higher in residential institutions, with a higher prevalence of internalization problems. (Rodrigues, 2018; Tavares-Rodrigues, et al., 2019).

The therapeutic environment of residential care is crucial. A key aspect involves maintaining a supportive but structured environment, which significantly influences the mental health and development of young people (Harder et al., 2012). A Portuguese study found the need to create an organizational social context in residential care settings that supports caregivers in establishing high-quality relationships with the young people in care, thereby promoting their mental health (Silva et al., 2021).

The intervention should target a myriad of non-specific treatment factors (individual, family, and academic history, symptoms, history of abuse and trauma, and relationships) and specific factors (treatment model, therapeutic intervention, decision-making about placement, environment, and staff) to increase the likelihood of success (Castro, Magalhães, & del Valle, 2023; Ferreira, Oliveira, & Peixoto, 2021), it is imperative to ensure trauma-sensitive residential care for children and young people (Negrão, et al., 2024).

4. Challenges of residential care in Portugal

There is a general consensus that residential care should be carefully considered if it meets the needs of the child or young person, and other responses should be considered when separation from the nuclear family is necessary. Therefore, it has been argued that family care should take priority over residential care (González-García & del Valle, 2021).

However, residential care still plays a key role today for certain situations and needs of children and young people (González-García & del Valle, 2021), and it is essential that it be therapeutic and of high quality (Whittaker et al., 2015).

It seems that residential care in Portugal, despite positive developments, has been very slow (Rodrigues, Barbosa-Ducharne, & Del Valle, 2013) and is seen by many as below quality standards (Rodrigues, 2019). The high rates of emotional and behavioral problems among young people in alternative care in Portugal require the development of specialized programs (Gomes, 2010; Tavares-Rodrigues, González-García, Bravo, & Del Valle, 2019) with a more therapeutic approach. A wide range of international research has identified the need for new intervention programs (Gomes, 2010; Tavares-Rodrigues, González-García, Bravo, & Del Valle, 2019) and that both residential care and foster care demonstrate evidence-based practices that meet the needs of young people, based on a targeted, planned, and therapeutic model. In general, there is a great need for an ecosystemic and therapeutic reconfiguration of residential care, complemented by the development of adequate foster care, especially for younger children (Peixoto, 2018). In fact, as the UNICEF (2024) report notes, Portugal has the highest number of institutionalized children among 42 countries in Europe and Central Asia, with a rate of 232 institutionalized children per 100,000 inhabitants, double the global average; therefore, this situation is worrying, given that 95% of these children were in care for reasons unrelated to health, and deinstitutionalization efforts lack investment, requiring a focus on preventive support and family care.

The routine use of residential care for infants and young children has declined overall worldwide, although some countries have difficulty implementing this change. There is much greater variation, and opinion, regarding children over the age of five, and particularly adolescents, in terms of how best to care for them and what role, if any, residential homes can play. Previous literature has clearly shown the very negative and harmful long-term effects of private and emotionally empty institutional care. Ideally, all children could be raised in a family home. However, in the immediate future, this seems unlikely, and research has shown that foster care can also have problems, especially related to lack of supervision. Thus, the need to shift residential care toward a more emotion-and relationship-centered approach for all children is very clear—and whether this should be done in family homes, small homes, or specialized units with a therapeutic approach for youth with additional needs depends, in part, on cultural and situational contexts. Bearing in mind the potential for risk and very negative outcomes, each country needs to identify the best way to manage the large number of children worldwide who are in out-of-home care, ensuring that their physical, emotional, and social well-being is at the center of all decisions.

Residential care for children and young people in Portugal faces several challenges that impact both the quality of care provided and the long-term outcomes for those in care. One of the primary challenges is the overreliance on institutional care as opposed to family-based alternatives. Despite recent reforms, Portugal continues to have a high number of children placed in residential institutions instead of foster care or adoption, which are generally considered more favorable for their development (Fernandes et al., 2017).

Another significant issue is the lack of individualized care plans and limited participation of children in decisions affecting their lives. Studies have shown that children in residential care often feel unheard and excluded from key decisions, which can affect their sense of autonomy and well-being (Delgado et al., 2020). Furthermore, professional training among staff is sometimes insufficient, leading to inconsistent care practices and difficulties in addressing complex emotional and behavioral needs (Fernandes et al., 2017).

The transition from care to independent living also poses a challenge, as many young people leave residential care without adequate preparation or support, increasing the risk of social exclusion, unemployment, and mental health issues (Delgado et al., 2020). Additionally, there are concerns about the stigmatization of children in care, which can further hinder their integration into the wider community.

Overall, while legislative and structural improvements have been made in recent years, ongoing challenges remain in ensuring that residential care in Portugal provides a nurturing, supportive, and empowering environment for children and young people.

5. Conclusion / Final considerations

Residential care for children and young people in Portugal has a long history and, over the last few decades, has faced several challenges in creating a positive living environment that meets the rights and needs of children.

Despite improvements in recent years, it faces serious difficulties in meeting the needs of children and young people (Barbosa-Ducharne & Soares, 2023; Rodrigues, Barbosa-Ducharne, & Del Valle, 2013). Traditionally and currently, residential care for children in Portugal has been characterized as prolonged, unstable, with multiple placements, in macrostructures (30 or more children), far from a family environment, without a therapeutic and specialized approach; in addition to being the preferred option in contrast to other alternative care options, such as foster care.

Given the potential risk and very negative outcomes that poor-quality residential care can bring and compromise the physical, emotional, and social well-being of children and young people, a paradigm shift is imperative. Portugal therefore needs to shift residential care towards a more family-like model and small foster homes with an emotional and relational approach for all children, and must ensure specialized units with a therapeutic approach for young people with additional needs (Hamilton-Giachritsis, et al., 2021). Portugal must undertake an ecosystemic and therapeutic reconfiguration of residential care for children and young people and, at the same time, implement evidence-based actions to prevent child abuse and neglect, with programs and services to support families and parenting, and increase other alternative care responses, such as foster care (Oliveira & Pimentel, 2021; Peixoto, 2018).

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ITALY

Learning to “Be No One”: Freedom, Responsibility, and Residential Care in the Italian Juvenile Justice System

Faustino Rizzo

*Faustino Rizzo*⁴⁰, Ph.D. in *Reggio Childhood Studies*, is a Research Fellow at the Department of Philosophy, Sociology, Education and Applied Psychology (FISPPA), University of Padua. His research focuses on family education, childhood vulnerability, and the promotion of children’s rights within justice and welfare systems. He collaborates with the national P.I.P.P.I. program and international research group.

Keywords

residential care; juvenile justice; aftercare; mafia-affected families; child-friendly justice; Italy.

Abstract

This contribution examines the evolving *Zeitgeist* of Italy’s juvenile justice, which has shifted from a corrective–institutional paradigm to an educational, relational, and community-based approach. Drawing on doctoral research (Rizzo, 2024), it presents the case of “Stefano” (2012), an early and inaugural case within the Reggio Calabria Juvenile Court’s trajectory that later informed the program *Liberi di scegliere*. The intervention combined a temporary limitation of parental responsibility with out-of-region residential care, coordinated by the Juvenile Social Services Office.

Through qualitative analysis of court decrees, social work files, and interviews, the article shows how residential care can operate as a *pedagogical suspension*: a protected space where adolescents experience recognition, responsibility, and freedom beyond inherited affiliations.

The paper argues that residential care in mafia-affected contexts must be embedded in long-term, inter-institutional ecosystems that sustain education, family work, and community ties beyond removal from risk. Only then can the right to “choose differently” be maintained after leaving care.

Introduction

Over the past two decades, the Italian juvenile justice system has progressively moved beyond a predominantly corrective and institutional paradigm toward an educational,

⁴⁰ Contact: University of Padua, Department of Philosophy, Sociology, Education and Applied Psychology (FISPPA), Via Beato Pellegrino 28, 35137 Padova (Italy). Email: faustino.rizzo@unipd.it

relational, and community-based approach, centred on the protection of rights and the personalization of interventions. The legal framework established by Presidential Decree No. 448/1988 – and, in particular, the measure of *messa alla prova* (probation with extinction of the offence upon positive outcome) – institutionalized educational and restorative aims within the justice process (Ministry of Justice, 2018; 2023). The *Guidelines* of the Department for Juvenile Justice further strengthened integration with local welfare and probation services, orienting care practices toward a systemic and interinstitutional logic (Ministry of Justice, 2017).

At the European level, the *Council of Europe Guidelines on Child-Friendly Justice* (2010) promote non-custodial measures, the participation of minors, and educational continuity. Yet, this legal and cultural evolution in Italy is rooted in a deeper process of renewal that began in the late 1980s. A key figure in this transformation was Judge Franco Occhiogrosso, for many years President of the Juvenile Court of Bari. Occhiogrosso was among the first to draw attention to the need for an intervention capable of going beyond mere repression, opening spaces of protection, listening, and opportunity for children and adolescents growing up in environments of widespread illegality – those whom, in one of his writings, he described as “*the children of the mafia*” (Occhiogrosso, 1993): minors whose biographies risk being marked by violence and criminal belonging before they can exercise any real choice of their own.

Occhiogrosso (2004; 2010) developed the notion of a “gentle law” (*diritto mite*), a form of justice grounded not in imposition or force but in relationship, listening, and participation. *Gentleness* thus becomes a political and cultural principle – a social virtue expressed in the capacity to dwell within complexity, to resist the logic of rupture, to seek shared solutions, and to promote affective continuity and educational co-responsibility.

Although not in a direct line of continuity, Occhiogrosso’s reflections can be considered a cultural antecedent to the more recent judicial experiments addressing young people from families involved in organized crime. His work anticipated the idea of a justice system able to intervene not only on deviant behaviour but also on the relational and social fabric that sustains it. More than twenty years later, in 2012, Judge Roberto Di Bella, then President of the Juvenile Court of Reggio Calabria, made this need explicit by introducing an intergenerational and systemic reading of educational risk within mafia-affected families. This approach marked a paradigm shift in judicial practice – from an intervention focused on the individual offender to one that interrogates collective responsibilities in the intergenerational transmission of belonging, identity, and criminal culture.

The case study of “*Stefano*” – a pseudonym – presented in this chapter represents the first experience, dating back to 2012, in which the Juvenile Court of Reggio Calabria transformed such an intuition into concrete judicial and educational action. Confronted with a context deemed at high risk due to strong family ties with organized crime, the

Court ordered the boy's placement in a residential community outside the region and the temporary suspension of parental authority. The adolescent, already known to social services for various problematic behaviours, had grown up in a family history deeply intertwined with the culture of the *'ndrangheta*.

Stefano's story thus marks a turning point: for the first time, the Juvenile Court of Reggio Calabria recognized the possibility of interrupting a life trajectory shaped by the intergenerational repetition of deviance, interpreting judicial intervention not as a punitive response but as an opportunity for protection and emancipation. The measure, grounded in a logic of care rather than sanction, sought to break the cultural reproduction of mafiosity, offering the boy an alternative educational and relational horizon – a time of suspension from his inherited destiny.

From this pioneering experience emerged, in the years that followed, the project *Liberi di scegliere* ("Free to Choose"), an interinstitutional laboratory of innovation developed within the juvenile justice system. Consolidated through formal agreements among the judiciary, social services, civil society organizations, and universities, the project helped make visible a previously unseen childhood: that of children growing up in mafia-affected families, exposed from early infancy to forms of forced loyalty, symbolic violence, and educational marginality.

The analysis of cases and interventions gathered through this experience progressively led to the elaboration of the concept of "mafia vulnerability" (*vulnerabilità mafiosa*) (Rizzo & Milani, 2024) – a specific manifestation of family vulnerability that allows for understanding these children's condition not merely as individual risk of deviance but as the outcome of a family and territorial system that reproduces belonging, identity, and criminal legitimacy.

Adopting this perspective means viewing the reality of the mafia through the lens of children's rights, shifting attention from the criminal act to the social, educational, and relational structures that make it possible and sustain it over time. To consider the mafia not only as a criminal issue but also as a social problem is to recognize it as a cultural organization that shapes identities, languages, affective bonds, and systems of loyalty from early childhood.

From this standpoint, children and adolescents growing up in contexts of mafia vulnerability must not be read as "the sons and daughters of" or as potential offenders, but as rights-bearing subjects, entitled to the same guarantees of protection, education, and participation affirmed by the UN Convention on the Rights of the Child (1989) and by the Council of Europe Guidelines on Child-Friendly Justice (2010). Looking through the prism of rights therefore means making visible what the culture of the mafia tends to naturalize or conceal: the systemic violation of the right to freedom, to childhood, and to choice.

2. Methodology

2.1 Epistemological Approach

The reflection presented in this contribution is grounded in the findings of the doctoral research *Challenges and Perspectives in the Protection of Children's Rights in Mafia-Affected Contexts: An Analysis of Protective Measures Implemented by the Juvenile Court of Reggio Calabria (2012–2020)* (Rizzo, 2024). The study was carried out within the Reggio Childhood Studies Doctoral School at the University of Modena and Reggio Emilia, and conducted at the Research and Intervention Laboratory on Family Education (LabRIEF), University of Padua.

Since 2011, LabRIEF has promoted, in collaboration with the Italian Ministry of Labour and Social Policies and with the Territorial Social Areas—the local administrative entities that coordinate municipal social services—the *Program of Intervention for the Prevention of Institutionalization* (P.I.P.P.I.).

The acronym *P.I.P.P.I.* evokes the “tremendously strong” girl of Villa Villekulla, Pippi Longstocking (Lindgren, 1945), who has become a metaphor for the resources that every child carries within, even in the most difficult circumstances, and for the responsibility of adults to recognize and nurture them.

Designed to innovate and harmonize intervention practices targeting families in situations of vulnerability, *P.I.P.P.I.* aims to prevent the risk of child maltreatment and out-of-home placement by strengthening parental competences and family and community support networks (Milani, 2022). The program is based on an integrated care model that brings together social, health, and educational services along with the local community, grounded in an ecological and rights-based approach in which children and families are regarded as active participants in the helping process.

Structured as a public laboratory of research, training, and innovation, *P.I.P.P.I.* fosters an ongoing dialogue between policies, practices, and knowledge through multi-level governance that connects the Ministry, regional administrations, local authorities, and academia, with the aim of building shared and evaluable models of intervention.

Since 2022, *P.I.P.P.I.* has been officially recognized as one of Italy's Essential Levels of Social Services (LEPS) dedicated to the prevention of family separation, becoming a national reference point in the promotion of children's rights and parental support.

Within this epistemological framework – relational, systemic, and rights-based – the doctoral research applied the same perspective to the contexts defined during the study as “mafia vulnerability.” This concept was developed to describe conditions in which the pervasive influence of mafia culture acts as an educational and social risk factor, requiring intervention strategies that integrate protection, promotion, and prevention of the rights of children and their families.

2.2 Research Design

The doctoral research adopted an explanatory sequential mixed-method design (Trinchero & Robasto, 2019), combining quantitative and qualitative approaches in a progressive structure where the results of the first phase informed the questions and methodological choices of the second. The aim was to explore in depth the functioning of the child protection measures implemented by the Juvenile Court of Reggio Calabria between 2012 and 2020 within the *Liberi di scegliere* project, analysing both their systemic dimension and the biographical trajectories of the individuals involved.

Concretely, the study was articulated in two main phases:

- Quantitative phase: aimed at outlining the characteristics of the protective measures ordered by the Juvenile Court of Reggio Calabria between 2012 and 2020, describing their distribution, typologies, and activation dynamics (Milani & Rizzo, 2024).
- Qualitative phase: focused on an in-depth examination of the lived experiences of children, families, and professionals, developed through a multiple case study approach (Stake, 2006) and narrative-biographical inquiry (Merrill & West, 2012).

2.3 Construction and Analysis of Case Studies

The construction of the case studies represented the core phase of the qualitative research, designed to capture the complexity of the experiences of children, families, and practitioners involved in the protective measures within the *Liberi di scegliere* project. Adopting a biographical and narrative perspective, each case was developed through the integration of multiple sources, with the goal of connecting the institutional level of judicial decisions to the subjective dimension of lived experience.

Case Selection

To ensure that the selected case studies accurately reflected the overall objectives and design of the research, specific inclusion and exclusion criteria were established. These criteria guided the selection of the most relevant cases within the identified sample, using critical case sampling (Patton, 2015). Each selected case was therefore chosen for its potential to illuminate key dynamics of mafia vulnerability and to deepen understanding of the experimental intervention strategies implemented.

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none">– Direct participation in the <i>Liberi di scegliere</i> project: The case must concern individuals or families formally involved in the protective measures implemented by the	<ul style="list-style-type: none">– Irrelevance to the <i>Liberi di scegliere</i> project: Cases not directly connected to the judicial and social interventions promoted by the project are excluded.

<p>Juvenile Court of Reggio Calabria within the framework of the project.</p> <ul style="list-style-type: none"> – Informed consent and willingness to participate: Participants must provide informed consent for the collection and use of data. In cases where direct participation is not possible for reasons of safety or protection, indirect sources (e.g., documents, service reports, recordings) may be used, provided that they are relevant and consistent with the research objectives. – Availability of documentary materials: Selection presupposes access to judicial rulings, social work reports, and other sources useful for reconstructing the biographical and institutional trajectories of the individuals involved. – Representativeness of different forms of project implementation: The selected cases must reflect the diversity of measures and pathways foreseen by <i>Liberi di scegliere</i>, in order to explore different configurations of intervention. – Compliance with ethical principles and privacy protection: Each case must ensure the safeguarding of the participants' dignity, confidentiality, and psychological integrity, in accordance with the Ethical Code of the University of Padua and current regulations on personal data protection. 	<ul style="list-style-type: none"> – Lack of consent or unavailability to participate: Cases are excluded where participants, or their legal representatives, have not provided explicit consent or have withdrawn their participation. – Insufficient or fragmented information: Cases are excluded when adequate documentation or direct testimonies are lacking, preventing a coherent reconstruction of the experience. – Absence of distinctive or variant elements: Cases that do not present analytical specificities or that would be redundant in relation to others already selected are excluded. – Ethical risks or inability to ensure confidentiality: Cases are excluded where it is not possible to guarantee an adequate level of anonymization and data protection, or where participation could entail direct or indirect harm to the individuals involved.
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Of the seven cases initially identified, four were developed in extended form – *Elena, Davide, Stefano, and Claudia* – as they were most consistent with the inclusion criteria and provided sufficient information for a coherent biographical reconstruction.

Sources and Materials

Each case was reconstructed using a broad set of heterogeneous sources, combined into an integrated qualitative corpus. The main sources included in-depth interviews with children, parents, social workers, and judges, alongside the analysis of judicial rulings, social service reports, and other documentary materials – such as newspaper articles, letters, service notes, and court judgments.

This data triangulation made it possible to interweave different levels – institutional, professional, and biographical – and to reconstruct a multilevel perspective on the protection processes activated. All materials were carefully de-identified to ensure participants' confidentiality and safety, in full compliance with the ethical standards of qualitative research.

Analytical Procedure

The analysis was carried out using Atlas.ti 22 software, following a two-stage thematic coding process.

In the first, deductive phase, the data were analyzed in light of the research questions and the theoretical frameworks emerging from the relevant literature. Subsequently, an inductive phase allowed new categories to emerge directly from participants' narratives, emphasizing the meanings and interpretations they attributed to their lived experiences.

The construction of the case studies followed a narrative-biographical approach, aimed not only at describing events but at understanding the processes of meaning-making and the relational dynamics embedded in the stories. Each case was organized according to a shared analytical structure – context, family history, relationship with social services, involvement in *Liberi di scegliere*, and lessons learned – to allow for both internal comparability and cross-case analysis.

2.4 Researcher Positionality

The researcher's positionality is framed within the perspective of the *regard situant* (Séraphin, 2022), which acknowledges the inevitable partiality and embodiment of every scientific gaze. The *regard situant* calls for the explicit articulation of the researcher's position – social, disciplinary, and affective – as a constitutive element of the knowledge-making process, rather than an interference to be neutralized.

In the context of this study, the researcher's involvement did not concern direct participation in the interventions, but rather the way in which the field was inhabited

through listening, interpretation, and dialogical engagement with the participants. The very act of collecting, transcribing, and restituting the stories was understood as a moment of co-construction of meaning, in which the participants' narratives intertwine with the researcher's gaze, generating situated knowledge.

From this standpoint, reflexivity is not conceived as an exercise in critical detachment, but as a practice of epistemic self-location, aimed at recognizing how one's own interpretative categories, emotions, and expectations influence the reading of phenomena. Field notes and analytic memos accompanied the entire research process, allowing the trajectory of thought and the transformation of perspective over time to become visible.

3. The Case of Stefano

3.1 Context and Judicial Framework

The story of *Stefano* marks, in 2012, the first decision by the Juvenile Court of Reggio Calabria to combine the temporary limitation of parental responsibility with the extra-regional placement of a minor exposed to a strong mafia-influenced environment. This measure anticipates what would later become the *Liberi di scegliere* ("Free to Choose") program (Di Bella & Surace, 2019) and is embedded in a juridical-educational approach inspired by phenomenological pedagogy, aimed at expanding the individual's *field of experience* (Bertolini & Caronia, 2015).

From a phenomenological perspective, the *field of experience* is not merely the sum of lived events, but the horizon of meanings through which a person perceives, understands, and acts in the world. Each individual inhabits their experiential field – shaped by relationships, languages, practices, and values – which orient perception and action.

At the judicial level, this perspective calls for an ecological and restorative rethinking of responsibility: the offence is not regarded as the isolated act of an individual, but as the expression of a network of relationships, loyalties, and learned behaviours that structure the minor's experience (Bronfenbrenner, 1979; Bertolini, 1988). Within this frame, judicial intervention is not limited to identifying guilt but seeks to reconstruct the relational, symbolic, and affective conditions that have contributed to the deviant act. It embodies a form of justice that recognizes the individual not merely as the perpetrator of an offence, but as a person embedded in a system of relationships, vulnerabilities, and possibilities for change (Zehr, 2002; Walgrave, 2011).

After an initial charge for property damage (later acquitted) and a subsequent fight at age sixteen, the Court ordered Stefano's placement in a residential community outside the region and his supervision by the Juvenile Social Service Office (USSM). The decision, taken in light of his personal and family history, pursued preventive and developmental

objectives: to provide a living environment capable of generating new opportunities and experiences, sufficiently distant from the negative influences of his original context.

As summarized by the judge who followed his case:

“Stefano was the first – the first measure issued back in 2012. We made many efforts. We spoke clearly with him about his family, about what he had done in his town, and what his fate would be if he continued along that path. The goal was to get him out of there.” (Ius, 6:8, ¶20)

3.2 Family Background and the Experience of Invisibility

Stefano’s family faced an especially harsh reality:

“They were left orphans as very small children, with the State against them.” (V1, 5:15, ¶37)

The murder of his father, killed in a mafia-related ambush when Stefano was very young, marked the beginning of a deep and lasting rupture with public institutions – a rupture that extended beyond material deprivation to a state of symbolic and civic invisibility.

In this case, to be “orphans” did not only mean the loss of a parent, but the absence of institutional recognition – a lack of care, trust, and legitimacy that rendered the family invisible to the social and civic gaze.

As recorded by the social worker, the words of Stefano’s mother capture this sense of isolation:

“She always told me – and it’s true – that when her husband was killed, she said: ‘No one ever came to ask how we were doing, whether we needed help. When a politician was murdered, everyone went to visit his already wealthy family, even the archbishop gave sermons. But the State, to us, never said a word.’ And when I asked, ‘Why didn’t you leave, take your children somewhere else?’, she replied: ‘And where would I go? Who would have helped ten years ago the wife of a murdered man, with my husband’s surname? Banned by the Church, banned by the municipality... Where could I go, with only middle school?’” (AS, 7:33, ¶30)

This testimony reveals how structural exclusion and moral stigma can perpetuate a condition of inherited marginality. The family’s isolation did not result merely from poverty, but from a denied legitimacy – the absence of a social gaze capable of distinguishing victims from perpetrators within a mafia-dominated moral landscape.

3.3 Intervention and Care Process

What Was Done, How, and Why

Following the incidents that brought *Stefano* to the attention of the authorities, the Juvenile Court issued a measure limiting the mother’s parental responsibility and entrusted the boy to the care of social services, with placement in an educational residential community outside his home region. The judicial decree emphasized the urgency of removing Stefano

from an “otherwise inescapable destiny,” entrusting qualified professionals with the task of offering him “a serious cultural alternative” and guiding him through a process of legal education and biographical reconstruction.

The care plan was gradually constructed through an integrated collaboration between the Juvenile Court, the Juvenile Social Service Office (*Ufficio di Servizio Sociale per i Minorenni*, USSM), and the host educational community. The intervention strategy rested on three main pillars:

1. Rebuilding trustful and dialogical relationships with adults after years of mistrust and conflict with institutions;
2. Promoting everyday experiences that differed from those of his previous context, in order to expand his experiential horizon and open new perspectives of meaning;
3. Supporting biographical and identity reconstruction, through narrative and dialogical reflection processes aimed at helping Stefano develop a sense of self no longer defined by his surname, but by his own choices.

As the USSM educators recalled, the first step was to establish a stable relational space where Stefano could experience a different way of being recognized:

“At the beginning, he didn’t trust anyone. He was used to a logic of *either you’re with me or against me*. We gave him time. The community staff involved him in daily life – cooking, working, playing sports. Gradually, he began to trust us, to understand that no one was there to judge him, but to accompany him.” (OSS, 4:12, ¶16)

The Everyday as Educational Space

The dimension of everyday life – often marginal in judicial discourse – became the privileged terrain of educational action. During the first months in the community, Stefano went through an adjustment phase marked by mutual observation between him, the educators, and the other residents. His reserved nature and initial reluctance to speak openly posed a challenge for everyone:

“There was a long period of mutual observation. We were studying him, and he was studying us. That’s exactly how it was! We felt that he was watching us, wondering: can I trust them or not?” (AS, 7:42, ¶43)

A turning point came with the encounter with his social worker, whose direct question – “*What do you want to do?*” – took him by surprise. It was the first time someone had invited him to express his opinion and to take an active role in decisions concerning his life. That simple yet radical question shifted the logic from control to recognition: Stefano was no longer the object of a measure, but the subject of a process. From that moment, he began

to question his aspirations, to imagine different possibilities, and to build a language to speak about himself.

In parallel, the professional team worked with Stefano's mother through a parental support pathway in collaboration with local social services. The goal was to sustain a process of mutual recognition – between mother and son, between family and institutions – and to foster a gradual re-appropriation of her educational role.

From “Being Someone” to “Being No One”

The intervention as a whole was not merely aimed at removing Stefano from risk but at creating an alternative experiential space where he could explore the meanings of freedom, responsibility, and belonging. In phenomenological-pedagogical terms, this can be read as a suspension of the given world – a time and space to look at oneself and one's possibilities from another perspective, to experiment outside inherited roles and destinies.

“When [Stefano] was in Calabria, walking down the street, he was *somebody* – the son of, the brother of. A kind of young prince. Outside, he was just like everyone else. It wasn't easy at first; he was worried, he had to draw on his own resources. We worked on this – on being *no one*. And on how liberating it can be to learn that.” (AS)

The social worker's words capture the essence of the intervention: accompanying Stefano through a journey from “being someone” to “being no one.” In his original environment, *being someone* meant holding a recognized place within a symbolic hierarchy rooted in family name, loyalty, and honor – where personal identity was inseparable from belonging. Removing him from that context was not merely a protective measure, but an educational gesture: creating a space where he could experience existing as a subject, not as an heir to a name.

In the new environment, the educational team worked daily to ensure that this transition was lived as an experience of freedom rather than loss. *Being no one* became the guiding thread of his journey – not emptiness, but a fertile suspension of inherited roles, a space in which to renegotiate his own way of being in the world. In phenomenological terms, this experience can be understood as a form of *epoché* (Husserl, 1931/2017): the act of bracketing the given world to open oneself to a new horizon of meanings and possibilities.

Education to Legality and Reflective Responsibility

During his time in the community, Stefano was able to live experiences similar to those of his peers – attending school, playing sports, working in teams – and to engage in relationships based on reciprocity and trust, far removed from the dynamics of power and belonging that had shaped his childhood.

Building on Freire (1970), such experiences represent not merely the discovery of what exists, but an opening to the possible – a different way of inhabiting reality, recognizing oneself, and exercising freedom.

As part of this process, Stefano was granted access to one of the key instruments of the Italian juvenile justice system: the *messa alla prova* (“probation”) provided under Article 28 of Presidential Decree 448/1988. This measure offers an alternative to punishment, based on the idea that responsibility is not built through coercion but through reflective engagement in change. The Court suspends the trial and entrusts the minor with a programme of reparation and personal development, designed jointly with social services to promote his growth.

“Stefano was placed in a youth center, where he distinguished himself by his commitment and his ability to integrate positively into the environment.” (AS, 7:45, ¶25)

“He began volunteering in a youth center for children in a disadvantaged area, taking advantage of the opportunity to interact with children who, unlike adults, express emotions and affection more directly.” (Psi, 8:21, ¶28)

Through these experiences, Stefano learned to cultivate relationships grounded in mutual recognition and trust. The probation pathway thus became a laboratory of citizenship, an opportunity to learn freedom as a practice of responsibility and relationship.

At the end of the probation period, the Court declared the offence extinguished, acknowledging the positive outcome of the programme and Stefano’s personal growth. Yet, upon returning to his home community as an adult, the fragility of that achievement soon became apparent.

Despite having experienced freedom and recognition, Stefano had to face the enduring weight of his family name and the symbolic density of a social environment in which every relationship reactivated memories of belonging. In the first years after his return, he built an apparently stable life – he married, found employment, and became a father. However, several years later, he was involved in an anti-mafia operation and arrested.

4. Conclusions

Although Stefano’s arrest inevitably raised questions about the effectiveness and limits of educational intervention, his story cannot be read as one of failure. As Raffaele Laporta reminds us, “accepting a wager on the success of education is difficult, but the wager must always be made” (*L’assoluto pedagogico. Saggio sulla libertà in educazione*, 1996, p. 15).

Stefano’s experience represents the beginning of a collective process of discovery and learning – for the juvenile judiciary, for social services, and for the broader civic community – which has helped to make visible a childhood long rendered invisible: that of children growing up within families affected by mafia-related vulnerability. Through his case, the institutional gaze gradually shifted – from the offence to the context, from

individual guilt to the web of relationships, learning processes, and loyalties that shape life trajectories.

Stefano's story marked a turning point. It demonstrated that judicial intervention can become an educational act, capable of holding together justice, protection, and care – and that geographical distance can take on the value of symbolic distance, a space of freedom in which to begin reimagining oneself beyond inherited destiny.

From this awareness emerged, in the following years, the idea of a systemic intervention – *Liberi di scegliere (Free to Choose)* – which transformed the intuition born with Stefano's case into a nationally coordinated strategy, implemented through inter-institutional agreements among the juvenile judiciary, social services, law enforcement, civil society organizations, and universities.

The *Liberi di scegliere* project was established with the aim of “ensuring a concrete alternative life path for minors from families involved in organized crime contexts, or who are victims of mafia-related violence, and for family members who choose to dissociate themselves from criminal logics.”¹

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CZECH REPUBLIC

Child Protection Reform in the Czech Republic: Progress, Challenges, and Social Work Implications

Alexandra Petru

*Mgr. Alexandra Petru*⁴¹, PhD., works at the Department of Social Work, Faculty of Social and Economic Studies, Jan Evangelista Purkyně University in Ústí nad Labem. Her main professional interests include school social work, supervision, and crisis intervention. She earned her Ph.D. in Applied Economics and Administration from Jan Evangelista Purkyně University and a Master's degree in Supervision and Management in Social and Health Organizations from Charles University. She has experience in crisis intervention, social work, and education. Currently, she directs the UJEP Social Clinic and provides supervision in social work, justice, and education.

Keywords

child protection, foster care, family support, social work, deinstitutionalisation, trauma-informed, policy reform, education system

Abstract

OBJECTIVES: The article analyses the transformation of the Czech child protection system from an institutional model to a family- and community-based approach. It examines key reforms, persistent barriers, and the effectiveness of methods supporting the deinstitutionalisation process. **THEORETICAL BASE:** The study draws on theories of social policy, child welfare reform, and the deinstitutionalisation of care systems. It applies a rights-based perspective grounded in the UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children. **METHODS:** A qualitative analytical approach was used, combining document analysis of Czech legislation, strategic frameworks, and EU policy instruments with secondary data from ministries and research institutions. Comparative references to other European countries provide contextual insight. **OUTCOMES:** Czech child protection has achieved major progress, including the abolition of infant homes and strengthened support for foster care. However, regional disparities, insufficient long-term foster capacity, and fragmented governance continue to limit the full implementation of family-based care. **SOCIAL WORK IMPLICATIONS:** The findings underline the central role of social work in promoting prevention, family support, and trauma-informed, participatory practice. Sustainable change requires stable funding,

⁴¹ Contact: Department of Social Work, Faculty of Social and Economic Studies, Jan Evangelista Purkyně University, Pasteurova 1, 400 96 Ústí nad Labem, Czech Republic; e-mail: alexandra.petru@ujep.cz

professional education, and coordinated cooperation among social, health, and educational sectors.

1. Introduction - From Institutional Tradition to Systemic Transformation

Institutional care for children in the Czech Republic has undergone profound changes over the past decades, reflecting the country's broader social, political, and legislative shifts. Historically, the Czech child protection system was heavily institutionalised, shaped by the belief that children deprived of parental care were best raised in state-run facilities. During the socialist period (1948–1989), institutional upbringing was presented as a “safe environment,” while family-based alternatives remained marginal. However, pioneering research by

Langmeier and Matějček (1974) already demonstrated that prolonged institutionalisation leads to psychological deprivation, impaired emotional attachment, and difficulties in social development.

The fall of the socialist regime in 1989 brought a conceptual turning point. The ratification of the United Nations Convention on the Rights of the Child (1989/1991) introduced the principle of the best interests of the child and the right to grow up in a family environment. This international commitment triggered far-reaching reforms. The Child Protection Act (1999) established the framework for preventive work and substitute family care, while the Act on Institutional and Protective Upbringing (2002) defined the network of residential facilities for children and young people (MPSV, 1999; MŠMT, 2002).

From the early 2000s onwards, deinstitutionalisation became an explicit national goal. The National Strategy for the Protection of Children's Rights 2012–2018 (Right to Childhood) called for the progressive replacement of institutional care with family-based forms (MPSV, 2012). Yet the number of children in institutional facilities remained around 7,000, prompting repeated criticism from the UN Committee on the Rights of the Child (CRC, 2011). Legislative changes between 2021 and 2024 therefore represented a critical shift: they strengthened foster care, abolished infant homes, and—effective 1 January 2025—introduced a legal ban on placing children under three years of age in institutional care (MPSV, 2024a, 2024b). By 2028, the age limit is expected to rise to seven.

These steps place the Czech Republic among European countries that have legally banned institutional care for the youngest children, alongside states such as Austria, Denmark, and the Netherlands. Nevertheless, transformation is far from complete. The system remains fragmented across three ministries—the Ministry of Education, Youth and Sports (MŠMT), the Ministry of Health (MZ), and the Ministry of Labour and Social Affairs (MPSV). This administrative division has long hindered consistent policy development, data collection,

and coordination (CRC, 2021). The persistence of these structural barriers reveals that legal reform alone cannot ensure the transition to a fully family-based model.

In broader European comparison, the Czech Republic has followed a trajectory similar to other post-communist countries, where institutional care traditionally played a dominant role. Countries such as Slovakia, Hungary, and Poland have faced comparable difficulties in recruiting long-term foster families and developing community-based services. In contrast, Western European states gradually restructured their systems earlier, shifting investment from large institutions to preventive family support (Delap & Mann, 2022).

This contrast highlights both the progress achieved and the distance still remaining for Czech child protection to align with international standards.

2. Current Orientation of the Child Protection System

Today, Czech child protection is guided by the principle that every child should grow up in a safe and stable family environment, and that institutional placement must remain a measure of last resort. This principle is embedded in national legislation and strategic documents, as well as in international frameworks such as the UN Guidelines for the Alternative Care of Children (UN, 2010) and the European Child Guarantee (MPSV, 2022). Together, these instruments emphasise the right of every child to continuity, identity, and meaningful relationships.

At the practical level, the system combines legislative reform with preventive and family-support measures. Short-term (emergency) foster care has become the main mechanism for immediate placements, while long-term foster care ensures stability for children who cannot return to their biological families. Strategic frameworks—including the National Strategy for the Protection of Children's Rights 2021–2029 (MPSV, 2020) emphasise the prevention of removals, the coordination of social, health, and educational services, and the promotion of child participation through Individual Child Protection Plans (IPOD).

The current transformation also reflects a gradual cultural shift within Czech society: from viewing the state as the primary caregiver to recognising families and communities as key actors in children's well-being. Child participation is increasingly integrated into decision-making, not only through individual planning but also via systemic initiatives such as consultations with children in care. This evolution mirrors European trends towards participatory, child-centred practice.

Despite these advancements, several challenges persist—particularly in ensuring equal access to family-based care across regions, addressing the overrepresentation of Roma children, and securing sufficient capacity for long-term foster placements. These issues form the focus of the following section.

Although legislative and conceptual reforms have laid a strong foundation, the Czech child protection system continues to face deep-rooted social and structural barriers. The next

chapter examines these persistent challenges that hinder the full realisation of a family-based care model.

3. Challenges

Despite extensive legislative reforms and international pressure, the Czech child protection system continues to face deeply rooted problems that slow down its transformation.

According to the Ministry of Education, Youth and Sports (MŠMT, 2024), approximately 6400 children were placed in children's homes, children's homes with schools, educational institutions, and diagnostic centres during the 2023/24 school year – roughly the same number as in previous years. This persistently high rate of placements indicates that preventive measures and family support mechanisms remain insufficient.

3.1 Socio-economic factors and housing deprivation

The main reasons for children entering substitute care continue to reflect complex social and economic circumstances. In children's homes, neglect and housing deprivation are among the most common causes, while in facilities for children with behavioural difficulties, serious family conflicts and school-related problems dominate (MŠMT, 2023).

The ongoing link between poverty, housing instability, and the removal of children from their families remains one of the most sensitive issues in Czech child protection.

Under Czech law, a child cannot be removed solely due to inadequate housing conditions. The Act on Social and Legal Protection of Children (No. 359/1999 Coll.) defines the state's duty to safeguard the best interests of the child but does not recognise housing deprivation as a legitimate ground for removal. This interpretation has been repeatedly confirmed by the Constitutional Court of the Czech Republic, which stated that "insufficient social and housing conditions alone, without prior assistance offered to the family, cannot justify the removal of a child" (e.g., rulings II ÚS 2546/10 and III ÚS 3146/21).

Nevertheless, research and field reports show that loss of housing or eviction often acts as a trigger for initiating child protection proceedings (FRA, 2024). This discrepancy between the legal framework and practical implementation corresponds with international research findings showing that in Central and Eastern Europe, poverty- or housing-related removals still occur despite formal legal safeguards (Eurochild, 2015; Better Care Network, 2017; FRA, 2024).

3.2 Overrepresentation of children of Roma ethnicity

A long-standing challenge within the Czech system is the overrepresentation of children of Roma ethnicity in institutional care. According to data from the Ministry of Education (MŠMT, 2023) and the European Union Agency for Fundamental Rights (FRA, 2020), children of Roma ethnicity account for approximately half of all children placed in

institutional care. Available national data indicate that children of Roma origin have a lower

probability of being placed in family-based foster care, which perpetuates a cycle of institutionalisation (FRA, 2020; FRA, 2024).

This imbalance reflects structural inequalities, potential bias in placement decisions, and the limited availability of foster carers willing or prepared to care for children of diverse ethnic backgrounds.

3.3 Sibling groups and foster-care capacity

Another significant issue concerns sibling groups. More than 40 percent of children in children's homes are placed with three or more siblings, and groups of four or more represent up to one-third of placements in some regions (VÚPSV, 2024). Maintaining sibling bonds is a fundamental principle of the UN Convention on the Rights of the Child (1989/1991), yet it remains difficult to uphold in practice. Foster care rarely has the capacity to accommodate large sibling groups, both for organisational and financial reasons.

The shortage of long-term foster carers exacerbates this problem. Although the 2021 reform increased both financial and methodological support, most newly recruited carers provide short-term (transitional) foster care, while stable families willing to offer long-term placements remain scarce. Limited long-term capacity hinders the shift toward a fully family-based model and often results in repeated institutionalisation.

3.4 Case Example: Sibling Group from the Ústí nad Labem Region

In early 2024, a group of four children of Roma ethnicity, aged between two and ten, was placed in foster care for a transitional period after their family lost housing due to rent arrears. The local child-protection authority (OSPOD) attempted to secure a joint placement, but no foster family in the region could accommodate all four siblings. Two children were therefore placed together in transitional foster care, while the remaining two were transferred to a children's home almost 100 kilometres away due to a shortage of available places nearby. Although social workers facilitated regular contact, the separation caused significant distress, particularly for the eldest sister, who began showing signs of anxiety and sleep difficulties.

Subsequent efforts to secure long-term foster care failed because of limited regional capacity and the shortage of suitably prepared families. The case highlights several systemic challenges in Czech child protection: the scarcity of long-term foster carers, the difficulty of keeping sibling groups together, and persistent regional disparities in the availability of family-based care. It also illustrates how social exclusion and housing insecurity can indirectly lead to child removal, even though inadequate housing alone should never justify such action.

3.5 Regional disparities and mental-health needs

Regional disparities further confirm the fragmented nature of the system. The Index of Social Exclusion (ASZ, 2023) shows that the highest concentration of children in institutional care is in the Ústí nad Labem and Karlovy Vary regions – areas also characterised by high poverty and social exclusion. These conditions increase the risk of child removals while limiting access to foster care, social services, and psychological support.

A large proportion of children in institutional care also face mental-health challenges. In facilities for children with behavioural disorders, nearly two-fifths of residents are prescribed psychiatric medication (MŠMT, 2023). The rising prevalence of trauma-related and emotional difficulties places growing demands on professional staff and highlights the need for closer integration of social and health services. Trauma-informed and multidisciplinary approaches are gradually being introduced, yet their implementation remains uneven and regionally imbalanced.

3.6 Summary

The challenges outlined above show that, despite significant legal progress, the Czech child-protection system still faces key structural barriers:

- socio-economic inequalities and the impact of housing deprivation on families,
- the overrepresentation and lower foster-placement rates of children of Roma ethnicity,
- the shortage of long-term foster carers and the difficulty of keeping sibling groups together,
- and persistent regional disparities in access to support services.

Addressing these issues requires not only ongoing legislative reform but also stronger investment in prevention, housing support, and the recruitment and training of long-term foster carers. Only an integrated approach connecting social, housing, and educational policies can ensure that the principle of the best interests of the child is fully realised in everyday practice.

4. What Has Already Been Done

Over the past two decades, the Czech Republic has undertaken a series of legislative and policy reforms aimed at transforming the child protection system from an institutional to a family-based model of care. While the pace of this transformation has been gradual and uneven, several significant milestones have been achieved that together mark a clear departure from the country's long-standing reliance on institutional care.

4.1 Legislative milestones

The first comprehensive reform came with the Act on Social and Legal Protection of Children (1999), which defined preventive measures and clarified the roles of local child protection authorities (OSPOD). It laid the foundation for substitute family care and established facilities for children requiring immediate assistance (ZDVOP) as short-term, crisis-based alternatives to institutional placement.

A further step was the Act on Institutional and Protective Upbringing in Educational Facilities (2002), which redefined the structure of institutional care and introduced diagnostic centres, children's homes, and educational institutions under the Ministry of Education (MŠMT). These acts collectively replaced the previously fragmented and inconsistent system with a clearer legal framework.

The last decade has brought more targeted reforms. The 2021 amendment to the Child Protection Act expanded support for foster carers, introduced new financial measures, and strengthened methodological supervision. The 2024 amendments to the Health Services Act and the Child Protection Act abolished infant homes – facilities for children under the age of three – and established a legal ban on institutional placement for this age group, effective 1 January 2025. This measure aligns Czech legislation with the UN Guidelines for the Alternative Care of Children (2010) and the European Child Guarantee (MPSV, 2022).

4.2 Strategic and programmatic developments

Alongside legislative changes, several national strategies have guided the deinstitutionalisation process. The National Strategy for the Protection of Children's Rights 2012–2018 (Right to Childhood) was the first document to articulate the goal that every child should grow up in a family environment (MPSV, 2012). Its successor, the National Strategy for the Protection of Children's Rights 2021–2029, continues this vision and focuses on prevention, participation, and the integration of services. The strategy is complemented by the National Action Plan for the Implementation of the European Child Guarantee 2022–2030, which connects child protection to social and housing policies and emphasises access to early childhood care, education, and adequate housing.

4.3 Impact of the reforms

The cumulative effect of these measures has been a gradual shift in both policy and practice. The number of institutional facilities has slowly decreased, and the number of foster carers has increased – particularly those providing short-term placements. Data from the Ministry of Labour and Social Affairs show that between 2014 and 2023, the number of children

placed in foster care rose by nearly 30 %, while the number of children in infant homes fell by more than half before their complete abolition in 2025 (MPSV, 2024).

Equally important has been the conceptual shift in how child protection professionals perceive their roles. Preventive and family-support services are now increasingly prioritised over corrective interventions. Regional authorities have established specialised coordination units and training programmes focusing on child participation, family group conferences, and individual child protection plans (IPOD), which encourage the inclusion of children and families in decision-making.

However, the impact of these reforms has been uneven. Rural and structurally disadvantaged regions – particularly the Ústí nad Labem and Karlovy Vary regions – still experience shortages of qualified foster carers, limited psychological services, and insufficient coordination between social and educational systems. These disparities highlight the continued fragmentation of the Czech child protection system across ministries and regions, despite formal progress in legislation.

4.4 From reform to sustainable transformation

While legislative and strategic progress has been undeniable, experts agree that the ultimate success of the reform depends on its translation into sustainable, community-based practice. The closure of infant homes marks a symbolic and practical milestone, but the system's long-term effectiveness will hinge on how well preventive services, family counselling, and housing support are integrated into everyday social work practice.

The Czech Republic's experience reflects a broader European trend: shifting from institutional care toward preventive, family-and community-oriented systems. Similar trajectories can be observed in Slovakia, Hungary, and Poland – countries that, like the Czech Republic, have struggled with the legacy of institutionalisation and regional disparities in foster care capacity (Eurochild, 2020; Better Care Network, 2017).

The next phase of reform must therefore prioritise strengthening professional competencies, ensuring stable funding for foster and social services, and developing monitoring mechanisms that go beyond quantitative indicators. Transformation cannot be measured solely by the number of closed institutions but by the quality of life and stability of children's care pathways.

4.5 Summary

The Czech Republic has made significant legislative and strategic progress toward deinstitutionalisation and family-based care. Key achievements include the abolition of infant homes, increased support for foster carers, and a growing emphasis on preventive and participatory approaches. Nevertheless, the system remains marked by regional disparities, limited long-term foster capacity, and inconsistent coordination among ministries. The task ahead is to consolidate existing progress, ensure equal access to services across regions, and embed prevention and family support at the core of the child protection system.

5. What Works and What Does Not Work

The reform of the Czech child protection system has brought several positive outcomes that indicate a gradual but consistent shift toward family-based care. At the same time, persistent weaknesses in practice continue to prevent the full realisation of the best interests of the child. The experience so far confirms that legislative and strategic changes must be accompanied by interministerial cooperation and long-term investment in social services.

5.1 What Works

5.1.1 Ban on institutional placement of children under three

The abolition of infant homes and the introduction of a legal ban on institutional placement for children under three, effective from January 2025, represent one of the most significant achievements of the current reform. This step aligns Czech policy with international standards

and demonstrates the success of long-term advocacy and professional efforts to prioritise family care. In practice, the measure has accelerated the development of foster care for a transitional period and increased the availability of emergency placements for the youngest children. It has also encouraged closer cooperation between social and health services, particularly in cases of newborns at risk of removal.

5.1.2 Expansion and professionalisation of foster care

The professionalisation of foster care is among the most visible successes. The number of trained foster carers has steadily increased, and their role has shifted from being an emergency substitute to a key component of the child protection system. Financial support and training programmes implemented through the Operational Programme Employment Plus (OPZ+) have strengthened methodological guidance and the system of accompaniment for foster carers, which is anchored in the Social Services Act No. 108/2006 Coll. Accompanying organisations provide foster carers with ongoing professional support, counselling, training, and crisis assistance. This system has improved placement stability and quality, particularly for children with complex needs.

5.1.3 Shift toward prevention and family support

Preventive work with families has developed significantly in recent years. Local child protection authorities (OSPOD) increasingly use Family Group Conferences (FGC) and Individual Child Protection Plans (IPOD), which involve children and parents in decision-making processes. Family Group Conferences were introduced based on recommendations from the Ministry of Labour and Social Affairs, and their effectiveness has been confirmed by national studies, which highlight their positive impact on reducing the number of child removals.

However, in many rural areas families in crisis do not receive timely support, which often results in unnecessary removals. While larger cities have already established multidisciplinary teams and family support centres, their capacity remains limited. Without nationwide access to such services, the deinstitutionalisation process will remain only partial.

5.1.4 Introduction of trauma-informed and multidisciplinary approaches

A positive trend is also the gradual introduction of trauma-informed approaches and the development of interdisciplinary cooperation. Training programmes for professionals emphasise the impact of early trauma, attachment disorders, and the importance of stability and continuity of care. Pilot projects in the South Moravian and Vysočina regions show that when education, social work, and mental health sectors collaborate, children's outcomes improve—particularly in emotional regulation, school attendance, and placement stability.

5.2 What Does Not Work

5.2.1 Lack of long-term foster care

Despite progress, the shortage of long-term foster carers remains a major obstacle. The system continues to rely heavily on foster care for a transitional period, which results in repeated transfers and instability in children's lives. Long-term foster care is crucial for establishing consistent relationships and emotional security, yet recruitment and retention remain insufficient. Regional disparities deepen this challenge: while some areas (e.g., Prague, South Moravia) have relatively developed foster networks, others—especially the Ústí nad Labem and Karlovy Vary regions—struggle to find suitable families.

A unified national strategy for foster recruitment, combined with long-term financial, psychological, and professional support provided through accompanying organisations, is still missing. Without these measures, the process of deinstitutionalisation risks stagnation.

5.2.2 Insufficient interministerial coordination

Fragmented responsibilities among the three ministries—Education, Health, and Labour and Social Affairs—continue to hinder effective cooperation. Each ministry applies its own methodologies, data systems, and funding mechanisms, leading to duplication and inconsistency. The absence of a unified monitoring framework makes it difficult to evaluate outcomes and compare progress across years. Experts have long called for the establishment of a central coordinating authority or an interministerial council for child protection to ensure coherence between education, health, and social policies.

5.2.3 Unequal access to services and regional disparities

Regional inequalities remain one of the most pressing challenges. Disadvantaged regions not only have fewer foster families but also lack access to psychological and therapeutic services. In many rural areas, families in crisis do not receive timely support, which often

leads to unnecessary child removals. While large cities have established multidisciplinary teams and family support centres, their capacity remains limited. Without comprehensive nationwide availability, deinstitutionalisation will remain incomplete.

5.2.4 Persistent socio-economic pressures

Socio-economic deprivation continues to play a major role in child removals. Families affected by poverty, unemployment, or housing insecurity are disproportionately represented among those whose children enter care. Although the legal framework prohibits removal solely due to inadequate housing, practice described in Chapter 3 shows that housing deprivation still often functions as an indirect trigger. Without integrated policies connecting housing, employment, and family support, social workers will continue to manage crises rather than prevent them.

5.2.5 Insufficient aftercare for young people leaving care

Another systemic gap lies in aftercare for young people transitioning out of substitute care. Although some NGOs and regional authorities provide transitional housing or mentoring, these services are not systematically funded or coordinated. Young people leaving care frequently face social isolation, unemployment, and housing insecurity, which increase the risk of poverty or homelessness. Ensuring continuity of support beyond the age of 18 should therefore become one of the key priorities of the next phase of reform.

5.3 Lessons Learned

The Czech experience shows that reforming child protection cannot be limited to legislative change—it requires cultural transformation, professional education, and community involvement. Where reforms have succeeded, they have been supported by cross-sectoral cooperation and by recognising the expertise of social workers, foster carers, and families. Where they have failed, fragmentation, underfunding, and uneven implementation have persisted.

Future efforts should focus on:

- establishing a unified data and evaluation system,
- strengthening the system of accompaniment and long-term support for foster carers,
- improving coordination among ministries, and
- expanding preventive, participatory, and trauma-informed approaches across all levels of the system.

5.4 Summary

The Czech Republic has made measurable progress in transforming its child protection system. The closure of infant homes, the expansion of foster care, and a growing emphasis on prevention represent major achievements. However, persistent regional inequalities, a

shortage of long-term foster carers, and weak interministerial coordination show that transformation is far from complete. To ensure sustainable progress, legislative change must be accompanied by practical investment—so that every child, regardless of region or background, can grow up in a safe, stable, and supportive family environment.

6 Methods and Concepts in Practice

The ongoing transformation of the Czech child protection system is not only a matter of legislative reform but also of how key principles and methods are applied in practice. This chapter outlines the main approaches currently used in child protection, showing how theoretical concepts—such as prevention, participation, trauma-informed approaches, and resilience—are translated into everyday professional work with children and families.

6.1 From institutional to community-based practice

The transition from institutional care to community- and family-based services requires a fundamental shift in professional culture. Social workers and other practitioners are encouraged to work preventively, engage families as partners, and coordinate services across sectors.

In the Czech context, community-based practice means delivering interventions as close as possible to the child's natural environment. Instead of institutional placement, professionals focus on strengthening family capacities—through counselling, family therapy, housing assistance, or educational support. The National Strategy for the Protection of Children's Rights 2021–2029 defines this approach as a “whole-family perspective,” which seeks to address not only the child's symptoms but also the social *conditions that shape family functioning*.

6.2 Trauma-informed approaches

Trauma-informed approaches have become an increasingly recognised framework in Czech social and educational practice. They are based on the understanding that many children entering the child protection system have experienced neglect, abuse, or traumatic separation from their parents.

Education and training for child protection professionals now increasingly integrate trauma-informed principles that emphasise emotional safety, predictable routines, and stable relationships. In practice, this approach involves moving away from punitive responses toward stabilisation, trust, and recovery. Trauma-informed work also helps professionals manage the emotional demands of their roles and reduce the risk of burnout or secondary trauma—challenges that remain significant in the field of child protection.

6.3 Family Group Conferences and participatory methods

Participatory methods have emerged as a response to the traditionally top-down nature of decision-making in child protection. Among these, Family Group Conferences (FGCs) play a key role. They aim to empower families to identify their own solutions while professionals act as facilitators rather than decision-makers.

FGCs have been officially recommended by the Ministry of Labour and Social Affairs and have demonstrated their value in improving cooperation between families and services, reducing the likelihood of child removal, and strengthening kinship ties. Other participatory tools, such as Individual Child Protection Plans (IPOD), ensure that children's voices are included in decisions concerning placement, education, and family contact. Although implementation still varies across regions, the principle of participation has become an integral part of professional practice.

6.4 Accompaniment and support for foster carers

A distinct feature of the Czech foster-care system is the legally defined mechanism of accompaniment, established under the Social Services Act No. 108/2006 Coll.

Accompanying organisations provide foster carers with continuous professional support, education, counselling, and crisis intervention. Their role is to prevent placement breakdowns, assist with the child's adaptation, and strengthen carers' parenting skills.

This system has contributed to greater stability and quality of foster placements, particularly for children with complex needs. However, regional disparities persist, as rural areas often have limited access to accompanying services. Expanding the availability of accompaniment and ensuring long-term funding remain key priorities for the sustainability of foster care as a viable alternative to institutional placement.

6.5 Family preservation and community cooperation

Preventing unnecessary removals requires proactive and coordinated community responses. Several municipalities have introduced family preservation programmes that combine social work, family counselling, and housing support within multidisciplinary teams that include social workers, psychologists, teachers, and health professionals.

Evaluations of these programmes show that early and flexible support can effectively prevent child removals and improve parental confidence. In this context, the ongoing preparation of the Social Housing Act, aimed at linking housing and social policy, represents an important step forward. If implemented, it could strengthen preventive measures and reduce cases where children are removed due to housing deprivation.

6.6 Resilience and empowerment approaches

Contemporary approaches in social work and child protection increasingly emphasise resilience—the ability of children and families to adapt positively to adversity. In the Czech

context, resilience is understood not as an individual trait but as a relational process supported by a stable and responsive environment.

Empowerment-oriented methods, such as strengths-based assessment and solution-focused counselling, encourage professionals to identify family resources, promote autonomy, and work with families as partners rather than as passive clients. These approaches align with international evidence showing that resilience-and empowerment-based practice leads to better long-term outcomes for children and their families.

6.7 Summary

The practical transformation of Czech child protection is progressing but remains incomplete. Trauma-informed, participatory, and resilience-based approaches have proven beneficial, yet their application is still uneven across regions. The system's future success will depend on:

- further development of community and preventive services,
- stable and long-term support for foster carers,
- systematic education and training of professionals, and
- improved coordination between social, educational, and health sectors.

Only by embedding these principles at all levels can the Czech child protection system move from reform to genuine transformation—ensuring that every child grows up in a stable, supportive, and nurturing environment.

7 Discussion and Conclusion

The transformation of the Czech child protection system shows that legislative reform alone does not guarantee real change. Meaningful progress depends on how laws, principles, and methods are implemented in everyday practice, and on whether institutions can shift from a reactive model to one that actively supports families and prevents separation.

Over the past two decades, the Czech Republic has made significant progress in aligning its child protection system with international standards. The abolition of infant homes, the expansion of foster care, and the introduction of a legal ban on institutional placement for children under the age of three represent clear milestones. These changes, supported by national strategies, reflect a broader European commitment to deinstitutionalisation and to the principle that every child has the right to grow up in a family environment.

However, recent experience also shows that reform is a long-term and uneven process. Regional disparities remain one of the most serious challenges, as the quality and accessibility of services still depend on local resources and professional capacity. In socially disadvantaged areas, the lack of preventive and community-based support continues to

lead to unnecessary removals and long-term institutional placements. The persistence of these inequalities highlights the need for a systemic approach that integrates legislative, social, and housing policies within a coherent framework.

7.1 Towards a systemic and preventive model

The Czech experience shows that deinstitutionalisation is not simply about closing facilities but about creating an integrated support system that prioritises prevention, early intervention, and family stability. The growing use of family preservation programmes, family group conferences, and trauma-informed approaches confirms that effective practice emerges when families are treated as active partners rather than passive recipients of help. These methods share a common foundation—they build trust, reduce coercion, and strengthen the long-term resilience of children and parents.

A key lesson from the transformation so far is the importance of professional education and stable funding. Although many social workers and foster carers have adopted new approaches, their implementation remains uneven, often limited by local capacities and insufficient coordination among ministries. Building a professional culture based on trauma-informed, participatory, and resilience-oriented approaches requires sustained investment—not only in services but also in the people who deliver them.

7.2 The role of policy and intersectoral cooperation

Future progress will depend on strengthening cooperation between the social, educational, and health systems. Fragmentation remains a major obstacle: each ministry uses different monitoring tools, data systems, and funding mechanisms. Establishing a unified coordinating body or a national child protection council could provide the framework needed for interministerial cooperation and accountability.

Equally important is the development of housing and social policies that address the root causes of family breakdown. The forthcoming Social Housing Act represents a unique opportunity to link family and housing policies and to reduce the number of cases where poverty or eviction indirectly lead to child removal. In this sense, social policy and child protection are inseparable: supporting families also means ensuring that they have the conditions to stay together.

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NORWAY

Eclecticism in Residential Childcare

Terje Halvorsen

Terje Halvorsen⁴² is a professor in child welfare at the Department of Social work at NTNU (Norwegian University for Science and Technology). As a researcher he has worked on topics in social pedagogy, philosophy of education, developmental psychology, and residential care.

Keywords

Child welfare, residential childcare, professional theories, eclecticism, evidenced-based practice.

Abstract

OBJECTIVES: This article explores the use of professional theories in residential care with a particular focus on the efforts to establish an evidence-based practice.

THEORETICAL BASE: The discussion addresses positions within research methodology, epistemology and philosophical anthropology, as well as a range of theories in developmental psychology and social pedagogy.

METHODS: The author has studied professional theories launched in the period from the early 20th century to the present. In addition, the author has followed the ongoing debate among Norwegian scholars by reading textbooks and articles, and by attending conferences and seminars. Although these latter observations are from a Norwegian context, the conclusion may have general validity.

OUTCOMES: The endeavors to establish an evidence-based practice have failed. Even though most single methods and multimodal programs have been evaluated, no study have demonstrated a decisive impact on the majority of children or young people. What is referred to as statistical 'findings' or 'evidence' are weak correlations that should not be generalized to individuals without careful consideration.

IMPLICATIONS FOR RESIDENTIAL CARE: Professionals and researchers in the field of residential childcare should give up the search for one ultimate approach, or a few preferred approaches, and realize that eclecticism is the way to high-quality child welfare.

⁴² Contact: Professor Terje Halvorsen, Institute of Social Work, Norwegian University of Science and Technology, Box 8900, Torgarden, 7491 Trondheim, Norway; terje.j.halvorsen@ntnu.no

The Norwegian child and youth welfare system

According to the Child Welfare Act (Barnevernloven), the Norwegian child and youth welfare system (Barnevernet) is responsible for ensuring that children and young people living in conditions that may endanger their health and development receive timely and appropriate help, care, and protection.

The primary responsibility for child and youth welfare lies with the municipalities. The local child and youth welfare services are often referred to as the frontline of the system. All municipalities in Norway must ensure that the population has access to child and youth welfare services. Smaller municipalities may collaborate by establishing a joint service, while larger municipalities typically operate several welfare offices. In total, around 7,000 professionals are employed in municipal child and youth welfare services (see Statistics Norway).

The main responsibilities of the municipal child and youth welfare services include providing parental guidance, following up on reports of concern, conducting investigations, recruiting and training support personnel, and offering financial assistance for kindergarten, after-school programs, or leisure activities.

The state child and youth welfare agency (Bufetat) is responsible for recruiting and training foster parents, as well as ensuring that there are enough residential care homes (child welfare institutions). Today, there are approximately 190 residential care homes in Norway. Some are publicly operated, while the rest are run by non-profit organizations or private companies.

Approximately 44,000 children and young people receive assistance from the child and youth welfare services in Norway. Most of them live at home with one or both of their biological parents. When children or young people are placed outside the family home, the two main types of care are foster homes and residential care homes, with foster homes being the most used. Around 8,500 children and young people live in foster homes, while approximately 1,000 reside in residential care homes. Of the latter group, almost all are adolescents. It is only in exceptional cases that children under the age of 12 are placed in institutions. To give a sense of the relative scale of measures: Norway has population of about 5.6 million, with roughly 1.2 million people aged 0 to 18 (see Statistics Norway).

In Norway, most professionals working in child and youth welfare have a relevant educational background. Several universities offer both bachelor and master programs in child welfare. The field also employs professionals with education as teachers, preschool teachers, or psychologists.

Most measures implemented by the child and youth welfare services are voluntary and provided in agreement with parents, children, or young people. However, under certain conditions, the child and youth welfare services have the authority to impose compulsory

measures. The Child Welfare and Health Board (Barneverns- og helsenemnda) decides cases of coercion under the Child Welfare Act. Municipal child and youth welfare services can submit proposals for compulsory measures for the board, including proposals that involve removing a child from the parents.

In Norwegian media, considerable attention is given to problems within the child and youth welfare system. Among the issues that are frequently highlighted are high staff turnover, and challenges in providing adequate support for children and young people with complex needs.

Introduction

Pioneers like Sigmund Freud, Melanie Klein, Anna Freud, Paul Natorp, Anton Makarenko, Jean Piaget, and Lev Vygotsky launched their theories about child development in the first half of previous century. Gradually these theories became important for many professionals in the field of child welfare in Norway, also for those working in residential care (Hagen, 2001). Whilst the first social workers in child welfare had only folk psychology⁴³ and their own judgement to rely on, a growing number drew inspiration from theories. By learning a theory, the professional got access to new concepts, explanations, and methods.

In the first generations of theorists, few substantiated their ideas with systematic research on large samples. Instead, many put forward anecdotal evidence in the form of examples drawn from their practice with clients (cf. Freud, 2002).

In the second half of the previous century, there was a strong growth in theories with relevance for child welfare. New theory traditions were introduced and within each tradition sub-theories arose as branches on a tree. When we reached the 1990s there was a multitude of theories the professional could choose from. If we stick to the tree metaphor, there was a large and lush forest where each tree had several branches, and the largest branches had several sub-branches. As an example, attachment theory was a branch on the larger branch object relations theory, which was one of several branches on psychoanalysis, the tree Sigmund Freud had planted. There were also synthesis theories where branches from different trees had become entangled. An example is cognitive behavior theory which is a synthesis of operant behaviorism and Vygotskyan psychology.

During most of previous century there was extensive professional autonomy in the field of child welfare in Norway. The national authorities did seldom choose side in professional disputes and consequently gave few directives about which theory the professionals should apply. Professional units, such as child protection agencies and residential care homes,

⁴³ Folk psychology (common sense psychology) is the psychological knowledge ordinary people possess (Rosenberg, 2016).

were free to decide which theories to apply. Moreover, practitioners with substantial formal qualifications often enjoyed considerable individual professional autonomy.

In addition to professional autonomy, professional disagreement and controversy were prominent characteristics for the field of child welfare. Most professionals relied mainly on just one theory tradition and sought community with colleagues and other peers oriented toward the same theory. To some extent the field was divided into factions, each expressing skepticism, and at times even hostility, towards other parties.

In the late 1990s a change took place. Several Norwegian scholars called for a clean-up campaign where one, through systematic research, should decide which theories are true and which methods work (cf. Andreassen, 2003; Kjøebli, 2010; Ogden, 2012). These scholars described the state of the field as chaotic and unacceptable. They started from the premise that the large number of theories about child development implied that several had to be false. To apply an approach without empirical evidence was said to be unethical and unprofessional. The task was to identify which theories are true and which are false. False theories and ineffective methods were to be discarded. The Norwegian scholars were inspired by international figures in medicine⁴⁴ and psychology⁴⁵. There was a large, nationwide movement that the Norwegians could join. In this movement pure experiments, often referred to as *randomized controlled trials*, was held up as the ideal research approach, the 'Gold standard'.

A randomized controlled trial is a research method used to decide whether there is a causal relationship between two variables, for example between form of intervention and externalizing problems. The researcher manipulates what is assumed to be the independent variable and at the same time records changes in what is assumed to be the dependent variable. To rule out that changes in the dependent variable are due to other factors than the manipulation of the tested independent variable, other possible cause variables must be kept constant. The strategy to achieve this is to divide the sample into an experimental group and a control group through random selection, i. e. a selection where there is the same probability that a unit (here: a person) will be assigned the experimental group as the probability that the unit will be assigned the control group. If the sample is of some size, the random selection will ensure that the experimental group and the control group are equivalent in the sense that special characteristics of individuals are evenly distributed between the groups.

When the intervention period is over the researchers examine whether there are differences between the two groups on the dependent variable. Usually, some subjects in

⁴⁴ David Sackett (cf. Sackett, Rosenberg, Gray & Richardson, 1996) was a prominent proponent for evidence-based medicine.

⁴⁵ In 2005 the American Psychological Association approved a declaration for evidence-based psychological practice (APA Presidential task force on evidence-based practice, 2006).

both groups have improved, while others have an unchanged or worse functioning. Whether the tested method has a statistically significant effect is calculated based on differences between observed values and the values that could be expected if there were no causal relation between the variables. Statistical significance indicates whether an effect is likely real, in other words how likely it is that a conclusion drawn from a sample of observations would hold true of the population from which the sample was drawn. Another common measure used in randomized controlled trials is effect size. This reflects the magnitude of the intervention's impact. i. e. whether the effect actually matters in the real world.

The new movement of researchers was named *the evidence movement* or *the evidence-based practice movement* (Chaffin & Friedrich, 2004). In texts and talks proponents for this movement were easily identified through a distinctive professional discourse, in which the following terms were central: *Knowledge status, meta-study, review, evidence, evidence-based, knowledge-based, research-based, implementation quality, empirical evidence, intervention integrity, randomized controlled trials, effect size, and statistical significance*.

In the movement's first years, the researchers examined the effects of single methods. Later multimodal approaches were prepared and tested. In a multimodal program, methods from several theories are used in parallel (cf. Goldstein, Glick, & Gibbs, 1998; Henggeler, Schoenwald, Borduin, Rowland & Cunningham, 2009).

The Norwegian scholars in the evidence movement carried out their own studies (cf. Andreassen, 2015; Gundersen & Svartdal, 2006), but also disseminated findings made by peers in other countries, especially reports from American researchers (cf. Andreassen, 2003). From the end of the 1990s, such dissemination became easier because much of the international research was summarized in meta-studies.

After a few years, the evidence movement gained support from political authorities in Norway (Barne- og familieldepartementet/ Ministry of Children and Families, 1999). The welfare state had been expanding since World War II and several politicians were concerned about public spendings. The argument that it is unethical to use ineffective methods fitted this concern. The welfare state should still be generous, but at the same time 'evidence-based' and efficient.

It would turn out that the researchers in the evidence movement had to face problems and disappointments. Practical obstacles or ethical reasons often made it impossible to carry out pure experiments. Quasi experiments and non-experimental research methods often had to be used as alternatives. Moreover, even when the researchers were able to use an experimental design, it proved hard to demonstrate that a particular approach had decisive impact on most children or young people. If one reviews the research literature, one will find that there is an overwhelming number of studies where the researchers report that an approach has some effect on some children or young people. There is, however, no study

demonstrating a decisive impact on most children or young people (Smedslund, 2012; Smedslund, Arnulf & Smedslund, 2022). What is referred to as statistical 'findings' or 'evidence' are weak correlations that should not be generalized to individuals without careful consideration. Even though most single methods, and most sets of methods in the form of multimodal programs, have been tested, the ultimate approach has not yet been found.

One way to deal with this situation is to continue the search for the ultimate approach with undiminished strength. An alternative is to realize that there probably is no ultimate approach, and that eclecticism may be the way to high-quality child welfare. This latter conclusion can be substantiated by some arguments. Even though human beings share many characteristics, on several variables a person may differ from some, or many, other people (Fleeson & Jayawickreme, 2015). Differences between humans may be due to differences in genotype, differences in cultural background, or differences in life experiences. An implication of human diversity is that a theory that is valid for John may be invalid for Natalia. Therefore, the professional should alternate between different theories based on in-depth knowledge of the individual child or young person and the problems he or she is facing.

Another argument in favor of eclecticism is that each child and young person has many needs and dispositions, whereas any single theory is a radical simplification. The formulation of a theory is an abstraction process in which only selected aspects of reality are emphasized. Analogous to the fact that the map omits most of the details that can be found in the actual terrain, a single theory of human functioning leaves out much of the phenomenon it seeks to explain. Both maps and theories are models that are isomorphic, i.e. similar in form, to reality, but neither map nor theory can hold all the details and nuances that exist out there (Hermerén, 1974). By becoming familiar with multiple theories, professionals may develop a deeper understanding of the complexity of child development and be more able to tailor a holistic approach adjusted to the individual child or young person.

To further substantiate the advice for eclecticism the next section describes some of the theories residential care professionals may benefit from. The presentation is deliberately formed as an encyclopedic overview to allow room for more theories, thereby illustrating that there is a wide range of available theories and showing that many aspects of human life are addressed by theorists. Although the presentation showcases a substantial number of elements, it only offers glimpses into the treasure trove of theoretical knowledge. For readers seeking deeper insights into specific theories, the text includes several references. To shed light on the historical development in the field I refer to several of the originators of theories. In the presentation, I seek to highlight the connections between different theories. I also aim to show that while some theories are rooted in the natural sciences,

others stem from the social sciences or have their origins in the humanities. Most examples are drawn from residential care settings, but a few relate to theory application in other parts of child welfare residential care staff should be familiar with.

A reservoir of theories

Psychoanalysis is a comprehensive theory tradition with numerous implications for residential care. An example is heart-to-heart talks over difficult issues. Freud's (1920) topographical model of the mind is used to explain how children and young people can suffer from bad memories and how the professional can ameliorate the impact of such memories by being a sensitive and supportive interlocutor. In such cases, the professional provides relief through a process known as *containing*, that is to receive psychic material, store it, and give it back in a more understandable form (Bion, 1962). Another example is residential care professionals who, inspired by Freud's (1961) structural model, try to uphold an outward structure, in the form of routines and rules, to help the young person to achieve ego strength (Trieschmann, 2017).

Object relations theory is one of several sub-theories within the psychanalytical tradition. The theory describes a developmental process from an initial stage of symbiosis with the primary caregiver, via a stage of separation in which the child becomes able to distinguish between self and others, to a final stage where internalized expectations of caregivers are transferred onto other relationships. Because expectations to others often become self-fulfilling, transference implies that the child's relations to its primary caregivers serve as prototypes for social relations, and thereby determine social development (Mahler, 1994; Winnicott, 1986).

Object, object relation, holding, good enough parenting, mirroring, and transference are some of the most important concepts in object relations theory. These concepts enable professionals to perceive, reflect on, and describe some of the complex interactions between child and caregivers. Such competence is crucial in parental guidance and in assessing parent's capacity to provide adequate care.

Object relations theory also serves as a source of inspiration for professionals in residential care, who try to create a holding environment through consistent, patient, and compassionate engagement over time. It follows from the theory that the quality of the relationship between the professional and the child or young person is a key factor in the effectiveness of residential care.

Attachment theory is a synthesis of object relations theory and ethology. The latter is the study of how adaptive traits in animals and humans have been selected through the history of evolution (Ainsworth & Bowlby, 1991). Attachment theory is also influenced by

information processing theory, a theory in cognitive psychology where the computer is used as a metaphor to describe human cognitive functioning (Richardson, 1998). Information processing theory describes the interpretation of sensory input and how information is processed, stored, and retrieved for use. The founder of attachment theory, John Bowlby (1980), uses information processing theory to explain why expectations towards others are hard to change. According to Bowlby, the working model is maintained as it is because it influences what the child or young person has his or her attention directed towards and consequently what information is stored. The child or young person tends to notice and remember information that confirms the working model. This element of attachment theory explains the need for patience and endurance in residential care.

Scholars in the attachment theory tradition have prepared methodologies child welfare professionals can apply to assess children's attachment to their caregivers (Ainsworth, Blehar, Waters & Wall, 1978). There are also methodologies in how to guide parents to respond to the child's attachment behavior (Powell, Cooper, Hoffman & Marvin, 2014).

Mentalization theory is a reformulation and further development of attachment theory (Fonagy, Gergely, Jurist & Target, 2004; Bateman & Fonagy, 2016). To mentalize is to interpret people's reactions as manifestations of underlying mental states. This capacity is a prerequisite for affect regulation and for the ability to adapt to the needs of others, and consequently for a desired social development. The theory describes how caregivers' efforts are crucial to promote the developmental process towards a full-fledged capacity for mentalization. In infancy and early toddler age the caregivers' imitative behavior is important. Facial and vocal 'mirroring' of the child's affective behavior helps the child to regulate emotions and to experience his or her mental state more clearly. Later during childhood and adolescence the caregiver can provide additional support by imparting words and concepts that apply to mental phenomena, i.e. equipping the child with a 'psychological language'. These insights are valuable in both parental guidance and residential care.

Classical behaviorism describes how emotional responses are established through a process of stimulus association (Wolpe, 1988). Several looked-after children and young people suffer from phobic fear responses that restrict self-expression and life chances. By applying insights from classical behaviorism professionals can help these children and adolescents to get rid of such responses.

Operant behaviorism is a theory that, in contrast to the classical model, views humans as active beings. According to the originator, Burrhus Skinner (1969), children and young people 'operate' on their environments to achieve desired consequences.

The theory has several potential applications for residential care professionals. The conceptual apparatus can be valuable when professionals analyze complex human interactions, whether in families, school settings or residential care settings. It can, for instance, help reveal how caregivers or teachers unintentionally may promote (reinforce) behaviors that will bring problems for a child or young person.

The theory also draws attention to humans' need to experience mastery. When assigning tasks to a child or young person, it is important to carefully consider and choose those tasks that he or she can complete successfully. This insight is essential when residential care professionals collaborate with teachers and discuss homework.

A third area of application is professional discussions about gaming machines and computer games. When trying to explain how such machines and programs may cause addiction, the professional must be familiar with the concept of intermittent reinforcement.

A fourth example concerns punitive measures. Operant behaviorism strongly advises against the use of such measures (cf. Skinner, 1973).

In addition to such direct applications, professionals may also benefit indirectly from operant behaviorism by learning how it can promote a technocratic attitude, one in which young people are viewed as objects for interventions (Ricoeur, 1973). Criticism directed at operant behaviorism has sparked intense and profound discussions about professional ethics and philosophical anthropology. There is reason to believe that this has fostered greater awareness of ethical dilemmas within the field of child welfare.

Social learning theory describes how people learn behaviors by observing models (Bandura, 2006). The theory brings attention to how young people can be influenced, in a positive or negative way, by models in the media and by peers. Social learning theory has also inspired scholars to prepare programs where young people learn social skills (cf. Goldstein et al., 1998). In such training the professional initially acts as a model by performing a demonstration. Then the young people train by practicing the skill in roleplays. According to the theory, self-efficacy is a prerequisite to be able to practice social skills in real life situations (Bandura, 1999). To ensure that the young person acquires the necessary self-efficacy he or she is urged to perform many repetitions and the professional tries to make the training as realistic as possible.

Cognitive behavior theory, a synthesis of operant behaviorism and social constructivism, describes the connection between reasoning, in form of self-instructions and self-evaluations, and behavior (Meichenbaum, 1977). In several residential care homes professionals apply this theory to help young people to identify thought patterns that lead to behavior that bring trouble and replace these with self-instructions and self-evaluations that promote alternative behaviors.

Social constructivism is a theory formulated by Lev Vygotsky (1962). He explains how human reasoning is carried out by the use of language. Most children pronounce their first word when they are about one year old, and the child soon uses single words and short phrases to make contact and to express himself or herself. After some time, the child discovers that it is possible to use verbal language also as a tool to solve problems and to regulate one's own behavior, meaning that one can formulate solutions and self-instructions in sentences. The language becomes a tool of thought. This implies that parents and professionals can promote the child's cognitive development by stimulating the learning of words, concepts, and syntactical forms. Based on Vygotsky's theory several scholars have described how professionals can carry out compensatory measures to help looked-after children or young people suffering from language deprivation (cf. Griffiths, 2012; Osborne, Alfano & Winn, 2010).

Vygotsky argues that verbal language is an artifact, a cultural tool created and mediated by humans, and that the concept structure in one language may differ from the structure in other languages. Therefore, learning a language to some extent implies acquiring a social construction of reality. There is a clear analogy between this aspect of Vygotsky's theory and phenomenology (cf. Husserl, 1970; Merleau-Ponty, 2014). Inspired by social constructivism, some child welfare professionals try to understand children or parents by gaining insight in the language, or language variant, used in the family. By explaining how child development is culturally situated, social constructivism opens a connection between child welfare and sociology and anthropology.

Logical constructivism is a theory about cognitive development. To fully grasp the theory, one must know that its originator, Jean Piaget, was both a psychologist and a philosopher. Piaget (1953) brings Kantian epistemology, a synthesis of empiricism and rationalism, into cognitive psychology. Kant (1999) rejects the blank slate metaphor proposed by John Locke (1989) and other empiricists. According to Kant, a blank slate is incapable of perceiving anything. He claims that we are born with a cognitive structure that is necessary to be able to interpret sensory inputs and transform these into knowledge. Stimuli are not passively received but are actively processed by the mind. We do not experience reality directly, but in a version shaped through our cognitive apparatus. While empiricists describe that the

sensing human being, through sensory input, is influenced by the things he or she senses, Kant claims that the interpretation of stimuli implies that we, in a certain sense, shape reality. This change in perspective is known as the *Copernican turn in philosophy*. The term alludes to the original Copernican turn in which Nicolaus Copernicus argued, and gradually gained support for, the view that it is the Earth that moves around the Sun. With such an allusion, Kant wanted to bring out that his epistemology was something radically new.

Inspired by Kantian ideas, Piaget describes children as active agents who explore their surroundings and construct their own 'knowledge'. In Piaget's constructivist theory, the term *knowledge* doesn't mean justified, true belief, as it is traditionally understood (cf. Plato, 2014), but rather a notion rooted in individual experience. Piaget explains how children, over the course of development, adapt to their environments and gradually construct more realistic and advanced understandings of the world.

Piaget highlights how parents and professionals can promote cognitive development by facilitating play and exploration. Informed by Piaget's theory, residential care professionals understand the importance of providing children with access to environments, materials, toys, and tools that invite exploration.

In his theory Piaget has launched a set of concepts that professionals need to describe how the child develops and what characterizes the child's reasoning at different stages. Examples of such concepts are assimilation, accommodation, object permanence, constancy, conservation, reversible reasoning, and animism.

Lawrence Kohlberg's theory

Piaget (1997) also formulated a sub-theory about the development of moral reasoning. This has been further developed by the psychologist Lawrence Kohlberg (1984). The work of Kohlberg should be understood against the backdrop of scientism, the belief that science is the only way to knowledge about reality. Scientism has exerted a strong influence on modern psychology (Lamiell, 2018). Svend Brinkmann describes that 'when modern psychology wanted to become a respectable science, it felt it had to separate itself from moral issues' (2009, p. 9). Kohlberg was dissatisfied with the fact that his predecessors, with Piaget as one of the few exceptions, had ignored moral reasoning. According to Kohlberg, all human beings, including children, are moral philosophers in their own lives by reflecting on what constitutes the right action in dilemma situations. He describes how professionals can promote young people's capacity for moral reasoning by organizing group discussions over moral dilemmas. The dilemma is introduced through a story. When the young people reach a conclusion about how the protagonist in the story ought to act, the professional should apply the Socratic⁴⁶ method, that is to forward a question that reveals

⁴⁶ See Brickhouse & Smith (2009).

the limitations of the proposed conclusion. This can work as an incitement to re-think the problem and the proposed conclusion, which may bring forth more mature moral reasoning. Several residential care professionals have been introduced to Kohlberg's theory and method through the ART⁴⁷ program (Goldstein et al., 1998).

Humanistic pedagogy is a theory inspired by the works of Søren Kierkegaard (2001) and Jean-Paul Sartre (2007). Residential care professionals oriented towards humanistic pedagogy invite young people into discussions where an alternative to determinism is offered (Bay, 2005). Professionals introduce young people to concepts like free will, autonomy, determinism, indeterminism, hypothetical thinking, subject, object, causal explanation, motive explanation, and fatalism. Through talks over future choices the young people will face, and consequences different actions may bring, the professionals aim to help the young people recognize, and exercise, their free will.

Paul Natorp's social pedagogy is a theory centered on human togetherness and how children and young people should be fostered within the context of their community. In his theory, Natorp (1974) carries forward ideas from thinkers such as Plato (2007), Immanuel Kant (1997), and Johann Heinrich Pestalozzi (1977). According to Natorp, social development begins with integration into the local community and, over time, expands to include commitment to the wider society. Therefore, social educational efforts must encompass a normative-ideological dimension, in the form of arguments for collectivism. This perspective challenges the idea that scientism is a sufficient epistemological bedrock for the social educator. Instead, Natorp asserts that the professional must stand with one foot in the humanities. In addition to knowledge about developmental psychology, the professional social educator should possess insights from ethics and social philosophy.

Empowerment theory is a theory inspired by the work of Paulo Freire (Carroll & Minkler, 2000). Freire (1970) himself was influenced by psychoanalysis, existentialism, and the alternative variant of Marxism proposed by Antonio Gramsci (1971). In social work, empowerment theory represents a counter position to paternalism, the belief that most clients lack the capacity for self-determination and therefore require professionals to make decisions on their behalf. Proponents of empowerment theory argue that both low and high expectations may be self-fulfilling. Therefore, professionals should express confidence in the clients' ability to cope and hand the initiative over to them.

⁴⁷ ART is acronym for *Aggression Replacement Training*.

Based on empowerment theory several social work methodologies have been prepared. Two that have received much attention within child welfare are *Family group conferencing* (cf. Connolly, 2006) and *Theatre of the oppressed* (cf. Boal, 1979).

Empowerment theory can be applied in residential care homes in several ways. In general, professionals can adopt a facilitative rather than a directive role, listening actively to young people, respecting their choices, and encouraging independence. Young people can be involved in decisions that affect their daily lives, such as activity schedules and meal planning. Professionals can arrange so that young people are given the opportunity to exercise influence on care plans and plans for future education, ensuring that the young person's preferences and goals are at the center of the process.

Narrative theory describes how people arrange memories into a coherent narrative, a life story, and that this story affects self-image and thereby the ability to cope with the challenges of life (White & Epston, 1990). According to the theory, professionals can help clients 'deconstruct' and 'rewrite' dysfunctional narratives. The methodological literature holds several advice professionals in residential care can follow. One is about externalization. This is a process where individuals learn to distinguish between themselves and their problems. Vulnerable young people can be supported in understanding that they are far more than the difficulties they face.

Environmental psychology is a theory about how people are influenced by psychical surroundings, both nature and built environments (Gifford, 2002). According to the theory, most aesthetic preferences is the result of the phylogeny of the human species. One preference is about greenery. Most people enjoy staying in green setting, both natural environments and parks or gardens. Green settings also seem to have a mentally restorative effect on humans. When it comes to the design of buildings there seems to be a widespread preference for a certain extent of complexity combined with some symmetry. If the design is too plain, the building appears as monotonous, boring, and unfriendly. If the design is too complex in form of material combinations, color combination, projection, and canopies, the building appears confusing and annoying. Also, when it comes to interior design, there seems to be a widespread preference for the golden mean. Some interiors provide too little sensory stimulation while others provide too much. Because of these and many other insights from the field of environmental psychology, it is possible to design and furnish residential care homes so that children or young people may thrive. Professionals can also provide aesthetic quality through daily efforts. Cleaning, tablecloths, curtains, candles, potted plants, vases, and jars are some key words.

Anthrozoology is a theory that examines the interactions between humans and animals (Balluerka, Muela, Amiano & Caldentey, 2014; Fine, 2019). Scholars oriented towards this theory have sought to identify and measure positive effects of human-animal relationships. Company with an animal can reduce the feeling of loneliness, reduce anxiety, strengthen self-confidence, and be a training venue for caretaking. The latter may be particularly important for boys who come from a family with traditional gender roles. In some cases, an animal can also serve as a source of intersubjectivity between the child or young person and the professional ('What is your hamster's name?', 'What does it like to eat?', 'Have you taught it any tricks?').

Polytechnicalism is a theory that explains the importance of education that qualifies for participation in working life. Among the scholars that have contributed to the theory are Nadezhda Krupskaya (1957), Anton Makarenko (2005), and John Dewey (2009). Several contemporary scholars have called attention to the fact that looked-after children are at high risk of educational failure and that this increases the risk of unemployment, poverty and other social problems later in life (cf. Cameron, Connelly & Jackson, 2015). There is also an extensive methodological literature describing how professionals can promote the educational attainment of looked-after children and young people (cf. Griffiths, 2012; Osborne, Alfano & Winn, 2010).

System theory is a theory that explains how the individual is influenced by systems. The cause of the person's problem is not inside him or her, but in systems like the family, the neighborhood, the school class, the leisure activity group, or the street gang. Therefore, to help a person the efforts must be directed towards these systems. The most important sub-theories within the systemic tradition are cybernetics (Bateson, 1967), strategic system theory (Haley, 1997), structural system theory (Minuchin, 1974), ecological system theory (Bronfenbrenner, 1979), and postmodern system theory (Anderson, 1997). Each of these offers special concepts, explanations, and methods. Several residential care professionals apply system theories when trying to integrate a young person in the local school or in leisure time activities. These theories are also useful when the professional tries to better a young person's relationship to his or her family, or when a foster home placement is proposed.

Resilience theory offers an alternative to the wide-spread deficit-perspective in child welfare by focusing on why some young people overcome the impact of exposure to risk factors (Werner & Smith, 2001). According to the theory, protective factors in the young person or in his or her family and network may obstruct the fulfilment of pessimistic

predictions. There is a wide spectrum of factors that may prevent future problems, such as caring parents, dedicated teachers, exiting leisure time activities, self-efficacy, an easy-going temperament, a good friend, and educational achievements. Textbook presentations of protective factors can inspire professionals to identify, utilize and in some cases amplify such factors.

Concluding remarks

There are many factors that can influence a person's life. Together, the theories discussed in the previous section address a wide spectrum of issues in the lives of children and young people. Each theory sheds some light on a multifaceted reality and may be useful for residential care professionals. The presentation could have included additional theories, and more examples could have been added to each theory. However, the presentation is sufficient to demonstrate that by having insight into several theories, the professional can help more children and young people and is more capable of providing holistic support to each individual.

The multimodal programs prepared by some of the scholars in the evidence movement represented a small step towards eclecticism. However, there is a need for an eclecticism that is flexible and incorporates a much broader range of theories.

Recommending eclecticism does not imply an uncritical acceptance of any theory. Identifying erroneous theories, flaws within theories, or that the validity of a particular theory is less than hitherto believed, should be ongoing efforts in every professional field. Several of the theories described in the previous section have already been challenged. For instance, Piaget's theory has undergone revisions in response to criticism from other researchers (jf. Donaldson, 1978), there are debates about the validity of some elements in attachment theory (cf. Ijzendoorn & Bakermans-Kranenburg, 2012; Kagan, 1995), and Kohlbergian psychology has been criticized by various scholars (cf. Modgil & Modgil, 1986; Shweder, 1982; Tappan, 2006). Some of what we today consider knowledge can be discarded tomorrow. Professionals in residential care must be prepared for revisions of theories and refutations of theories. Furthermore, professionals must be prepared for the introduction of new theories in the years to come, and that some of these new theories could represent important advances. The proponents for the evidence movement were right when they emphasized the need for research. However, they were wrong when they envisioned child welfare as an empirical science in the traditional sense of natural science, that is a nomothetic science capable of providing universal laws.

Those who follow the professional debate in Norway will notice that support for the perspective put forward in this article remains limited. The evidence-based movement continues to dominate. Even though some of the optimism is gone, and the argument for it

has become more subdued, there is still a strong drive to standardize professional practices. Over and over new candidates for the ultimate approach are launched.

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Summary & Prospects

This publication has brought together eight national perspectives on children and young people with (complex) support needs, demonstrating that these thematic cannot be just understood through individual deficit explanations, clinical diagnoses, or behavioural labels. Across different welfare traditions, funding regimes, and political cultures, the analysed cases reveal a recurring pattern: complexity emerges not from the young people themselves, but from the cumulative interaction of fragmented systems, discontinuous care relations, and institutional logics that are structurally incapable of sustaining long-term responsibility. Whether in highly resourced systems such as Norway or in austerity-driven contexts such as Hungary or Poland, the challenge is not the absence of services, but the inability of existing infrastructures to coordinate, stabilise, and relationally accompany young people over time. A key shared insight of the contributions is that escalation is produced when child welfare, education, psychiatry, disability support, and youth justice operate as parallel systems that transfer cases rather than hold them. The publication also highlights the dominance of managerial, risk-oriented and medicalising discourses, which shift attention away from structural exclusion and toward the individual child as the “site of the problem.” In all eight countries, the young people concerned function as diagnostic mirrors of system limits: they illustrate the consequences of time-limited interventions, staff turnover, territorial disparities, and funding schemes that reward short-term crisis management rather than long-term stabilisation.

The analyses collected here therefore contribute not only to national reform debates, but also to an emerging European research agenda. The findings call for an expanded understanding of child and youth welfare as a relational, rights-based, and trans-sector field, rather than a residual or emergency-oriented system. Moving forward, the most urgent prospects include: (1) the development of integrated support ecologies that transcend institutional silos; (2) investment in professional continuity, interdisciplinary training, and trauma-informed practice; (3) the recognition of young people as co-authors of support trajectories rather than as passive recipients; and (4) the creation of comparative research infrastructures capable of documenting both systemic breakdown and successful long-term stabilisation pathways.

Future work must therefore move beyond crisis semantics toward structural redesign. If child and youth welfare is to remain a democratic promise rather than a selective safety net, it must learn from the cases in which it currently fails. Responding to complex needs as a systemic signal requires not more control, diagnosis, or displacement, but durable relationships, coordinated responsibility, and the political will to build welfare systems that can hold the lives they are mandated to protect.

CONTEMPORARY PERSPECTIVES ON CHILD AND YOUTH WELFARE FROM DIFFERENT EUROPEAN COUNTRIES

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