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## **SPECIAL ISSUE ON INCLUSION**

**BASED ON PAPERS PRESENTED AT THE FICE-INTERNATIONAL CONGRESS,  
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**Guest Editors:**

PROF. EMMANUEL GRUPPER (ISRAEL)  
PROF. JAMES P. ANGLIN (CANADA)  
DR. ANNA KATHARINA SCHMID (SWITZERLAND)

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## **International Journal of Child, Youth and Family Studies**

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## INTRODUCTION TO THE SPECIAL ISSUE ON INCLUSION

**Emmanuel Grupper,  
James P. Anglin, and Anna Katharina Schmid,**  
Guest Editors

This special issue of the *International Journal of Child, Youth and Family Studies* (IJCYFS) is dedicated to a most important and current subject – inclusion – as an answer of social educators and many other social agents to one of the most crucial social phenomena of our time: namely, social exclusion. We are witnessing around the world incidents of aggression and violence that are sometimes attributed to the effects of exclusion, either at an individual or more collective level. Our social and economic structures appear designed to exclude all too many from the benefits and fruits of society. The African concept of “Ubuntu” (“I am a person because of other persons”) seems very relevant here. How do we share spaces, resources, opportunities, and create a sense of belonging across our many differences and contexts?

*Inclusion* was the theme of a world congress of the International Federation of Educative Communities (FICE), held in Bern, Switzerland in October 2013. Most of the articles in this special issue are based on presentations made at that congress. We would like to thank all contributors for formalizing and revising their presentations with input from our editors for this special issue. Additionally, we would like to acknowledge the valuable contributions of Carol Kelly and Varda Mann-Feder to the review process. Finally, we are also most thankful to the co-editors of the IJCYFS, Drs. Sibylle Artz and Jennifer White, for inviting us to contribute this quite unique special issue related to the work and history of FICE International.

**Emmanuel Grupper, Ph.D.**

is Vice-President FICE-International, and Associate Professor at the School of Education and Social Studies at the Ono Academic College, 104 Zahal St., Kiryat Ono 5545173, Israel. Telephone: (972) 526426225.  
E-mail: emmanuel.g@ono.ac.il

**James P. Anglin, Ph.D.**

is Full Professor at the School of Child and Youth Care, University of Victoria,

PO Box 1700 STN CSC,  
Victoria, British Columbia, Canada, V8W 2Y2.  
E-mail: janglin@uvic.ca

**Anna Katharina Schmid, D. Phil.**

is board member of FICE Switzerland and lecturer at the School of Social Work, ZHAW Zurich University of Applied Sciences,  
Pfungstweidstrasse 96, P.O. Box 707, 8037 Zurich, Switzerland. Telephone (41) 58 934 88 6 1.  
E-mail: anna.schmid@zhaw.ch

**T**he articles gathered together here reflect the major shift nowadays in the way professionals tend to look on these processes of social exclusion and the responses to them. We are under no illusions about the current state of affairs. All such issues and proposed solutions are actively contested and debated, with little sense of unanimity on any dimensions. Thus, the articles in this issue offer important information and perspectives for us to consider as we advocate for the active inclusion of excluded and marginalized children, youth, families, and communities throughout the world.

In the past, we have tended to focus on the inner characteristics of people suffering from the effects of social exclusion, trying to find there reasons why certain indi-

viduals and groups have not successfully integrating into society. Today, we tend to focus much more on the larger social context that has brought about tragic situations of people suffering social exclusion. In Israel, for example, this shift is reflected in a change of terminology. In the past, we referred to “weak populations” while nowadays the term used is “**weakened** populations”. The difference is very significant. The new terminology is shifting the focus to social circumstances that have caused the “weakening” of these individuals and groups, that have excluded them from the mainstream of society.

The selection of articles in this special issue reflects this more sociological understanding and perspective, and the attitude of professionals that focuses more on

changing social structures (such as classrooms, living arrangements, social services, and societal responses) and empowering children, young people, families, and communities suffering from social exclusion, helping them succeed through social inclusion processes.

The first article is an overview of the history of FICE-International, and especially of its evolution and growth in more recent years. FICE was formed in response to the devastating effects of the Second World War on young people in Europe, but it has developed into a more truly international organization that now links individuals and organizations on most continents of the world. David Lane, an Honorary Life President of FICE, has made many significant contributions to FICE over his long involvement, including supporting a variety of FICE publications. We are pleased and honored that he has contributed this perspective on the nature, history, and strengths of this unique organization.

David Lane's overview provides some context for readers new to this international organization, the only one that focuses primarily on the out-of-home care of young people, broadly defined to include all forms of residential and foster care. As Lane notes, FICE has continued to respond to the needs of young people affected by conflicts in many parts of the world, and including more recently young people affected by the devastating impact of HIV/AIDS in Africa. This unique gathering of individuals and national groups continues to expand into new countries and continents, and its networking of expertise, information, and mutual support is likely to gain even more influence as more countries in the "majority world" discover the important contributions to be made by professional social educators/social pedagogues/child and youth care practitioners.

The second article, by Arthur Limbach-Reich of Luxembourg, reviews the evidence on educational inclusion of students with disabilities, differentiating ideology from evidence. Dealing with various aspects of the inclusion concept, with special focus on its relevance to education, the analysis shows a lack of coherence in defining inclusion. Ethical principles and scientific considerations about inclusion are often mixed. The concept of inclusion gave rise to the hope that exclusion would be overcome and everyone would be able to enjoy full participation in mainstream education and society. The article is not intending to be a pledge against inclusion, but rather a warning to be aware of the myths, pitfalls, and tensions involved in its implementation. The inflationary use of "inclusion" in recent discourse and the devaluing of "integration" in favor of inclusion are more likely to be a result of popular trends than of substantial changes in scientific analysis or educational practice.

The structural functionalist approach indicates that inclusion is a dynamic developmental process of incorporating groups or individuals into a given social system. Limbach-Reich elaborates on Luhmann's functional system theory and especially his conclusion: "Neither can one simply assume that exclusion is bad and inclusion good nor is exclusion per se the problem and inclusion the solution". Special focus is given to the notion of inclusion in education, addressing the Luxembourg Charter (1996). Inclusion underpins a comprehensive school approach and encourages global efforts to enhance the participation of vulnerable groups in education. A discussion is presented about the use of the term inclusion in non-English speaking areas such as French and German speaking communities. Some data are presented about attempts to evaluate the success of inclusive processes. The studies do not give a clear-cut picture. They could be summarized by stating that inclusion works but not for all, not at all times, and not in all settings.

The third article by Jennifer Davidson presents a challenging question: What has changed in the last ten years in the situation of children's and young people's rights? The author does not give a direct answer; however, she elaborates how important changes at the international policy level, namely the 2009 United Nations Guidelines for the Alternative Care of Children, have the potential to engender lasting effects on the most vulnerable children and young people placed in out-of-home care facilities. As one of the leaders of the "Moving Forward" project, aimed at enhancing the implementation of these guidelines, Davidson presents an informed and broad perspective on this topic.

The underlying assumption of her article is that proper implementation of these guidelines should enhance social inclusion processes for young people who need alternative care. This is closely related to the de-institutionalization movement that considers every institutional placement as negative. Some proponents even go further and claim that institutional care is a kind of exclusion by itself. On the other hand, the guidelines acknowledge that family-based settings, and good quality residential care facilities, could respond optimally to children's needs and, in particular, to their desire of being socially included. The U.N. Guidelines remind us that children need stability for their healthy development; so frequent changes in care settings must be avoided. For stability to be achieved, the range of options must first be available, then thoroughly assessed against the child's needs, and reviewed as the placement progresses.

The fourth article, written by a multicultural group of experts from Germany and Canada – Wassilis Kassis,

Sibylle Artz, Stephanie Moldenhauer, Istvan Geczey, and Katherine Rossiter – deals with aggressive behaviors of children and young people in a comparative study between several countries. This cross-sectional study on family violence and resilience was done with a large sample of 5,149 middle school students from four European countries (Austria, Germany, Slovenia, and Spain); 34% (1,644 students) reported that they had experienced violence in their families, with 23% reporting physical abuse by parents, and 17% reporting that they had witnessed physical spousal abuse. The basic assumption of the authors is that environmental exposure of children to violence in the family home has long-term consequences. Therefore, the study of resilience among children who were raised in violent families is of great importance. The study proposes a new theoretical framework for resilience, namely, resilience as a non-dichotomous concept. Kassis and colleagues suggest that resilience should be categorized in terms of levels, based on differences in the severity of violence that individuals have been exposed to. The three levels of resilience proposed are: “resilient”, “near-resilient”, and “non-resilient”. The authors also expand their definition of resilience to include the absence of problem behaviors in adolescents who have been exposed to violence in their families. The ultimate conclusion of the authors is that the level of family violence burden and accumulation of risk factors are central to resilience status and should therefore be the prime target for prevention and intervention planning. The finding that children who had been exposed to domestic violence are at risk of being violent themselves might, in turn, contribute to their exclusion from mainstream society. Therefore, their resilience status becomes a crucial element in their opportunities for inclusion.

The next series of articles describe ways social care agencies in different countries are using their resources to help young marginalized youth cope successfully with the challenges of inclusion.

The article by Isa Guara and Dayse Bernardi outlines important recent developments in FICE-International’s newest national section, FICE-Brazil. The government and non-governmental organizations in Brazil have been dramatically re-fashioning the legislative and policy context for out-of-home services for children and adolescents in that country, and NECA (Nucleo de Estudos da Crianca e do Adolescente – Center for the Study of Children and Adolescents) has been playing a key role in linking policy and practice in service of the rights of children and their best interests. Guara and Bernardi outline the complex changes underway, focusing especially on new social and familial integration policies, procedures, and practices.

Among the major violations of the rights of children and adolescents who are in a vulnerable situation in Brazil are the fragility of the support and security on the part of family and community and the low education level of children and adolescents, which is detrimental to their future social and economic inclusion and negatively impacts their emotional and social development. Many children and adolescents still live in environments in which they are subjected to different forms of domestic and sexual violence and are in a state of material and emotional abandonment. Many are on the streets.

Social and familial inclusion has become the heart of the social welfare and protection system in Brazil. All efforts and legal measures seek to strengthen biological families in regaining their protective capacity so they can take back the children who have moved away from their space of affection and protection. The challenge now is to develop new education and training programs to prepare social educators and agencies to more effectively align with the espoused principles of children’s rights and well-being.

An article written by a group of experts from Switzerland, Clara Bombach, Renate Stohler, and Hans Wydler, deals with Farming Families as Foster Families. They present the findings of an exploratory study on “Care Farming” in Switzerland. Care farming in Europe is heterogeneous and many aspects have not yet been researched. In Switzerland, the first studies examining the practice of placing children and adolescents with farming families, which originated in the 19th century, were published only a few years ago. The quality of family placement organizations (FPO) has been a matter of concern for some time now, as there are no national quality standards.

Introduced by an overview of care farming in Europe and Swiss foster care, the results of a study are presented on the context and importance of care farming and the attitudes and working methods of child and adult protection authorities and FPOs. The child’s well-being and fit with the foster families is considered important for placement but explicit indications for an agricultural setting were not considered. Interest on the part of farming families is considerable but only some are considered suitable by the FPOs. The skills required of foster families were not assessed as qualitatively better or more frequently present in agricultural settings than in others, and a possible lack of supplementary services and sources of danger in rural areas, amongst other factors, were mentioned. The authors make the argument that more research on foster care and care farming in Switzerland is needed to ensure its quality, including systematic analyses of experience-based knowledge and the perspectives of the children and adolescents concerned.

Andrea Rác contributes a discussion of social exclusion in Hungary from a child protection perspective. Poverty, number of children, educational attainment, limited access to quality educational opportunities, ethnicity, stress-related psychosomatic symptoms, and a lack of positive social relations on the part of children seem to be interrelated, with the education system further increasing social differences. Of all children, 10% are considered at risk and not quite 1% are in long-term care (60% foster care, 40% residential care homes). Aftercare is provided for young adults raised within the protection system, including counselling services up to age 30. Those leaving foster care show higher educational attainment and thus better chances for employment than those from residential care. Integration is hampered in both cases as ties with the family of origin often have not been maintained. Many of those in institutional care show symptoms of anxiety; 30% of those in residential care and 10% of those in foster care having considered suicide. Of all care leavers, 40% are unemployed.

The author emphasizes that more research is needed, as professionals find themselves without methods for preparing children for an independent life that would make their inclusion possible. She recommends improved support for families and a modernization of residential institutions to be more therapeutic and effective regarding education, citing necessary competencies for professionals and relevant topics for training curricula. She strongly advocates protagonism, describing the Children's Home Children's Parliament run by FICE since 2011, and concludes with a call for reducing poverty, eradicating extreme forms of child exclusion, and fundamentally changing services which today still contribute to poverty and reproduce exclusion.

The contribution of Susanna Hoikkala and Martti Kemppainen focuses on the phenomenon of running away from children's residential care in the Finnish context. The article begins by contextualizing the children's residential care system in Finland and the study carried out. The second part focuses on empirical findings and the final section discusses the implications and offers concluding remarks. Reasons for out-of-home placements are manifold. They are quite often related to the problems of coping in everyday life, parenting skills, and parents' substance abuse and/or mental health problems. On the other hand, some issues can be related to the child's own behaviour and/or psychological well-being, such as self-endangering behavior by substance abuse. A child may have difficulties at school and/or problems with friendships. In some cases, a child's absconding from a familial home is the main reason for a placement. In such cases children have a history of multiple run-aways before entering alternative care.

In the Finnish welfare system, residential care is understood as a last-resort form of alternative care and its aim is to secure children's well-being, development, and safety. The authors emphasize the need to implement more inclusive and consistent practices as well as more explicit cooperation between authorities. The importance of children's peer relations also needs to be taken more seriously within residential care services. These findings are discussed bearing in mind the following critical question: What is the point of child welfare if it fails to serve children and safeguard their well-being and health during the out-of-home placement?

The concluding article, written by Renate Stohler and Milena Gehrig, focuses on young adults who do not have stable accommodation or a daily structure, and whose transition to a self-sustained, socially integrated adulthood is at risk. Framed by a literature review on education, employment, and housing, they present an evaluation study of one out of just a few institutions of its kind in Switzerland: a home for young adults without stable accommodation, who can neither live with their family nor independently and do not want to live in residential care or in a foster family. They find that most of its residents have unstable biographies with regard to housing and education, as well as a history of psychological problems and substance abuse. The programme is successful for those who have a daily structure and are independent and willing to change their situation, but fails those who do not strive to change their situation, suffer from psychological problems or drug addiction, have never worked before, have hardly any social network, or have repeatedly dropped out of other programmes.

The authors recommend a combined approach of independent living and integration in the labor market, individualized programme duration, the strengthening of self-competence and social networks and inter-institutional cooperation in the areas of education, employment, and social assistance. This article raises the fundamental issue of matching services, even to those who may resort to strategies that do not agree with the rules of the institution, thus stimulating thinking about what constitutes services that are truly accessible and inclusive.

In conclusion, the editors believe the diverse set of articles in this special issue has much to offer to those interested in expanding their appreciation of the notions, processes, opportunities, and challenges of inclusion within an international and historical perspective. Overcoming exclusionary policies and practices and implementing inclusive programmes is of critical importance to today's children, youth, families, and communities. It is also vital to creating a future characterized by equity and social justice for all.

# INTRODUCING FICE (FÉDÉRATION INTERNATIONALE DES COMMUNAUTÉS EDUCATIVES)

**David C. Lane**  
In collaboration with  
Dashenka Krалеva

**David C. Lane**  
is Honorary Life President, FICE-  
International, Wakefield, United Kingdom.  
E-mail: dcl@DavidLane.org

With some updates by **Dashenka Krалеva**,  
Actual President of FICE-International,  
Sofia, Bulgaria  
E-mail: office@fice-bulgaria.org

## **What is FICE?**

The development of FICE provides a fascinating window on the way that politics, economics, and social conditions have changed over the 70 years since the end of the Second World War. In a brief Foreword it is only possible to describe trends and give selective examples, and no offence is intended to National Sections, Presidents, and other FICE officers who are not mentioned by name. For a full history of FICE see *Children, Families and Care: reflections on the first sixty years of FICE* by Robert Shaw (Shaw, 2008).

When FICE was founded, many countries had suffered major devastation, and, as always, children and young people were some of the main casualties of the conflict, through personal injury, loss of family members, or the trauma of their experiences. Millions were displaced, orphaned, or separated from their families, and all sorts of systems, including children's villages, were set up to cope with the large numbers of needy, often disturbed, children. How were the professionals who had to care for these children to cope with their problems? One way was to share thinking and provide support through international links, and this led to the founding in 1948 of FICE.

For those who do not know of FICE (usually pronounced *fee-say*), it is an international professional association for those who work with children, young people, and their families. At its foundation the letters stood for the *Fédération Internationale des Communautés d'Enfants* (in French), but by 1982 this description was inadequate for the range of services provided by members, and the name was changed to *Fédération Internationale des Communautés Educatives* (in English *International Federation of Educative Communities*), broadening the remit but carefully preserving the initials.

FICE's sister organisation, AIEJI, (now referred to as the International Association of Social Educators) was formally created in 1951 in the French sector of Western Germany, to focus on social education/pedagogy. FICE's focus has been primarily on extra-familial care – the ways that children and young people are looked after when their own families can no longer care for them. It has therefore at times been viewed as an organization focusing on residential child care, but its remit has always been broader, and it has always been flexible in accepting new ideas while at the same time continuing to champion quality residential care for children.

## **Changing challenges**

The Second World War may now seem a long time ago, but throughout the years since its end, new challenges have continually come forward for people working with children and young people, and FICE has continually helped its members to find ways of creating innovations and combating problems.

Throughout FICE's early years the Cold War dominated European politics. Despite this, representatives from many Eastern European countries continued to at-

tend FICE events, with the child care professionals often accompanied by their political minders. Despite the strictures, a dialogue was maintained, and in 1987 FICE was awarded the title of Peace Messenger by the United Nations in recognition of the hard work put in by delegates from both sides of the Iron Curtain.

In the 1990s conflict in the former Yugoslavia caused major disruption and loss of life. In the aftermath, FICE again took up its role of Peace Messenger, organising camps for young people from the new countries to come together, learn about each other, and make friends, hopefully helping to overcome the bitterness and tensions caused by the fighting.

More recently there have been problems such as the growth of substance abuse, child trafficking, greater awareness of the sexual abuse of children, refugee children, unaccompanied minors, and the challenges posed by the Internet.

#### ***How FICE works***

FICE was originally set up under the auspices of the United Nations Educational, Scientific and Cultural Organisation (UNESCO), which provided the initial funding for the organisation. However, no long-term funds were made available after the criteria for funding had been tightened at the Third UNESCO Conference in Beirut in 1948. Among the criteria for receiving funding was the existence of National Sections. These were created through the Statutes adopted at the 1950 FICE Congress in Lyons.

FICE was the victim of both opposition and misunderstanding and, though it received some grants from UNESCO, it did not gain regular funding until FICE was given consultative status in 1954. UNESCO provided modest core funding for 30 years, but following the withdrawal from UNESCO of the United States in 1984 and the United Kingdom in 1985 resources were targeted on developing countries and FICE lost its grant. Until 1998 the Pestalozzi Foundation provided a secretariat and some funding but this was tapered off. FICE International was also able to obtain some funding for special projects from the European Union but has often had to rely on personal donations, grants, membership fees, congresses, and projects.

The prime movers when FICE held its first conference at Trogen in Switzerland were Elizabeth Rotten and Bernard Drzewieski. For many years, FICE's President was René de Cooman and French was the dominant language. In 1970 the statutes were changed to limit the term of office of the President to three terms of two years

each and Louis François, who had first come into contact with the founders of FICE as a School Inspector and had remained in close touch with the organisation, became President.

For the last quarter of the 20th century, German-speaking countries took a stronger role with Professor Tuggener from Switzerland as President and the Pestalozzi Foundation funded Franz Züsli as General Secretary. When Thomas Mächler took over the Pestalozzi role, he became FICE Secretary General, working with Dr. Steen Lassen of Denmark and Robert Soisson of Luxembourg as successive Presidents. These were the first Presidents whose mother tongue was not one of the three FICE languages. Dr. Steen Lassen, supported first by Franz Züsli and then by Thomas Mächler, embarked on a programme of encouraging lapsed members to rejoin, encouraging eastern European countries to continue or join after the fall of the Berlin Wall, and seeking new members in, for example, Japan and South Africa to join. The latter initiative ultimately led to the first FICE Congress in any African country.

Robert Soisson, while continuing in Dr. Steen Lassen's footsteps, put more emphasis on updating the constitution and strengthening contacts with European and International organisations including the European Union and UNICEF.

The Dutch took the lead at the start of the 21st century when Theo Binnendijk was President and the office was in Amsterdam. Under Monika Niederle's Presidency the administrative base shifted to Austria, with Andrew Hosie of Scotland as Secretary General. He has been succeeded by Bettina Terp of Austria. Currently, the administrative office and the President, Dashenka (Dasha) Kraveva, are from Bulgaria, based in Sofia.

In recent decades, the Presidents and Secretaries General have been supported by successive Treasurers, Richard Joubert of France and Rolf Widmer of Switzerland, and by a number of Vice-Presidents, who have often taken on specific responsibilities, such as Anton Tobé of the Netherlands, who supported new National Sections in South-Eastern Europe, Martti Kemppainen of Finland, who worked with Russia and the Baltic states, and Søren Hegstrup of Denmark and Dr. Emmanuel Grupper of Israel, who have edited publications such as this special issue of the IJCYFS.

In 2007 for the first time in the history of FICE, a woman - Monika Niederle from Austria - took over the presidency of the organization. The secretary general in next three years was the late Andrew Hosie from Scotland. This period in

the history of the organization is known for the realization of an important project “Quality for children - Standards for out-of-home child care in Europe”. This was done in cooperation with the International Foster Care Organization (IFCO) and SOS Children’s Villages International. These standards were implemented in more than 30 countries.

In Stellenbosch, South Africa, before the 31<sup>st</sup> Congress of FICE International, a new period in the development of FICE International began. It follows the rules of contemporary management: the new elected president Dashenka Kraleva from Bulgaria together with the secretary general Bettina Terp from Austria, Emmanuel Grupper as a vice-president and chairperson of the Editorial Board and Rolf Widmer as treasurer, developed a Strategy for further development of the organization, based on the strategical document “Millenium Development Goals” of the United Nations. In next two terms each of the Yearly plans for action was developed in harmony with the Strategy, covering the period until 2020. The main topic of all events organized by FICE in that period was **Inclusion** and all the members concentrated their activities each one in his own country towards this topic.

The strength of FICE over the years has lain in the National Sections who comprise the Federal Council. Most of these are from Europe and, over the years, almost every country in Europe has been represented, though the strongest National Sections providing the most consistent support until 2010 have been those of Austria, Denmark, France, Germany, the Netherlands, and Switzerland. In the next period Bulgaria, Spain, Romania and Serbia found new strength and energy to realize new projects and initiatives. Other countries outside Europe have also played significant roles, such as Canada, Israel, South Africa, Kenya and the United States, but attempts to expand further across the world have had limited success.

From the start FICE has worked in three official languages – English, French, and German – and meetings and congresses were interpreted. Depending upon the dominant group at the time, these languages took their turns as the main medium, but increasingly in recent years, English has become the standard language, reflecting changes in other aspects of international communication. FICE has been fortunate in having long-serving interpreters, Helga Stefanov and Christine Karner, who have become well acquainted with the terminology and concepts used in the care of children and young people, and have provided continuity by staying with the organisation longer than any of the serving officers.

The National Sections that make up FICE have, of course, been varied, reflecting the sizes, cultures, and economies

of their respective countries. Luxembourg, for example, is very small but comparatively wealthy, and it has always had an active organisation, known as ANCE. Germany has perhaps had the most consistently influential and one of the best-organised association. By contrast, a number of individual Americans and Canadians such as Carol Kelly and Jim Anglin have played significant roles in FICE internationally, but their respective political systems of states and provinces has made it difficult to set up a North American network. In some countries, individuals have attended to maintain contact with the international scene; in others, professional associations have acted as the FICE National Section while some government agencies or “quangos” (quasi-governmental societies) have fulfilled the role. In the earlier years special arrangements were often made to fund the attendance of delegates from Eastern Europe, and this remains a problem for those who wish to participate from weak currency countries. In the last 10 years the countries from Eastern Europe, supported financially by stronger National sections who served as mentors, were not only able to participate in all the events of FICE International, but played a leading part in the unveiling of the partnering project activities among the member states. An important step in the expansion of the organization was the admission of Hong Kong as a member, which gave FICE the ability to gain more influence in Asia, new contacts with Australia and Japan and important developments in the African regional platform where new national sections were created especially in Kenya and later in Ethiopia.

Since 2014, in response to the modern time, there were growing demands on behalf of organizations in the field of social educational work, who were seeking for more flexible models to become members in FICE International without having to form a National section. Therefore, the Statutes of the organization was amended and new possibilities of membership were added also to organizations. Now, except for becoming a National section, organizations can become Individual members of FICE.

These examples are only given to show the diversity of membership, and the structure of FICE has had to accommodate these differences. It is encouraging that at any one time there have been perhaps 30 or 40 countries in which FICE has been active. As in any organisation, FICE has had its highs and lows. On occasion it has seemed as if it would break up or come to an end, but individuals and associations have always come forward to renew its programmes of activities, maintaining the same aims and values, thus demonstrating that FICE is fulfilling a real ongoing need.

#### ***FICE’s strengths***

FICE has never been a rich organisation, perhaps reflecting the status of the professions involved (mainly social

work and child and youth care/social pedagogy) and services for children. While some National Sections have made major financial contributions to events and projects, FICE has essentially relied upon a massive amount of voluntary support, with members giving of their time and personal resources to participate. Why should they do this? Because of FICE's strengths; here are seven:

- Travelling to congresses and Federal Council meetings in other countries, members have come across new ideas, which they have been able to translate into their own countries, perhaps adapted to changing circumstances. The latest plan is to introduce the South African model of ISIBINDI safe play parks into Syria for the thousands of traumatised displaced children there.
- Sometimes, it may not be a matter of picking up new ideas, but of realising that professionals in other countries do things differently, with different ranges of concepts. It is only recently, for example, that social education/pedagogy has been introduced into the United Kingdom, and U.K. delegates for many years found social pedagogical thinking a stimulus and challenge.
- FICE has organised international congresses since its inception. There have been 32 major congresses, as well as numerous expert seminars, such as the series run by the Alps-Rhine Group in the 1990s. Attended by several hundred delegates, these congresses have provided major opportunities to network and meet people (sometimes from one's own country!).
- FICE has published a large number of books over the years, in various languages. The main official publications have appeared in English, French, and German, but the National Sections have of course put out their journals and books in their national languages. For many years in the 1990s, FICE also published a Bulletin, mainly edited first by Meir Gottesman from Israel and later by Robert Soisson from Luxembourg. FICE currently has an Editorial Board, and this publication is part of a long tradition of sharing good professional thinking and best practices. Since 2010 international news and news about the national sections, related to the professional work with children at risk, were shared actively on the website of the organization as well as in the Facebook group.
- FICE has provided the opportunity for people to come together in partnerships and set up projects of all sorts – visits to each others' countries, placements for students, work in areas of great need such as Romania after the fall of the Ceausescu, exchange trips for children and young people, or working parties on issues such as the

drafting of the Malmö Declaration in 1986, The Neurim Declaration on Training Child Care Workers in 1991, the approval of an International Code of Ethics for child and youth care workers in 1997, the Statement on the situation in Syria (2013), the Statement Against Violence (Barcelona, 2014) or the Statement regarding support of Unaccompanied Refugee Minors (2015). Some projects have been initiated by the Federal Council, but most have been devised by partnerships between National Sections, sometimes as equals and sometimes with one better resourced National Section helping another. There are too many examples to list here, and I apologise if I have failed to mention one that a reader considers an important historical milestone.

- Last but not least, meeting other delegates twice a year at the Federal Council meetings over the decades has provided the opportunity to develop not only working partnerships between colleagues but also friendships. This is important not only because of the personal enjoyment of meeting acquaintances time and again, but also because of the trust it engenders between individuals and countries. Those of us who were present when Meir Gottesman, an outstanding long-term Israeli delegate, retired will not forget his gracious speech in which he mentioned how he valued his friendship with Gerhard Haag, the distinguished German representative, despite having lost many of his family in the extermination camps. Such friendship is invaluable in helping the human spirit overcome the horrors of history and build towards international peace.

Since 2010 every Federal Council is accompanied by a conference on important topics such as: work with children in out-of-home care, work with asylum seeking and refugee children, careleavers, etc. These conference and the discussions at the Working Groups of FICE International (Social Inclusion, Careleavers, Sexual Abuse in Residential Care Institutions, Unaccompanied Minors, Quality Standards and Mapping, Expansion and Accessibility of FICE International, Preparation of the Next Congress), have made the professional life of the organization more interesting and deeply meaningful.

### **In Conclusion**

By comparison with many other international bodies, FICE is modest in size and financial resources, but its impact over the last seven decades has been considerable, and its influence has been visible in many countries. The U.N. title of Peace Messenger was well earned, and today's FICE is continuing on the same track.

FICE is still developing, maintaining its original vision and purpose, trying to extend its network and create new contacts. In the last two years, FICE National Sections have been created in Kenya and Ethiopia, and eventually a regional African FICE platform will be the next step, together with South Africa. In Latin America, a National Section has been created in Brazil. In Europe the Ukraine National Section was recently created. In Australia a new member has joined, extending the FICE network to this part of the globe. Contact has also been established with Japanese professionals involved with residential care with a view to creating a Japanese FICE National Section in the near future.

This publication is yet another useful addition to the many books and bulletins which FICE has published over the years, and it demonstrates that FICE is still moving forward, with new creative ideas to improve the quality of services for children and young people.

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## REVIEWING THE EVIDENCE ON EDUCATIONAL INCLUSION OF STUDENTS WITH DISABILITIES: DIFFERENTIATING IDEOLOGY FROM EVIDENCE

Arthur Limbach-Reich

**Abstract:** This article draws on a review of literature on inclusion taking into account the different origins of the concept and shedding light on standpoints from some non-English-speaking countries. The analysis shows a lack of coherence in defining inclusion. Ethical principles and scientific considerations about inclusion are often mixed. Finally it is often disregarded that, if the concept of inclusion is subsequently re-thought, this implies a crucial change in education policy. Contrary to the expectations of the experts in inclusion, there is only little reference to empirical research that confirms the expected positive effects of inclusion. This article is based on an oral presentation given at the FICE Congress, “Ways Toward Inclusion – A Challenge for All of Us!”, held at Berne, Switzerland, October 8 to 12, 2013.

**Keywords:** education policy, evidence-based, heterogeneity, inclusion, integration

**Arthur Limbach-Reich, Ph.D.,**  
Institute for Research and Innovation in Social Work,  
Social Pedagogy and Social Welfare (IRISS), Research  
Unit INSIDE, and Associate Professor in Educational  
Science and Psychology at the University of

Luxembourg Campus Walferdange, Route de Diekirch  
BP 2,  
L-7220 Walferdange.  
Telephone (352) 46 66 44 9225.  
E-mail: arthur.limbach@uni.lu

**T**he United Nations Convention on the Rights of Persons with Disabilities (CRPD, 2006) led to inclusion becoming a highly debated topic of research and field of discussion all over the world, in particular in relation to the education of children and young people. The concept of inclusion gave rise to the hope that exclusion would be overcome and everyone would be able to enjoy full participation in mainstream education and society. The objectives of inclusive education and education for all infuse modern education policy. Considering the euphoric state of expectancy, it is important to look at the inherent tensions in the implementation of inclusion that emerge from elements of ambiguity: definitions of inclusion within the field of disability often lack semantic clarity and ignore prior scientific conceptualisations. Embedding inclusion in a human rights approach based on empirical evidence may be misleading. The notion of inclusion is doomed to failure if it does not recognise necessary changes in educational and social systems. To achieve sustainable and successful inclusion, these tensions have to be analysed and adaptations found. It should be understood that this is not a pledge against inclusion, but rather a serious reminder to pay attention to the myths, pitfalls, and tensions involved in its implementation. The CRPD states that, “States Parties shall ensure an inclusive education system at all levels and lifelong learning” (CRPD, 2006, p. 16). This raises the question of how to determine “inclusive” and what an “inclusive education system” actually is, or should be.

### ***Inclusion: Conceptual opacity***

Some authors are concerned that inclusion is in danger of degenerating into an empty buzzword. The discourse about inclusion has taken an ominous turn, creating a myth of inclusion that does not enlighten but rather camouflages the reality of students with disabilities. The inflationary use of “inclusion”, the re-labelling of existing approaches as inclusive ones, and the devaluing of “integration” in favour of inclusion are more likely to be a result of popular trends than of substantial changes in scientific analysis or educational practice. Inclusion seems to be a multifaceted term, or a buzzword with widely varying ideas and concepts behind it, remaining nebulous and vague (Aefsky, 1995; Ahrbeck, 2011; Dunne, 2008; Ebersold, 2009; Feuser, 2013; Gillig, 2006; Hinz, 2002; Lindsay, 2003; Michailakis & Reich, 2009; Reiser, 2003; Sander, 2002; Sierk, 2013; Weber, 2004; Wocken, 2009). Summarising the recent use of the term “inclusion”, doubts arise in relation to a clear and sound comprehension and common basis regarding its meanings (Bernhard, 2012).

***Etymology of the terms “inclusion” and “integration”***

To reduce opacity and achieve more clarity about the concepts, it is worth taking a look at the etymological roots of the basic terms. “Integration” stems from the Latin “*integer*”, meaning “untouched”, “unscathed”, and in a wider sense, “honest”. “Integration” depicts a process, dealing with the recovery of intact, healthy conditions. The word “inclusion” can also be traced to Latin: “*includere*” (*includo*) originally meant “being within”, but also “imprisonment”, or “to be incarcerated”. This is almost the opposite of its contemporary meaning. Van der Locht (2008) demonstrates the use of inclusion in this sense by noting that in the Middle Ages the term referred to people voluntarily shutting themselves away in abbeys and excluding themselves from the world. With reference to this historical fact, Van der Locht (2008) questions the positive meaning of inclusion today. In any event, both terms have now become an integral part of international discourse (Markowitz, 2007; Plaisance, 2010) and both are based on a historical and cultural meaning different from contemporary use.

***The neglected sociological viewpoints***

The starting point for the development of “inclusion” as a scientific term, however, lay in sociology. Talcott Parsons’ (1951) structural functionalist approach indicates that inclusion is a process inherent in modern societies. In reference to theoretical work by Durkheim, Marshall, Pareto, Weber, and others, he considers inclusion to be the dynamic developmental process of incorporating groups or individuals into a given social system. Driven by an evolutionary tendency towards ever-improving adjustment and growth, social systems tend to include formerly marginalised individuals or groups, provided they have developed skills that contribute to the functioning of the system. “Upgrading processes may require the inclusion in a status of full membership in the relevant general community system of previously excluded groups which have developed legitimate capacities to ‘contribute’ to the functioning of the system” (Parsons, 1966, p. 22). Here, inclusion refers to the historical assignment of basic civil rights to more and more sections of the population (“*Full citizenship for negro Americans*”, Parsons, 1965), irrespective of race, gender, or ethnicity. Within his model, Parsons did not embrace the question of disability or handicap. Herbert Striebeck (2001, p. 85) concluded his analysis of disability within the approach of Parsons: “It is evident that Parsons faces a lot of problems in finding a place for disabled persons in his functionalist model. In particular, deviant behaviour is basically an unwanted incident. ... actually, disabled or deviant persons do not fulfil any function in sustaining the system.” (translation by the author).

***Luhmann’s theory of society and inclusion***

In line with the sociological conceptualisation of inclusion, Luhmann embraced a distinct theory of society and functional differentiation. Following Luhmann, contemporary societies are structured by functional subsystems that fulfil particular roles in society. Recently, Schirmer and Michailakis (2013) have portrayed an exhaustive discussion of the Luhmannian approach, so I will limit myself here to the core assumptions about inclusion. In Luhmannian terminology, exclusion and inclusion are not normative concepts per se, with exclusion always bad and inclusion always good. A value judgement on inclusion or exclusion strongly depends on the functional subsystem and its performance role. Being included in a functional subsystem such as the economy, education, law, science, etc., means being recognised as a communicative address, that is, a bearer of a role in this functional system.

Such systems have their own operative codes (payment versus no payment in the economy, grades versus no grades in education, lawful versus not lawful in justice, true versus false in science, etc.). Subsystems follow their own particular routines regarding decision procedures on membership, based on specific behavioural expectations or capabilities. Inclusion, according to Luhmann, does not apply to the individual as a whole person. Nobody is fully included as a person, but rather inclusion refers to those parts of his or her psychic system considered relevant to the system. Following the Luhmannian theory of inclusion, a student is included in the educational subsystem in regard to his or her academic capacity, learning behaviour, and progress in passing exams. To stay in (inclusion) or to drop out (exclusion) of the educational subsystem depends first and foremost on school-related performances seen as essential in maths, language, and other relevant subjects. Disability (lack of academic capacity) may consequently lead to exclusion. Exclusion from one system accompanies inclusion in another. Being included in the functional subsystem of the economy implies being excluded from the educational system by passing compulsory school age. Prisoners are included in the legal system (as a detainee) and excluded from the political system (on the electoral roll). Exclusion from the mainstream educational system (regular schools) may result in inclusion in special educational needs schools.

***Sociological versus educational viewpoints***

Inclusion in the educational system does not determine participation in mainstream schools or in special educational units (see the broad sense of inclusion in the World Health Organisation’s *World Report on Disability*, 2011). Moreover, inclusion in Luhmann’s terms has no direct link to non-discrimination, equality, or full and equal enjoyment of all human rights. Despite being included

in the educational system, only those students with high grades (versus low grades) are given the opportunity to begin higher education. Schirmer and Michailakis (2013) conclude their consideration of the Lumannian approach: “Neither can one simply assume that exclusion is bad and inclusion good nor is exclusion per se the problem and inclusion the solution” (p. 17). Most destructive to inclusion terminology in education is the societal function that emerges from Luhmann’s system theory: the societal function of the educational system is to allocate and select students as human resources for further education and to provide highly employable persons for the labour market. Inclusion may help some students with disabilities by offering them reasonable accommodation in the hope that they will then fulfil the needed performance indicators and achieve good grades. On the other hand, an inclusive educational system that merely recognises individual developmental reports and abolishes all grades and common educational standards is in danger of being downgraded, with subsequent institutions inventing new selection criteria or procedures according to their own interests and objectives.

Summarising the sociological understanding of inclusion, it becomes obvious that the conception according to Parsons and Luhmann is far removed from the notion of inclusion in education or inclusive education. Disability is only mentioned briefly, but in general does not really matter. Both Parsons’ and Luhmann’s approaches do not support the idea of educative inclusion or education for all in the sense of the pedagogical view of inclusion. Apparently there is only little exchange of ideas between sociology and educational sciences (Weber, 2009, p. 4; Dammer, 2012, p. 365). The sociological perspective depicts inclusion as being dependent on societal factors, which are challenged by implementing inclusive education. “Social inclusion” (2002) and “active inclusion” (2008) concepts developed by the European Union in accordance with neo-liberal economic policy stress first and foremost the individual adaptations demanded within the labour market (Euzeby, 2010). The individual has to be more “flexible” and “employable” in order to be included. The ultimate purpose of programmes on inclusion for disadvantaged or disabled persons is to turn them from tax user to tax payer.

The EU strategy between 2010 and 2020 for people with disabilities highlights the elimination of legal and organisational barriers that exist for people with disabilities and proposes timely support and special screening for the early identification of special needs. But behind the proposed adaptations lies the expectation that afterwards the person with disabilities will be able to sell his or her capacity to work in the same way as a non-disabled

worker. Thus unfair conditions, enduring discrimination, persisting unemployment, and exclusion from the mainstream labour market will fall almost exclusively under the responsibility of the individual.

### ***Inclusion enters education***

Within recent international discourse, inclusion is understood solely in the sense of acceptance, participation, and integration. The issue of educational inclusion can first be identified in the work of Comenius (1592-1670). In his *DIDACTICA MAGNA* (Great Didactic), he demanded that everything should be taught in-depth to everyone (*omnes omnia omnino*). In contemporary language, his approach implies inclusive and integrative thoughts. Zimpel (2008) demonstrates how this command became diluted over time, with “everyone” coming to mean “every normal or standard student”, “everything” becoming “socially useful matter” and “teaching” meaning any form of instructing or reinforcement. Feuser (1999, 2002) returns to Comenius’ postulate and relates it to the domain of disability, reformulating his approach to inclusive education: inclusive education is a framework of learning that attempts to teach everything to everyone and within which everyone is invited to learn supported by the help he or she needs.

### **Inclusive Education**

Educational definitions of inclusion can be traced back to the Canadian context. Stainback and Stainback’s (1988) conception of an “*inclusive school*” is often cited: “An inclusive school is one that educates all students in the mainstream... every student is in regular education and regular classes... providing all students within the mainstream appropriate educational programs... any support and assistance they and/or their teachers may need... An inclusive school is a place where everyone belongs, is accepted and supports and is supported by his or her peers and other members of the school community in the course of having his or her educational needs met” (Stainback & Stainback, 1990, p. 3). Saloviita (2005) captured the three key principles of inclusion in a nutshell: the education of all students in mainstream, regular classes with appropriate educational programmes, and acceptance and support for everyone.

Initiated by the UNESCO Conference 1990 in Jomtien (Thailand), inclusion became well known internationally and spread quickly following the Salamanca statement (United Nations Educational, Scientific and Cultural Organisation [UNESCO], 1994), which introduced the term “inclusion” in rethinking special needs education. The Charter of Luxembourg (1996) stated that inclusive education adapts to the needs of the individual. Even within the Salamanca framework for action on special

needs education (UNESCO, 1994) there is no precise definition of inclusion, but several assertions are highlighted as guiding principles: “Schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. This should include disabled and gifted children, street and working children, children from remote or nomadic populations, children from linguistic, ethnic or cultural minorities and children from other disadvantaged or marginalized areas or groups” (p. 6). Pupils with special educational needs should have access to regular schools providing a child-centred pedagogy meeting their needs: “Regular schools with this inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all; moreover, they provide an effective education to the majority of children and improve the efficiency and ultimately the cost-effectiveness of the entire education system” (UNESCO, 1994, p. ix).

In contrast to the international acceptance and adoption of inclusive education, the concepts remain unclear. “However, in the same way that Jomtien provided a broad framework with little guidance on implementation but failed to adequately spell out the mechanics of how to achieve education for all children, Salamanca has led to a divergence of views and a lack of clarity on implementation” (Miles & Singal, 2010, p. 8).

***Inclusion:  
the climax of a developmental process***

Inclusion is frequently presented using intuitive pictures or figures, with coloured points highlighting the dynamic process of inclusion (Kastl, 2012). Originating in preliminary studies by Bürli (1997) and Sander (2004), inclusion emerges within a developmental process in the education of pupils and students with disabilities.

Starting with exclusion, children with disabilities are refused by the educational system. They are not covered by any educational system and they are not permitted to participate in compulsory education. Separation is characterised by the fact that children with disabilities are now obliged to go to school but are placed in a separate or special system without links to mainstream education. Integration permits pupils and students with disabilities to participate in mainstream education within the conditions and regulations of the regular school. They have to adapt more or less to the existing system. Support and assistance should enable them to perform like non-disabled classmates. Bürli defines inclusion as the unconditional participation of all children in the educational system, which has to be changed dramatically in order to be

able to meet the needs of all children in one school for all (Bürli, 2009, p. 28). An exemplary depiction of this phased model in the case of Luxembourg was published by Limbach-Reich (2009a, 2009b).

Diagrams using symbolised disabled and non-disabled students to demonstrate the progression within the model are very popular. Such diagrams can be found on the German Wikipedia site and are replicated widely in scientific articles and popular presentations as “Smarties Diagrams” (Kastl, 2010). The red points in the diagram represent non-disabled pupils while the blue, green, and yellow points stand for disabled pupils. Exclusion could be seen as a situation in which some pupils have no access to the school system at all. Separation stands for two different school systems (the mainstream and special needs systems). Integration opens mainstream schools for pupils with disabilities, creating special units or classes.

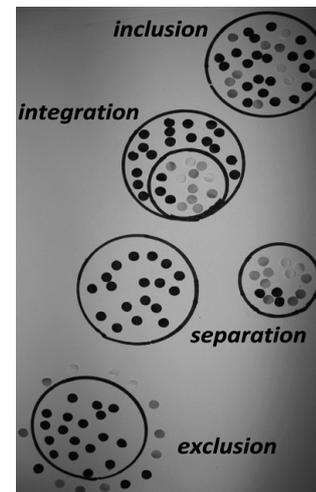


Figure 1. Inclusion Smarties, (see Kastl, 2010)

Following the Organisation for Economic Co-operation and Development (OECD) standard, a school system is integrative if 40% of all children with disabilities participate in regular schools (Ahrbeck, 2011; Lindmeier, 2009). The OECD criteria for inclusion are fulfilled if 80% of disabled children go to regular schools. But one may well ask, what about the other 20%? The 80% definition denies the philosophy of inclusion that states: All pupils are different and all pupils are equal. Inclusive education facilitates individual support for everybody and everybody is warmly welcome in the classroom (Booth & Ainscow, 2002; Feuser, 2002; Hinz, 2002; Stainback & Stainback, 1988, 1990).

Major doubts arise in the case of disability. Some differences such as gender, colour of skin (race), or religion do not have the same degree of impact on school organisa-

tion or pedagogical programmes as intellectual disability or severe disorders; they do not need curricular modifications or reasonable adaptations and are not linked to the same undesirability as intellectual disability or behavioural and emotional disorders. Kastl (2012) makes the criticism that the figurative illustrations (“inclusion theme con variazioni ‘Smarties Model’”) of inclusion seem to eliminate disabilities immediately by putting students together. The figures neglect impairments as a persistent condition and give false hope for the remediation of disability by inclusion.

### ***Inclusion: a school for all***

Building up an inclusive educational system and establishing inclusive schools requires schools to be organised and function in favour of inclusion. Benchmarks of inclusion, which are frequently picked up and drawn on for implementation in education, have been published by Booth and Ainscow (2002). Ainscow and César (2006) focus on improving schools and developing inclusion based on experience with inclusion policy in the United Kingdom. They enfold a typology of ways of thinking about inclusion. Starting with the common assumption that inclusion is primarily about educating disabled students, they plead for a rejection of the special educational view of inclusion and the categorisation of disabled or not disabled, having special educational needs or not having such needs. In their view, all categorisation undermines inclusion by identifying groups eligible for special educational support outside mainstream classes. Picking up the notions from the U.K. context, Boban and Hinz (2003) reject the so-called two groups theory (disabled and non-disabled students) and call for a diversity approach that perceives all differences as equal (see also Prengel, 2001).

Developing the “school for all” and “education for all” refers to special schools existing in the U.K. and elsewhere, which select students by religion, gender, or disability, for instance. Inclusion underpins a comprehensive school approach and encourages global efforts to enhance the participation of vulnerable groups in education. Finally, the authors allude to inclusion as a value-driven, principled approach, afflicted by tensions arising from efforts to develop inclusive practices in schools (Ainscow, Booth, & Dyson 2006).

Inclusion is often discussed with regard to learning disabilities, but less so against the background of severe disabilities or behavioural disorders. Michailakis and Reich (2009) emphasise the barriers and contradictions of the concept “one school for all”, considering severe cognitive, emotional, or behavioural disabilities in the context of the Swedish school system. Drawing on sociological

system theory, organisational rationalities, and individual classroom interactions, they indicate several dilemmas that cannot be resolved. “The real problem with the idea behind – one school for all – is not that it is difficult to implement, but it contains a false promise” (Michailakis & Reich, 2009, p. 37). The false promises concern the expected cascade of inclusion, which is anticipated to follow the placement of children with disabilities in one school in one classroom. “One school for all and the vision of a cascade of inclusion are illusionary” (p. 41). Being in the same classroom does not guarantee being warmly accepted; the performance-related grade system impedes full inclusion, as students with disabilities are not included in the same way as their classmates without disabilities; and in the context of school organisation, inclusion requires more and more differentiation to provide the needed support, meaning that labelling processes persist.

Finally, as discussed above, the societal role of the education system forces schools to deliver grades. Without a change to the importance attached to grades, the “one school for all” approach encourages more and more efforts to help students. Experiences from the Luxembourg context indicate that included pupils lose more and more leisure time to educational support or remedial education. They are at risk of being overburdened and overextended (Ramponi, 2010). In spite of all efforts, some children with disabilities who have been included in regular primary schools drop out later on and restart in special educational schools, while not all children with disabilities who remain in regular primary education over the whole programme acquire the intended competences (Limbach-Reich, 2013; Marx, 2009).

### ***Inclusion in non-English-speaking areas***

The use of the term “inclusion” was relatively unknown in non-English-speaking Europe until the 1990s. The official French and German versions of the CRPD (2006) use “insertion” and “Integration” respectively for “inclusion”. In France, the act on equity and the human rights of persons with disabilities (2005) did not mention the term “inclusion” (Plaisance, Belmont, Vérillon, & Schneider, 2007). Ebersold reported in 2009 that the term “inclusion” has gradually come to replace the former French terms “insertion” and “intégration”. In Germany, early attempts to open mainstream schools for children with disabilities came under the political banner of “integration” (Deutscher Bildungsrat, 1973, p. 15). The evaluation of an important programme on the inclusion of pupils with disabilities in mainstream primary schools in Hamburg at the end of the 1980s continually used the term “Integration” (Wocken, Antor, & Hinz, 1988). In the German-speaking countries the first definitions in relation to pupils with disabilities in education indicated that “integrative pedagogy” was the

“general education of all children, playing, learning and working together with a common aim in joint activities at their respective levels of development, in accordance with their current perceptual thinking, cognitive skills and competences within the zone of proximal development” (Feuser, 1995, p. 168, translation by the author).

This definition of the term “integration”, published by Georg Feuser, anticipates contemporary conceptualisations of inclusion. The essence of Feuser’s conception is the need for adaptations and changes in the educational system. Inclusion that does not acknowledge this awareness of integration is referred to by Feuser as the “inclusion lie”; he calls the neglect of necessary changes to existing structures in school organisation and policy “inclusionism” (Feuser, 2013). Integration is not seen as a one-dimensional mission to make the student suitable for the school but as a multi-dimensional undertaking by the whole educational system to meet the needs of all students, even those with disabilities, in one classroom. Other authors (e.g., Hinz, 2002, 2011) assume that inclusion is a substantial advancement, resolving the problems integration could not fulfil. Inclusion focuses on the termination of the two groups theory (disabled versus non-disabled pupils) and advocates the perspective that all are different and all are equal. All forms of separation or selection should be abolished. Within the German-speaking scientific community, inclusion/integration terminology and its implications are a vibrant bone of contention (Ahrbeck, 2012; Biewer, 2001; Boban & Hinz, 2003; Bonfranchi, 2011; Eberwein, 1970; Feuser, 2012, 2013, Frühauf, 2011; Hinz, 2002; Jantzen, 2012; Sander, 2002, 2006; Wocken, 2009, 2010). Wocken distinguishes ten different relationships between integration and inclusion and finally pleads for a synonymous use and understanding of both terms, visible in the “inclusion/integration” notation (Wocken, 2009).

### ***Inclusion and disability definition***

Inclusion and inclusive education as presented by the Salamanca statement do not exclusively deal with disabilities, but refer to the whole spectrum of diversity. In contrast, inclusion research focuses on disabilities and disorders. In a similar way to inclusion terminology, it is worth taking a look at disability in the context of inclusion. In 1973 the American Act on Rehabilitation, which was a guiding principle for many national and international views on disability, defined a person with disability as “any Person who:

1. has a physical or mental impairment which substantially limits one or more major life activities,
2. has a record of such an impairment, or
3. is regarded as having such an impairment. (as cited in Palley, 2009, p. 42)

The first WHO model of disability – International Classification of Impairments, Disabilities and Handicaps (ICDIH), 1998 – referred to the same linear biological-based perspective. Terminological modifications and a new definition arise from the ICDIH II or ICF model (WHO, 2001), which explains disability as a complex situation depending on health conditions, functioning, activity, and participation in interactions with each other and with individual personal and environmental factors. The UN-CRPD (2006) fosters a new paradigm on disability without providing an explicit definition, referring to the so-called social model of disability. Disability is seen as depending less on individual impairment than on environmental factors, including social situations that hinder the person from participating in all parts of society and enjoying their civil rights. Despite the social view on disability, the model does not constructively define health conditions, disorders, or disability. According to the criticism of DSM-5 by Allan Frances (2013), the arbitrariness increasingly appears to define health conditions, psychosocial idiosyncrasy, or challenging behaviour as a disability. In line with both the social model and the inclusion perspective on disability, the ICF model should show the following characteristics.

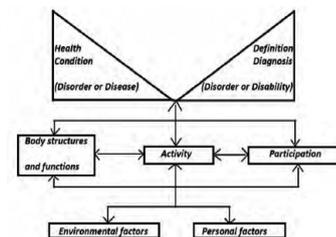


Figure 2. Disability, ICF, and constructivism

The triangles indicate that the more severe a health condition is, the more disability diagnoses agree. The less restrictive diagnostic procedures in DSM-5 and, more frequently, diagnosis undertaken as a response to intervention programmes implemented to foster inclusion have the tendency to identify (stigmatise) more and more children as “disabled”, that is, with such learning disabilities as dyslexia, dyscalculia, dysphasia, dyspraxia, sensory integration disorder, problems with motor co-ordination, non-verbal learning disorder, visual perceptual/visual motor deficit, central auditory processing disorder, dysgraphia (Learning Disabilities Association of America, 2014). One of the consequences of these tendencies may be that more severe forms of disability move out of the spotlight of inclusion. With each diagnosis, the level of extra tuition, additional lessons, and special educational offers rises and concerns emerge that pupils will be overloaded and stressed by educational support. A radical resolution of this dilemma would be to stop all categorising

or diagnosing in the classroom. Slee (2004) argued that inclusive education grounded its original radical meaning in the rejection of medical and psychological explanations of educational difficulties.

Although this argument is reasonable, it is important to be aware of the impairments of the individual in order to better understand their difficulties and strengths, and to provide effective educational support. In relation to the view on disability, it is also important to clarify the conception and perception of a “normal pupil” in education. Frameworks on inclusion rarely delineate their idea of pupils or students in inclusive schools. Wevelsiep (2012) points to some blind spots in inclusive education when looking at the pupil or student. Inclusive education draws on potential positive developments that could be realised within inclusive schools and assumes that all pupils with or without disabilities are eager to learn and willingly participate in all learning opportunities. They interact, accept, and warmly welcome each other irrespective of any diversity aspects. “Everyone is felt to be welcome at this school” and “students help each other” are the first two items in the Booth and Ainscow (2002) Index on Inclusion. In contrast, empirical findings indicate that disabled pupils in inclusive settings may experience blaming and mobbing (Michailakis & Reich, 2009).

#### ***Inclusion: intermingling of approaches***

In addition to the fuzziness of the concepts “inclusion”, “regular school”, and “disability” there is a problematic rationale for inclusion in combining ethical requirements, human rights issues, cost-effectiveness, and empirical evidence. Each of these pillars for inclusion should be examined thoroughly.

Regarding inclusion as a human right, suggested by both the Salamanca Statement (1994) and the CRPD (2006), raises some questions. As Farrell (2000) argued that the primordial right should be the right to have “good education”, how are human rights affected if the best fit is special education? The second question emerges from the right of parents to decide. If there is no alternative, what can be decided? If inclusive education is a human right, are all special schools (e.g., religious schools) a violation of this human right? If inclusion is a human right, what does that mean at the level of secondary and tertiary education for those students with intellectual disabilities? The right of inclusion for students with intellectual disabilities at universities remains hard to implement. The inherent logic of the educational system with performance-related graduation in modern western societies contradicts the right to be fully included for all students at all levels of education.

The economic argument, that inclusion is more cost-effective, bears the risk of cutting individual support or remedial education programmes by transforming existing two-track systems into an inclusive system. Conflicts in funding and assumption of costs are emerging (Greiner, 2014). Human rights and ethical positions in the implementation of inclusive education may be relegated to second place in times of financial crises and austerity policy.

The ethical dimension sets out the general obligation to open all schools for pupils with disabilities, justified by the assumption that regular schools with an inclusive orientation provide the desired outcomes (abolishing discrimination, providing qualitative education, social inclusion, etc.). What about the ethical rationale if the premises do not apply? The ethical dimension is also problematic as it postulates effective education for the majority of children. This raises the question: What about the minority? In particular, concerns have been expressed for children with severe intellectual disabilities (Speck, 2011). Mainstream education may be reconsidered in light of the fact that almost all included pupils with severe intellectual disabilities drop out of mainstream education (Frühauf, 2011).

#### ***Inclusive education: empirical findings***

The expectation of effectiveness and evidence still lacks empirical data, analyses, and meta-analyses of inclusion and non-inclusive settings. The available data on inclusion does not provide a consistent picture on inclusion outcomes. Results differ between different disabilities and different outcome aspects and do not confirm the “one size fits all hypothesis”. The WHO’s *World Report on Disability* cited controversial findings: “slightly better academic outcomes for students with learning disabilities placed in special education settings; higher dropout rates for students with emotional disturbances who were placed in general education; better social outcomes for students with severe intellectual impairments who were taught in general education classes” (WHO, 2011, pp. 211–212).

The volume of international scientific literature on inclusion based on empirical research has grown since the Salamanca Statement and was recently boosted by the CRPD (2006). An interpretation of the research results is complicated by:

- the opacity of inclusion terminology;
- the very small number of efforts to verify treatment fidelity;
- the divergent measurements of inclusion outcomes (affective: self-efficacy, achievement motivation, social development, academics, reading, mathematics, etc.);

- the examination of pupils with handicaps (different forms and different degrees of disability) or non-disabled pupils in inclusive settings; and
- the fact that only a very small number of studies are based on random controlled trials.

Therefore results should be interpreted with care. The following compilation of empirical evidence about inclusion almost exclusively refers to reviews and meta-analysis from the last decade.

Lindsay (2003) reviewed studies on inclusion dating back to 1990 and did not find enough evidence to confirm the general advantage of inclusion: “There have been a number of studies that have reviewed the evaluation of inclusion. Overall, these reviews cannot be said to be a ringing endorsement. (...) These overviews, reviews, and meta-analyses fail to provide clear evidence for the benefits of inclusion” (Lindsay, 2003, p. 6). Kavale and Mostert (2003) also report mostly mixed results. While some positive outcomes have been found, there is also evidence of negative consequences for students with disabilities, including poor self-concepts, inadequate social skills, and low levels of peer acceptance.

In 2007, Lindsay again reviewed the literature and weighed the overall evidence delivered by more than 1,300 studies published between 2000 and 2005 as not providing a clear statement for the positive effects of inclusion: “The evidence from this review does not provide a clear endorsement for the positive effects of inclusion” (Lindsay, 2007, p. 2). In the same year, Kalambouka, Farrell, Dyson, and Kaplan published their analysis of the effects of inclusion on non-disabled classmates in the United States, stating that the great majority of the studies found positive or zero effects: “Overall, the findings suggest that there are no adverse effects on pupils without SEN of including pupils with special needs in mainstream schools, with 81% of the outcomes reporting positive or neutral effects” (Kalambouka et al., 2007, p. 356).

Begeny and Martens (2007) carried out a literature review of English-language articles on inclusionary education in Italy based on Italy’s long experience (beginning in the 1970s) of including almost all students with disabilities in regular schools. In their summary based on 19 inclusion studies and intervention trials, they found that very little research has directly scrutinised Italy’s inclusion practices and outcomes: “The general results of the inclusion studies revealed that survey participants tended to view inclusion practices favourably, but the experimental studies demonstrated that educating students either fully or partly outside the general classroom had a positive impact on these students across the majority

of dependent measures evaluated” (Begeny & Martens, 2007, p. 89).

Ruijs and Peetsma (2009) reviewed the literature on the effects of inclusion on disabled and non-disabled students over a decade (1999 to 2009) identified by systematic research on digital databases (e.g., PsycInfo, Eric). The researchers found it difficult to draw a clear conclusion from their data. Some studies find positive effects, while others find negative or no effects. Their secondary findings on the factors influencing the results (differences in the support available, the ways students were included, variance within schools, and the differential effects of inclusive education on individuals) are interesting. The authors close their article by sounding a note of warning: when designing inclusive education it is important to avoid negative results for specific groups of students (Ruijs & Peetsma, 2009, p. 78).

Hattie’s (2009) huge meta-meta-analysis of learning outcomes, based on English-speaking publications over more than a decade, rates mainstream education and non-segregation as a mediocre positive factor for learning with an effect size of about .28: a slightly weaker effect than homework (.29), but higher than summer school programmes (.23).

The Mitchell Report (2010) portrayed research evidence on inclusion based on different resources (teachers, principals, parents, students), mostly from English-speaking countries. The report concludes cautiously that “the evidence for inclusive education is mixed but generally positive, the majority of studies reporting either positive effects or no differences for inclusion, compared with more segregated provisions” (Mitchell, 2010, p. 141).

In their review of international experience with the integration and inclusion of children and adolescents with Down syndrome from 1970 to 2010 (53 studies from 12 different countries), de Graaf, von Hove, and Haveman (2012) concluded that in regular education such pupils acquire more academic skills and are fairly accepted by peers in regular classes: “From our review it can be concluded that regular placement of students with Down syndrome, i.e. education in regular classroom with individual support to some extent, yields a better development of language and academic skills, even after the effect of selective placement has been taken into account” (p. 70). However, adolescents with Down syndrome show less peer interaction and are less often seen as a best friend.

One of the first and most famous studies of inclusion in Germany refers to two longitudinal evaluations of integrative primary schools carried out in Hamburg between

1991 and 1996. One of the main findings was that “the variation in children’s achievements and in their emotional-social conditions are determined more strongly by differences effective on the level of individual classrooms than by the affiliation to a specific system (integrative versus traditional elementary schools)” (Katzenbach, Rauer, Schuck, & Wudtke, 1999, p. 567).

Klemm (2010) summarises empirical findings about different educational interventions, comparing inclusive and separate settings, based mostly on Germany, Austria, and Switzerland. Inclusive settings score more highly on academic performance for students with learning disabilities. In some studies either no differences could be found between inclusive and separated settings or mixed effects are reported: “The review of the available studies (also comparing the studies of Klemm and Preuss-Lausitz 2008a and 2008b) leads to the conclusion that pupils with special educational needs in inclusive settings show a significant advantage in performance compared with separated settings” (Klemm, 2010, p. 24, translation by the author).

Ellinger and Stein (2012) mostly reviewed studies of students with emotional, behavioural, and learning disabilities. The authors conclude that there is no homogeneous set of results, and criticism emerges about the success of inclusion in general. Martschinke, Kopp, and Ratz (2012) found, contrary to the expectations from prior research, that pupils with intellectual disability in mainstream first grade do not show a significantly lower self-concept, nor are they mentioned last in rank orders on social relationships. Hennemann and colleagues (2012) see benefits for children and adolescents with emotional and behavioural disorders in using an adapted training tool in a general setting. Huber and Wilbert (2012) conclude their empirical trial on 463 children placed in general education classrooms as corroborating an increased risk of social exclusion; however, in some classes exclusion did not follow.

With regard to Luxembourg, only a few studies exist that analyse inclusion and special needs education. In her report for the European Agency for Development in Special Needs Education (EADSNE), Englaro (2001) mentioned only two research studies on inclusion in Luxembourg so

far: Pull (1998) and Chapellier (1999). Pull focused on historical, theoretical, and conceptual questions about inclusion in Luxembourg. A discrete empirical investigation was realised by Chapellier in 1999. His mixed method approach focused on the experiences of teachers and special education professionals with inclusion. For both methods, qualitative interviews with focus groups and a quantitative study based on a standardised questionnaire, the majority of statements about inclusion are positive. In 2005, a qualitative study by the Commission Consultative des Droits de l’Homme (CCDH) summarised from expert interviews that there is no common vision on how to realise inclusion in Luxembourg and parents feel disregarded or forced to agree to the recommendation of the school. The national information and consultation office for persons with disabilities (INFO-HANDICAP, 2013) summarises anecdotal statements, evaluation reports and acts on inclusion in Luxembourg. Statistical analyses about inclusion in Luxembourg show that there are notable movements towards inclusion, but some data give cause for serious concern. Despite the ratification of the UN-CRPD in 2009, the number of students educated separately continues to rise in Luxembourg (Ministry of Education, Childhood and Youth, 2014). The exclusion index has remained at the relatively low level (less than 1%) over the last decade, but the years following the signing of the CRPD in Luxembourg have shown exclusion rising slightly, and over 100 pupils with disabilities or special needs are still educated outside the country (see Limbach-Reich, 2013).

However, given the large number of studies with their different scopes and the wide range of findings, it is very hard to summarise evidence for inclusion. The research cannot confirm that inclusion has a dominant and mainly positive effect for all children with disabilities, with positive effects on both academic outcomes and psycho-emotional dimensions and without negative effects on non-disabled classmates. On the other hand, many positive effects could be found and negative effects are in the minority. Special attention should be devoted to differential effects based on the kind of disability, age, and factors outside the “included - not included” dichotomy. One of the pitfalls of inclusion may be that it works but not for all, not at all times and not in all settings.

## Conclusion

Differentiating ideology from evidence in the field of inclusion, one of the most striking findings is: Neither conceptualisation nor empirical evidence on inclusion are homogeneous and they do not make a convincing case for the abolishment of all separative approaches in education. Inclusion in a sociological view is not positive per se, and exclusion is not always bad. Implementing inclusion has to take into account the functional role of the educational system. Inclusion in education requires changes in school systems and society. Policy should not include students first and then hope that the system will change. Under the prevailing circumstances, some students with or without disabilities may not profit from inclusive settings. In particular, students with severe learning disabilities may need a pragmatic mixture

of inclusive education and special needs education. Jennessen and Wagner (2012) presented a framework on inclusion within an inclusive comprehensive school, involving a large scale of inclusive and separating options. Crucial for the success of education is that beyond the mainstream paradigm the individual situation (needs and strengths) should be decisive for the educational arrangements, and circumstances outside the school should be taken into account. Finally, shared teacher education including disability topics and inclusive education should be guaranteed. If the aim of international human rights approaches and national policies is that all students receive their instruction in general education settings, then the overarching goal should be to develop an inclusive society that redefines the function of education and school and endorses inclusive or non-inclusive education depending on empirical evidence.

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## **CLOSING THE IMPLEMENTATION GAP: MOVING FORWARD WITH THE UNITED NATIONS GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN**

**Jennifer Davidson**

**Abstract:** This paper offers a brief picture of an international policy framework, the United Nations *Guidelines for the Alternative Care of Children*, and their development from initial conception within the Committee on the Rights of the Child to today. It provides an overview of the key principles of these Guidelines, drawing from a new resource developed to support their implementation around the world, entitled *Moving Forward: Implementing the Guidelines for the Alternative Care of Children*. This overview includes an explanation of the “necessity” and “suitability” principles; the importance of prevention alongside a robust “gatekeeping” function; the fundamental need for developing a genuine range of options; and the significance of focusing on “de-institutionalising the care system”. This article aims to offer something of a road map, identifying along the way a number of key milestones negotiated for children’s rights to be fully realised in alternative care. While this is a long road, the course has been internationally agreed.

**Keywords:** children’s rights, alternative care, child protection, deinstitutionalisation, international guidelines, implementation

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**Jennifer Davidson**

was the Director of the *Moving Forward* Project, and is the Director of the Centre for Excellence for Looked After Children (CELCIS)

at the University of Strathclyde,  
Lord Hope Building, 141 St James Road,  
Glasgow G4 0LT.  
E-mail: [jennifer.davidson@strath.ac.uk](mailto:jennifer.davidson@strath.ac.uk)

One of the many creative outputs from an international conference for young people with experience of care (in parallel with the 2004 FICE Congress) was a message painted on canvas that now hangs on our office walls at the Centre for Excellence for Looked After Children (CELCIS) at the University of Strathclyde. It hangs as a reminder of the empowering role that we are called to play in children and young people’s lives; the artwork announces: “Don’t forget it’s our lives!” This declaration was the young people’s key message to the adults involved in their remarkable, inspiring, and complicated lives.



Photo taken at the 2004 FICE Congress, University of Strathclyde, Scotland.

Perhaps similarly affecting, the powerful photos of Syria's children alerting us to the terrible complexity of living in a war zone, presented at the FICE Congress 2014 Opening Ceremony, are images that will surely remain with all those who were present. Some may also remember that the 2004 FICE Congress took place just after the Russian tragedy in Beslan, which we had watched with our hearts in our mouths, as the horror unfolded on our TV screens.

Pausing to remember the very difficult conditions for children around the world at both the 2004 and 2014 FICE Congresses surely begs the question: What has changed in 10 years? Certainly, we can confidently say that not enough has changed. However, with our eyes firmly fixed on the importance of realising children and young people's rights, today I would like to highlight one important international development over this past decade.

*The last decade has seen big steps taken toward the goal of placing children's rights at the heart of alternative care.*

(Cantwell, Davidson, Elsley, Milligan, & Quinn, 2012, p. 14)

While I cannot speak about changes in direct practice for children in your particular communities, I would like to draw our attention to a substantial change at the international policy level that has taken place in recent years, and which has the potential to have lasting effects on the experiences and outcomes of some of the most vulnerable children and young people we work with. That is, those children who are living out of their parents' care.

These contributed to the development of the *Guidelines for the Alternative Care of Children* (the Guidelines) (United Nations General Assembly, 2009)

The following article will briefly outline the development of these international Guidelines from their initial starting place within the Convention on the Rights of the Child (CRC), and will offer an overview of the key principles of the Guidelines, drawing from a new resource developed to support the implementation of these Guidelines around the world entitled *Moving Forward: Implementing the Guidelines for the Alternative Care of Children* (Cantwell et al., 2012). This paper aims to offer something of a road map, identifying a number of key milestones in the path negotiated for children's rights to be fully realised in alternative care. While this is a long road, the course has been internationally agreed.

### **The United Nations Convention on the Rights of the Child**

The U.N. Committee that monitors the implementation of the Convention on the Rights of the Child (CRC) (United Nations, 1989) in policy and practice by member states has long had an "obsession" (Zermatten, 2012) with services for children who are at risk of, or in need of alternative care. This is due in part to the large numbers of children living in alternative care, and in particular "due to the reasons that children are unnecessarily there (such as poverty); due to the poor conditions when care is provided; and due to the slow progress on improving conditions and reasons for coming into care in the first place" (Zermatten, 2012, p. 1).

This question of how best to realise children's rights in the context of alternative care formed the basis of the

annual Day of Discussion in 2005 hosted by the CRC Committee. This was supported by an earlier call for international standards, led by UNICEF and International Social Services. In the following years, the answers were sought through a collaborative effort between governments, UNICEF, NGOs, specialists, and young people with experience of alternative care from all regions of the world, resulting in the *Guidelines for the Alternative Care of Children*.

### **The Guidelines for the Alternative Care of Children**

The Guidelines offer a policy framework at an international level that is more coherent than anything previous, and this is shaping a more human rights-based approach to providing services for children and young people whose families are unable to care for them. Children's rights, at an international level, have been applied specifically to the context of alternative care and these have been recognised around the world by all governments.

The Guidelines were unanimously welcomed by the General Assembly as a non-binding text in 2009: the fact this was unanimous makes them a very strong tool. Since then the CRC Committee has used the principle of these Guidelines in almost all its concluding observations: very few state parties escape criticism on this theme. Additionally, the potential of the Guidelines is not limited to the boundaries of the influence of the CRC Committee alone. For examples, the Committee on the Rights of Persons with Disabilities (United Nations Human Rights Council, 2012) has for the first time highlighted the concerns of children with disabilities in alternative care by incorporating the issues identified in the Guidelines into their concluding observations. The African Committee of Experts on the Rights and Welfare of the Child (ACERWC) in its first general comment also makes specific reference to the Guidelines (ACERWC, 2013, para. 40 & 63).

While government leadership is essential for the effective implementation of these Guidelines, it is important to note that the Guidelines are explicitly not limited only to governments, but toward "all sectors directly or indirectly concerned" (Guidelines, para. 2) including policy-makers, decision-makers, and professionals. There is, therefore, the potential for the Guidelines to function as an important advocacy tool as well.

While it is a significant achievement to agree on a legal framework and establish proactive guidelines such as these in relation to this important aspect of children's lives, it is the implementation of these Guidelines evidenced by actual changes to practices and systems which will ultimately make a felt difference to children's lived

experiences. The development and welcoming of these Guidelines reflect one remarkable step; the implementation of the Guidelines is yet a different challenge completely. And implementation is our collective chief interest here: making sustainable improvements to services and systems to ensure that international policy makes a lasting and felt difference to the day-to-day lives of children out of their family's care.

### **The Moving Forward Implementation Handbook**

Not long after the Guidelines were welcomed by the U.N. General Assembly, *Moving Forward: Implementing the Guidelines for the Alternative Care of Children* (Cantwell et al., 2012) was commissioned and supported by a range of international bodies with the intention to do just that: to move the Guidelines beyond their existence as an important international policy framework into developing practice that embeds children's rights in the provision of alternative care. CELCIS was commissioned to undertake this exciting work, and it was my privilege to lead the project. Translated into six languages (at time of writing), *Moving Forward* supports the implementation of the Guidelines by making clear connections between national policy, direct practice, and the Guidelines themselves. As the Guidelines do not entail a binding international treaty, the background drafting documents normally associated with these treaties are not available in relation to the Guidelines. In lieu of these "travaux préparatoires", *Moving Forward* offers insight into the intended meaning of the Guidelines. Its authority is drawn from the chief development role played by the project's lead consultant from their early beginnings and throughout their progress.

*Moving Forward* helps to "unpack" the Guidelines and brings to life some of the policy and practice challenges, as well as outlining some ways in which, around the globe, people at state level, in NGOs and civil society, have overcome these many challenges to ensure that improvements in alternative care gain momentum. Informed by a global consultation process, *Moving Forward* explains the principles and intentions behind the Guidelines' messages; it outlines the key national and regional policy orientations that are necessary as the basis for the implementation of the Guidelines; it examines particularly complex areas of practice, and gives examples of promising practice from around the world to inspire us to apply the Guidelines, regardless of economic stability, cultural contexts, or other circumstances. I will draw on *Moving Forward* in my outline of some of the key aspects of these Guidelines.

### **Principles of the Guidelines**

The Guidelines offer both a powerful advocacy tool as well as a guide to how we collectively understand the

whole system of alternative care for children. While the fundamental principles may not be unfamiliar, how they are crafted into an overarching framework offers a refreshing synthesis perspective on the context of the work we do and what we collectively aspire to achieve in partnership with children and families.

As *Moving Forward* explains, the Guidelines were created to ensure respect for two basic principles of alternative care for children, namely: “that such care is genuinely needed (the ‘necessity principle’), and that, when this is so, care is provided in an appropriate manner (the ‘suitability principle’)” (Cantwell et al., 2012, p. 22). These principles emphasise the need for a fundamental prioritisation of efforts toward the prevention of separation as the key starting point, to ensure that alternative care is used only when necessary and is appropriate for the child concerned.

### ***Necessity***

Indeed, much of the Guidelines is devoted to the idea of preventing the need for alternative care. This means addressing a substantial range of issues including poverty, stigmatisation, discrimination, health, parent support, and family strengthening. It also requires the recognition of the vital role that informal traditional care mechanisms can have in ensuring care for a child who is not able, for whatever reason, to live with his or her parents. This is the starting point in the Guidelines, which aim to challenge our assumptions about what is necessary: what could we do further to ensure a child does not need formal care and that adequate measures for reintegration into the family are in place?

A robust “gatekeeping” mechanism makes certain that children are admitted to the alternative care system only if all possible means of keeping them with their parents or wider family have been examined. The implications here are twofold, requiring adequate services or community structures to which referrals can be made, and a gatekeeping system that can operate effectively regardless of whether the potential formal care provider is public or private. Among other issues, this is to protect against the consequences of providers themselves being gatekeepers for their own resources, which can unintentionally create an incentive to recruit and maintain numbers of children, and likewise risks creating a disincentive in supporting children to return to their kin.

### ***Suitability***

Once it has been determined that a child’s needs are best met and their rights best realised through formal alternative care, this care must be provided appropriately for each individual child. That is, whether it is family-based

or residential, the care provider must maintain a high quality of care for the children and – very importantly – the type of care that is provided must respond as best as possible to the specific needs and characteristics of the child. To uphold the suitability principle, “all care settings must meet general minimum standards” (Cantwell et al., 2012, p. 22). Ensuring this requires the establishing of standards as well as a mechanism and process to authorise providers of alternative care on the basis of this criteria. To monitor compliance, subsequent inspections also need to be carried out.

Matching the specific needs and characteristics of the child with the care setting means selecting the care provision that will best meet the child’s needs, and regularly reviewing this decision with a view to the child’s changing needs over time. A genuine choice must exist in order to effectively match the child to the care setting, hence a range of family-based and other care settings should be available. This leads us to a further fundamental principle of the Guidelines: “If deciding on ‘suitability’ is to be a meaningful exercise, there must clearly be a range of valid care options from which to choose” (Cantwell, et al., 2012, p. 71).

### ***Ensuring a range of options***

The Guidelines remind us that children need stability for their healthy development; so frequent changes in care settings must be avoided. For stability to be achieved, the range of options must first be available, then thoroughly assessed against the child’s needs, and reviewed as the placement progresses.

This range of care options should exist “with priority to family and community-based solutions” (U.N. General Assembly, 2009, para. 53 & 54). Importantly, the Guidelines acknowledge that family-based settings and good quality residential care facilities form part of a range of appropriate responses, provided that the residential care facilities conform to certain specifications and are used only for “positive” reasons – that is, when they are the most appropriate response to the situation and the needs of the child concerned (U.N. General Assembly, 2009, para. 121, 126, & 21; Cantwell et al., 2012, p. 22). In other words, a lack of other options, of time or of resources to find a more appropriate setting need to be addressed in their own right, and are not sufficient reasons for providing a child with a residential living situation.

Distinguishing between “residential facilities” and “institutions” is a sticky issue globally, and in some cases clear parameters and definitions are not easy to establish, and the concepts are not absolute. As Cantwell and colleagues (2012) note:

The term “institution” has generally taken on a very negative connotation, but there is still no international agreement on its definition: The CRC (Article 20) merely mentions “institutions” as the only example of a non family-based care setting, while the Guidelines simply use the term to describe “large residential facilities”. (p. 42)

In addition to many NGO and U.N. reports, the *Economist* magazine (2013) recently called for faster reforms to institutions worldwide, citing them as “poisonous”. The reasons offered include: the toxicity of the environment on children’s health; the isolation it enforces on children from families and their communities; and the unnecessary costs.

In truth, there is no universally agreed definition – in the *Guidelines* or elsewhere – of what constitutes an “institution” as opposed to other residential care settings. According to the *Guidelines*, size is one factor, but this is largely because of the now well-documented negative impact that large-scale group care frequently has on the well-being and development of children, and on the capacity to safeguard and promote their rights. (Cantwell et al., 2012, p. 34)

Importantly, it is the “large residential facilities” or “institutions”, and not residential facilities as a whole that are to be targeted through a “de-institutionalisation strategy” (U.N. General Assembly, 2009, para 23). *Moving*

*Forward* asserts that it is most important to address head-on the cultures themselves that are institutional in nature; which are described as “the regimes and day-to-day organisation that take little account of individuality, or psychological and emotional needs, and tend to isolate children from the outside world” (Cantwell et al., 2012, p. 34). As this type of culture can also occur in smaller care homes, this broader understanding of institutional cultures should be the lens that is applied when determining whether a particular facility should be considered as an “institution”

### ***De-institutionalising the system***

It is difficult, if not impossible, to talk about developing a range of options without making reference to the very important task of deinstitutionalisation. In many countries these go hand-in-hand, as they should.

The Guidelines stipulate that nationally, to deinstitutionalise effectively, “suitability of care placements” cannot be a sufficient focus. That is, a focus on closing down institutions is insufficient. Instead, the Guidelines stipulate the need to “de-institutionalise the system”; this requires ensuring that the “necessity” and “gatekeeping” functions within the wider system are given adequate priority alongside developing a range of non-institutional options. Working alongside governments to achieve this is imperative. Where this goal has been achieved, it has been a complex, complicated, and carefully planned process.

### **Conclusions**

This presentation has offered introductory information about the Guidelines, alongside commentary and contextualising perspectives from *Moving Forward*, with the aim of supporting the Guidelines’ implementation. A strengths-based, interactive implementation measuring tool, entitled *Tracking Progress: Implementing the Guidelines for the Alternative Care of Children* (Elsley, Davidson, Hill, Cantwell, & Milligan, in press) is currently under development, which is aspiring to enable states – and their wide range of partners in the provision of alternative care – to adequately determine the extent to which they have implemented the Guidelines, as well as to identify their priority next steps.

I began by asking this question: What has changed in 10 years? And ultimately, until we consistently implement these Guidelines, genuine social inclusion for these children and young people around the world will continue to be elusive and at best, inconsistent. Together with partners, we can make sustainable changes happen, and the Guidelines offer us a new coherent and principled vision for our efforts.

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# A DYNAMIC AND GENDER SENSITIVE UNDERSTANDING OF ADOLESCENTS' PERSONAL AND SCHOOL RESILIENCE CHARACTERISTICS DESPITE FAMILY VIOLENCE: THE PREDICTIVE POWER OF THE FAMILY VIOLENCE BURDEN LEVEL

**Wassilis Kassis, Sibylle Artz, Stephanie Moldenhauer,  
István Géczy, and Katherine R. Rossiter**

**Abstract:** In this cross-sectional study on family violence and resilience in a sample of 5,149 middle-school students with a mean age of 14.5 years from four European Union countries (Austria, Germany, Slovenia, and Spain), we worked from the premise that resilience should not be conceptualized as a dichotomous variable. We therefore examined the gender-specific personal and social characteristics of resilience at the three levels “resilient”, “near-resilient”, and “non-resilient”. We also expanded our definition of resilience to include the absence of both externalized and internalized problem behaviours in adolescents who have been exposed to violence in their families. Using multinomial logistic regression we found reliable gender differences in the protective and risk factors between the three resilience levels. We also found that the achieved reliability of our resilience classifications is very high. Our findings suggest that adolescents’ positive adjustment despite family violence is affected only in small part by school characteristics. The co-morbidity of social risks in the family and individual factors explains a much larger part of the variance in the analysis. From a content perspective this means that an individual’s “resilience status” can be influenced in a focused way by moderating the living environment. These results are discussed in terms of their practical implications for policy.

**Keywords:** family violence, aggression, depression, adolescence, gender differences, resilience

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**Wassilis Kassis,** (the corresponding author) is Professor at the School of Educational Sciences, University of Osnabrueck, Germany, Heger-Tor-Wall 9 D-49069 Osnabrück. E-mail: wassilis.kassis@uos.de

**Sibylle Artz, Ph.D.** is a Full Professor in the School of Child and Youth Care, the Interim Director of the Centre for Early Childhood Research and Policy (CECRP), and the Co-Editor, *International Journal of Child, Youth and Family Studies*, at the University of Victoria, P.O. Box 1700, Victoria, British Columbia, Canada, V8W 2Y2. E-mail: sartz@uvic.ca

**Stephanie Moldenhauer,** is Lecturer at the School of Educational Sciences, University of Osnabrueck, Germany, Heger-Tor-Wall 9 D-49069 Osnabrück. E-mail: Stephanie.moldenhauer@uos.de

**István Géczy, Ph.D.** is a Psychology Instructor at Northern Lights College, 9820 120th Avenue, Fort St. John, British Columbia, Canada, V1J 6K1. E-mail: igeczy@nlc.bc.ca

**Katherine R. Rossiter, Ph.D.** is Associate Director at the FREDA Centre for Research on Violence Against Women and Children, and an Adjunct Professor in the School of Criminology, Simon Fraser University, 8888 University Drive, Burnaby, British Columbia, V5A 1S6, Canada. E-mail: rossiter@sfu.ca

Violence in all its contexts including the family is a global concern. In their introduction to the World Health Organization's manual for estimating the costs of violence, Butchart et al. (2008) state that, "Every day, children, women and men live inside their homes with the fear of violence by close family members" (p. v). Further, DeLisi et al. (2010, p. 108) in their extensive review of the literature on the cycle of violence and crime, tell us that "there is considerable evidence that various forms of violence, abuse, depravity, and suffering that occur in early life environments engender maladaptive and antisocial behaviors across contexts (see also Farrington & Welsh, 2007; Gover, 2004; Maas, Herrenkohl, & Sousa, 2008; Patterson, 1982; Teague, Mazerolle, Legosz, & Sanderson, 2008; Wright, Tibbetts, & Daigle, 2008)". DeLisi and colleagues also point out that "environmental exposure to violence figures directly or indirectly in many theoretical explanations of crime.... The long-term consequences of violence exposure, particularly forms occurring in the family home, such as child abuse and child neglect are thought to be particularly catastrophic" (p. 108).

In their meta-analysis of the psychosocial outcomes of child exposure to family violence, Kitzmann, Gaylord, Holt, and Kenny (2003) acknowledged the earlier work of Buehler, Anthony, Krishnakumar, Stone, Gerard, and Pemberton (1997) but noted although Buehler et al. made an important contribution to our overall understanding of a broad spectrum understanding of inter-parental conflict, their analysis cannot not inform us specifically about the effects of witnessing inter-parental violence. To that end, Kitzmann and colleagues examined 118 comparative studies published between 1978 and 2000. The selected studies allowed outcome comparisons for:

1. child witnesses of inter-parental violence with non-witnesses;
2. child witnesses of inter-parental violence with child witnesses (only) of inter-parental verbal aggression;
3. child witnesses of inter-parental violence with children who had been physically abused;
4. child witnesses of inter-parental violence with physically abused children; along with
5. a systematic comparison of the reported outcomes of correlational studies of exposure to the four conditions described above.

All 118 selected studies yielded a significant association between exposure to inter-parental aggression and/or violence and to physical abuse and poor child outcomes. Witnessing inter-parental violence creates a notable risk, one that is at least as problematic as direct abuse at the hands of one's parents.

As the research on the link between violence exposure and internalizing disorders like depression expands, the evidence of the robust and serious contribution of violence exposure mounts (Briggs-Gowan, Carter, Clark, Augustyn, McCarthy, & Ford, 2010). The *Canadian Incidence Study of Reported Child Abuse and Neglect* published by the Public Health Agency of Canada (2010) concludes that an abusive family environment is linked to high incidence of adjustment problems among Canadian children of all ages in domains of social conduct, intellectual/academic performance, mental health (i.e., anxiety, hyperactivity), and attachment. Corroborating data from a meta-analysis of 60 related studies published between 1990 and 2006 – drawing mainly on samples from locations in the United States – also indicate that mental health and behavioural problems in children (i.e., internalization and externalization behaviours) are moderately associated with violence exposure at home (Evans, Davies, & DiLillo, 2008). Finally, Wood and Sommers (2011) have argued that the severity of symptoms may worsen if children are exposed to more sources of family violence ("double whammy" effect; see Moylan et al., 2010).

Exposure to violence in the family has serious consequences not for every child, but for a significant number, a number that should not be ignored. However, a limitation of the existing research on youth exposure to family violence and the development of internalizing and externalizing problem behaviour is that while these studies have established associations between family violence and the development of depression and violent behaviour in adolescence, far fewer studies have examined resilience pathways out of the violence cycle (Van der Put, Van der Laan, Stams, Deković, & Hoeve, 2011). As a consequence, the significance of specific socialization patterns for violence resilience is unclear, and we cannot say whether resilience among children and youth who are raised in violent families is "just" the absence of their use of violence or something more (Smith-Osborne, 2008).

Therefore, to say that resilience among children and youth who are raised in violent families can be premised only the absence of their use of violence may be too simplistic (Kassis et al., 2010). Since we also know that both violent behaviour and depression are linked to physical maltreatment by parents (Artz, Nicholson, & Magnuson, 2008; Gilbert et al., 2009; Hussey, Chang, & Kotch, 2006) and witnessing violence or psychological aggression between parents (Kitzmann et al., 2003; Yates, Dodds, Sroufe, & Egeland, 2003), we believe it makes sense to develop an understanding of violence resilience that examines both aggression and depression.

### **A New Theoretical Framework for Resilience:**

#### **Resilience as a Non-dichotomous Concept**

Luthar, Cicchetti, and Becker (2000, p. 548) alert us to the multidimensional nature of resilience. Masten (2001, p. 228) notes that resilience criteria are not as clear or distinct from one another as they seem to be, that is, are not merely dichotomous, and calls for an empirical evaluation of resilience measures. Khanlou and Wray (2014) suggest that resilience is a process, not a single event that should be understood along a continuum rather than as a binary and fixed outcome.

We take these notions seriously and agree that resilience must not be conceptualized as a dichotomous variable and acknowledge that any definition of resilience should reflect young people's desistance from more severe forms of internalized and externalized problematic behaviour even if they exhibit involvement in less serious violence and milder forms of depression (Liebenberg & Ungar, 2009). We therefore suggest resilience should be categorized in terms of levels that take into account differences in the severity of the use of violence and the tendency to depression of individual actors, and propose a conceptual understanding of resilience that also includes the concept of "near-resilience". We suggest that such an approach could prove to be more useful for the purposes of prevention and clinical intervention (Hart, Blincow, & Thomas, 2008, p. 132), because this broader scope aims to identify adolescents both at highest and at middle risk for compromised resilience while helping us to learn more about those resilient young people who, contra-intuitively, have successfully handled family violence and are both non-violent and able to manage their own emotional stability.

#### **Predicting the Violence Resilience of Adolescents**

A number of factors have been identified as contributing to violence resilience. Rutter (2007), citing the extensive work of Collishaw et al. (2007) and Jaffee, Caspi, Moffitt, Polo-Tomas, and Taylor (2007), notes that both these longitudinal studies (the first conducted on the Isle of Wight, the second in England and Wales) showed that resilience was not a function of gender. Yet, as Rutter also notes, DuMont, Widom, and Czaja (2007) in their longitudinal American study, found that gender did matter but in conjunction with membership in a racialized group and family stability. The role of gender difference in resilience thus seems to vary depending on social location and family dynamics and should not be considered independently of other factors.

Psychology-based theorists (Brownfield & Thompson, 2005) have emphasized the importance of the individual's self-concept as an important protective factor for vi-

olence-resilience. Self-acceptance as well as the knowledge that one's emotions and future can be controlled despite having experienced violence in peer and family contexts, have been shown to be relevant predictors of resilience. Thus, perception of who and what controls one's choices and opportunities plays a significant role in the development of resilience skills. As Brownfield and Thompson (2005) have shown, young people who have a more internalized locus of control (i.e., they see themselves as having a choice in how they behave and what their future holds) are likely to be more resilient to violence.

Parenting style is a well-documented indicator linked to youth violence (Eisenberg et al., 1999; Hair, McGroder, Zaslow, Ahluwalia, & Moore, 2002; Patterson, Capaldi, & Bank, 1991; Patterson & Stouthamer-Loeber, 1984), especially the inconsistent parenting connected with family violence. As well, parenting style is central to understanding why adolescents stay violence-free despite experiencing family violence (Bates, Bader, & Mencken, 2003; Phythian, Keane, & Krull, 2008).

Educational researchers and criminologists have also provided school climate-based explanations for violence resilience and argued that positive school climate (Artz & Nicholson, 2010; Longshore, Chang, Hsieh, & Messina, 2004; Prinstein & Cillessen, 2003) and a good relationship with teachers (Byrne & Lurigio, 2008; Desjardins & Leadbeater, 2011; Yeung & Leadbeater, 2010) are especially helpful protective factors for adolescents from violent families. The central and shared notion of all these studies is that school based social protective factors are core to exiting the family violence cycle. By contrast, verbal aggression by teachers can create severe strain (Khoury-Kassabri, Benbenishty, & Astor, 2005), and higher levels of verbal aggression by teachers have been found to be very closely linked to violence in adolescence (Kassis, 2011).

We therefore chose to investigate the importance and the prevalence of these additional risk and strains for explaining the various patterns of resilience and believe that including these indicators makes it possible for us to examine in a deeper way the existing associations between risk and protective factors. Our intention in this study is to identify the multifaceted school and personal characteristics of adolescents who are resilient to the use of violence and to depression despite having experienced violence in their families. Resilience, the ability to achieve positive adjustment despite adversity (Luthar et al., 2000), has more recently been defined by Ungar (2008) as a process dependent on a range of ecological factors like family, school, and peers that include a focus

on community responsibility and social justice. We trust that our approach takes this more comprehensive understanding of resilience into account.

## Methods

### *The Study*

The research that we report on here is part of a larger study, the STAMINA project *Formation of non-violent behaviour in school and during leisure time among young adults from violent families*, funded from 2009-2011 by the European Commission Daphne III Programme, which has the stated purpose of combating all forms of violence against children, young people, and women. STAMINA is a study that researches the social (family, school, peers) and individual (self-concept, attitudes, behaviour) characteristics of adolescents who are violence-free despite having a family history of violence. In conducting the STAMINA study, we employed quantitative and qualitative methods. In this article we report only on quantitative data that relates to violence resilience as the subject of this paper.

### Participants

The data were collected in the spring of 2009 from a random sample of female and male students in four

European Union countries (Austria, Germany, Slovenia, and Spain) who completed a questionnaire anonymously. Parental consent was obtained for all participating youth. On the day of the study, all students who were present at the participating schools received a short oral information presentation about the survey and a handout that provided further information about adolescent-specific local counselling resources on family violence. Then students were given the option of participating or declining without penalty. No one chose to decline.

**Table 1, sample descriptors, presents the characteristics** of the respondents surveyed: 53% of the participants were male, 47% were female, and approximately 29% came from migrant backgrounds. The mean age of the respondents was 14.4 years. Nearly 23% of the adolescents reported being physically abused by their parents and 17.3% witnessed physical violence between their parents. Approximately 27% exhibited signs of depression and nearly 35% of the students reported participating in physical violence against other adolescents. The sample was aggregated to ensure that we would obtain a sufficient number of participants in each possible analytic category that would allow us to perform regression analysis.

**Table 1. Sample Descriptors**

|                                          | in %      | N     |
|------------------------------------------|-----------|-------|
| <b>Gender</b>                            |           |       |
| Girls                                    | 47.0      | 2,418 |
| Boys                                     | 53.0      | 2,731 |
| <b>Migration-background</b>              |           |       |
| Without migration-background             | 71.2      | 3,666 |
| With migration-background                | 28.8      | 1,483 |
| <b>Country</b>                           |           |       |
| Germany                                  | 55.0      | 2,832 |
| Austria                                  | 14.1      | 724   |
| Slovenia                                 | 14.1      | 726   |
| Spain                                    | 16.8      | 867   |
| <b>Physical abuse by parents</b>         |           |       |
| Yes                                      | 23.0      | 1,184 |
| No                                       | 77.0      | 3,965 |
| <b>Witnessing physical spousal abuse</b> |           |       |
| Yes                                      | 17.3      | 892   |
| No                                       | 82.7      | 4,257 |
| <b>Depression</b>                        |           |       |
| Yes                                      | 27.1      | 1,394 |
| No                                       | 72.9      | 3,755 |
| <b>Physical aggression</b>               |           |       |
| Yes                                      | 34.8      | 1,793 |
| No                                       | 65.2      | 3,356 |
| Age, AV: 14.40, SD: 0.934                | N = 5,149 |       |

**Data Collection**

All measures are based on mean-score scales of the adolescents' self-reports. Self-report surveys as a means for generating reliable incidence rates have been extensively reviewed in the literature on self-reports (Alder & Worrall, 2004; Doob & Cesaroni, 2004; Hindelang, Hirschi, & Weis, 1981; Spratt & Doob, 2004). In order to create our survey we adapted and adopted a number of standardized subscales that are described below. Inter-correlation between the subscales indicated that the factors are specific and can't be summarized in a second order factor (see Table 5):

**Aggression experiences with peers subscale.** Aggression experiences with peers were measured as follows: Use of physical aggression towards others was measured using an eight-item scale ( $\alpha = .82$ ) entitled, *Use of physical aggression against peers* (e.g., "During a brawl, I hurt a boy/a girl so much that he/she was in pain for several days and/or had to go and see a doctor.") developed by Kassis (2003).

**Depression subscale.** Depressive symptoms are assessed using five adapted items ( $\alpha = .78$ ) from the Beck Depression Inventory (Beck & Alford, 2009) (e.g., "Now and then I feel that my life is not worth living.").

**Family risk factors.** To identify family risks we used four converging but independent (see also Table 5 on inter-correlation of the subscales) factors. To assess respondents experiences with family violence, we employed three subscales adapted from the *Family Violence Inventory* developed by Mayer, Fuhrer, and Uslucan (2005) for assessing family violence: (a) The five-item subscale *Witnessing physical spousal abuse* ( $\alpha = .88$ ) (e.g., "I noticed one of my parents forcefully shoving or pushing the other one around."); (b) the three-item measure, *Witnessing verbal spousal abuse*, ( $\alpha = .85$ ) (e.g., "I witnessed my parents shouting at each other very loudly."); and (c) the scale *Physical abuse by parents* ( $\alpha = .83$ ).

**Inconsistent parenting as the third family risk factors subscale** (e.g., "People in my family beat me up so severely that I had bruises or scratches.") was assessed by using an adapted five-item subscale ( $\alpha = .83$ ) developed by Kassis (2003) using the *Parenting Style Inventory* designed by Krohne and Pulsack (1996) (e.g., "My parents often scold me for no apparent reason.").

**Individual protective factors.** We employed four subscales for measuring the individual protective factors. To measure self-concept we adopted three subscales developed by Fend (2000) for his Youth Inventory instrument: (a) The four-item *Emotional Self-control* subscale ( $\alpha = .65$ ) (e.g., "I am one of those people who sometimes can-

not control their anger."); (b) the four-item *Optimistic Future View* subscale ( $\alpha = .68$ ) (e.g., "I am afraid of everything that might happen in future." reversed coded); and (c) the four-item *Self-acceptance* subscale ( $\alpha = .59$ ) (e.g., "I have quite a good opinion about myself.").

Individual's activities geared to finding alternatives to violence were assessed with the four item scale *Seeking help to avoid violence behaviour* ( $\alpha = .76$ ) Kassis (2011) (e.g. "If I need help I know which people and places to go to.").

**School protective factors.** To measure experiences with school-based aggression and school climate we developed four subscales: (a) The four-item subscale ( $\alpha = .69$ ) *Verbally aggressive teacher behaviour*, adapted (Kassis, 2003) from the Teacher Aggression Inventory developed by Krumm, Lamberger-Baumann, and Haider (1997) (e.g., "You were insulted or sworn at by a teacher."); (b) the four-item subscale ( $\alpha = .78$ ), *Close relationship with teachers* assesses the quality of the relationship between students and teachers by using an indicator developed by Fend (2000) (e.g., "I quite like most of our teachers."); (c) the four-item subscale ( $\alpha = .85$ ), *Acceptance by other students*, a subscale developed as part of *Youth Inventory* (Fend, 2000) assesses the quality of the student-to-student relationships (e.g., "In my class, I sometimes feel a bit like an outsider." reversed coded); (d) the three-item subscale ( $\alpha = .65$ ), *School Climate* is also a part of the part of the *Youth Inventory* (Fend, 2000), and assesses if the students are feeling particularly connected to their classmates (e.g., "Many of the pupils in my class do not get along with each other at all." reversed coded).

**Analytic Strategy**

The statistical analyses for this study were conducted in four stages. These are described in turn below:

**Analytic stage 1:****Identifying family violence:****The composite "family-burden variable"**

To identify participants who had experienced family violence, we initially defined the composite family-burden variable and tested for possible gender differences. Respondents who indicated they were involved in some family violence ("physical abuse by parents" and/or "witnessing physical spousal abuse") were included in the sample (Family-Burden) for subsequent analysis stages.

**Analytic stage 2:****Examining gender differences in all the measured subscales**

In this stage we analyzed all the subscales in the overall and in the family-burden sample to test for gender-specific conditions in the two samples.

Analytic stage 3: Computing the composite variable resilience and trichotomization of the Family-Burden sample in “resilient”, “near-resilient”, and “non-resilient” adolescents

In order to investigate participants’ resilience to violence despite their reporting experiences with family violence ( $n = 1,644$ ), we created three resilience conditions: The students who reported no use of violence at all (answer 1 = “never happened” on the 4-point Likert scale) and who additionally had depression-scores below the middle of the scale “depression” (answers range 1 = “Not true at all”, 2 = “Mostly not true”, on the 4-point Likert scale) were coded as resilient ( $n = 510$ , 31.0%).

For the second condition, which we labelled “non-resilient”, we selected those participants who were situated in the highest quartile for using violence and/or reporting depression on the highest level. The and/or condition secured the consideration of the co-occurrence of high levels of externalized and internalized symptoms for adolescents in violent families, ( $n = 668$ , 40.6%). Participants in this and/or condition were coded as non-resilient.

For the third condition, all students who were not in the “resilient” or in the “non-resilient” group were coded as near-resilient, ( $n = 466$ , 28.3%). These students had mid-level scores for using violence and/or in reporting depression.

Analytic stage 4: Identifying resilience patterns by multinomial logistic regressions separated for male and female adolescents

In the fourth stage, multinomial logistic regression analyses separated for male and female adolescents were used to identify the resilience patterns of those exposed to family violence in the Family-Burden sample. Multinomial logistic regression analyses were conducted separately for girls and for boys using three models. Model 1 enhances the resilience prediction of the nominal coded fact of having experienced family violence by the *intensity of family risk factors* (Witnessing physical spousal abuse, Witnessing verbal spousal abuse, Physical abuse by parents, Inconsistent parenting) to the three resilience levels. Model 2 adds the association between self-concept (Emotional self-control, Worrisome Future, Self-acceptance) as *individual protective factors and the three* resilience levels. Model 3 adjusts additionally for the resilience level prediction strength of *school protective factors* (No verbally aggressive teachers, Close relation-

ship to teachers, Acceptance by peers at school, School climate). In order to identify the specific effects of each model in a more differentiated manner we will closely look at the Odds Ratios, and the changes in  $R^2$ .

## Results

### *Analysis results of stage 1:*

#### ***Identifying participants who had experienced family violence***

Of the 5,149 young people who participated in our research, 1,644 (31.9%) had been affected by family violence. In these families, three kinds of experiences with violence were found:

1. the young person was *physically abused by his/her parents* (752 or 14.6%);
2. the young person *witnessed the parents physically abusing each other* (460 or 8.9%);
3. the young person was *physically abused by his/her parents and witnessed his/her parents physically abusing each other*, poly-victimization (Finkelhor, Ormrod, & Turner, 2007), ( 432 young people or 8.4%).

This means that in total by the age of 14.4 years, almost every fourth respondent ( $14.6\% + 8.4\% = 23.0\%$ ), had been physically abused by his or her parents and almost every sixth respondent ( $8.9\% + 8.4\% = 17.3\%$ ) had witnessed physical spousal abuse. The separation of girls and boys into these sub-groups of affected families did not prove to be significant (Chi-square = 5.285,  $df = 3$ ,  $N = 5,149$ ,  $p > .05$ ).

### *Analysis results of stage 2:*

#### ***Gender differences in measured subscales***

Gender differences in mean scores for all measured variables in the overall ( $N = 5,149$ ) and in the family burden sample ( $n = 1,644$ ) for boys and girls were examined and are reported in Table 2. Girls in both the overall and family burden samples reported significantly higher levels of depression, witnessing verbal spousal abuse, seeking help to avoid violence, and verbally aggressive teachers. As well, in the overall sample, girls also reported significantly higher levels of close relationships to teachers.

On the other hand, boys in both samples reported significantly higher levels of physical aggression against peers, witnessing physical spousal abuse, physical abuse by parents, exercising emotional self-control, holding an optimistic future view, and experiencing self-acceptance. Additionally, boys reported significantly lower levels of “Close relationship with teachers” in the overall sample.

**Table 2. Gender Differences of all Measures, Means and Standard Deviations**

| Measure                                       | Overall Sample<br><i>N</i> = 5,149 |               | Family Burden Sample<br><i>n</i> = 1,644 |                |
|-----------------------------------------------|------------------------------------|---------------|------------------------------------------|----------------|
|                                               | Girls                              | Boys          | Girls                                    | Boys           |
| <i>Resilience: Externalized/ Internalized</i> |                                    |               |                                          |                |
| Physical aggression against peers             | 1.07 (.23)                         | 1.18 (.35)*** | 1.15 (.32)                               | 1.33 (.49)***  |
| Depression                                    | 2.20 (.75)                         | 1.97 (.69)*** | 2.50 (.74)                               | 2.24 (.74)***  |
| <i>Family risk factors</i>                    |                                    |               |                                          |                |
| Witnessing physical spousal abuse             | 1.10 (.36)                         | 1.13 (.50)*   | 1.34 (.59)                               | 1.41 (.81)*    |
| Witnessing verbal spousal abuse               | 1.90 (1.11)                        | 1.71 (.99)*** | 2.55 (1.37)                              | 2.25 (1.24)*** |
| Physical abuse by parents                     | 1.12 (.35)                         | 1.16 (.44)*** | 1.37 (.54)                               | 1.48 (.66)***  |
| Inconsistent parenting                        | 1.84 (.68)                         | 1.82 (.64)ns  | 2.16 (.73)                               | 2.09 (.68)ns   |
| <i>Individual protective factors</i>          |                                    |               |                                          |                |
| Emotional self-control                        | 2.45 (.65)                         | 2.58 (.68)*** | 2.26 (.64)                               | 2.43 (.69)***  |
| Optimistic future view                        | 2.99 (.64)                         | 3.13 (.64)*** | 2.82 (.68)                               | 2.97 (.67)***  |
| Self-acceptance                               | 2.86 (.63)                         | 3.04 (.61)*** | 2.72 (.66)                               | 2.92 (.62)***  |
| Seeking help to avoid violence                | 2.88 (.35)                         | 2.82 (.40)*** | 2.80 (.43)                               | 2.73 (.47)**   |
| <i>School protective factors</i>              |                                    |               |                                          |                |
| No verbally aggressive teachers               | 3.65 (.46)                         | 3.53 (.56)*** | 3.52 (.54)                               | 3.38 (.64)***  |
| Close relationship to teachers                | 2.93 (.62)                         | 2.85 (.67)*** | 2.80 (.65)                               | 2.77 (.71)ns   |
| Acceptance by peers at school                 | 1.65 (.68)                         | 1.65 (.69)ns  | 1.79 (.73)                               | 1.83 (.73)ns   |
| School climate                                | 2.59 (.70)                         | 2.58 (.77)ns  | 2.50 (.71)                               | 2.45 (.76)ns   |

Note: \* =  $p < .05$ , \*\* =  $p < .01$ ,  
\*\*\* =  $p < .001$ , ns = non-significant

**Analysis results of stage 3:****Identifying resilience in the Family Burden sample**

As noted above, three resilience conditions – “resilient”, “near-resilient”, and “non-resilient” – were created in order to classify respondents who were exposed to family violence ( $n = 1,644$ ). Of that sample, 510 (31.0%) students were coded as resilient, 466 (28.3%) as near-resilient, and 668 (40.6%) as non-resilient. It is noteworthy from the outset that only one-third of the adolescents who experienced family violence could be coded as resilient. This suggests that family violence creates a resilience barrier with a huge magnitude.

Our data yielded some slight gender differences on resilience status (Chi-square = 11.877,  $df = 2$ ,  $n = 1,644$ ,  $p < .01$ ). That difference in significance is due to the higher number of girls (35.3%) than boys (27.4%) in the resilient group and the lower prevalence of girls (37.9%) than boys (43.0%) in non-resilient group. However, because of the low Cramer’s  $V = 0.085$  the gender difference should not be considered to be a robust predictor of

the resilience status. Interestingly, gender does not help to distinguish membership in the near-resilient group, as the number for both genders is the same (26.8% for girls, 29.7% for boys).

Cross-national comparisons of self-reported resilience yielded no significant differences among the four national samples for girls for the conditions “Resilient vs. Near-resilient” for girls (Chi-square = 1,648,  $df = 3$ ,  $n = 470$ ,  $p > .05$ ) or for boys (Chi-square = 0.217,  $df = 3$ ,  $n = 506$ ,  $p > .05$ ). Also non-significant were the differences among the four national samples for girls for the condition “Near-resilient vs. Non-resilient” (Chi-square = 3,594,  $df = 3$ ,  $n = 490$ ,  $p > .05$ ). The only significant difference that emerged from our comparison was for boys in the German and Austrian sample (Chi-square = 12.087,  $df = 3$ ,  $n = 644$ ,  $p < .01$ ), such that Austrian males reported non-resilience more frequently (54.6%) than German males (37.9%). None of the Slovenian or Spanish male sub-samples differed from each other or from the German or Austrian samples (see table 3).

**Table 3. The resilience variable by gender and country within the family burden sample (n=1,644)**

|                             | Total sample<br><i>n</i> (%) | Austria<br><i>n</i> (%) | Germany<br><i>n</i> (%) | Slovenia<br><i>n</i> (%) | Spain<br><i>n</i> (%) |
|-----------------------------|------------------------------|-------------------------|-------------------------|--------------------------|-----------------------|
| Girls,<br>Resilience status | 757 (100%)                   | 70 (9.23%)              | 515 (68.03%)            | 85 (11.23%)              | 87 (11.49%)           |
| Resilient                   | 267 (35.3%)                  | 24 (34.3%)              | 171 (33.2%)             | 40 (47.1%)               | 32 (36.8%)            |
| Near-Resilient              | 203 (26.8%)                  | 16 (22.9%)              | 138 (26.8%)             | 23 (27.1%)               | 26 (29.9%)            |
| Non-Resilient               | 287 (37.9%)                  | 30 (42.9%)              | 206 (40.0%)             | 22 (25.9%)               | 29 (33.3%)            |
| Boys,<br>Resilience status  | 887 (100%)                   | 108 (12.17%)            | 559 (63.02%)            | 90 (10.15%)              | 130 (14.65%)          |
| Resilient                   | 243 (27.4%)                  | 25 (23.1%)              | 166 (29.7%)             | 21 (23.3%)               | 31 (23.8%)            |
| Near-Resilient              | 263 (29.7%)                  | 24 (22.2%)              | 181 (32.4%)             | 24 (26.7%)               | 34 (26.2%)            |
| Non-Resilient               | 381 (43.0%)                  | 59 (54.6%)              | 212 (37.9%)             | 45 (50.0%)               | 65 (50.0%)            |

**Analysis results of stage 4:  
Identifying resilience patterns**

In the fourth analytic stage, our objective was to examine the gender-specific patterns of the predictors that are relevant for the differences between our three levels of resilience (“resilient”, “near-resilient”, “non-resilient”) in the Family-Burden sample. In order to determine these patterns, com-

puted multinomial logistic regressions for the female and male adolescents in our samples were conducted separately. By first testing the inter-correlations of all independent variables by gender we assured that no multi-collinearity problems existed in our analysis because the highest inter-correlation was  $r = .528$ . Bivariate correlations between each of the variables are reported by gender in Table 4.

**Table 4. Gender-Specific Inter-correlations of all Observed Variables of the Family-Burden Sample n = 1,644**

|                                      | 1       | 2       | 3       | 4       | 5       | 6       | 7       | 8       | 9       | 10      | 11      | 12      | 13      | 14      |
|--------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1. Physical aggression against peers | 1       | .133**  | .321**  | .163**  | .364**  | .153**  | -.179** | -.081*  | .008    | -.376** | -.446** | -.219** | .023    | -.107** |
| 2. Depression                        | .223**  | 1       | .211**  | .254**  | .175**  | .407**  | -.528** | -.354** | -.468** | -.144** | -.182** | -.192** | .374**  | -.158** |
| 3. Witnessing physical spousal abuse | .479**  | .193**  | 1       | .384**  | .239**  | .165**  | -.144** | -.155** | -.024   | -.108** | -.218** | -.115** | .046    | -.040   |
| 4. Witnessing verbal spousal abuse   | .301**  | .249**  | .499**  | 1       | .081*   | .324**  | -.227** | -.119** | -.084*  | -.081*  | -.118** | -.090*  | .056    | -.015   |
| 5. Physical abuse by parents         | .492**  | .277**  | .396**  | .233**  | 1       | .229**  | -.135** | -.096** | -.070   | -.161** | -.187** | -.121** | .126**  | -.036   |
| 6. Inconsistent parenting            | .140**  | .313**  | .180**  | .353**  | .233**  | 1       | -.311** | -.280** | -.324** | -.092*  | -.208** | -.202** | .232**  | -.195** |
| 7. Emotional self-control            | -.116** | -.453** | -.100** | -.200** | -.064   | -.242** | 1       | .228**  | .215**  | .209**  | .194**  | .184**  | -.161** | .173**  |
| 8. Optimistic future view            | -.143** | -.378** | -.193** | -.250** | -.156** | -.292** | .267**  | 1       | .386**  | .067    | .175**  | .182**  | -.206** | .105**  |
| 9. Self-acceptance                   | -.059   | -.429** | -.103** | -.126** | -.113** | -.286** | .139**  | .434**  | 1       | -.035   | .061    | .173**  | -.362** | .109**  |
| 10. Seeking help to avoid violence   | -.360** | -.154** | -.225** | -.177** | -.168** | -.088** | .112**  | .073*   | .066    | 1       | .278**  | .124**  | -.024   | .063    |

|                                     | 1        | 2        | 3        | 4        | 5        | 6        | 7       | 8       | 9       | 10     | 11      | 12     | 13      | 14      |
|-------------------------------------|----------|----------|----------|----------|----------|----------|---------|---------|---------|--------|---------|--------|---------|---------|
| 11. No verbally aggressive teachers | -0.464** | -0.227** | -0.331** | -0.260** | -0.283** | -0.260** | .200**  | .199**  | .087**  | .319** | 1       | .489** | -0.015  | .116**  |
| 12. Close relationship to teachers  | -0.269** | -0.096** | -0.114** | -0.146** | -0.153** | -0.174** | .122**  | .126**  | .113**  | .133** | .404**  | 1      | -0.061  | .113**  |
| 13. Acceptance by peers at school   | .129**   | .428**   | .182**   | .139**   | .325**   | .244**   | -.199** | -.235** | -.373** | .000   | -.090** | -.033  | 1       | -.217** |
| 14. School climate                  | -.132**  | -.159**  | -.167**  | -.115**  | -.101**  | -.174**  | .206**  | .117**  | .066*   | .101** | .251**  | .120** | -.200** | 1       |

Note.

Girls' values above diagonal, boys' values below diagonal.

\*  $p < .05$ , \*\*  $p < .01$

**Model 1: Intensity of familial strains as predictors of the three resilience levels**

In the first Model we tested the intensity of familial strain predictors (Witnessing physical spousal abuse, Witnessing verbal spousal abuse, Physical abuse by parents, Inconsistent parenting) in relation to the three resili-

ence levels. The family Model yielded a reliable explanatory value for predicting the specific resilience levels (the prediction strength is reported in % Nagelkerke) and is robust in the girls (24.1% Nagelkerke) as well as in the boys (21.3% Nagelkerke) sample (see Table 5).

**Table 5. Gender-Specific Pseudo-R-Square of Model 1 “Intensity of Familial Strains”**

|        |               | Pseudo-R-Quadrat |
|--------|---------------|------------------|
| Female | Cox und Snell | .214             |
|        | Nagelkerke    | .241             |
|        | McFadden      | .111             |
| Male   | Cox und Snell | .188             |
|        | Nagelkerke    | .213             |
|        | McFadden      | .097             |

The prediction strength of the intensity of familial strains on the specific resilience levels are conclusive (see Table 6): In comparison to the resilient students the probability (see Table 6) for being near-resilient for both genders is significantly predicted by the amount of experienced “Inconsistent parenting” (Girls OR = 2.17; Boys OR = 1.64). Additionally for boys, a higher amount of “Witnessing physical spousal abuse” predicts a 2.12 times higher probability that they will be found in the near resilience group rather than resilience group.

The non-resilience level is best explained for both genders by the same three indicators. The probability, detected as

odds ratio “OR”, to be found on the non-resilient than on the resilient level was far higher for girls and for boys for the experiences of “Witnessing physical spousal abuse” (Girls OR = 3.32; Boys OR = 3.28), “Physical abuse by parents” (Girls OR = 3.24; Boys OR = 3.61), and for “Inconsistent parenting” (Girls OR = 2.96; Boys OR = 1.83).

With Model 1 we have established that the number and amount of family strains, that is, the experience and levels of Witnessing physical spousal abuse”, “Physical abuse by parents,” “Witnessing verbal spousal abuse”, and “Inconsistent parenting” are significantly predictive of the resilience level for adolescents of both genders.

**Table 6. Gender-Specific Multinomial Logistic Regression: Parameter Estimates of Model 1 “Intensity of Familial Strains”**

| Samples | Resilience level <sup>a</sup> | B                                 | SE       | Wald statistic | OR    |      |
|---------|-------------------------------|-----------------------------------|----------|----------------|-------|------|
| female  | Intercept                     | -2.77***                          | .59      | 21.86          |       |      |
|         | Near-resilient                | Witnessing physical spousal abuse | .17      | .31            | .30   | 1.18 |
|         |                               | Witnessing verbal spousal abuse   | .05      | .08            | .33   | 1.05 |
|         |                               | Physical abuse by parents         | .48      | .28            | 2.90  | 1.63 |
|         |                               | Inconsistent parenting            | .77***   | .15            | 24.45 | 2.17 |
|         | Non-resilient                 | Intercept                         | -5.57*** | .57            | 95.22 |      |
|         |                               | Witnessing physical spousal abuse | 1.20***  | .27            | 19.54 | 3.32 |
|         |                               | Witnessing verbal spousal abuse   | .08      | .08            | .95   | 1.08 |
|         |                               | Physical abuse by parents         | 1.17***  | .26            | 20.06 | 3.24 |
|         |                               | Inconsistent parenting            | 1.08***  | .15            | 49.72 | 2.96 |
| male    | Intercept                     | -1.85**                           | .54      | 11.82          |       |      |
|         | Near-resilient                | Witnessing physical spousal abuse | .75**    | .27            | 7.43  | 2.12 |
|         |                               | Witnessing verbal spousal abuse   | -.13     | .09            | 1.95  | .87  |
|         |                               | Physical abuse by parents         | .24      | .25            | .88   | 1.27 |
|         |                               | Inconsistent parenting            | .49**    | .15            | 10.30 | 1.64 |
|         | Non-resilient                 | Intercept                         | -4.32*** | .52            | 68.16 |      |
|         |                               | Witnessing physical spousal abuse | 1.18***  | .26            | 20.43 | 3.28 |
|         |                               | Witnessing verbal spousal abuse   | .07      | .08            | .69   | 1.07 |
|         |                               | Physical abuse by parents         | 1.28***  | .22            | 31.99 | 3.61 |
|         |                               | Inconsistent parenting            | .60***   | .15            | 16.26 | 1.83 |

Note: \*  $p < .05$ .; \*\*  $p < .01$ .; \*\*\*  $p < .001$ .

<sup>a</sup>Reference resilience level category is “resilient”

### Model 2:

#### *Intensity of familial strains & individual protective factors as predictors of the three resilience levels*

In Model 2 we added individual protective factors to the family strains as predictors of the three resilience levels. With an overall prediction value of 39.8% Nagelkerke for girls, and 36.5% Nagelkerke for boys, the family

strains and individual protective factors combined model also works very well for both genders (see Table 7). As the values of the Pseudo-R<sup>2</sup>-Values show, adding individual protective factors to the family strains substantially increases the explanatory strength of the model for both genders ( $\Delta R^2$  girls 15.7% Nagelkerke and for boys  $\Delta R^2$  15.2% Nagelkerke).

**Table 7. Gender-Specific Pseudo-R-Square of Model 2 “Intensity of Familial Strains & Individual Protective Factors”**

|        | Pseudo-R-Quadrat | $\Delta R^2$ Change to Model 1, the “Intensity of Familial Strains” |
|--------|------------------|---------------------------------------------------------------------|
| Female | Cox und Snell    | .353                                                                |
|        | Nagelkerke       | .398                                                                |
|        | McFadden         | .200                                                                |
| Male   | Cox und Snell    | .323                                                                |
|        | Nagelkerke       | .365                                                                |
|        | McFadden         | .181                                                                |

In Model 2, (see Table 8), as in Model 1, higher scores in “Inconsistent parenting” (Girls OR = 1.80; Boys OR = 1.49), and “Witnessing physical spousal abuse” just for boys (Boys OR = 2.13) were detected as predictive of the near-resilient in comparison to the resilient level for both

genders. Also predictive of the near resilience than the resilience level for both genders were lower scores on the personal indicators “Emotional self-control” (Girls OR = .47; Boys OR = .53), and “Seeking help to avoid violence” (Girls OR = .39; Boys OR = .29).

Additionally in Model 2, mostly the same indicators as in Model 1 were found to be predictive for the difference between resilient and non-resilient level for both genders. Thus for both genders, the higher their scores of “Witnessing physical spousal abuse” (Girls OR = 3.16; Boys OR = 3.28) and experiencing “Physical abuse by parents” (Girls OR = 3.37; Boys OR = 3.91) the higher the probability that they were found in the “non-resilient” group. Also for both genders, lower self-reported scores for all four individual protective indicators were predictive

for non-resilience A decrease in “Emotional self-control” (Girls OR = .24; Boys OR = .31), “Optimistic future view” (Girls OR = .55; Boys OR = .69), “Self-acceptance”(Girls OR = .45; Boys OR = .67), and “Seeking help to avoid violence” (Girls OR = .28; Boys OR = .11) lead to a significantly higher probability that respondents would be non-resilient rather than resilient. Additionally, but only for girls, an increase of “Inconsistent parenting” (Girls OR = 1.81) was a more significant predictor of location on the non-resilient than on the resilient level.

**Table 8. Gender-Specific Multinomial Logistic Regression: Parameter Estimates of Model 2 “Intensity of Familial Strains & Individual Protective Factors”**

| Samples         | Resilience level <sup>a</sup> | B                                 | SE       | Wald statistic | OR    |      |
|-----------------|-------------------------------|-----------------------------------|----------|----------------|-------|------|
| female          | Intercept                     | 3.39*                             | 1.33     | 6.44           |       |      |
|                 | Near-resilient                | Witnessing physical spousal abuse | .16      | .31            | .26   | 1.17 |
|                 |                               | Witnessing verbal spousal abuse   | .01      | .08            | .01   | 1.00 |
|                 |                               | Physical abuse by parents         | .45      | .29            | 2.45  | 1.58 |
|                 |                               | Inconsistent parenting            | .58**    | .17            | 11.79 | 1.80 |
|                 |                               | Emotional self-control            | -.74***  | .17            | 17.18 | .47  |
|                 |                               | Optimistic future view            | -.24     | .17            | 2.03  | .78  |
|                 |                               | Self-acceptance                   | -.15     | .18            | .75   | .85  |
|                 |                               | Seeking help                      | -.92**   | .31            | 8.83  | .39  |
|                 | Non-resilient                 | Intercept                         | 6.12***  | 1.34           | 20.81 |      |
|                 |                               | Witnessing physical spousal abuse | 1.15***  | .28            | 16.29 | 3.16 |
|                 |                               | Witnessing verbal spousal abuse   | .03      | .09            | .11   | 1.03 |
|                 |                               | Physical abuse by parents         | 1.21***  | .28            | 18.17 | 3.37 |
|                 |                               | Inconsistent parenting            | .59**    | .17            | 11.43 | 1.81 |
|                 |                               | Emotional self-control            | -1.40*** | .19            | 50.90 | .24  |
|                 |                               | Optimistic future view            | -.58**   | .18            | 10.47 | .55  |
| Self-acceptance |                               | -.79***                           | .18      | 18.44          | .45   |      |
| Seeking help    | -1.24***                      | .31                               | 15.69    | .28            |       |      |
| male            | Intercept                     | 3.93**                            | 1.34     | 8.53           |       |      |
|                 | Near-resilient                | Witnessing physical spousal abuse | .75**    | .27            | 7.38  | 2.13 |
|                 |                               | Witnessing verbal spousal abuse   | -.18     | .09            | 3.33  | .83  |
|                 |                               | Physical abuse by parents         | .28      | .25            | 1.22  | 1.32 |
|                 |                               | Inconsistent parenting            | .40*     | .16            | 5.88  | 1.49 |
|                 |                               | Emotional self-control            | -.62***  | .15            | 16.71 | .53  |
|                 |                               | Optimistic future view            | -.25     | .17            | 2.11  | .77  |
|                 |                               | Self-acceptance                   | .11      | .17            | .43   | 1.12 |
|                 |                               | Seeking help                      | -1.23*** | .33            | 13.55 | .29  |
|                 | Non-resilient                 | Intercept                         | 7.67***  | 1.33           | 32.81 |      |
|                 |                               | Witnessing physical spousal abuse | 1.19***  | .27            | 18.96 | 3.28 |
|                 |                               | Witnessing verbal spousal abuse   | -.03     | .09            | .10   | .96  |
|                 |                               | Physical abuse by parents         | 1.36***  | .23            | 32.97 | 3.91 |
|                 |                               | Inconsistent parenting            | .32      | .17            | 3.50  | 1.37 |
|                 |                               | Emotional self-control            | -1.16*** | .16            | 50.35 | .31  |
|                 |                               | Optimistic future view            | -.36*    | .17            | 4.25  | .69  |
| Self-acceptance |                               | -.39*                             | .18      | 4.55           | .67   |      |
| Seeking help    | -2.20***                      | .32                               | 45.10    | .11            |       |      |

Note: \*  $p < .05$ .; \*\*  $p < .01$ .; \*\*\*  $p < .001$ .

<sup>a</sup>Reference resilience level category is “resilient”

In summary, for Model 2, the multinomial regression shows that for both genders (Table 8) family strains and the personal protective factors seem to be more significant for predicting membership in the “non-resilient” and “resilient” groups than for predicting membership in and differences between the “near-resilient” and “resilient” groups. Additionally, we detected that lower levels for all four personal protective factors predicted membership in the non-resilient group rather than in the near-resilient group for both girls and boys. This suggests that the low levels of or the absence of these four personal protective factors makes it more difficult for young people (female or male) to remain resilient when faced with family violence.

**Model 3:**

***Intensity of familial strains, individual, and school protective factors as predictors of the three resilience levels***

In Model 3, the addition of the school protective factors to the family strain factors and individual protective factors resulted in only very low additional predictive value for the resilience level location of both genders (see Table 9): For girls the Pseudo-R<sup>2</sup>-change of Model 3 to Model 2 is 3.1% Nagelkerke, and for boys 2.8% Nagelkerke.

**Table 9. Gender-Specific Pseudo-R-Square of Model 2 “Intensity of Familial Strains, Individual & School Protective Factors”**

|        | Pseudo-R-Quadrat | $\Delta R^2$ Change to Model 2, the “Familial Strains & Individual Protective” |      |
|--------|------------------|--------------------------------------------------------------------------------|------|
| Female | Cox und Snell    | .380                                                                           | .027 |
|        | Nagelkerke       | .429                                                                           | .031 |
|        | McFadden         | .220                                                                           | .020 |
| Male   | Cox und Snell    | .347                                                                           | .024 |
|        | Nagelkerke       | .393                                                                           | .028 |
|        | McFadden         | .198                                                                           | .017 |

Model 3 generated an almost exact replication of the indicators already detected in Model 2 (see Table 10) for membership in the near-resilient and non-resilient groups for both girls and boys.

Specifically for the girls, higher levels of “Inconsistent parenting” (Girls OR = 1.67) were significantly connected to membership in the near-resilient rather than the resilient group, and in the non-resilient rather than the resilient group (Girls OR = 1.59). Also, only for the girls, lower scores for the items “Optimistic future view” (Girls OR = .60), and “Self-acceptance” (Girls OR = .47) were significantly predictive of membership in the non-resilient rather than the resilient group. Interestingly, for girls, higher levels of “Acceptance by peers at school”

(Girls OR = 1.51) were significantly predictive of membership in the non-resilient rather than the resilient group.

Further, Model 3 showed that specifically for the boys, higher levels of “Witnessing physical spousal abuse” (Boys OR = 2.01), and “Witnessing verbal spousal abuse” (Boys OR = 1.25) were significant for membership in the near-resilient rather than the resilient group.

As well, for both genders, location on the near-resilient level in comparison to the resilient level was predicted by lower levels of “Emotional self-control” (Girls OR = .48; Boys OR = .57), “Seeking help to avoid violence” (Girls OR = .43; Boys OR = .32), and “No verbally aggressive teachers” (Girls OR = .54; Boys OR = .44).

**Table 10. Gender-Specific Multinomial Logistic Regression: Parameter Estimates of Model 3 “Intensity of Familial Strains, Individual, and School Protective Factors”**

| Samples                         | Resilience level <sup>a</sup> | B                                 | SE       | Wald statistic | OR    |      |
|---------------------------------|-------------------------------|-----------------------------------|----------|----------------|-------|------|
| female                          | Near-resilient                | Intercept                         | 5.16**   | 1.64           | 9.81  |      |
|                                 |                               | Witnessing physical spousal abuse | .10      | .32            | .11   | 1.11 |
|                                 |                               | Witnessing verbal spousal abuse   | .02      | .09            | .08   | 1.02 |
|                                 |                               | Physical abuse by parents         | .32      | .29            | 1.15  | 1.37 |
|                                 |                               | Inconsistent parenting            | .51**    | .17            | 8.56  | 1.67 |
|                                 |                               | Emotional self-control            | -.71***  | .18            | 15.47 | .48  |
|                                 |                               | Optimistic future view            | -.18     | .17            | 1.06  | .83  |
|                                 |                               | Self-acceptance                   | -.11     | .18            | .35   | .89  |
|                                 |                               | Seeking help                      | -.84**   | .31            | 6.99  | .43  |
|                                 |                               | No verbally aggressive teachers   | -.61*    | .26            | 5.35  | .54  |
|                                 |                               | Close relationship to teachers    | -.11     | .18            | .37   | .89  |
|                                 |                               | Acceptance by peers at school     | .22      | .16            | 1.98  | 1.25 |
|                                 |                               | School climate                    | .04      | .15            | .09   | 1.04 |
|                                 | Non-resilient                 | Intercept                         | 9.15***  | 1.69           | 29.26 |      |
|                                 |                               | Witnessing physical spousal abuse | 1.06***  | .29            | 12.83 | 2.89 |
|                                 |                               | Witnessing verbal spousal abuse   | .06      | .09            | .48   | 1.06 |
|                                 |                               | Physical abuse by parents         | 1.05***  | .29            | 13.13 | 2.87 |
|                                 |                               | Inconsistent parenting            | .46*     | .18            | 6.52  | 1.59 |
|                                 |                               | Emotional self-control            | -1.38*** | .20            | 46.47 | .25  |
|                                 |                               | Optimistic future view            | -.49**   | .18            | 7.15  | .60  |
| Self-acceptance                 |                               | -.73***                           | .19      | 14.25          | .47   |      |
| Seeking help                    |                               | -1.05**                           | .32      | 10.67          | .34   |      |
| No verbally aggressive teachers |                               | -1.22***                          | .27      | 20.57          | .29   |      |
| Close relationship to teachers  |                               | .13                               | .19      | .48            | 1.14  |      |
| Acceptance by peers at school   |                               | .41*                              | .16      | 6.02           | 1.51  |      |
| School climate                  |                               | -.10                              | .16      | .43            | .89   |      |
| male                            | Near-resilient                | Intercept                         | 6.88***  | 1.61           | 18.07 |      |
|                                 |                               | Witnessing physical spousal abuse | .70*     | .28            | 6.14  | 2.01 |
|                                 |                               | Witnessing verbal spousal abuse   | .21*     | .10            | 4.62  | 1.25 |
|                                 |                               | Physical abuse by parents         | .27      | .26            | 1.11  | 1.32 |
|                                 |                               | Inconsistent parenting            | .33      | .17            | 3.79  | 1.39 |
|                                 |                               | Emotional self-control            | -.56***  | .15            | 12.66 | .57  |
|                                 |                               | Optimistic future view            | -.22     | .17            | 1.56  | .80  |
|                                 |                               | Self-acceptance                   | .10      | .19            | .31   | 1.11 |
|                                 |                               | Seeking help                      | -1.11**  | .34            | 10.65 | .32  |
|                                 |                               | No verbally aggressive teachers   | -.80**   | .23            | 11.37 | .44  |
|                                 |                               | Close relationship to teachers    | -.01     | .15            | .01   | .99  |
|                                 |                               | Acceptance by peers at school     | .01      | .16            | .01   | 1.01 |
|                                 |                               | School climate                    | -.13     | .13            | 1.00  | .87  |
|                                 | Non-resilient                 | Intercept                         | 11.43*** | 1.63           | 48.83 |      |
|                                 |                               | Witnessing physical spousal abuse | 1.10***  | .27            | 15.80 | 3.02 |
|                                 |                               | Witnessing verbal spousal abuse   | -.08     | .10            | .65   | .92  |
|                                 |                               | Physical abuse by parents         | 1.27***  | .24            | 26.32 | 3.56 |
|                                 |                               | Inconsistent parenting            | .21      | .17            | 1.46  | 1.24 |
|                                 |                               | Emotional self-control            | -1.06*** | .16            | 39.75 | .34  |
|                                 |                               | Optimistic future view            | -.31     | .18            | 2.97  | .72  |
| Self-acceptance                 |                               | -.37                              | .19      | 3.59           | .68   |      |
| Seeking help                    |                               | -2.04***                          | .33      | 36.86          | .12   |      |
| No verbally aggressive teachers |                               | -1.06***                          | .24      | 19.62          | .34   |      |
| Close relationship to teachers  |                               | -.17                              | .16      | 1.19           | .83   |      |
| Acceptance by peers at school   |                               | .12                               | .16      | .55            | 1.13  |      |
| School climate                  |                               | -.03                              | .14      | .06            | .96   |      |

Note: \*  $p < .05$ .; \*\*  $p < .01$ .; \*\*\*  $p < .001$ .

<sup>a</sup>Reference resilience level category is “resilient”

Finally, Model 3 (see Table 10) also showed that for both genders, membership in the non-resilient group vs. the resilient group is significantly correlated to higher scores for “Witnessing physical spousal abuse” (Girls OR = 2.89; Boys OR = 3.02), “Physical abuse by parents” (Girls OR = 2.87; Boys OR = 3.56), and lower scores for “Emotional self-control” (Girls OR = .25; Boys OR = .34), and “Seeking help to avoid violence” (Girls OR = .34; Boys OR = .12). Additionally, the analysis generated by Model 3 showed that for both genders lower levels of “No verbally aggressive teachers” (Girls OR = .29; Boys OR = .34) distinguishes for membership in the non-resilient group than in the resilient group.

Overall the multinomial regression showed that for both genders (Table 10) lower self-reported scores for family strains and higher scores for individual protective indicators seem to contribute more significantly to resilience than school protective factors. Accordingly, this suggests that when adolescent girls and boys are highly burdened by family strains and, at the same time, have few if any personal resources, the school-related protective factors that we examined in our study are not sufficient to counter these negative influences. For both genders, the intensity of familial strains was especially predictive for membership in the non-resilient and resilient groups. This also holds for the protective effects of individual factors. Still, overall, given the significance of the contribution of lower levels of family risk factors to higher levels of resilience despite having experienced family violence, we underline the necessity of including especially family violence prevention as a keystone for all programmes that aim to build and support resilience in adolescents.

### Discussion

As results showed there is reason to be concerned, even alarmed: of the 5,149 participating adolescents with an average age of 14.5 years, 1,644 or 31.9% reported experiencing violence in their families with 23% reporting physical parental abuse and 17% reporting witnessing physical spousal abuse. Interestingly, this prevalence of family violence in four European Union countries is very similar to prevalence levels found in the United States, where almost 28% of adolescents in the U.S. National Longitudinal Study of Adolescent Health reported physical abuse by caregivers during childhood (Hussey et al., 2006).

Consistent with the findings of Herrenkohl et al. (2003), Sousa et al. (2011), and Yates et al. (2003), we detected a robust significant overlap between the two reported family violence indicators. We conclude therefore with Kassis, Artz, and Moldenhauer (2013), that our levels approach to understanding resilience allows us to see that as the amount of violence exposure increases, the num-

ber of participants who remain resilient declines and the quality of the resilience becomes more precarious.

Our findings suggest that for both genders, in order to promote resilience, controlling family strains and risks is of greater importance than promoting protective personal or school factors because the weight of the intensity of familial risk and strain predictors (Witnessing physical spousal abuse, Witnessing verbal spousal abuse, Physical abuse by parents, and Inconsistent parenting) best predicts resilience status even though protective factors still play a significant role. Because of the sample size, we decided not to work at the subsample level, so the specific role of poly-victimization (Finkelhor et al., 2007) could not be examined. More research on co-occurrence and how this relates to the resilience continuum would be of great use in expanding our understanding of resilience and our new model. As well, a deeper qualitative understanding of the specific family situations in which violence occurs, one that examines the levels of resilience that we suggest, would be extremely relevant. These kinds of insights are likely best achieved through case studies (Artz, 1998).

Our study supports Khanlou and Wray’s (2014) findings that in order to promote resilience, controlling risks is a central strategy. When compared with resilient students, for both genders, the probability of near resilience is significantly predicted by the amount of experienced “Inconsistent parenting”. Additionally, a higher amount of “Witnessing physical spousal abuse” contributes to a higher probability that boys will be found at the near resilience level rather than at the resilient level. Further, location at the non-resilience level is best explained for both genders by the same three indicators: “Witnessing physical spousal abuse”, “Physical abuse by parents”, and “Inconsistent parenting”. Thus, for both males and females, the higher the levels of exposure to these negative experiences, the lower the resilience levels.

On the positive side of the equation, when we consider individual protective factors, for both genders, higher levels of the personal indicators – that is, “Emotional self-control” and “Seeking help to avoid violence” – are predictive of location at the resilient rather than the near-resilient level. As well, for both genders, lower self-reported scores for all four individual protective factors were significant for non-resilience such that decreases in “Emotional self-control”, “Optimistic future view”, “Self-acceptance”, and “Seeking help to avoid violence” were predictive of significantly a higher probability that respondents would be non-resilient rather than resilient. Our finding that a positive self-concept is highly predictive for resilience supports the work of Brownfield and Thompson (2005).

School protective factors added only a low additional predictive value for assessing resilience levels for both genders. Interestingly, for girls, higher levels of “Acceptance by peers at school” were significant for membership in the non-resilient rather than the resilient group. For boys, lower levels of exposure to verbally aggressive teachers were predictive of their location at the near-resilient level rather than the non-resilient level, but the effect did not contribute to location at the resilient level. Although these findings are somewhat supportive of those of Byrne and Lurigio (2008), and Desjardins and Leadbeater (2011) – that especially for adolescents from violent families good relationship with teachers may be helpful resources – our findings suggest that we should not expect positive teacher interactions to erase the negative familial impacts.

Overall, the multinomial regression showed that for both genders lower self-reported scores for exposure to violence in the family and inconsistent parenting and higher scores for individual protective indicators seem to contribute more significantly to resilience than school protective factors. Accordingly, this suggests that when adolescent girls and boys are highly burdened by exposure to family violence and poor parenting and, at the same time, have few if any personal resources, the school-related protective factors that we examined in our study are not sufficient to counter these negative influences. The level of familial difficulties was for both genders especially predictive for membership in the non-resilient and resilient groups. This also holds for the protective effects of individual factors. Still, overall, given the significance of the contribution of lower levels of family risk factors to higher levels of resilience despite having experienced

family violence, we underline the necessity of including especially family violence prevention as a keystone for all programmes that aim to build and support resilience in adolescents.

The cross-sectional character of this study implies that we make no conclusions about causalities, and that are results speak only to resilience factors. While not engaging in the ongoing methodological and philosophical discussion about whether causality really exists in social sciences (Mackie, 1974, 1965/1993; Maruyama, 1997; Waldmann & Hagmayer, 2006), we still note that longitudinal studies (Sousa et al., 2011; Spano, Rivera, & Bolland, 2010) have concluded that there is a reciprocal relationship between violence in adolescence and parental physical abuse. These “coercive cycles” (Leadbeater, Boone, Sangster, & Mathieson, 2006) seem to be well established and our work confirms that and adds to the discussion the notion that different forms of family abuse can also have different effects on the resilience level of the adolescents who are subjected to such abuse. As a next step, we believe that we need to replicate our model both across several more E.U. countries and also in the English-speaking industrialized world in order to test its validity, and hope that in the meantime, we have made a good beginning with our revision of existing approaches to understanding resilience.

Ultimately, we conclude that the level of family violence burden (Finkelhor et al., 2007; Kassis et al., 2013), and the accumulation of risk factors (Kassis et al., 2013; Loeber, Slot, & Stouthamer-Loeber, 2008) are central to resilience status and should therefore be the prime targets for prevention and intervention.

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**Endnotes**

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2. All measures are available from the lead author. The main purpose of Cramer’s V is to report the importance of a prediction of an association between two nominal variables. If the proportion of variability is high it provides a high prediction by the model. The measure and its interpretation are very similar to the Pearson correlation coefficient with ranges from -1 to +1, while 0 indicates no relationship. Coefficients higher than 0.30 are counted as fairly predictive for the analyses made. Chi-square values are directly proportional to the sample size. And as Knoke, Bohrnstedt, and Potter Mee (2002) state: “This sensitivity of  $\chi^2$  to sample size in a crosstab underscores the important difference between statistical significance and substantive importance” (p. 147).

# **SOCIAL AND FAMILIAL INCLUSION OF CHILDREN AND ADOLESCENTS IN ALTERNATIVE CARE: ADVANCES AND CHALLENGES OF PROFESSIONAL PRACTICE IN BRAZIL TODAY**

**Isa Maria F. R. Guará and Dayse Cesar Franco Bernardi**

**Abstract:** This article focuses on the advances and challenges of familial and social inclusion of children and adolescents in residential care in light of the new legal framework for services in Brazil. It also discusses the new framework's application to professional practices at different levels of management and decision-making in the social protection system in Brazil today. The authors' experience in creating and conducting training courses for educators and social managers who work directly in social protection programs or in the Justice system provides inputs for an interpretive analysis of family inclusion of children who live away from parental care, seeking to understand the progress and challenges and their applications to residential care services. Taking into consideration the data available in research and publications that provide an overview of the situation, as well as everyday professional practice, we specifically discuss the Individual Care Plan [*Plano Individual de Atendimento*] as a tool for implementing the rights of children and adolescents and for planning processes for their socio-familial inclusion. Individual Care Plans have contributed to improved and shortened stays in residential care according to judicial experts.

**Keywords:** Brazil, residential care, adolescents, children, inclusion

**Isa Maria F. R. Guará** is a Lecturer in the Master's Degree Program Adolescents in Conflict with the Law at UNIAN, São Paulo, Brazil, and expert advisor at the Center for Studies on Children and Adolescents [Núcleo de Estudos da Criança e do Adolescente, NECA].  
E-mail: isamariaguara@gmail.com

**Dayse Cesar Franco Bernardi** is a Lecturer on Legal Psychology at the Sedes Sapientiae Institute, São Paulo, Brazil, and expert advisor at the Center for Studies on Children and Adolescents [Núcleo de Estudos da Criança e do Adolescente, NECA].  
E-mail: daysecfbernardi@uol.com.br

**T**he main Brazilian legislation for protection of children and adolescents is the *Estatuto da Criança e do Adolescente* [Statute of Children and Adolescents] (ECA)<sup>1</sup>, which came into effect in 1990. It is based on the principles of the United Nations Convention on the Rights of the Child (UNCRC) and other international treaties. It has been an important lever for the reorganization of the structure of care and social policies for children and adolescents, bringing to the public agenda the fulfilment of their needs as guaranteed rights. Movements and proposals aimed at ending child labour, combating domestic and sexual violence, and guaranteeing a life within the family and the community, especially for those with higher social vulnerability, have been putting pressure on governments and the justice system to accelerate changes in order to transform this legislation into actions and objective responses that attend to the needs of children and adolescents.

Among the major violations of the rights of children and adolescents who are in a vulnerable situation in Brazil are the lack of support and security on the part of family and community and the low education level of children and adolescents, which is detrimental to their future social and economic inclusion and negatively impacts their emotional and social development. Many children and adolescents still live in environments in which they are subjected to different forms of domestic and sexual violence and are in a state of material and emotional abandonment. Many are on the streets.

A series of national standards and complementary legislation aimed at creating new structures and services to streamline the processes of inclusion and social protection of this population has been drawn up. Regional ordinances and local regulations derived from the national standards aim to guide and control the deployment and appropriateness of services, activities, and child-care programs; and to avoid violations of rights with the support of the new political-legal paradigm.

Social and familial inclusion has become the heart of the social welfare and protection system<sup>2</sup> in Brazil. We define social and familial integration as the process of a child or adolescent who was separated from parental care returning to live within his

or her family and community or with an adoptive family. All efforts and legal measures seek to strengthen biological families in regaining their protective capacity so they can take back the children who have moved away from their family space of affection and protection.

For social and familial integration the extended family is also considered. Grandparents, uncles, aunts, and other relatives assume the protective role in a large number of cases (Fontes, 2008; Bazon, 2000; Araújo & Dias, 2010)<sup>3</sup>. In the cases of children and adolescents whose chances of family reintegration are considered remote, it has been proposed that a gradual transition take place from the institutional model of residential care to the so-called “*repúblicas jovens*” [youth group homes], in which a group of young people are supported in their process of achieving autonomy and social attachment.

Besides the legal, structural, and political changes, tools and procedures are planned to accommodate each unique case, and to expand monitoring and control over actions carried out. One of these tools is the *Plano Individual de Atendimento* [Individual Care Plan] (PIA), which must be prepared by professionals from residential care or shelters and monitored by agents of the justice system: legal practitioners, prosecutors, and judges of Childhood and Youth. The monitoring is to be carried out through “concentrated hearings”. In this model, the judge of Childhood and Youth coordinates the discussion of each case with the entire network of services involved in the individual plan. The PIAs will facilitate the full protection, restoration, and socio-education of children and adolescents who are in care services, and support the main goal of promoting family reintegration.

We present here a brief inventory of the main legal rules and parameters that guide Brazilian public policies geared towards children and adolescents who live in residential care services and shelters. From the empirical field, we have added information collected in 26 training meetings conducted by the *Núcleo de Estudos da Criança e do Adolescente* [Center for the Study of Children and Adolescents] (NECA) in 2014, which were attended by 1,200 judicial technicians from the State of São Paulo. Data were categorized by content analysis (Rocha & Deusdará, 2005), according to the assumptions of social pedagogy, and with the awareness that in those meetings the methodology was similar to that of action-research (Caliman, 2006). This makes it possible to analyze the socio-familial integration of children and adolescents in the context of secondary research data and national surveys, and also in light of the questions and categories emerging in the discourse of those involved in the services and shelters.

### **Concepts, legal framework, and social policies for social and familial insertion of children and adolescents**

In the 1980s and 1990s, large residential institutions for children, of the type analyzed by Foucault (1987) in his famous book *Discipline and Punish*, were criticized and denounced by many researchers (Fonseca, 1987; Silva, 1997; Altoé, 1993; Guirado, 1986). These studies contributed to social knowledge by discussing the ways that isolation, the impact of mass culture, and the absence of family and community life damage the development of marginalized children and adolescents. These and other references supported the legal changes made in the care system laid out when the ECA came into force in 1990. Other researchers (Pilotti & Rizzini, 1995; Baptista, 2006) in different fields showed the need to end the segregation and subordination of impoverished children. Until this is accomplished, families will continue to be stigmatized and held solely responsible for violations of their children’s rights.

The ethical-political dimension of inclusion (Sawaia, 2001) manifests itself here, indicating the need to deal with the ethical and political suffering derived from situations of exclusion<sup>4</sup>, so that that re-inclusion in the family is not thought of just as a legal mandate, disconnected from the desire of the family to establish links and provide protection. Reintegration with the family must be seen as a real possibility. The difficulty of guiding mothers of children who are in shelters regarding good parental care, when they themselves did not have this positive experience in their childhood, was one of the recurring themes in the discourse of participants in the training meetings. They talked about the emotional toll and human suffering present in the stories of neglect and deprivation, often magnified by violence and humiliation. To deal humanely with such situations requires a greater understanding of human subjectivity than the formal judicial process can muster. Personal contacts are often bureaucratized, which leads to blaming the families, who actually require help as much as their children.

Regarding adoption<sup>5</sup>, inclusion in a new family requires quality interventions consistent with legal requirements and with the best interests of the child or adolescent<sup>6</sup> who, at all times during the process, should be duly heard and informed about the meaning of entering a new family. The personal history of the child or adolescent must be taken into account<sup>7</sup>.

Moreira et al. (2013) studied how the protective measures prescribed by the ECA unfolded in family systems and found “badly told stories”, in which the absence of complete records on the family situation and the fact that

families and children were not heard by qualified personnel led to “hasty decisions for separation or inadequate return to the family of origin” or even “to decisions regarding adoption without the participation of the child, the birth family and the adoptive family”. An untold story, the authors conclude, can lead to a prolongation of the child’s time in institutional care (pp. 70–71).

In recent years, a variety of legal and regulatory instruments have had an impact on the process of family integration of children in residential care<sup>8</sup>. In 2009, the *Conselho Nacional de Justiça* [National Council of Justice] (CNJ) regulated the establishment of a *Cadastro Nacional das Crianças e Adolescentes Acolhidos* [National Register of Children and Adolescents in Care]. In 2013, the CNJ made it mandatory to hold concentrated hearings to review cases of institutional placement (CNJ, 2013). Held biannually for each foster child, the hearing will reassess the individual plan with the child or adolescent, the family, and representatives of the justice system all present. Under these new regulations, which attempt to guarantee the right to a family life for all children and adolescents (Presidência da República, 2009), the decision to take a child or adolescent into alternative residential care services becomes a direct responsibility of the Child and Youth judge.

According to the *Plano Nacional de Proteção, Promoção e Defesa do Direito de Crianças e Adolescentes à Convivência Familiar e Comunitária* [National Plan for the Protection, Promotion, and Preservation of the Rights of Children to Family and Community] (PNCFC), socio-familial support programs are designed to strengthen the family by establishing, in a participatory manner, a work plan or family development plan that values the family’s uniqueness and its ability to find its own solutions for the problems it faces, given professional and institutional support (Presidência da República, 2006). The PNCFC also emphasizes the need to link various basic social policies, in particular those concerned with public health, social assistance, and education.

National surveys and studies on residential care services have been a source of analyses and observations regarding the status and real experience of resident children, service providers, and the professionals who work with them. In a 2003 survey by the *Instituto de Pesquisa Econômica Aplicada* [Institute for Applied Economic Research] (Ipea), among the most frequently-cited reasons for child and adolescent residential care were the family’s lack of material resources (24.1% of cases) and abandonment by parents or guardians (18.8%); a smaller number (7%) of the resident children came from an experience of life in the streets. Most of these children had a family (87%) and many maintained bonds with it (58.2%) (Silva, 2003).

In 2008, the *Núcleo de Estudos da Criança e do Adolescente* [Study Center for Children and Adolescents] (NECA) conducted an investigation of tensions in the care placement process and of the relations between those deciding and those executing the special protection services of residential care (one of the forms of alternative care) in the city of São Paulo, with the participation of around 200 professionals (NECA, 2009). The survey revealed a demand for providing services through articulated networks in response to disconnected institutions and a need to work directly with the families, both to prevent the need for institutional care and to ensure the possibility of family and community reintegration of children and adolescents who had been taken into care.

The *Levantamento Nacional das Crianças e Adolescentes em Serviços de Acolhimento* [National Survey of Children and Adolescents in Residential Care], conducted by the Oswaldo Cruz Foundation (Fiocruz, 2010) and the *Ministério do Desenvolvimento Social e Combate à Fome* [Ministry of Social Development and the Fight against Hunger] (MDS) showed that in 2010 a total of 36,929 children and adolescents were taken into care in 2,624 institutions providing residential care services in 1,157 Brazilian municipalities. Most children and adolescents taken into care had a family and most of them maintained affective bonds with it, even though some had been in the institution for long periods of time. This is a sign of both the low effectiveness of community-oriented social policies aimed at guaranteeing family reintegration and of the true complexity of the cases. A point worth noting is that 96.5% of the services were *acolhimento institucional* [institutional residential care] and only 3.5% were *família acolhedora* [foster care]<sup>9</sup>, most of which has been implemented in the last six years (Fiocruz, 2010).

It is worth noting that there is no research on the reasons why there are so few foster care initiatives, but some researchers point to the culture of caring for children within the extended family (Sarti, 1996) and the temporary circulation of children among relatives (Fonseca, 2004) as possible reasons. Martins et al. (2010) add that the support of the extended family “requires less professional effort and economic spending from public authorities” than a program such as foster families; moreover, it keeps children in their cultural and social context. Fonseca (2004) also notes that in Brazilian legislation there is no focus on foster family placement, but a priority is placed on the birth family.

Despite the explanations and testimonies in surveys about the use of foster families, there are still many difficulties in understanding the aim of a service of this nature. Valente (2012) suggests that the lack of debate on this issue shows

that there is little information to generate the necessary clarity to differentiate the use of residential care, adoption, circulation of children, informal foster care, or even custody in the extended family or in a significant social network.

In spite of the significant number of institutional care services, both residential care and *casas-lares* [group homes], the debate is still contradictory and the need to seek legitimacy is constant. Siqueira and Dell’Aglío (2006) conducted a review of the literature of recent decades on these institutions and their influence on the development of children and adolescents. The results show both the harms of life in an institution on the development of children and adolescents and that “the institution can be a positive alternative when the family environment is disorganized and chaotic” (p. 71). We have heard testimonies from educators about children who have lived through family conflicts and usually fled and broke the bonds of belonging with close relatives to avoid situations of suffering and rejection from their families (Guará, 2008). This reinforces the ambivalence between the recommendation for lowering the priority of residential care for children and adolescents and the increasing social demands for this type of care.

Children in residential care, in the words of Motta et al. (2006), “need someone who understands the nature of their suffering and is sincerely interested in them”. The loneliness of a life marked by emotional instability and insecurity requires a new pedagogy, such as that proposed by Costa (1987) in his book *Pedagogia da Presença* [Pedagogy of Presence], which has become a reference for social educators in Brazil. Anglin (2002), in his study on residences for children in Canada, also acknowledged that the response to behavior motivated by pain is an important psychosocial process in care work with children in residential care. The discourse of children and adolescents about their own experience in host institutions highlights the importance of recovering the validity of residential care institutions as places “of possibilities, refuge, affection and protection” (Arpini, 2003, p. 70).

Despite much research, little is yet known “about the plurality of the ways of life, the trajectories, the dynamics and structure of the bonds and the family networks of those who have their children placed in residential care”, according to Vitale (2006, p. 70). A number of different training and institutional intervention projects (NECA, 2012) aimed at practitioners and social agents have revealed an absence of unity regarding the scope and responsibilities of those who work with families towards the recovery of their protective capacity, and an excess of competing solutions and approaches. The lack of coordination is an obstacle to effective social and familial inte-

gration. A variety of situations and structural conditions must be addressed if childcare services are to be effective in integrating children and adolescents into their original or adoptive families.

In the field of social policy, social welfare as a public social protection policy<sup>10</sup> has been promoting substantial changes in the ways that the expansion of social rights and universal access to the services are facilitated: by setting minimum standards of quality for the services and the social benefits; and by attracting increased State commitment to the system, leading to a greater degree of State provision of goods and social services.

The *Tipificação Nacional dos Serviços Socioassistenciais* [National Grading of Social Assistance Services] (Fiocruz, 2009) defines the structure of basic-, medium-, and high-complexity social protection services (in which are placed institutional or foster care services) and guidelines for work programs with families, as can be seen in the table below.

Legal, political, and administrative changes were added to ethical and judicial demands. Their indicators can be summarized as follows: individualization of care; overcoming the culture of institutionalization and standardization; expediting decisions and referrals regarding the lives of children and adolescents; expansion of possibilities to protect and prevent further abandonments; accountability of those involved in the care and fate of children and adolescents; a belief in the possibility of child and family participation in building present and future life projects; and support for the recovery or maintenance of the protective capacity of the family. Although with some delay, and unevenly in the different Brazilian states, the reorganization of residential and protective services has been guided by these indicators. Nonetheless, there certainly are still major challenges for achieving quality care that is consistent with the needs of children and adolescents and with the variety of situations they experience.

In the early years of this century, many advances were seen in residential institutions (Guará, 2005). They included the adaptation of physical facilities, hiring specially-trained professionals, a reduction in the number of children and adolescents served, a change in the care regime, and the expansion of institutional relations between care programs and services and the Judiciary. However, the changes in the structure of the service were more significant than those in other areas: the qualifications of the professional staff; the development of methodologies for working with families towards strengthening their emotional and protective bonds; and the creation of an effective liaison between the residential institutions and the network of public social programs.

**Table 1. Social Assistance Services By Complexity Level**

| <b>Basic Social Protection</b>                       |                                                                                                                                                                                                           |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                                                   | <i>Serviço de Proteção e Atendimento Integral à Família</i> [Family Protection] (PAIF)                                                                                                                    |
| 2.                                                   | <i>Serviço de Convivência e Fortalecimento de Vínculos</i> [Strengthening Bonds]                                                                                                                          |
| 3.                                                   | <i>Serviço de Proteção Social Básica no Domicílio para Pessoas com Deficiência e Idosas</i> [People with Disabilities and Senior Citizens]                                                                |
| <b>Special Social Protection - Medium Complexity</b> |                                                                                                                                                                                                           |
| 1.                                                   | <i>Serviço de Proteção e Atendimento Especializado a Famílias e Indivíduos</i> [Individual and Family Protection] (PAEFI)                                                                                 |
| 2.                                                   | <i>Serviço Especializado de Abordagem Social</i> [Social Approach]                                                                                                                                        |
| 3.                                                   | <i>Serviço de Proteção Social a Adolescentes em Cumprimento de Medida Socioeducativa de Liberdade Assistida (LA) e de Prestação de Serviços à Comunidade (PSC)</i> [Adolescents in Conflict with the Law] |
| 4.                                                   | <i>Serviço de Proteção Social Especial para Pessoas com Deficiência, Idosos(as) e suas Famílias</i> [People with Disabilities and Senior Citizens]                                                        |
| 5.                                                   | <i>Serviço Especializado para Pessoas em Situação de Rua</i> [Homeless People]                                                                                                                            |
| <b>Special Social Protection - High Complexity</b>   |                                                                                                                                                                                                           |
| 1.                                                   | <i>Serviço de Acolhimento Institucional</i> [Institutional Residential Services]                                                                                                                          |
| 2.                                                   | <i>Serviço de Acolhimento em República</i> [Youth Group Home Services]                                                                                                                                    |
| 3.                                                   | <i>Serviço de Acolhimento em Família Acolhedora</i> [Foster Family Service]                                                                                                                               |
| 4.                                                   | <i>Serviço de Proteção em Situações de Calamidades Públicas e de Emergências</i> [Emergencies and Calamities]                                                                                             |

Source: National Grading of Social Assistance Services (MDS, 2009).

Currently a significant change in the profile (age/gender) of care is under way, which requires an interprofessional team approach and also a public policy of continuing education. In the survey conducted by the *Conselho Nacional do Ministério Público* [National Council of the Public Attorney's Offices] (CNMP) in 2013 regarding age, the age group of children taken into care was wide, with a “greater number of boys and girls between 0 and 15-years old and a higher incidence of boys between 6 and 11-years old and girls between 6 and 11 and 12 and 15-years old” (CNMP, 2013, p. 36). The prosecutors who gathered the data also pointed out that there are many cases of special conditions, namely, “physical, sensory or mental disability, mental patients, drug addicts, children with infectious diseases, homeless, with death threats, and pregnant teenagers or with children” (CNMP, 2013, p. 40).

In cases of abandonment or neglect, as a matter of law, the family concerned is referred to guidance and support services in an attempt to help construct a family environment of affection and belonging for the child. Since there are insufficient programs and care services for families

and their complex demands, solving problems takes longer than desirable and institutional care of the child remains a recurring option.

A strategic shift in the application of justice in these cases has consolidated in recent years with the mandatory preparation of Individual Care Plans by the professionals in charge of residential care<sup>11</sup>, and the obligation to hold concentrated hearings by the *Juizados da Infância e Juventude* [Child and Youth Courts] (CNJ, 2013).

The professionals in the judicial teams, who are mostly social workers and psychologists, are responsible for monitoring the development and implementation of the Individual Care Plans of children and adolescents taken into care. The cases are reassessed every six months in concentrated hearings. The Child and Youth judge coordinates discussion of each case with the entire network of services involved to make possible comprehensive protection and education of the child or adolescent, and to promote family reintegration. Children, adolescents, and families are now considered active participants in the hearings so that their

perspectives can be taken into account in the Individual Care Plan, making it a better resource for building increasingly self-sufficient life projects.

Whether to place the child or adolescent in an institution or with family is a prerogative of the Judiciary, except in urgent cases, when the decision can be made by the Guardianship Counsellors<sup>12</sup>. Given the temporary nature of the placement, the law imposes a maximum limit of two years, subject to extension if necessary, in order to avoid a long-term placement in the services and to stimulate the rapid reintegration of the child or adolescent with the family. However, the departure of the child or adolescent from the care regime assumes a reasonable prospect of reintegration, which may not exist.

The departure from the care regime is monitored for a period of time to allow the recovery of effective ties and the restoration of protective practices in the family. To aid with successful reintegration, the family is supported and connected with appropriate social networks, so that it is prepared to receive the child back and is able to keep him or her protected.

#### **Social and familial integration following the Individual Care Plan: Advances and challenges**

The project *Encontros de Formação – Plano Individual de Atendimento para as Medidas de Proteção* [Training Meetings – Individual Care Plan for Protection Measures] (NECA, 2014), geared to judicial interprofessional teams, aimed to provide technical and legal support for the preparation, monitoring, supervision, and evaluation of the Individual Care Plans of children and adolescents subject to protection measures<sup>13</sup>. Dialogical and classroom training meetings with professionals from all judicial and regional districts of the State of São Paulo were conducted at the headquarters of the administrative regions of the Judicial Court. The project, which was carried out between August and November in 2013, took place in two stages, with 26 meetings and a total of 156 hours of classroom training for 1,013 judicial practitioners.

An initial survey was conducted on the first stage – the development of Individual Care Plans – with space for suggestions for improving and enhancing work in the justice system and coordination with enforcement agencies and the community. To do that, NECA produced an on-line tool for data collection with 59 questions (including two open questions) that were answered by the participants and systematized by the project coordination team.

The methodological strategy focused on hearing the professionals' opinions through the initial survey, and on their participation in open discussions and group work

during the meetings, where they shared experiences and innovative practices in different Child and Youth Courts in the state. Stimulating the debate allowed professionals to express their ideas, experiences, and perceptions of how the Individual Care Plan in protective measures is managed and monitored, and to discuss actions that impact the effectiveness of judicial decisions.

Delays in solving cases and the resulting “abandonment” of children in care services were cited by work group participants as a decisive factor in justifying many of the legal changes that were made; therefore, the two-year limit was one of the aspects discussed. Both Justice agents and the children themselves are often disappointed by the slow progress of cases, or with the substance of technical assessments and the indicated referrals, particularly when the assistance network is still fragile.

On the other hand, the professionals reflected on the danger of setting and rigidly adhering to the time limit of two years for social and familial reintegration because the impact of the focused intervention on the subject could be lost. There is a risk that the strict application of a general rule will conflict with the uniqueness of individual stories, and be detrimental to the specificity of interventions. When care services are ended too early, the possible adverse consequences include new abandonments, victimization, and unsuccessful adoptions.

This complexity was addressed many times in the training sessions and gained prominence in the experiments that the teams presented in the second stage of the project, when they were invited to submit their work. This was done through a procedure produced by NECA, with a script for recording the presentations, aimed at enhancing the exchange of experiences among the groups.

The data collected indicate improvements in the structure and the operation of networks, in the work of the Judicial Court, in the technical and pedagogical action of institutional care services, and in the process of preparation and monitoring of the Individual Care Plan. The judicial teams recognize the need for ongoing action of the Judiciary in monitoring the compliance of the goals of municipal policies. They also believe that it is possible to make the Individual Care Plans more effective by leveraging actions shared by organizations that are part of the social safety net, suggesting that this may be done through agreements signed across sectors or even through judicial levies, from civil actions taken by the Public Ministry.

#### **Major advances**

The main advances identified by the teams can be summarized as follows:

- The Individual Care Plan makes possible the formalization of objectives to be achieved and can improve the quality and development of the care service network. It has become a technical tool for socio-familial integration that enables and extends the guarantee of the rights of children and adolescents in care;
- Recent changes encourage a more humanized perspective, with network teams more aware of the need to understand the real lives of the subjects receiving care;
- The decision of the National Council of Justice to review each case every six months has been a qualitative as well as a quantitative leap, since it requires the involvement of judges and prosecutors in children's lives, greater participation in intersectional relationships, broader dialogue with service networks, visits to residential placements, and listening to children in care. In other words, this decision mandates a more careful consideration of the individuality of children and adolescents removed from parental care;
- The joint elaboration of an Individual Care Plan requires dialogue between judicial interprofessional teams and municipal institutions, bringing the professionals from Children's Courts closer to the teams, care services and Guardianship Counsellors;
- Thanks to the joint elaboration of the Individual Care Plan, data recording has been reformulated, especially in the Regional Courts of the city of São Paulo. There, the technical sectors evaluate and monitor the plan, making possible continuous reviews of cases and individualized care of children, adolescents, and their families;
- Mandatory concentrated hearings are decisive for understanding the competences, and for greater involvement, of the network and family in developing the Individual Care Plan. The preparation of concentrated hearings (for the approval or revision of Individual Care Plans) increased dialogue between network partners and the technical team, and the team was valued as a partner in the process of building the protection network;
- Because of the interdisciplinary action of judicial practitioners with complementary perspectives on the same case, knowledge of local realities is expanded, and there is greater proximity to the institutional network for the resolution of cases and the implementation of Individual Care Plans;
- The new legal norms and the Technical Guidelines (CONANDA, 2009) have brought about an improvement in the professionalism of care services. Most care servic-

es now have technical teams for individualized attention, resulting in a decrease in the number of children in care, a reduction of time spent in residence, and an increase in the number of cases of social-familial integration;

- The benefits of working in a network were widely appreciated. The professionals saw a need to find support in fields of knowledge and organizations other than their own, and in co-ordinating actions that complement each other. The best strategies for coordinating the network are initiatives to conduct regular, systematic, intersectional meetings to stimulate collaboration.

### **Some challenges regarding social and familial integration**

The main challenges identified by the teams can be summarized as follows:

- Recent legal changes and changes in the definition of social care policies have been assimilated very slowly by the intersectional policies of municipalities and, as a consequence, judicial teams adopt very different practices even within the same region or district;
- The elaboration and monitoring of an Individual Care Plan is often not carried out regularly, depending on the routine determined by the jurisdiction's Child and Youth judge, and also on the quality of the intersectional relationships established in the locality;
- The judicial interprofessional teams have different understandings of their roles and how to work in adverse conditions, with a small pool of professionals, and a high demand for care. Difficult cases and a lack of time hinder the teams' efforts to do more in cases of institutional or foster placements;
- Although there is broad recognition of the need and importance of carrying out proper hearings of children and adolescents themselves, and of ensuring the involvement of families in the elaboration of Individual Care Plans, there is no consensus regarding the best strategies or the most opportune time for this inclusion, so as to give voice to the child and family without creating unrealistic expectations or unwarranted fears;
- The actions specified in Individual Care Plans are not always performed effectively, with the risk of undue departure of children and adolescents from the care services and their inevitable reinstitutionalization;
- There is a lack of financial, physical, and material support to the care services and to a public policy of continued training to change the culture of care. Thus there is

a risk of ritualizing practices, rather than transforming services as is needed.

The judicial practitioners reported that the challenges they face in answering the needs of children with regard to their planned social and familial reintegration fall into a number of key work areas. The comparison chart below has been prepared from data systematized in the Institutional Relations Special Symposium: Justice System, Public Policies and Shelters, conducted by

NECA in São Paulo (NECA, 2006), and the Final Report of the Project Training Meetings (NECA, 2013).

As can be seen, the perception of the need to work with networks remains; however, the legal changes have inspired new themes, including social and familial inclusion within a given time, mandatory Individual Care Plans, concentrated hearings, and listening to and engaging children, adolescents, and families in this process.

**Table 2. Judiciary technicians’ perceptions of the critical components of an effective institutional service aiming at social and familial integration**

| 2006                                                     | 2013                                                       |
|----------------------------------------------------------|------------------------------------------------------------|
| Work in network                                          | Work in network                                            |
| Working with family                                      | Maximum time in family and focus on family reintegration   |
| Information flow                                         | Individual Care Plans (PIA)                                |
| Competing competences                                    | Concentrated hearings                                      |
| Age and specificity of care in residential care services | Qualified/professional hearing of the child and adolescent |
| Placement of child or adolescent post-residential care   | Participation of children and family                       |
| Tensions in daily life and human relations               |                                                            |

Source: NECA (2006, 2013).

### Conclusions

The existence of advanced legal regulations in accordance with the United Nations Convention on the Rights of the Child (United Nations, 1989) does not in itself ensure that actions taken by local governments are effective in guaranteeing the fundamental right to family and community coexistence. This is especially true in a setting that features a wide range of care service conditions in municipalities of different sizes and different cultures. The fundamental right to family and community coexistence, as homogeneous objectification<sup>14</sup>, defines a formal, normative reference that does not capture the needs dictated by the complex and heterogeneous contexts of each location, nor the specifics of the individual cases.

However, our observations in this article show that the legal changes are an important lever for advancing the humanization of care and ensuring a more nearly adequate socio-familial integration, in spite of all the limitations and challenges still present.

The concentrated hearings mandated by the National Council of Justice bring to the dialogue circle all the involved parties who can contribute to a better deci-

sion about the child or adolescent’s future, with a shared review of the Individual Care Plan and commitments agreed upon that, once made, become legal obligations. These obligations are designed to address and remove the primary reasons for placements in care by providing the services necessary for family and community coexistence.

Arpini & Silva (2013), in a recent study, confirm the perception that the movement generated by Federal Law 12010 (Presidência da República, 2009) and the Individual Care Plan has raised the importance of the voices of children, adolescents, and family on the public agenda. Social participation is a human right inscribed in UN international treaties. A formal hearing, with each individual’s possibilities respected, guarantees the right to be informed, to be heard, and to have one’s opinions taken into consideration. The goal is to guarantee each individual’s participation in these life decisions, whether in the elaboration of the Individual Care Plan, in the concentrated hearings, or in individual sessions.

Many challenges remain when it comes to grappling with the complex and critical issues that confront the social

welfare and protection system in Brazil. One challenge is the necessity of coping flexibly with diverse individual stories. Another is to successfully implement a more participatory and empowering approach to judicial decision-making that ensures the respect and dignity of vulnerable children and families. The integrated theoretical framework crucial to understanding the socio-familial inclusion of children and adolescents must be developed. To create such a framework, more studies of the daily life of care services and families are needed.

It must be acknowledged that significant changes presuppose a slow, complex process of negotiations, adjustments, new understandings, and attitude shifts amongst

all involved. There are contextual and political determinations that an action focused on individual cases cannot reach. It is worthwhile, therefore, to focus on two areas: first, improving the formulation and execution of the individual plans; and second, promoting advances in the local care-services structure by means of a political-institutional action with a broader range.

Lastly, it should be remembered that the improvement of care services and collective care networks is central to the struggle for a safe community, and for a society that considers the needs of children in all its social policies and fosters the further implementation of the rights guaranteed to them by the ECA.

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## Endnotes

- 1 The Statute of Children and Adolescents (Federal Law 8069/90) proposes a system of care and a guarantee of rights based on the doctrine of integral protection. It establishes care in the basic social policies (health, education, culture, sport, leisure, housing, and work) and covers social assistance policy of a supplementary nature. Special protective actions for children and adolescents are provided in varying situations of personal and social vulnerability.
- 2 Brazilian social security covers “different social contingencies that can reach people in their life cycle, their working career and in situations of insufficient income. . . . Social Assistance is noteworthy, as it is an innovative extension of the non-contributory Social Protection, through the recognition of rights of its members in the legal frameworks of citizenship” (Yazbeck, 2010, p.14). One special type of social protection is the health care service designed for families and individuals in situations of personal and social risk due to neglect; physical, mental, or sexual abuse; use of psychoactive substances; lack of compliance with socio-educational measures; homelessness; and child or youth labour; among others. This special health care service handles cases of medium and high complexity (*Ministério do Desenvolvimento Social e Combate à Fome* [Ministry of Social Development and Fight against Hunger], 2004).
- 3 The National Plan for Family and Community Coexistence defines “family” on a broad socio-anthropological basis. “The family can be thought of as a group of people who are united by ties of consanguinity, alliance and affinity. These ties are made up of representations, practices and relationships that involve mutual obligations.” (Presidência da República, 2006, p. 24).
- 4 Ethical-political suffering does not have its genesis in individuals but in socially defined inter-subjectivities that are molded in daily life, especially when the pain arises from the social situation of exclusion and feelings of social inferiority. (Sawaia, 2001, p. 104).
- 5 Adoption, whether national or international, is irrevocable and gives the adopted child the status of a natural-born child, with the same rights and duties, including inheritance.
- 6 Since the enactment of Federal Law 12010 (Presidência da República, 2009) adoption is intended to be an exceptional measure, whose implementation should only occur when the possibilities of return to the birth or extended family, or even the child or adolescent’s significant network, are exhausted.
- 7 Applicants who wish to adopt should have been selected and accredited, and be ready to establish an inclusive, loving relationship with the adopted child or adolescent. Applicants must be prepared to combine their needs and desires with those of the adopted child or adolescent. Adoptions must be supervised professionally for a period of time, according to the specifics of the case.
- 8 We highlight the following regulations: Federal Law 12010 (Presidência da República, 2009); the Technical Guidance Document: Shelters for Children and Adolescents (CONANDA, 2009); the National Grading of Social Assistance Services (MDS, 2009); and the National Plan for the Protection, Promotion and Defense of the Right of Children to Family and Community Living (PNCFC) (Presidência da República, 2006).
- 9 The foster care family falls under the purview of the National Social Assistance (BRAZIL, PNAS, 1004) and is subject to the regulations and rules described in Note 8.
- 10 With a decentralized structure regulated by national parameters, Brazilian Social Assistance, as a policy of social security and provision of resources to meet basic needs, is a strategic policy in tackling social exclusion.
- 11 Federal Law 12010/2009 modifies Article 101 of the ECA and includes in sections § 4, § 5 and § 6 the requirement to prepare the Individual Care Plan, aiming at family reintegration, except for taking into account the views of the child or adolescent and listening to his or her parents or persons responsible for him or her.
- 12 According to Article 131 of the ECA, “The Guardianship Board is a permanent, autonomous, non-jurisdictional body, charged by society to ensure the respect of the rights of children and adolescents, as defined in this Law.” They are community representatives elected to defend the rights of children and adolescents in the municipalities.

- 13 The specific protective measures are specified in Article 101 of the ECA: I - transfer to the parent or guardian by disclaimer; II - guidance, support and temporary monitoring; III - compulsory enrollment and attendance in government elementary schools; IV - inclusion in community or government programs of the family, child and adolescent; V - requisition of medical, psychological or psychiatric treatment in a hospital or outpatient setting; VI - Inclusion in government or community assistance program, counselling and treatment of alcoholics and drug addicts; VII - shelter in institutions; VIII - placement in a foster family.
- 14 The concept was developed by Agnes Heller in her book *The Theory of Needs in Marx* (1986).

## **FARMING FAMILIES AS FOSTER FAMILIES: THE FINDINGS OF AN EXPLORATORY STUDY ON CARE FARMING IN SWITZERLAND**

**Clara Bombach, Renate Stohler, and Hans Wydler**

**Abstract:** The terms “care farming” and “social agriculture” are used to describe the foster care that farming families provide to children, adolescents, and adults. Whereas some European countries have national systems that provide support for care farming, little is known about care farmers in Switzerland. Best estimates show that at least one percent of all agricultural family operations provide care services in Switzerland; accordingly, care farming is a component of Swiss foster care. Against the background of the recent revision of the Child and Adult Protection Act [*Kindes- und Erwachsenenschutzgesetz*] and of legal provisions in relation to foster care, a qualitative system analysis was carried out in three cantons in 2013. The aim of the system analysis was to describe the context and importance of care farming and to identify the attitudes and working methods of both child and adult protection authorities and family placement organizations in relation to placements in agriculture. As part of the study, documents were analyzed and expert interviews were held with representatives of both groups. The interviewed representatives of the placement authorities regard placements in agriculture as a viable option, in particular for adolescents, if the match between the client and foster family is suitable. According to the surveyed family placement organizations, the interest among farming families in offering foster places is considerable. The study presents care farming as one care service within a complex support system for children and adolescents, and raises new questions for investigation by more detailed research projects.

**Keywords:** foster care, care farming, farming for health, green care, multifunctional farms, Switzerland

**Clara Bombach, MA**, is research associate at the School of Social Work, ZHAW Zurich University of Applied Sciences, Pfingstweidstrasse 96, P.O. Box 707, 8037 Zurich, Switzerland.  
Tel: (41) 58 934 89 53.  
E-mail: clara.bombach@zhaw.ch

**Hans Wydler**, the Institute of Natural Resource Sciences of the School of Life Sciences and Facility Management, ZHAW Zurich University of Applied Sciences, Grüental, P.O. Box, 8820 Wädenswil, Switzerland. Tel: (41) 58 934 55 39. E-mail: hans.wydler@zhaw.ch

**Renate Stohler**, is researcher and lecturer at the School of Social Work, ZHAW Zurich University of Applied Sciences, Pfingstweidstrasse 96, P.O. Box 707, 8037 Zurich, Switzerland. Tel: (41) 58 934 88 67. E-mail: renete.stohler@zhaw.ch

**I**n addition to their everyday activities as farmers many farming families throughout Europe perform social care services. So-called “social farmers” or “care farmers” take care of children and adolescents, disabled people, the elderly, and former drug addicts. The farmers share their family homes and working routines with their charges for short or extended periods of time. Whereas in countries such as Belgium and the Netherlands national systems to provide both professional and financial support for care-farming activities were established several years ago, little is known about care farmers in Switzerland. Wydler and Picard (2010) estimate that at least 1% of all agricultural family operations in the Swiss agriculture sector perform social care services; however, they assume that the actual number is significantly higher (Wydler, Widmer, & Christ, 2010b). A qualitative research study by Wydler and Gairing (2010) found that care farmers described their work as particularly demanding in terms of workload, and psychologically challenging (see also Christ, Widmer, & Wydler, 2010).

Although many farming families are clearly involved in the Swiss care sector, very little is known about how and with which target groups they perform their social activities, and how they are supported professionally and financially. A

research project from the Zurich University of Applied Sciences, supported by the Federal Office for Agriculture, carried out a system analysis to identify the major players and administrative bodies in the field of care farming in Switzerland, and to identify questions for further research and in-depth investigation. The objective of this paper is to outline the findings of the study. The paper first introduces the field of care farming in general, comparing the development of care farming in Switzerland with that in other European countries. Then the study is described and its findings are presented in their particular Swiss context.

### **Farming for Health:**

#### **Green Care and Care Farming**

Many forms of nature therapy are subsumed under the concept of “farming for health”. The term “green care”, which involves animal-assisted therapy and garden therapy, for example (Hassink & van Dijk, 2006a; Hine, Peacock, & Pretty, 2007; Hine, Peacock, & Pretty, 2008; Sempik, Hine, & Wilcox, 2010), is sometimes used synonymously with “farming for health”. What links these services is that they enable participants to experience nature and create a focus on interaction with natural elements (Wiesinger, 2011): “Green Care farms represent a working environment where a diversity of target groups is performing meaningful activities” (Hassink & van Dijk, 2006a). These educational, preventative health-care, therapeutic, and rehabilitation methods include garden therapy, animal-assisted therapy, farm education, and other care farming methods (Hassink & van Dijk, 2006b; Haubenhofner, Demattio, & Geber, 2012; Wiesinger, 2011). Synonymous terms found in the literature include expressions like “social farming” and “green social work” (Limbrunner, 2003; Limbrunner & van Elsen, 2013). The concept of care farming is also used in German-language discourse on the topic (Condrau et al., 2012; Haubenhofner et al., 2012; Wiesinger, 2011; Wydler & Picard, 2010; Wydler et al., 2010b).

In this paper, we focus only on a specific aspect of farming for health: the type of care farming where children and adolescents are accommodated and looked after in farming families.

#### **Target groups**

Care farming benefits a variety of target groups, including disabled people, children and adolescents, former drug addicts, and elderly people with dementia (Driest, 2006; Hine et al., 2008). As Hassink & van Dijk (2006a) state: “Care farms can be a good provision for a diversity of target groups like people with mental problems, people with an addiction history, elderly people with dementia, autistic persons, long-term unemployed, people with

burn-out and prisoners” (p. 350). There is a varying emphasis on particular focus groups in different European countries. For example, according to Hassink & van Dijk (2006b), in Norway it is primarily psychiatric clients and children who are accommodated in the agricultural care sector, while in Sweden the majority of clients placed in agricultural settings are vulnerable children.

#### **Service types, duration of stay, reason for stay**

The services provided in the context of care farming range from short stays to long-term care (Driest, 2006). The duration of a person’s placement in a farming family will differ according to the indication (reason for the stay) and the nature of the social service measure being implemented. For example, whereas elderly persons with dementia may live on a farm for several years, crisis interventions for adolescents may require stays of just a few weeks. Traditionally, studies carried out on care farming differentiate between long-term and short-term care (Kalisch & van Elsen, 2007). One type of short-term stay on farms, the “time-out”, lasts only a few weeks to a few months. For example, a disruptive young person may be temporarily removed from school on a time-out, with the expectation of resuming attendance thereafter.

Care farming is thus a highly heterogeneous field, covering many different social activities and reaching a wide range of clients. An examination of concrete examples of care farming in different countries reveals further differences.

#### **Care farming in Europe**

Care farming has developed in different ways in different European countries (Hassink & van Dijk, 2006b). Up to now, few general data have been available on care farming at the European level. This is due to the complexity of the services, their historically different developments and assessments, and structural differences. The services offered are managed through a variety of public structures. As a result, they vary widely in nature, and in the ways they are financed; moreover, often there are no organizations that arrange or survey the different green-care initiatives. In many cases, these social services have low visibility even in their own countries, and national regulations are often inadequate (Driest, 2006). Despite this, according to Hassink and van Dijk (2006a), an increase has been observed in the social agriculture sector throughout Europe. Forms of green care have already existed in Belgium for many decades. The first examples in northern European countries go back to 1930 (Goris & Dessen, 2007). In terms of the development and spread of these services, southern and eastern European countries are still in a “pioneering phase” (Driest, 2006, p. 102). These development trends will be dealt with selectively below.

Major differences can be observed throughout Europe with regard to activities, objectives, the nature of financing, the balance between care activities and agricultural production, and attitudes towards the target groups. Mayer & van Elsen (2005) note this in the case of Germany, where green care services include organic teaching farms, facilities for people with disabilities, and addiction initiatives. Different services are offered for different target groups in Norway: “Care farms have developed as kindergartens and after-school clubs, provide activities for children with special needs or provide health and care options for psychiatric patients, those with learning difficulties and elderly people with dementia.” (Hine et al., 2008, p. 40). Green care has developed in very different directions in Great Britain “ranging from horticultural therapy, animal-assisted therapy, pet therapy, ecotherapy, facilitated green exercise activities as a treatment option, and care farming” (Hine et al., 2007, p. 123).

In eastern Europe, Poland and Slovenia provide examples of the “pioneering phase”. There are no statistics available on care farming in these countries and, instead of ministerial support, farming families in the green care sector have their own voluntary organizations and are often privately funded. Pawelczyk (2006) attributes the gap in the research on green care in Poland to the current lack of awareness among the Polish population of green care as a solution for social problems. As a result, up to now the activities in this area have been limited to small, isolated, self-financing projects that offer their own programmes. Vadnal (2007) describes care farming in Slovenia as similarly consisting of patchwork organizations, which are run on a voluntary and bottom-up basis and are not supported by specific policies or institutions (p. 11). When farmers in Slovenia were asked whether they could imagine providing services in the area of green care, 66% of the surveyed farming households reported that farmers generally knew too little about the topic of social farming (Vadnal, 2007). In Italy, green care activities are often supported by non-profit organizations such as social cooperatives or church organizations (Hine et al., 2008).

The situation in relation to care farming in the Netherlands is completely different. Wydler & Picard (2010) refer to a “success story” here (p. 4). The number of farms that offer social services has been steadily increasing, not least because the Ministry of Agriculture, Nature, and Food Quality; the Ministry of Health; and the Ministry for Sport support these activities. Professionalization in the sector is also strongly supported, which could also be a factor in the rapid growth of care farming there (Hine et al., 2008). In Norway too, care farmers re-

ceive support from different ministries, for example the Ministry of Agriculture; the Ministry of Health, Social Affairs, Children and Family Affairs; and the Ministry of Education and Research. In addition to the ministries, local governments have established committees that support green care activities (Hine et al., 2008). The farms in Norway are involved in their municipalities and offer the services required by them. However, there are no statistics on the number of farms in Norway that provide social services (Haugan, Nyland, Fjeldavli, Meistad, & Braastad, 2006).

### *Research projects in Europe*

The Community of Practice (CoP) “Farming for Health”<sup>1</sup> was established in 2004 to promote the exchange of information among European countries and record comparable data. The “COST Action 866 Green Care in Agriculture”<sup>2</sup> project was also initiated in the context of calls for proposals for the Seventh EU Framework Programme (Braastad, Gallis, Sempic, Senni, & van Elsen, 2007). An overview of the status of green care in different countries was developed as part of the COST Action and in the context of the CoP (Hassink & van Dijk, 2006b). The focus was on social services in agriculture, on the one hand, and the field of green care in individual areas beyond the agriculture sector, on the other. The findings of the CoP *Farming for Health* conference of 2007 were published as conference proceedings by Dessein (2008). A project on social farming entitled *So Far* was carried out as part of the Sixth EU Framework Programme for Research and Technological Development. This project assessed the current situation of green care activities in eight European countries. These situational assessments are accompanied by implementation-oriented strategy forums and comparative strategy development (Di Iacovo & O'Connor, 2009).

In recent years, numerous publications, including one by Limbrunner and van Elsen (2013), have explored the topic of care farming from different perspectives. Hence, interest in such services is clearly increasing, not only in relation to supply and demand, but also from the perspective of making a scientific contribution.

The evolution of the structures of social services in Swiss agriculture and how they compare to the above-presented developments in Europe are examined in greater detail in the next section.

<sup>1</sup> For further information, see The Community of Practice Farming for Health website: <https://farmingforhealth.wordpress.com>.

<sup>2</sup> COST (European Cooperation in Science and Technology) is an EU framework supporting cooperation among scientists and researchers across Europe. For further information see [www.cost.eu](http://www.cost.eu).

### ***Established social service structures in Swiss agriculture***

Different forms of care services have been provided within the Swiss agriculture sector for a very long time and continue to be provided today, albeit in a different form. Traditional care services in agriculture constituted preliminary stages in the development of the welfare state, social welfare, and old age provision. These have been replaced today by modern forms of care (Studer, 1998).

For certain social movements, social aspects were always part of a holistic understanding of agriculture. Important representatives of this orientation can be found, for example, in anthroposophic circles, but also in many other movements based on ecological, ethical, religious, and philanthropic motivations. Limbrunner (2003), for example, refers to the potential represented by the intensification of the relationships between organic farming and social work. In addition, as is typical of Switzerland's decentralized system, numerous grassroots and locally grown solutions to social emergencies existed in the past and continue to exist today: indeed, the attitude was and is that, where possible, solutions should be community-based and social-welfare solutions should be organized on a decentralized basis. As the current debate concerning the history of the *Verdingkinder* [contract children] – indentured child labourers – shows, it is necessary to create transparent, good quality general conditions for these services (Heller, Avanzino, & Lacharme, 2005).

From an agricultural perspective, care farming can be understood as a structural diversification strategy (“para-agriculture”) adopted by farming households/operations. Agricultural operations in Switzerland are strongly dominated by family operations. Over 80% of farmers live on their own farms, usually with their family members (Bundesamt für Landwirtschaft, 2007). The traditional full-time holding, that is, the type of farm where core agricultural production is the sole source of income and the members of the household work on the farm if needed, accounts for barely one quarter of all agricultural operations in Switzerland (Saxer, 2007). The majority of farm managers and their partners have embraced diversification strategies such as labour market integration: in 59% of agricultural operations in Switzerland, the farm manager, his or her partner, or both, rely on external employment. In addition to agricultural diversification, there are indications that structural diversification is an increasing factor in farming operations: households/operations are diversifying in sectors that are not in the core area of agricultural production. These activities are referred to in Switzerland as para-agriculture and include such activities as direct marketing, the processing of agricultural products, agritourism, handcrafts, wood processing, and

certain forms of energy production. Internal diversification arises in approximately two-fifths of farming operations. (Saxer, 2007). There are few reliable data on the scale and nature of the social services provided within the agriculture sector in Switzerland. The existing data sources tend to focus on the farming operation and its core production area; the varied income-generating pursuits of the household members are recorded with few details, if at all. In the Federal Statistical Office's (SFSO) agricultural farm census of 2005, in a supplement to the farm structure questionnaire, a randomly-selected sample was presented with a short questionnaire on the pursuit of activities in para-agriculture (Bundesamt für Statistik, 2005). Although this survey extends the focus to activities with economic impacts on the farm, it does not include those within the farm household. Information about the scope of care-farming services and the persons who provide them, or a more detailed description of the activities and of the nature of their integration into the farm are not available. Limitations also exist in relation to another data source: the central evaluation of accounting data by the Agroscope Reckenholz-Tänikon (ART) research station.<sup>3</sup> Although different para-agricultural activities are surveyed here in the context of accounting data, they are only recorded if they form part of the farm's operational activities. There is scope for the inclusion of care-farming activities in the accounting; however, smaller operations are generally not covered by the central evaluation of accounting data and the nature of the services provided is not recorded in detail.

Having specified the context for the implementation of care-farming activities in the above-presented accounts, we shall now ask what the concrete developments in Switzerland look like. In the research project presented below, attention is also focused on the target group comprising children and adolescents. To appreciate the presented results in their historical context, we believe that it will be helpful to review the foster care system in Switzerland. The first central actors in the foster care system, who also play a key role in the context of social services in agriculture, are presented here.

### ***Foster care in Switzerland***

Foster care is a central component of child and youth welfare in Switzerland; however, empirically-founded knowledge on the sector is scant. No national statistics are recorded on this topic; for example, it is not known how many children and adolescents live with foster parents (Zatti, 2005). Based on the data from the 1990 census, the number of foster children has been estimated for

<sup>3</sup> For further information see: <http://www.agroscope.admin.ch/betriebswirtschaft/04362/index.html?lang=de>

almost 15 years at 15,000 (Zatti, 2005; Shuler, 2013). Similarly, there are no current data on the demographics and socio-economic backgrounds of foster families. A study on foster families undertaken some time ago in the canton of Zurich found that one-third of foster children lived with relatives and, hence, two-thirds were placed in non-kinship foster homes (Juhasz & Sunitsch, 1996).

In recent years, only a few studies have been published that focus on the fostering process in Switzerland, on the participation of children and parents (Arnold, Huwiler, Raulf, Tanner, & Wicki, 2008; Wigger & Stanic, 2012), and on the perception and impact of foster situations (Gassmann, 2010). Interest in the exploration of care farming as a diversification strategy for farming families and as an additional possibility for accommodating foster children and adolescents has clearly increased in recent years (see Hodel, 2012; Karli, 2007; Stohler & Werner, 2013).

The history of foster care in Switzerland has not been dealt with systematically (Zatti, 2005). The first studies examining the practices of the authorities and the injustices suffered by the victims of the system of contract children were published a few years ago (e.g., Freisler-Mühlemann, 2011; Leuenberger & Seglias, 2008; Leuenberger, Mani, Rudin, & Seglias, 2011). Under that system, in the 19<sup>th</sup> century and early decades of the 20<sup>th</sup> century, authorities frequently placed orphans, children of divorced parents, illegitimate children, and children from poor backgrounds with farming families for a subsistence payment. The children were forced to work hard for their keep and often suffered violence and injustice (see, e.g., Leuenberger & Seglias, 2008).

Residential and foster care in Switzerland has undergone considerable change since the 1970s; for instance, a basic distinction is now made between “traditional” and “professional” foster families (Zatti, 2005). Whereas traditional foster families do not have any specific training, in professional foster families at least one of the parents has undergone training in social services or special needs education, and the family income is mainly derived from caring for foster children. The “networked” foster families, a third type (Zatti, 2005, p. 11) that developed in the 1990s, can be described as semi-professional. Unlike the other two types, networked families are monitored and supported by a family placement organization (FPO) (Zatti, 2005). There is no overview available showing how many of each of the different types of foster family there are in Switzerland.

As is the case in other European states (EveryChild, 2011), there seems to be an increasing trend towards family placements in the area of child and youth foster

care in Switzerland, although precise data are not available; one possible cause is the structural shift that is forcing families in agriculture and small business to secure additional income streams (Zatti, 2005). Because farms often have the necessary space, the provision of foster-care places is an obvious option for farming families. In Zatti’s view, this development presents an opportunity for the foster-care sector. “To a certain extent, this trend can offset the lack of suitable foster families observable in some locations under the condition that the families are suitably prepared, expertly monitored and professionally supported in their work” (p. 31).

The FPOs offer a range of services in foster care and have developed into a separate area of foster care over the past two decades (Keller, 2013). The first organizations were established in the 1990s and, although the exact number is not known, it is estimated that at least 70 such organizations exist in German-speaking Switzerland (Keller, 2013).

The FPOs fulfil important tasks in the area of child and youth welfare on behalf of the authorities and referring bodies, and “have a major influence on the safe and development-promoting placement” (Keller, 2013, p. 113) of children and adolescents with foster families. They are responsible for, among other things, the recruitment of foster families and referral of foster places, and offer services for foster families and for foster children, such as regular visits and advisory discussions. An FPO usually has a particular focus area and tailors its services to children or adolescents, or to a particular duration (long- or short-term placement) or to a function of the care situation (time-out, temporary or emergency placement, or assessment) (Keller, 2013).

Since no binding quality standards apply to the activities of the FPOs at the national level, the question regarding their quality has been a matter of concern to experts in the field for some time. For example, various organizations joined forces to establish an *Interessengemeinschaft für Institutionelle Pflegeplätze* [Interest Group for Institutional Foster Placements] and the Expert Association for Social and Special Needs Education (Integras) has developed a quality label for FPOs, which can be acquired through a certification process (Keller, 2013). Other organizations also provide labels that can be obtained by the FPOs (Spindler, 2011). Similarly, some individual cantons, such as Bern, have formulated guidelines for the activities of FPOs (Wydler, Stohler, Christ, & Bombach, 2013).

**Legal aspects.** Child and youth welfare and, hence, foster care in Switzerland are based on the United Nations

Convention on the Rights of the Child, which was ratified by Switzerland in 1997 (Arnold et al., 2008). In addition, the Federal Constitution of the Swiss Confederation (Art. 11) guarantees children and adolescents “the right to the special protection of their integrity and the encouragement of their development”. The legal basis for foster care is provided by articles 307–317 of the Swiss Civil Code. These provide the basis for the Ordinance of 19 October 1977 on the Placement of Children in Foster Care (*Pflegekinderverordnung*, PAVO, SR 211.222.338). This ordinance contains basic provisions, which the cantons are responsible for implementing (Zatti, 2005). Swiss foster care was long criticized for its lack of regulations on the protection of children and adolescents in foster placements, and the ordinance was partly revised as a result. The new provisions have been in force since early 2013 and January 2014 (Eidgenössisches Justiz- und Polizeidepartement, 2012). A central feature of the revised legislation is that persons or families in Switzerland who would like to provide foster placements for children require authorization from the competent authority and are subject to the supervision of this authority (Art. 4 PAVO). Moreover, requirements for the activities of the FPOs also came into force for the first time on 1 January 2014 (Art. 20a– f PAVO); these organizations had been active hitherto in various cantons without being subject to any specific legislative conditions. The revised legislation now includes a registration obligation for persons and organizations that provide services in the area of family care, whether for payment or free of charge. While corresponding provisions existed in individual cantons, some cantons had to develop new solutions as a result (Wydler et al., 2013).

A further innovation in the area of child protection in Switzerland that also affects foster care is the introduction of professional child-protection authorities on 1 January 2013. Up to the end of 2012, the municipal guardianship authorities were responsible for decisions in the area of child and adult protection in German-speaking Switzerland. Except in the larger cities, the members of these lay authorities frequently did not have the necessary resources for the work they carried out (Zatti, 2005). The law now stipulates that the responsibility for decisions in the area of child and adult protection now rests with a regional expert authority consisting of at least three members. The cantons are responsible for the appointment and implementation of the expert committees (Art. 440 Swiss Civil Code). As the overview provided by Fassbind (2013) shows, the cantons availed themselves of their organizational autonomy when it came to the implementation of the new authority structure. With the new Child and Adult Protection Act [*Kindes- und Erwachsenenschutzgesetz*] coming into force, the number of competent authorities was significantly re-

duced. Up to the end of 2012, approximately 1,420 guardianship authorities were responsible for decisions on child and adult protection in Switzerland. Since January 2013, there have been approximately 148 professional expert authorities, which are now known as child- and adult-protection authorities [*Kindes- und Erwachsenenschutzbehörde*, KESB]. According to Fassbind (2013), the professionalization of these authorities and the accompanying reduction in their number is an important attainment.

### *Care farming in Switzerland*

The stronger orientation of agriculture towards its constitutional objectives could result in the emergence of greater respect for the provision of care services.<sup>4</sup> Today, agriculture contributes to the integration and participation of various target groups, creates and maintains job opportunities in rural regions in the context of a multi-income strategy, and contributes to the decentralized settlement of the country. In the area of social services, care farmers provide important services that can have positive external effects. However, little is known of the scope and impact of these services.

It is obvious, however, that care farming can only constitute a small element of a multifunctional agriculture sector. It is a niche activity, but nevertheless presents considerable potential. Care farming is practised more frequently on organic farms and, in many cases, it forms part of a specific view on how sustainable farming should be implemented. Social aspects are a very important element of this viewpoint. Organic farming was practised by 25% of the sample of care farms surveyed (Wydler, Widmer, & Christ, 2010a).

Only fragmentary empirical data are available on the diffusion and scale of care farming in Switzerland. According to the study carried out by Wydler and Gairing (2010), at least one percent of agricultural family operations offer care services; children, adolescents, and disabled people are the main target groups. The evaluations show that the families providing care report merely average satisfaction rates from their involvement, which entails time pressure and psychological challenges. This is due in part to unsatisfactory legal and societal conditions: their work tends to be low in status, their professionalism is underdeveloped, and finances often lack transparency (Wydler et al., 2010b).

4 The constitutional objectives for agriculture include security of supply, the conservation of natural livelihoods, the preservation of the cultivated landscape and decentralized settlement. If the New Agricultural Policy places greater emphasis on the positive external effects of agriculture (ecology, biodiversity, but also the inclusion services provided by agriculture), care farming services also appear to better fit into the framework of the defined targets of agricultural policy.

## Method

### *Objectives of the study*

The aim of the study was to examine the provision of social services by farms through a system analysis: an overview of the most important actors, the legal provisions, processes, requirements, tasks, and competencies. Based on this analysis, we also attempt to project the future development of care farming.

The main objectives of the study were:

- to provide an actor-based and exemplary system analysis of the current situation in relation to placements in farming families by means of a case study in each of three cantons: Berne, St. Gallen, and Zurich;
- to record and assess developments and changes in care farming caused by the new Child and Adult Protection Act [*Kindes- und Erwachsenenschutzgesetz*] and identify potential opportunities and risks associated with the new system; and
- to integrate and compare multiple perspectives as a basis for identifying development potential in the care farming area, for formulating strategies and measures to promote the objectives of care farming, and to assess the risks of the different approaches.

The study did not focus on the perspectives of the people who are the subjects of social services activity in the agriculture sector, nor those of the farming families who provide these services or wish to do so. This would require a far more complex study design. Hence, the analysis of the perspectives of the service users and providers was expressly not an objective of the study.

### *Target group*

The study examined so-called civil law foster placements, that is, placements arising on the instigation of guardianship authorities or, from 1 January 2013 onward, the child and adult protection authorities, in accordance with the Swiss Civil Code of 10 December 1907 (*Schweizerisches Zivilgesetzbuch*, SR 210) and the Ordinance of 19 October 1977 on the Placement of Children in Care (*Pflegekinderverordnung*, PAVO, SR 211.222.338).

This analysis relates to the two most important target groups of care farming: children and adolescents placed in foster care, and people with disabilities subject to guardianship [*Beistandschaft*] (Wydler & Gairing, 2010). As a result, many of the current target groups of care farming were not considered, such as persons subject to criminal law measures, and placements made in relation to health therapies, rehabilitation, or voluntary time-outs.

The reason for this limitation is that each type of placement has its own authorities and sources of financing.

The central findings for the target groups, children and adolescents, are presented below. This paper does not cover the specific situation of persons with disabilities.

### *Implementation of the study*

The study was carried out from January to October 2013. The project was supported by an advisory group consisting of representatives from the agriculture sector, the child and adult protection authorities, the *Jugendamt* [Youth Welfare Service], the foster care system, *Integras*, and the disabled self-help sector. Four meetings were held with the advisory group, at which the intermediate findings were discussed and the project was further developed and substantiated with the help of the different perspectives of the group members who had practical experience of the foster care system.

### *Research methods*

A qualitative research approach was selected. A system analysis was carried out for each of the three cantons, based on a document analysis of organizational, legal, and institutional conditions and policies conducted through Internet research and discussions. The situation in relation to care farming in the relevant cantons was identified with the help of information on the number of placement organizations, an estimate of the number of care farmers, a review of traditional policies, and an estimate of the scope of the services currently provided. Central networks and performance structures were also identified with the help of qualitative methods. This information was complemented by qualitative interviews with selected representatives of child- and adult-protection authorities [*Kindes- und Erwachsenenschutzbehörden*, KESB]. Interviews were carried out with three FPOs and four KESBs in the cantons Berne, St. Gallen, and Zurich. The interview partners were selected and solicited on the basis of the document analysis.

### *Results*

The study showed that placements of children and adolescents in foster families in the agriculture sector, known as care farming, are carried out in the official foster care context, but that specific regulations relating explicitly to care services in agriculture do not exist in Switzerland.

Foster care is organized at the federal level in Switzerland. Hence, the most important general conditions are defined at the national level and the cantons and municipalities are responsible for their implementation.

There have been important changes to the Swiss national legal basis of foster care which are also of importance for

care farming. For example, the new provisions adopted in the context of the partial revision of the Ordinance on the Placement of Children in Care (PAVO) entered into force in early 2013 and 2014. In terms of the placement of children and adolescents in agriculture, the legislative innovations include new requirements for the providers of services in the area of family care (the FPOs). Regulations governing their complex and demanding activities were previously lacking at the national level.

The research in the three cantons shows that the FPOs play an important role in the placement of children and adolescents in agriculture. In one canton, in particular, there are FPOs that specialize in the referral of foster places in farming families. However, the exact number of FPOs in the canton in question is still unknown as authorization is required only for larger FPOs (as of late 2013).

With the enactment of the revised PAVO and the new obligation to register and monitor FPOs, each canton will be informed in future about the number of organizations active in the canton and about the families with which they work. Statistical recording of the socio-economic background of the foster families would help to make care farming or placements in agriculture more visible and better understood. The extent to which this is being done by the cantons is not known.

The first conversations with representatives of the KESBs from the three cantons revealed a basically neutral attitude to these placements in agriculture. Important criteria for a placement include securing the well-being of the child and achieving an acceptable fit between the child and foster family. Explicit indications for placements in agricultural settings were not mentioned by the interviewed representatives of the authorities. Hence, from the perspective of the KESBs, placements in agricultural settings are possible options that can be used as required. All of the interviewed KESB members reported positive experiences with FPOs and stressed their importance for the success of placements. It is not currently possible to estimate the extent to which placement practices and the allocation of authorizations to foster families will ultimately change through the professionalization of the authorities. Decisions are based on the substantiated proposals of the assessing social services, whose experience and attitudes with regard to placements in agricultural settings went unrecorded until recently.

The interviews with representatives of the FPOs show that farming families have considerable interest in offer-

ing social services on their farms. The FPOs check the suitability of the families; the representatives indicated in the interviews that only some families are deemed suitable. The organizations' own selection criteria are assessed as strict and are also regulated based on cantonal requirements. The interviewed representatives of the FPOs and KESBs draw attention to the fact that the topics of religiosity and an additional income stream are repeatedly raised in connection with the motivation of the families in offering foster places. The FPOs' reaction to this varies. The interested families not only have to pass the FPOs' selection process: they must also be authorized by the KESBs. In general, the examined FPOs value professionalism and quality. Evaluations or studies on the practice of the FPOs by independent assessors do not yet exist, however. The acceptance of foster children makes significant demands on the families. According to the interviewed KESB representatives, the skills required are also available in agricultural settings, but are not qualitatively better or do not arise more frequently there than in other environments. Conversely, critical arguments against placements in agricultural settings or rural areas were presented, in particular by individual representatives of FPOs, who cited the lack of therapeutic services or special schools in rural areas, and listed sources of danger to be found on farms.

It emerged from the interviews with the representatives of the FPOs and KESBs that it is primarily adolescents who are placed in agricultural settings, usually in the context of time-outs or temporary solutions, and that the farm criterion is not relevant for the long-term placement of younger children. Time-outs generally tend to arise for educational or legal reasons.

### **Conclusion and Outlook**

The analysis that was carried out primarily outlines the context in which care farming arises in the area of Swiss foster care. Care farming is integrated into the existing system but it remains relatively invisible and poorly understood. Cost arguments could represent an important background factor and driver for care farming. In this regard, the debates and comparisons about foster care and residential placements will intensify in the future. The expert discussions show that, in practice, a lot of experience-based knowledge is available that has not been systematically analyzed. The perspectives of the affected children and adolescents are also unrecorded. Further research on support for foster children and, in particular, on the efficacy of agricultural settings is required to ensure visibility and quality in this field.

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## SOCIAL EXCLUSION IN HUNGARY FROM A CHILD PROTECTION PERSPECTIVE

Andrea RÁCZ

**Abstract:** This paper deals with the issue of social exclusion from a child protection perspective. With the help of publications, statistical data, and the presentation of the main research results, the issue of child poverty is discussed, the main emphasis being on the situation of children removed from or leaving their families, especially those living in residential care homes. In Hungary, the number of studies related to the child protection system is limited and little is known about the school career, employment, or family establishment of those with a care background. We have little information about how well the system prepares them for independent life and how to classify their social integration. The paper also discusses the development of and challenges facing Hungarian child protection on a systemic level.

**Keywords:** Hungarian child protection, challenges, situation of children with care background, social inclusion

**Andrea RÁCZ** is associate professor of University of Debrecen, Department of Sociology and Social Policy. Debrecen, 4032, Egyetem tér 1. Hungary, racz. andrea2@upcmail.hu

### *Children in Hungarian society*

The research, political programs, and action plans on social exclusion mainly focus on adults and families, and are less concerned with the issue of how to interpret poverty as a social phenomenon in the case of children (Darvas-Tausz, 2004).

Hungary has a population of around 10 million inhabitants. About 2 million of the local residents are under 18 years of age. The youth age group (between 0 and 29 years) includes around 4 million, that is 40% of the total population. Families with children are poorer than other Hungarians: 13% of the population, 9% of children live in poverty, as their income is under the 60% of the national average income. Compared to the 27 European Union member countries, Hungary is in the middle range regarding the population and it is among the worst one-third regarding child poverty.

Similarly to other European societies, the main reason for this level of poverty is lack of income, but certainly other additional resources, such as health and insufficient educational attainment contribute to poverty (Nemzeti Szociálpolitikai Koncepció [NSZK], 2011). The two most important institutions and scenes for the reproduction of poverty are the education system and the family. The poverty rate of families with one child is roughly the same as that of families without children. The problems begin when families have two children: their poverty rate is around 70% higher than of those with just one child; 60% of large families live below the poverty line, although large families make up only 4% of all families. In the case of poor families with children, there is often no

indoor toilet or any bathroom in the apartment, one-fifth of these families do not have running water, and two-thirds of them live in homes with traditional heating. In 86% of poor households with children, the breadwinner does not have any secondary education, and in 40% of them, none of the persons living in the household has a job. (“Legyen jobb a gyerekeknek!”, 2007)

A survey carried out in the field of child poverty discovered that 9% of the households did not have enough income to make a living at all, 23.8% experienced monthly financial struggle, and 10.8% of the respondents felt that their future income situation would get worse. It is striking that 26.9% of the children reported psychosomatic symptoms – headache, stomach ache, sleep disturbance, stress – occurring at least on a weekly basis. The children’s social relations were quite inadequate: Almost 10% reported that they did not have any friends, almost 15% did not trust their teachers, and 22% did not talk to their parents on a daily basis. In addition, 17% was the proportion of these children got involved in a conflict with their teachers or their peers on a weekly basis because of their negative relationship with them (Darvas-Tausz, 2004).

The educational attainment is the output of the socialization process and also one of the most important factors in

the determination of adult social status. In our country, upward mobility has a strong social determination: 10% of the children whose fathers have a basic level of education and 68% of the children whose fathers have higher education achieve higher education themselves. However, one-quarter of the children of fathers with basic education get only primary education (Legyen jobb a gyerekeknek!, 2007). The education system is unable to reduce these social differences; moreover, it makes such differences larger. The children who are from disadvantaged families are very often disadvantaged in school too. According to the PISA survey (Mihály, 2002), Hungary belongs to those countries where the differences between school types mean differences in the performance of the students too. In schools where a strong selection process means students have more advantaged social-economic backgrounds, the performance of the students is better (Mihály, 2002) Every year, nearly 5,000 students do not finish primary school until the age of 16 and more than 20,000 of them do not continue their studies or drop out of secondary education after finishing primary school (Liskó, 2008). According to Babusik's (2003) research, between 40% and 45 % of Roma children finish primary school at the age of 14, the vast majority finish at the age of 15 to 16, and approximately 10% of them do not finish it at all.

In Hungary, the number of children at risk is approximately 200,000 per year which is 10% of the country's children. Less than 1% of children live in long-term care, which is equal to the European average. As for the long-term care data, the number of children who were placed in foster care has been increasing since 2002, compared to the children who were placed in children's home. In 2011, 8,434 children and young adults lived in children's homes and 12,638 lived in foster care; thus 60% of the children in care get foster care provision (Papházi, 2014).

### ***The system of long-term care in the child protection system***

The Child Protection Act was adopted by the Hungarian Parliament on 22<sup>nd</sup> of April 1997, which was the first complete and independent legal regulation of the Hungarian child protection system and it enabled the founding of new services and types of care (Domszky, 1999). This legislation was greatly influenced by the English Children Act of 1989, which had the principle of prevention as its central focus. In principle, as a result, it is a basic requirement in Hungarian child protection to enable children and families to get every necessary support to keep the child in the family, and these supports need to be provided locally, close to where the family lives. In Hungary, there are nearly 3,200 municipalities, of which 19 are county level and one is metropolitan level; the others are local government level municipalities. Hungary is

divided into seven regions. Local governments provide compulsory basic services for the population living in a given area (Rácz, Hodosán, & Korintus, 2009).

Since the foundation of the Act, the operation of child protection long-term care was situated on the country level; however, the years of 2012 and 2013 brought significant challenges when the tasks that had been performed on the county level were relocated to the state level, and so too the whole system of child protection long-term care as well. The main values and aims of the child protection system are as follows:

- The official child protection always has to be preceded by some kind of service system for the children in need and it must be voluntary.
- The removal of children from their families can only happen if threatening conditions cannot be eliminated within the family in spite of the multilateral support.
- The types of supports can only be effective if they are customized and designed for special needs. (Domszky, 1999)

The care for children who were removed from their families can be (a) children's home care<sup>1</sup> or (b) foster care<sup>2</sup>.

The Hungarian child protection system takes into account the phenomenon of post-adolescence, so it provides care and service for young adults who were raised in the child protection system if needed. After-care provision is available for those who are under 21 and they are working or looking for a job, but their income is not enough to live independently. Those who have special needs can stay in the system until the age of 22, while those who participate in secondary education can stay until they are 24 years old. If somebody studies in higher education – 5% of the all young adults – they can have the after-care provision until they are 25 years old. Additionally, after-

<sup>1</sup> There are five types of children's home: *Traditional institutions* provide care for quite a large number of children in smaller living quarters for 12 to 48 children. *Apartment-homes* provide care for a maximum of 12 children in an apartment or family house. *Special children's homes* provide for those special needs children, who have psychological problems or suffer from behavioural or learning difficulties. In such a home there are a maximum of 40 places. There are also a few separate *homes for mentally retarded children* for those children who are disabled, or have special needs because of their age (under 3 years) with maximum 40 places. The *after-care homes* provide care for those young adults who are entitled to leave care (age 18) but cannot lead an independent life and decide to stay in the child protection system, up to the ages of 21 to 25 with maximum 40 places.

<sup>2</sup> In 2014, the system of foster care became unified, previously there were traditional and professional foster parents as well. Now being a foster parent is a job and the preferred form of placing children under the age of 12.

care service is available until the age of 30, in the form of a counselling service including employment, personal relationships, and solving housing based on the methodology of social workers' case management.

The development of child protection in recent years was clearly aimed at only the long-term care and the foster care within it. The proportion of those who were placed in foster care has increased nearly 10% since 1998. The number of places in children's homes has decreased and the approved places in apartment homes have increased. Between 1998 and 2011 the decrease was 6.7%, while the increase of apartment homes was 15.6% (Papházi, 2014). As for the numbers of the workers, 5,400 employees work in institutional care, every second professional has a university degree, one-fifth have social worker degrees, and half of them have pedagogy degrees. The number of foster parents is 5,526 (KSH, 2012). More and more young adults stay in after-care provision which means that they need further support; moreover, many of those who typically leave the system at the age of 18 later return.

#### ***The situation of those who live in long-term care and of those who left the system***

Although little statistical data and few research results are available regarding children and young adults living in or who have left the child protection system, we should highlight some research findings indicating the problems that child protection has to deal with.

According to the Central Statistical Office's data of 2011 on participation in education, those who live in foster care are more successful, which is very important in terms of social integration. A higher proportion of 15- to 17-year-olds living in foster care participate in secondary education (86%, compared to 61.1% of those who live in children's homes). More young adults study in secondary schools that provide a leaving certificate, so it is possible for them to have higher education. In institutional care, vocational education is preferred, where a large proportion drop out of school (Rácz, 2009, 2012). Every second student who leaves the system between 18 and 25 has only primary education, which makes it very difficult to find a proper job and establish a stable independent life (KSH, 2012). Despite provisions of the Privacy Act that prohibit the recording of ethnic origin, studies indicate that Roma children are overrepresented in the long-term care and have more disadvantages than their non-Roma peers (Neményi & Messing, 2007; Rácz, 2012).

Maintaining contact with biological families is problematic. In 2011, 1,027 children returned home from the children's homes and 489 from foster care (Papházi, 2014).

Unfortunately, this indicates that the foster parents consider keeping contact with biological families to be less valuable and it is also problematic that after the removal, the cooperation with the parents is terminated within long-term care, so the parents do not get professional help to facilitate the return of their children.

Many children living in institutional care show symptoms of anxiety (Fülöpné, 2003); the majority of children living in child protection smoke and a significant proportion have problems related to alcohol. It is shocking that the data show that 30% of people living in children's homes and 10% of those who live in foster care have thought of suicide (Elekes & Paksi, 2005).

Several research studies highlighted problems related to the social integration of people who remain in the system or who leave it because they are overage. Because of their educational levels, some of these young adults have very unstable positions within the labour market; 40% of those who left the system are unemployed and many of them work illegally or only occasionally. Young women consider finding marriage partners as the most important condition of social inclusion (Szikulai, 2006). Another study shows that successful social inclusion depends on the degree to which the system is supportive towards the young adults. In many cases, it requires, effectively, maintaining the young adult in a child's role and in a situation of dependency after turning 18 (Rácz, 2012).

Faced with these data and research findings, most of the experts and practitioners feel themselves without the tools needed to help children reduce or negate the disadvantages of childhood, and are therefore unable to prepare children for independent lives, and thus enable them to begin to achieve successful social inclusion. Unfortunately, many respond by demanding radical solutions and a stricter institutional system (Rácz, 2014).

#### ***Main challenges***

All of this indicates that Hungarian child protection has to face up to many challenges. Of course, the development of a comprehensive child protection structure is not yet finished and greater emphasis in the future should be still placed on the development of primary care, since the aim is to have every child raised in a family. In long-term care, the institutions should be modernized and their capacity expanded, especially for children who have special needs and require special care (Szikulai, 2014). Half of the children newly entering the system are older than 10 years of age, and within it 12- and 13-year-olds are the dominant age group; further, the proportion of 16- to 18-year-olds is increasing (20% of all people newly accessing the system). Most teenagers who get into the

system have severe problems regarding integration, behavioural disorders, and substance abuse and struggle with disorders requiring psychiatric care. Therefore, beside providing care that substitutes for the family there is a need for an institutional system which is therapeutic, ensures targeted services, compensates for disadvantages in school, and helps them to catch up and prepare for an independent life (NSZK, 2011).

We must also see that the unilateral development of the system providing foster care can cause problems in the long term, because without an extensive support network it is difficult to place children who are older, severely disadvantaged, Roma, or demonstrate special needs or behavioural problems or are disabled. (Rácz, 2014). So the main principle of future developments should be to adjust child protection's concept and attune the whole system to the problems that arise in everyday life.

The best way to address these issues is by having competent professionals to deal with the children in institutional care and in foster care as well. The child protection professionals must have human qualities such as devotion, love of children, adaptability, and must have professional characteristics such as empathy, cooperation skills, and professional awareness (Domszky, 2004). Unfortunately, during the child protection training, the preventive work of child welfare – intensive family support, child poverty, social work in school, childhood policy – are not discussed in detail. It is important to include these in the ongoing training of the professionals.

The development of the child protection system cannot happen without being aware of, acknowledging, and taking into account the opinions of the children and young adults who live in it. At present the Children's parliament run by FICE is an outstanding example and will be taken as a model. Its meetings are clearly designed to promote the social integration of children and young adults living in child protection. An important target group of FICE-Hungary consists of children living without a family, in children's homes or institutions. It is particularly important for these children to learn to define their situation, to assess their problems, and to express them in a suitable form.

The *Children's Home Children's Parliament* aims to provide a forum and a framework for this. The aim of the children's parliament is not only to express opinions, but also to help bring suggestions and ideas to the surface. The first Children's Home Children's Parliament was held on April 28, 2011. The Children's Parliament is held two or three times a year, with the participation of 60 to 80 persons. The children's parliamentary session is preceded by a preparation training session, where children and young people get together to share experiences and discuss various topics. From the work of the parliament, a compendium of professional material is compiled that is also sent to decision-makers. There have already been sessions of this parliament, which have been attended by the children's rights representatives of the Ombudsman's Office, thus conveying the children's opinions directly to the decision-makers. The most important topics of the Children's Parliament are: higher education; biological family relations; the problems relative to the co-placement of children with special needs; the importance of joint placement of siblings; and the treatment of homosexuality in the context of institutional care (Hazai, 2014).

In the field of the well-being of children and youth, it is fundamental to have properly trained professionals with up-to-date knowledge of child welfare, who are well informed in the fields of education, social and labour market, and who take the opinions of people living in care into account. Viewing the situation of children in Hungary, specifically, and the chances for social integration, the overall aim of Hungarian child and youth policy objectives must be to reduce the poverty rate of children and their families, eradicate all extreme forms of child exclusion, and reduce the occurrence rate of deviant behaviours destroying future life choices. In general, the modus operandi of institutions and services which contribute to poverty and exclusion reproduction must be changed. The generations growing up today should have better basic skills and competencies than the current active generation. They should be more flexible and mobile so that they can respond to economic and social change and prepare for a lifetime of learning, thus being able to meet the rapidly changing economy's labour needs.

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# RUNNING AWAY FROM CHILDREN'S RESIDENTIAL CARE: THE FINNISH CASE

**Susanna Hoikkala and Martti Kemppainen**

**Abstract:** This article discusses the phenomenon of running away from children's residential care in the Finnish context. In the Finnish welfare system, residential care is understood as a last-resort form of alternative care. Its aim is to secure children's well-being, development, and safety. Our article is based on the findings of a small-scale study launched and administrated by the Central Union for Child Welfare. These findings illustrate the multidimensional nature of the topic. First, the reasons for and the consequences of running away are diverse. Second, we need implementation of more inclusive and consistent practices as well as more explicit cooperation between authorities. Finally, the importance of children's peer relations should be taken more seriously within residential care services. In this article, these findings are discussed bearing in mind the following critical question: What is the point of child welfare if it fails to serve children and safeguard their well-being and health during the out-of-home placement?

**Keywords:** running away, residential care, professional practices

**Susanna Hoikkala**

is a Senior Advisor at the Central Union for Child Welfare, Armfeltintie 1, 00150 Helsinki, Finland.  
E-mail: susanna.hoikkala@lskl.fi

**Martti Kemppainen**

is a Senior Advisor at the Central Union for Child Welfare, Armfeltintie 1, 00150 Helsinki, Finland.  
E-mail: martti.kemppainen@lskl.fi

**I**n Finland, running away from residential care is a well-known phenomenon within the field of child welfare, but one that has been little examined. In recent years, it has become a matter of concern in the field that knowledge regarding child welfare in general and children's alternative care in particular is limited and fragmented (e.g., Pekkarinen, 2011). The extent and nature of running-away behaviour, as well as professional interventions and responses to it, have not been adequately explored and problematized (Central Union for Child Welfare [CUCW], 2013, pp. 4–5).

This article is based on a small-scale study launched and administered by the Central Union for Child Welfare (CUCW) in 2012 and 2013<sup>1</sup>. In the Finnish context, the need for this particular study emerged from many sources. The topic was first discussed with several partner organizations of CUCW<sup>2</sup> when the Police Board of Finland was renewing national guidelines concerning cooperation between the police and child welfare practitioners in 2011. At the same time, grass-roots level practitioners expressed concerns about the well-being of young runaways because of the serious dangers into which their flights often lead them. Also, those health services workers identified running away as a risk for children's health and well-being; children's uncontrolled sexual behaviour was considered especially alarming. In addition, absconding was considered to threaten the placement process by disrupting the children's regular lives (see also Fasulo, Cross, Mosley, & Leavey, 2002, p. 624). Running away was also recognized as a burden to the service system, because the necessary response involves numerous resources and multiple authorities. The lack of knowledge and appropriate know-how was the final starting point. These background observations are in many ways similar to the findings of international research on the topic (e.g., Biehal & Wade, 2000; Fasulo et al., 2002; Malloch & Burgess, 2011).

Contemporary researchers use the terms "running away" and "runaways" to refer to children in a variety of situations, not just residential care. For Biehal and Wade (2000, p. 213) "going missing" includes all types of unauthorized absences from placement, covering both children gone missing overnight and children reported as "missing" to the police. Malloch and Burgess (2011) use the alternative terms "absconding" and "absconders". Those studies, however, cover incidents of running away both from familial homes and from various child welfare services. This article discusses a study restricted to children under the age of 18 who were taken into care via a care order and placed in residential care units<sup>3</sup>. The cases of children who run away from their familial homes and foster homes were not examined. The Finnish equivalents of the phrases "running away" and "on the run" are used widely, and these terms also have slang equivalents. In the study

considered here, the term “unauthorized absence” refers to incidents in which a child has either left the residential care unit without permission or has not returned at the agreed time. “Running away” is used, however, almost as a synonym. These terms are therefore used interchangeably in this article, as well as the terms “absconding” and “flight”. In the Finnish context, “going missing” refers mainly to a case that has been formally reported to the police as a “missing person”. Child welfare cases are rarely reported in that way.

The study had several practical objectives. First, it aimed to locate some of the main features of running away as a phenomenon; and to gather information on the frequency of flights, on models of cooperation between different authorities, and on existing good practices. A second aim was to find out the judicial status of the child and the child’s rights during the unauthorized absence. Third, the study attempted to map a course for both policy and practice, and to make concrete recommendations for further actions. This article focuses mainly on the first and third objectives.

### **Children’s Residential Care in Finland**

In Finland, the welfare system is based on a Nordic welfare state model: universal welfare, extensive statutory services, and a shared value base with a strong emphasis on social solidarity, on equal rights, and on access to basic services. The child welfare system has also been built upon these cornerstones. Policies regulating the position of children and families with children have traditionally been considered first-class in the Nordic countries (e.g., Eydal & Satka, 2006).

Challenges to the system have emerged in the past few years, however, in the form of neo-liberal ideas and market-oriented values based on new public management as well as privatization of services (e.g., Forsberg & Kröger, 2011, pp. 1–2; Satka, Harrikari, Hoikkala, & Pekkarinen, 2007). These new ways of thinking have become more prevalent in many areas, including the field of children’s alternative care. For instance, the organization of service provision has become more market-oriented: the number of private and even commercialized for-profit service providers has mushroomed, and the practice of “shopping around” to get “the best value” for the money available has become more usual (e.g., Eronen, Laakso, & Pösö, 2011). Many municipalities have decreased their own service provision and instead purchase welfare services, including child welfare, from NGOs and private enterprises.

In Finland, the objective of the Child Welfare Act (Lastensuojelulaki 417/2007, section 1) is to protect children’s rights to a safe growth environment, to balanced and well-rounded development, and to special protection. It emphasizes the principles of the child’s best

interest, children’s and families’ participation in child welfare decisions, and alternative care as a last-resort and a temporary solution. The act does not allow permanent placements of children and, in principle, the primary aim is always family reunification. However, this is not possible in every case and, therefore, long-term placements do exist. In Finland, adoption is not used as a child welfare measure and parents do not lose their parental rights.

The need for child welfare services has tripled in Finland since the early 1990s. In 2012, the number of children using child welfare and social work services was 87,200. Altogether 17,830 children were in out-of-home placements during that year, this number included both existing and new placements, short-term as well as long-term. Therefore, approximately 1.4% of children under 18 years of age were in out-of-home placements. The number of children taken into care has remained nearly the same in recent years, but the number of children placed outside their homes has continued to grow. The number of children who were taken into care or placed urgently for the first time was 3,079 in 2012; of these, 2,726 were placed urgently. The growth in the number of teenagers in need of urgent or other out-of-home placement stands out. Slightly more boys than girls are placed in alternative care (Child Welfare 2012, 2013).

There are any many ways to implement alternative care: foster care, professional foster families, residential care (such as reception centres, children’s homes, youth homes, and reform schools), and other care, such as independent living. The described services are provided by the state (in six reform schools), the municipalities, NGOs, and private enterprises. In Finland, residential care units are open, except for a few that operate as special care units for short placement periods. That kind of care and treatment is arranged by a multiprofessional team and the placement period requires a special care order by a municipal office-holder. Special care may be arranged for children aged 12 years or more to stop them from engaging in behaviours that seriously harm them. Continual absconding may be handled in this way. The length of a placement may be to a maximum of 90 days, and includes restricting the child’s freedom of movement. Special care units are small, handling a maximum of five children at a time, with a high ratio of staff to children. Intensive dialogue between the staff members and the children is emphasized. The main aim is to get a child to settle down and to enable a change in the child’s situation (see Pösö, Kitinoja, & Kekoni, 2010).

In international comparisons, Finland is usually categorized as placing an emphasis on residential care services for children rather than foster care (e.g., Eronen et al., 2011).

In recent years, however, many initiatives have been introduced to strengthen foster care, including the revision of child welfare legislation in 2012. At the regulatory level, this revision prioritized foster care as the primary form of alternative care in Finland for the first time. According to the Child Welfare Act (Lastensuojelulaki 417/2007), “institutional care is arranged if substitute care for the child cannot be provided in the best interest of the child in family care or elsewhere by means of sufficient supportive measures” (section 50). At the end of 2012, 50% of children placed out-of-home were in foster care, 18% in professional family homes, 27% in residential care, and 4% in other forms of care (Child Welfare 2012, 2013).

Numerous factors and the cumulative effect of simultaneous ongoing difficulties can lead to an out-of-home placement. They include challenges faced by parents, such as difficulty in coping with everyday life, inadequate parenting skills, substance abuse, and mental health problems. On the other hand, some issues can be related to the child’s own behaviour and psychological well-being, such as self-endangerment by substance abuse. A child may have serious difficulties at school or problems with inappropriate friendships. A child’s absconding from a familial home can be the main reason for a placement, but in such cases children only enter alternative care when they have run away repeatedly (see Heino, 2007; Myllärniemi, 2006). Heinonen, Väisänen, and Hipp (2014) discuss the ways in which a child can become a child welfare client and the various paths a child may take through the Finnish child welfare services.

### Running Away from Alternative Care

As mentioned above, we do not have much research-based information about running away from alternative care in Finland, even though this phenomenon is well known among practitioners and mentioned in some studies (e.g., Hoikkala, 2011; Pekkarinen, 2010; Vehkalahti & Hoikkala, 2013). Only one publication, Saari’s *Karkailun ongelma* [*The Problem of Runaways*]<sup>4</sup>, published in 1965, focuses particularly on this topic in the context of children’s residential care. It consists of four different studies carried out in reform schools from 1946 to 1955. The number of running-away incidents varied annually during that time. The autumn months seemed to be the most popular for absconding, with Sunday the preferred day; more than half of the cases did not last longer than a week, and running away presumed “readiness and a trigger” (Saari, 1965, pp. 43–44). The explanations offered for running away mainly invoked the individual characteristics of the runaways and their familial conditions, but also the “environmental conditions” of the reform schools. Saari posed an important question: What is the reason for boys feeling forced to escape from their living conditions? He concluded that the

flight may be motivated either by a rejection or by a “tropism”<sup>5</sup> (Saari, 1965, pp. 44–45).

These observations from almost half a century ago remain pertinent to the present day: there remain many ways to explain running away and of defining the runaway child. As discussed in other studies, responses to the topic and ways of intervening in individual cases reflect the surrounding societal context (see, e.g., Biehal & Wade, 2000; Malloch & Burgess, 2011.) Within Finnish child welfare praxis, running away is generally understood as a threat to the child’s growth and well-being, because the child’s safety may be at risk during the unauthorized absence (CUCW, 2013, p. 5). A runaway child may be characterized as being “in need”, or “troublesome”, or both. Child flights inspire feelings that range from concern and despair to frustration and even anger. However, interventions with runaways should always be based on welfare principles instead of the impulse to punish with sanctions such as prolonged confinement. Restrictions, including restriction of freedom of movement, may be used after a flight but they should only be used as defined in the Child Welfare Act (Lastensuojelulaki 417/2007) and after applying a thorough case-specific consideration and a formal decision-making procedure.

In Finland, there is no appropriate statistical data available for illuminating the extent of running away. A similar observation is made in many foreign studies as well (e.g., Biehal & Wade, 2000, p. 214; Malloch & Burgess, 2011, p. 64). Incidents of running away are recorded in children’s individual case files, but residential care units are not required to compile statistics or to report the number of cases to monitoring authorities or any other bodies in a systematic way. If a child runs away or does not return to the unit on time, the residential care workers must report the situation at least to the child’s social worker or to emergency social services, and to the legal custodian(s). The social worker with jurisdiction is obliged to report the case to the police and to request executive assistance for locating and returning the runaway. However, not all runaways are reported to the police specifically as missing children. Variations in the procedures used for reporting a missing child and requesting police assistance may result in differences in the official status of a runaway child. It seems that the police do not maintain systematic records of all cases in which their assistance is requested by social workers on behalf of missing children. Therefore, the police records are not comprehensive enough to illuminate the extent of running away nationally.

### The Study

The Central Union for Child Welfare launched a study on unauthorized absences of young people from residential care and practices of residential care units in autumn,

2012. This study is descriptive rather than explanatory by nature. The data, collected by two external researchers, included a web-based questionnaire as well as five interviews. Seven young people with personal experience of residential-care placement were interviewed in a group. Three social workers from the municipal child-welfare social work units and one social worker from the municipal emergency social services were interviewed via email. The group interview was transcribed and analysed using the methods of content analysis (CUCW, 2013).

The questionnaire asked the respondents to provide basic background information on the residential unit and the educational background of the managers and the caregivers<sup>6</sup>, as well as statistical information on the frequency of running away. Information was gathered on the key features of runs; for example, why children run away, what happens during a run, how children are brought back and what brings them back, as well as interventions after a run. The respondents were asked to identify the number of running-away incidents and individuals during the last one-month and six-month periods (see also Biehal & Wade, 2000, p. 214). In addition, they were asked to provide information on local protocols and to describe good practices.

The questionnaire was distributed to 413 children's residential care units<sup>7</sup>. Altogether 81 responses were received<sup>8</sup> from reform schools (5), municipal reception centres (9), private units (44), municipal units (17), and other units (4). Most of the responses were received from the southern part of Finland. The data provided by the questionnaires were analysed by calculating the responses and by evaluating the content of open questions.

### Findings

Respondents reported that 306 children had running-away incidents, lasting for a total of 2,996 days. The total number of children who had repeated runaways during the previous six months was 184 (14.7% of all beds in residential units,  $n=1251$ ). As one would expect, there are some children who run off repeatedly, and others who do so only once or twice. One third of the runaways had been placed with an emergency care order and two thirds with a standard care order. Sixteen incidents took place while under an order of special care (Lastensuojelulaki 417/2007, section 71).

Thirteen units reported that they had not had any incidents of running away during the time. About 46% of the respondents indicated that running away had not increased during the past year (CUCW, 2013, p. 18).

Differences between genders varied during the previous month compared to the six-month period. There were more female than male runaways during the month: 50

girls and 38 boys had run away, making the total number 88. During the longer period, there was no difference: 153 girls and 153 boys had run away during the previous six months. The length of placement of the runaways varied between one month and 190 months.

The duration of flights ranged from less than 24 hours to 185 days. The average duration was eight days. In Finland, there is no official distinction between a "temporary" run and a "permanent" run, even though some municipalities do not pay to the service provider the total care fee after a certain period of absconding (e.g., the fee may be cut to half after seven days of running away). In the study by Fasulo et al. (2002, p. 628), a duration of less than two weeks distinguished a temporary run from a permanent one.

The responses in the questionnaires revealed that most of the unauthorized absences had started from within a residential unit: a child had absconded from the unit without permission. Most children left alone, but in some cases a group "escape" occurred (see also Biehal & Wade, 2000). The rest referred to cases in which a child had not returned to the unit from holidays as agreed. Responders indicated that some children had run away for the excitement of it and "just for fun", while others had planned their flight carefully. It can be argued that children with such different motivations are seeking different things when they run away. The impulsive runaway may require different management than a child who has made a careful plan to stay away for an extended time. This variability poses an additional challenge to the service system.

Most often, the young runaways were found in their community of origin or the town or municipality nearest to the residential care unit. More than half of them were among their friends. Some children were found in a public place such as a city centre or a street. There were also children who were with their family members or relatives. Most often, children run away to their family of origin or to their friends.

According to this study, children return to the residential unit most often either by themselves or with staff members who have been searching for them. A child can also be returned by the police or by a family member (CUCW, 2013, p. 34).

### *During the flight*

Incidents that occurred while a child was "on the run" included misuse of alcohol and drugs, involvement in offending, violence (child's own behaviour), trading sex for money or substances, self-harming, pressure for sexual contact, abuse, and even rape (CUCW, 2013, p. 33). These findings are similar to many other studies.

For example, Courtney et al. (2005) state that many runaways are exposed to sexual and criminal victimization and are at risk of abusing drugs and alcohol or committing crimes themselves. In this study, 65% of the respondents indicated that unauthorized absence is occasionally a serious risk for the child's growth and development, and 29% estimated it to be always a serious risk.

#### ***Why do children run away?***

The respondents indicated that the main motivations for unauthorized absences were related to friends and peer relations, because runaways wanted to spend time with their friends (see also Biehal & Wade, 2000, p. 217). For some, the escape meant a quest for freedom. Misuse of substances can be the main motivation for some children, or the desire to escape the restrictive nature of the residential care unit and to test boundaries. In some responses, the psychological condition (distress and poor coping mechanisms) and behavioural problems of a child were defined as key factors. Family-related issues were reported to be important too: children want to run to their biological parents, siblings, and relatives for a number of reasons. In some cases, disagreements or conflicts between a child and either staff members or other children in the unit were considered the main motivations (CUCW, 2013, p. 19).

Biehal and Wade (2000, p. 218) talk about "pull factors" and "push factors" when discussing the reasons for running away. This categorization is present in this study also. Some issues are clearly related to the world outside the residential unit, such as those involving peer relations, girlfriends and boyfriends, or conflicts with parents. Some are closely related to internal matters and to features of residential care as such, like conflicts with staff members. Some child-related reasons for running away include misuse of substances, boredom, and anxiety. Institution-related reasons such as seeking to avoid rules, regulations, and sanctions can be defined as push factors.

Young people who were interviewed emphasized several motivations for running away, including (a) factors outside a residential unit: friends, family, a girlfriend or boyfriend, hanging around, partying; (b) factors related to their well-being: substances, boredom, anxiety; (c) factors related to the institution: rules and regulations, unwillingness to live in the institution, disagreements with the staff or with other children; (d) impulses: "just wanted to do it"; and (e) lack of freedom. They indicated that children in general and their distress in particular should be taken more seriously in residential care (CUCW, 2013, p. 22–23).

The respondents were also asked to suggest key factors that could be linked to running away in general. The most common factor mentioned was the child's objection to

the placement: the child had objected to alternative care. In addition, it was felt that children in the teenage years were more likely to run away than those younger. The third reason commonly advanced was parental objection to the placement. The last two causes may be related to insufficient preparation for the process of placement and a mismatch between the needs of the child and the residential care unit (CUCW, 2013, p. 22).

#### ***After running away***

A runaway child's uncertain emotional and physical condition, including the possibility of abuse and neglect, demand sensitivity of the workers in their interventions. In this study, most of the respondents indicated that a warm, emphatic, and caring welcome after the flight is crucial. Children should be given positive feedback for returning. The basic needs of the child, such as food, sleep, and hygiene, should be met first. After an appropriate time, a report of the events needs to be made with the child. In some cases, the report is completed by the child and the worker of the residential care unit; in others, family members and the social worker responsible for the child are involved. It is crucial to find out what caused the flight, to learn what took place while the child was unsupervised, and to determine what should happen afterwards (CUCW, 2013, pp. 34–35).

In some cases, procedures such as bodily search, drug testing, and restrictions of contacts and freedom of movement were applied. Health checks made by a medical doctor were also used. The respondents emphasized that restrictions and procedures were instituted only for the well-being of the child, not as punishments (CUCW, 2013, p. 35).

The flights could have both short-term and long-term consequences. In extreme cases, a change of placement location was decided upon. For some children, this meant a period at the special care unit, and for some a treatment period in a mental health unit, such as a psychiatric ward for adolescents (CUCW, 2013, pp. 36–37).

#### ***How to prevent running away***

This study found that clear policies and practices are very important as preventive factors. There should be both multi-agency protocols and locally-defined guidelines. In this study, about 6% of the respondents did not have any local written protocols on running away (CUCW, 2013, p. 24). Residential care units may have a lot of working knowledge of the topic, but it is not made visible. Local practices and the position of the social worker as a part of the process should be clarified.

Some respondents claimed that they lack the resources to eliminate absconding. However, respondents were confident in being able to mount an immediate response when

a child has run away: to start a search, and to contact the child's family (CUCW, 2013, pp. 25–28).

The study revealed that the nation-wide guidelines are unclear and are inconsistently applied. This raises an issue of children's rights, as children are likely to be treated differently in different parts of the country. When a child runs away, cooperation between the front-line workers in residential care, the social worker responsible for the child's placement, the police, the emergency social services, and the emergency response centre is needed. However, this study revealed gaps and grey areas both in the cooperation between authorities and in their responsibilities. These administrative boundaries between various authorities must be bridged in the future. The authors of this study propose that the national guidelines should be improved, as should the level of cooperation among various authorities (CUCW, 2013, pp. 11–13).

#### ***Sensitive situations need sensitive reactions***

This study indicates that children who run away need understanding rather than punitive reactions and restrictions. Appropriate means for surveillance and preventing escapes are required. The findings suggest that children should be given more time with workers and that the workers should pay more attention to building mutual trust. Communication between the children and the professionals should be increased and improved.

One sensitive reaction worth mentioning is the need to recognize the importance of family members, friends, and others close to the child. Taking these crucial relationships more seriously could foster the child's commitment to the process. Dealing with peer and other social relations can be challenging in the context of residential care. On the one hand, troubled peer relations can be a reason for the child's placement and the need for alternative care. On the other hand, children's peer relations should be supported to maintain their right to access and relationships. In the future, we suggest the following questions should be explored: how should "good" and "bad" peer relations be defined, and how should friends best be involved in the everyday lives of the children (CUCW, 2013, p. 20).

Our final comment concerns children who run away re-

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peatedly and do not settle down into any kind of alternative-care unit. These children may go from placement to placement in different units with little prospect of stability. Such cases present a challenge for the service system for many reasons. Children who have experienced many placements probably do not have a trusting relationship with care workers, and may not respond as hoped to interventions. The Finnish view of child welfare is that children cannot be locked up and their movement restrained for a long time. Sometimes it is difficult to settle a child down without such measures. Once a cycle of unstable and unsuccessful placements is under way, child welfare practitioners may not have other tools to break it. The well-being of the children may be difficult to secure in these circumstances. We must ask how better to meet the needs of children whose multiple attempts at running away disrupt their prospects for an ordinary life. This question should be elaborated and explored further in future research.

#### **Conclusion**

In this article we have introduced a study on unauthorized absences from children's residential care, implemented by the Central Union for Child Welfare in Finland, and discussed its main findings. First, the reasons for running away, as well as its consequences, are diverse. Second, there is a need for the implementation of more inclusive and consistent practices as well as more explicit cooperation between authorities. Finally, the importance of peer relations to children within residential care services should be recognized.

We also want to draw attention to the importance of appropriate placement procedures. It seems that running away is closely tied to the success of the whole process. Children and their needs should be assessed properly and carefully matched to an alternative care unit (Pösö & Laakso, 2014). This applies not only at the individual level but also at the level of policy. Social workers must ensure that children are placed appropriately and that their particular needs are met.

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## Endnotes

- 1 The study was carried out by two external researchers, social workers Ms. Irma Lehtonen (M.Soc.Sc.) and Mr. Janne Telén (M.Soc.Sc.). It was funded by the Alli Paasikivi Foundation and supervised by a multiprofessional advisory group. The writers of this article are Senior Advisors at CUCW and they have been involved with the research process as advisory group members. CUCW has the copyright for the research data and materials.
- 2 The following partners participated in the preparation process: CUCW; the Association of Finnish Local and Regional Authorities; the Family Federation of Finland; the National Institute for Health and Welfare; the cities of Helsinki, Espoo, and Vantaa; and three service providers.
- 3 This study excluded both children placed without a care order and children placed into foster care.
- 4 In Saari's book, "absconding case" means a situation when one person had run away once; "absconding trip" refers to a case when there was an absconding situation including one or more absconders, and the absconder was a person who had absconded one or more times from "his dwelling-place" (1965, p. 43).
- 5 By tropism, Erkki Saari refers to a child's propensity to run away.
- 6 Most managers had a qualification at least from a university of applied sciences in a program related either to social or health matters. Most caregivers also had a degree from a similar program. However, 2.4% (n=33) of all workers (n=1389.5) had no appropriate educational background (CUCW, 2013, p. 16).
- 7 Residential care units receiving the questionnaire included private children's homes, the six reform schools run by the state, and the reception centres and children's homes of the twenty biggest municipalities or joint municipalities, as well as private reception centres.
- 8 The number of responses was low, 19.6% out of total. Reasons for this low number can only be speculated on. However, researchers were contacted and feedback was given concerning the questionnaire itself. According to some, the questionnaire was considered too difficult and time-consuming to fill in.

# **HOMELESS YOUNG ADULTS IN THE SWISS SOCIAL ASSISTANCE SYSTEM: EVALUATION OF AN INSTITUTION FOR HOMELESS YOUNG ADULTS WHO HAVE NO DAILY STRUCTURE**

**Renate Stohler and Milena Gehrig**

**Abstract:**

**Keywords:**

**Renate Stohler**,  
is researcher and lecturer at the School of Social Work, ZHAW Zurich University of Applied Sciences, Pfingstweidstrasse 96, P.O. Box 707, 8037 Zurich, Switzerland. Tel: (41) 58 934 88 67.  
Email: renete.stohler@zhaw.ch

**Milena Gehrig**,  
is research associate at the School of Social Work, ZHAW Zurich University of Applied Sciences, Pfingstweidstrasse 96, P.O. Box 707, 8037 Zurich, Switzerland. Tel: (41) 58 934 88 57.  
Email: milena.gehrig@zhaw.ch

**Problem identification**

The transition from youth to adulthood can be seen as “status passage in the institutionalised life course” (Buchmann & Kriesi, 2011, p. 482), which is characterised by several transitional events such as completion of mandatory school and vocational training, entry into the labour market, leaving the parental home and starting a family (Buchmann & Kriesi, 2011). Buchmann and Kriesi further state that living independently and economically while being socially integrated are central attributes of adulthood and therefore socially desired objectives, which young and healthy individuals are expected to fulfil. Becoming an adult is a highly complex process whose outcomes depend not only on individual resources but also “largely on the structural opportunities and constraints” (p. 482).

High and increasing rates of youth unemployment in European countries indicate that there are vulnerable groups of young adults, whose integration is at risk. This is especially true for young men and women who are not employed or undergoing education or training; they are called NEET (a young person who is **N**ot in **E**ducation, **E**mployment, or **T**raining). Therefore the transition from school to work is one of the key topics of social policy and social research in Europe. Although in Switzerland the youth unemployment rate is quite low in comparison to other European countries (Organisation for Economic Cooperation and Development [OECD], 2013) the national statistics on public assistance shows that young adults are overrepresented among the social assistance recipients (Bundesamt für Statistik [BFS], 2009). Therefore, there has been an increasing awareness of the precarious circumstances and exclusion risks of young adults in Switzerland since the 1990s and various services to support labour market integration have been implemented (BFS, 2009; Schaffner & Drilling, 2013).

Although often not explicitly mentioned, a safe and stable place of residence is an important prerequisite in the process of becoming an adult. Inadequate housing options or homelessness can prevent young men and women from completing an education or from going to work regularly. Therefore an unstable housing situation can jeopardise the integration of young adults into the labour market and hence into society. The consequences of an insufficient integration can be dependency on

welfare, homelessness, destitution, and reduced possibilities of participation. The housing situation of young adults can influence their success in completing upper secondary education and therefore their integration into the labour market just as the absence of a daily structure (through further education or employment) can reduce their chances of finding an adequate accommodation. Therefore, young adults without a stable place to live and no daily structure are at high risk of failing in the transition from youth to adulthood, that is, to live independently.

**In this article, the situation of this group of young adults is examined more closely.**

The literature review focuses on three primary areas in order to establish an understanding of the situation of young adults in Switzerland in general and also of the specific situation of young adults without stable accommodation and daily structure. The three areas are: (a) the qualification and labour market situation of young adults, (b) the situation of young adults who receive social welfare, and (c) the housing situation of young adults including an overview of institutions that offer housing to young adults. Our main purpose is to present and discuss the results of an evaluation study of a programme that supports young adults who live under precarious circumstances and do not have a stable accommodation or a daily structure.

***The legal situation and social security system in Switzerland***

In view of the human right of every person to enjoy access to education, without discrimination or exclusion (Article 26) and the human right to “a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control” (Article 25) promoted by the United Nations (2014) and UNESCO (1960), the homelessness of young adults and their resulting exclusion from further education and employment must be taken seriously.

In Switzerland children and young people have the right to special protection of their integrity and to the encouragement of their development (Article 11, BV)<sup>1</sup> and to free basic education (Article 19, BV). Furthermore, everybody who is unable to provide for himself or herself has a right to help in situations of need (Article 12, BV). In contrast to other European countries, Switzerland does not formally acknowledge a right to housing, but the state

is responsible for providing sufficient housing facilities (Article 108, BV) (Gysi, 2013).

The Swiss social security system is based on various insurance schemes providing insurance against the major life risks such as old age, invalidity, or unemployment. Furthermore, social assistance serves as a last-resort safety net (Federal Social Insurance Office, 2014). Social assistance, which is financed by public funds, is based on the subsidiarity principle and comes into effect when there are no other financial means (personal capital, contributions from social insurance, and support from relatives) and a concrete individual financial plight can be proved (Stadt Zürich, 2014).

The fragmentation of the social security system has so far caused planning and actions to be primarily influenced by the jurisdiction instead of the aim of achieving the highest possible integration for those affected. In order to improve the integration of unemployed individuals into the labour market and avoid revolving doors and unnecessary duplication, efforts have been made for a number of years now to improve the inter-institutional cooperation between unemployment assistance, invalidity assistance, and social assistance (Nationale IIZ Koordinationsgruppe, 2004). With regard to young adults, the efforts to ensure inclusion are mostly based on education and employment and often do not consider other aspects of inclusion (Nadai, 2013; Knöpfel, 2013). The fragmentation of the social security system complicates a holistic approach to integration, which would take into account all aspects of integration into society of the affected person.

**Literature Review**

***Education and employment of young adults in Switzerland***

In recent years social change and globalisation have strongly affected the labour market in Switzerland (Friedrich, 2014, p. 15) and therefore also the school-to-work transition of young people, that is, the transition from youth to adulthood (Schaffner, 2007; Schaffner & Drilling, 2013).

Nowadays a post-compulsory education is the basis of a stable and long-term integration into the labour market. The statistics show that there is a higher risk for unqualified people of becoming unemployed or living on social welfare than for those with training. Therefore, since 2006 it has been the declared aim of Switzerland’s education policy that, by 2015, 95% of the 25-year-olds should have completed upper secondary education, which is further education after compulsory education corresponding to education level 3 of the ISCED Scale (EVD, EDI, & EDK, 2011). A qualification in upper secondary education provides both access to the next level of education

<sup>1</sup> Constitution of the Swiss Federal State from 18th April 1999 (stand at 3rd March 2013).

and trains young adults to be qualified workers, and is seen as the minimum requirement to successfully compete in the labour market (BFS, 2013a).

Since high expectations concerning one's willingness to pursue education after compulsory schooling to enhance employability has become the norm, while at the same time structural changes cause a shortage of education and training opportunities, the transition from youth to adulthood involves new risks (Gazareth, Juhasz, & Magnin, 2007, as cited in Schaffner & Gerber, 2014).

In Switzerland the majority of young people start a post-compulsory education (secondary II) after completing mandatory school. The post-compulsory education system distinguishes between vocational training for direct entry into the labour market and higher secondary school that prepares for tertiary education (Schweizer Medieninstitut für Bildung und Kultur, 2011).

In 2011 the majority (about 60%) of young men and women started a vocational training in the first year after leaving mandatory school (Schweizerische Koordinationsstelle für Bildungsforschung, 2014). But since 2005, about one-fourth of the school leavers have not directly started post-compulsory education and thus have ended up doing internships or interim years to try and enter compulsory education a year later, which has been achieved by 70% (Schweizerische Koordinationsstelle für Bildungsforschung, 2014). Other young adults start a further education programme, which they change or quit after the first or second year. In a nutshell, the available data reveal that the educational career after compulsory education for 45% of school leavers is characterised by discontinuation such as changes, interruption, and repetitions (Meyer, 2009). In 2011, a total of 95.3% of young adults in Switzerland at the typical age of finishing upper secondary education actually graduated on that level, 24% of whom finished a general education (intermediate education or general qualification for university entrance "Matura") and 71.3% vocational education and training (VET), which is a dual apprenticeship training that can be done with or without a "Matura" degree to gain access to tertiary education (BFS, 2013b).

Consequently a group of about 5% of young adults remain without post-compulsory qualification although various services to support the integration of young people into the labour market have been implemented in Switzerland over the last 20 years (Egger, Dreher, & Partner AG, 2007). In Switzerland there is a strong relationship between social background and school success and therefore school leavers with poor school performance and from socially and economically disadvantaged families

are at a higher risk of remaining without a post-compulsory education (Moser, 2004; Meyer, 2005; Schultheis, Perrig-Chiello, & Egger, 2008; Suter & Höpflinger, 2008) and being unemployed or becoming dependent on social welfare (BFS, 2009). Although only few studies on the situation of young people leaving care have been conducted, there is some evidence indicating that they should be regarded as a vulnerable group that also is at a higher risk of exclusion (Gabriel & Stohler, 2008, 2012). In a meta-analysis of 59 studies on vocational education of young people at risk, Häfeli and Schellenberg (2009) focus on success factors that must be taken into account when developing support services. The study identifies about 50 success factors in seven areas (personal, family, school and teachers, workplace and professional trainers, advisory and intervention services, leisure time and peers, and society (Häfeli & Schellenberg, 2009).

As already mentioned above, young adults have been over-represented among the unemployed and among the social welfare beneficiaries since 1990 (Bundesamt für Statistik, 2009). In Switzerland, unemployed adults who are not or no longer entitled to unemployment benefits and who are at risk of poverty receive social assistance. Young recipients of social assistance are regarded as a highly vulnerable group with poor prospects for the future (Bundesamt für Statistik, 2009). Therefore, since 1990 the transition to adulthood of young people at risk has been investigated in several studies (Schaffner & Drilling, 2013).

Based on the national social welfare statistics, the situation of young social welfare recipients (aged 18 to 25) was analysed in detail for the first time (Bundesamt für Statistik, 2009). With regard to education, the analysis revealed that 51% of these young adults did not have a secondary-level degree and were also not undergoing education at the time, whereas 23.6% were completing an education, 24.9% had finished an education on a secondary level, and only 0.5% had earned a bachelor or master's degree (BFS, 2009).

The results of the analysis also indicate that the risk of needing welfare assistance is dependent on the system transitions (school-to-work and education-to-labour market) and there is also some evidence suggesting that the young adults' coping options are influenced by the socioeconomic situation of the parental home (BFS, 2009).

Another study on young adults (aged 18 to 24) receiving social assistance in Basel gives a very detailed picture of the young people's social situation that generally complies with the analysis of the national statistics (Drilling, 2004). In addition, the study indicates that the young men women often had conflicts or problems with their families or parents and about 15% had had experience with

child and youth care services when they were minors (Drilling, 2004; Schaffner & Drilling, 2013).

The qualitative analysis of education biographies of young social welfare recipients by Schaffner (2007) showed that reaching legal age was a critical event in the lives of the interviewed young adults. When they turned 18, almost all young men and women had taken or wanted to take full responsibility for their own lives. Most of them had to live independently because they moved out or were thrown out from their parental home, left residential or foster care, or immigrated into Switzerland without their families. Living independently with little experience and no support caused various problems of coping with daily life in terms of work, food, housing or money, for example; therefore most of the young adults were not able to complete their training or apply for a job (Schaffner & Drilling, 2013) and became dependent on social welfare. Schaffner (2007) found out that the behaviour of these young people has to be regarded as manifestations of developmental coping problems, which are hardly taken into account by the social welfare system (Schaffner & Drilling, 2013).

Inappropriate coping strategies for mastering the challenges of an independent life can have serious consequences for young people such as dropping out of a post-compulsory education course, becoming unemployed due to lack of reliability, or losing their accommodation.

### ***Housing situation and homelessness***

With the aim of obtaining a better picture of the situation of young adults in Europe, several studies have focused on the housing situation of young adults examining the age of leaving the parental home. In 2008, approximately 46% of young adults (51 million) between 18 and 34 years of age still lived with at least one of their parents, 33 million of whom were aged between 18 and 24. In all of the European Union, 13% of young adults aged 18 to 34 living in the same dwelling as at least one of their parents were identified to be at risk of poverty. However, living in the parental home can decrease the total risk of poverty.

A key factor affecting the decision of young adults to leave their parental home is having a partner, while staying in education, working on temporary contracts, or being unemployed are reasons to stay with the parents for a longer time (Choroszewicz & Wolff, 2010). The percentage of young adults in Switzerland living at their parents' home is not much different from the situation in the EU. The age of young women leaving parental home and starting a family is between 20 and 30 years, while young men take that step between the ages of 22 and 32 (Höpflinger & Perrig-Chiello, 2008). An analysis of the Swiss Labour Force Survey revealed that in 2004, 80%

of young adults (aged 18 to 24) lived with at least one of their parents (Höpflinger & Perrig-Chiello, 2008).

While at what age young adults leave their parental home in Europe has been exhaustively studied, data about the current housing situation of young adults are scarce. Housing opportunities vary from living with the parents, living in a single household, living independently in a shared accommodation, living in residential or foster care providing supported long-time accommodation and temporary shelter, and homelessness. In the 1990s, homelessness of children and young adults was discussed in the media in Germany (Mücher, 2010) and also in Switzerland (Gabriel, Stohler, Aeschbacher, Lörincz, & Lang, 2004).

In Switzerland the number of young homeless people is unknown but estimated to be low. In a survey of child- and youth-care institutions, 64 children, youths, and young adults (aged 13 to 25) who lived on the street permanently or over a longer time period could be identified in Zürich in 2004. About half of them were 16 or 17 years old (Gabriel et al., 2004). From the perspective of the interviewed social workers, the young people had various problems, but family conflicts and domestic violence were regarded as the most important reasons for living on the street (Gabriel et al., 2004).

In 2010, there were reports in the media about young adults seeking refuge in shelters for homeless people in the major Swiss cities. For example, in Berne 25 young adults aged 18 to 25, mostly from a migrant background and affected by poverty, were reported to be living in such a shelter (Berne Zeitung, 2010). Homeless young people are not considered an urgent social problem because there are only a few such cases in Switzerland, which is attributed to the well-developed child- and youth-care system (Excerpt from the minutes of the Zurich Cantonal Council's meeting on February 6, 2013).

The statement, "We don't talk about housing, we just do it [author's translation]" (Löpfle & Moser, 2012, p. 11) describes the common socio-political way of understanding and treating the topic of housing. Housing and the housing environment affect individual development opportunities. Therefore, a disadvantage in the housing situation may lead to further disadvantages in other areas of life such as unemployment, poverty, homelessness, inferior education opportunities, and health (Brändle-Ströh, 1999, as cited in Gysi, 2013), which affect different areas of social work. But despite this, there is no focus on adequate housing in social politics. As mentioned before, the efforts to ensure the integration of young adults are mostly education-based or employment-based, which is apparent in various existing programmes that support labour integration.

Although there are countless institutions offering help to homeless people (Wolf, 2011), a closer look at the numerous institutions in the canton of Zurich that offer housing for young healthy adults without disabilities shows that an existing external daily structure generally is a prerequisite for admission. Most of the long-term housing facilities only take in young adults enrolled in a post-compulsory education programme. Several institutions for long-term housing focus on young adults with a disability or a psychological illness and require a certified need for assistance and care or an official declaration of entitlement to disability insurance. Institutions offering accommodation for young people without any restrictions are considered short-term shelters in situations of emergency. They do not offer any daily structure or focus on employment integration, nor do they specialise in young adults. In view of the shortage of institutions specialising in young adults and offering accommodation that goes beyond short-term shelter, and that also takes in young adults without any daily structure and/or a certified need for assistance and care, a few institutions that focus on that target group have been established in Switzerland in the recent years.

### **The Present Study**

#### ***Background***

In 2009, a new concept for a home for young adults with no housing facility, no daily structure, and other multiple problems was established in a Swiss city. Its target group are young adults, aged 18 to 24, without a stable dwelling. The young men and women can neither live with their family nor independently and do not want to live in residential care or in a foster family. Furthermore, they have little or no daily structure and often have debts, are psychologically unstable and consume marijuana or alcohol.

The home is designed to be a voluntary transitional opportunity offering shared accommodation for a total of 28 young men and women. Housekeeping and food has to be arranged independently (and individually). Allocation to the institution is done by the case management of the social assistance service; assistance and regular status reviews (progress reviews) are the responsibility of the individual reference person of the institution. While the reference person's primary task is giving advice and assistance, the case manager from the social assistance service is given more responsibility to make decisions and impose sanctions.

#### ***Institution objectives and research questions***

The main objective of the institution and also the indicator of the institution's effectiveness is the young adults' integration in a long-term living solution within 12 months. Further objectives are to strengthen social and personal competence, stabilise the situation and prevent

further harm. In this evaluation study, the achievement of the main objective of the institution, integration in a long-term living solution, was examined. The research questions were the following:

1. What effect does the institution have and which problem constellations have a positive effect on the achievement of the main objective?
2. What are the difficulties in the cooperation with placing institutions and how can the cooperation between the case management of the social assistance service and the social worker of the institution be optimised?

#### ***Method***

Within a qualitative study design, several perspectives and various approaches to collect data were included. All former inhabitants who left the institution between January 2011 and January 2012 were contacted by the institution. Out of the 14 young adults who agreed to participate, six contrasting cases were selected. About half a year after the subjects left the organisation, face-to-face interviews were conducted with the aim of portraying the experiences and perspectives of the young adults as well as collecting information about the process after leaving the institution and about their current situation. In order to gain insight into the former biographies and problems of the young adults, the files from the selected former residents were analysed. Moreover, guided telephone interviews with the case managers from the social assistance services ( $n = 6$ ) and a group discussion with the staff of the institution ( $n = 5$ ) were held to include the experts' experience with the institution and their estimation of the effects both from an outside and an inside point of view.

The data gathered was assessed by means of content analyses (Mayring, 2008). Common points and differences, across the different data sources, have been identified, evaluated, and discussed.

#### ***Results***

The focus of the analysis was put on four primary topics: the young adults' history, the reason for their entrance into the institution, the process during their stay in the institution, and the effects of the institution from both short- and long-term perspectives.

Regarding the history of the former inhabitants of the institution (data from file analysis and interviews), it is noticeable that all of them have very unstable housing biographies with stays at different institutions combined with living with different family members ( $n = 3$ ) or several stays at different institutions combined with stays with the mother ( $n = 2$ ). Apart from one person, all subjects have had experience with child- and youth-care institutions (i.e.,

they were in temporary residential care or boarding school and returned to their parental home). Just one person continuously lived at his or her mother's place.

In most of the cases, the transition from compulsory to upper secondary education has not been successful (i.e., they dropped out of vocational education and training or an interim solution, or they had not yet managed to find a vocational education). Only two persons succeeded in the transition from compulsory to upper secondary education and were enrolled in a vocational education programme or temporarily employed before starting a vocational education course prior to entering the institution.

Other noticeable aspects of the subjects' histories are psychological problems and the consumption of cannabis and/or alcohol, which is mentioned in the majority of the files.

The main reason why the young adults entered the institution was that they had been made to leave their parental home mainly due to arguments or because their apprenticeship had been terminated. Some of them did not have any employment at all. Thus the main reason for being homeless or living in an instable situation is the absence of a daily structure. Only two of the young adults were doing an apprenticeship or had a job as an interim solution until the apprenticeship started: In one of these cases, arguments in the context of the mother's alcohol addiction and in the other case financial difficulties – and thus inability to pay the rent due to the sudden absence of the mother – were the reason for entering the institution. None of the young adults had an alternative possibility of accommodation.

Based on the various data sources, the extent to which the programme's main objective (integration in a long-term housing solution within 12 months) and the further objectives (strengthening social competences and personal competence, stabilising the situation, and preventing further harm) have been reached has been assessed. The data indicate that the programme provides safety and support in case of endangerment; it enables the young adults to gain distance from their parental home and focus on their own person; social competences, personal competences, and housing competences are strengthened, and professional orientation as well as professional integration of the young adults are promoted. Most of the young adults later transferred to an agreeable housing solution, which, however, in some cases was an emergency or interim solution. Two of the young adults dropped out of the programme because they had repeatedly violated internal rules and or the law. The programme has therefore reached its further objectives, whereas the main ob-

jective, which was the integration in a long-term housing solution within 12 months, has not been reached in all cases.

As a stable integration into society requires residential integration as well as employment integration, the effect of the programme on both aspects of integration at the time when the young adults left the programme and at the time the interviews with the former inhabitants were conducted (5 to 11 months after leaving the programme) is examined more closely.

All young adults who left the programme in a regular manner ( $n = 4$ ) had both a follow-up housing solution (with one parent, with relatives, or in a girlfriend's family) and a job or an apprenticeship when leaving the programme. At the time of the interview (5 to 11 months after leaving the programme) all young adults who left the programme in a regular manner still had accommodation even though two persons had moved out from their follow-up solution (one person had moved into another shared accommodation and another person now had his own flat). Regarding the labour market integration, in two cases some progress was observed (from the apprenticeship to fixed long-term employment and from a temporary job to an apprenticeship); two young adults, however, lost the jobs they had had when leaving the programme. Both of them are facing trouble at their current place of living due to their unemployment and the resulting lack of a daily structure and financial difficulties.

It is remarkable that those young individuals who already had a job when entering the programme proved themselves in the labour market after leaving the programme. Although all young adults who had lost their apprenticeship prior to entering the programme were able to find a new apprenticeship or temporary job, 5 to 11 months after leaving the programme they had lost their jobs again.

Of the two young adults who quit the programme in an irregular manner, one person was homeless at the time of the dropping out and the other was taken into custody. Although both of them made some efforts towards their professional integration during their participation in the programme, neither of them succeeded in acquiring employment. At the time of the interview (5 to 11 months after dropping out of the programme), one of the young adults still did not have a permanent accommodation or a job. In the other case, however, some progress had been achieved both in terms of residential and of work integration as this person has joined an assisted youth group and started an apprenticeship. Considering the two cases of irregular discharge, it can be noted that both of them had already had multiple problems (with the daily structure,

no training or workplace, mental health issues) before entering the programme and disobeyed the rules required for staying in the programme.

Overall, it can be ascertained that the programme is suitable for young people who already have a daily structure or can be adapted into one, who are independent and willing to change their situation. However, the programme is inappropriate or unsuccessful for young people who do not strive to change their situation, are not cooperative, suffer from psychological problems or drug addiction, have never worked before or have had problems with their daily structure for a long time or repeatedly dropped out of suitable programs. For young people with such multiple problems, it is difficult to find an adequate solution; moreover, they find it difficult to adhere to the requirements for staying in the programme.

The measured effect of the programme depends on the indicators and on the time of the measurement. If only the main objective of the programme, namely the residential integration when leaving the programme, is considered, four persons were successfully integrated whereas 5 to 11 months later five people were successfully integrated into the housing market. Regarding the professional integration, four persons had succeeded in finding a job when leaving the institution; 5 to 11 months later only three persons were still successfully integrated in an education programme, training, or job. Thus, while the residential integration appears to be more stable in the long-term perspective, it can be jeopardised due to a setback in the work integration.

### Conclusion

The results of this study raise various questions at different levels. On the one hand the indicator of the programme's effectiveness can be called into question. If only the main objective of the programme, namely the young adults' integration in a long-term living solution within 12 months, is considered for measuring the programme's effectiveness, other case-related progress or reversals at other levels (e.g., strengthening social and personal competence) remain invisible. Considering that social integration is based both on residential as well as on labour-market integration, focusing on only one outcome or goal is too narrow. Therefore we maintain that

indicators in the area of employment should be taken into account when evaluating the effectiveness of the programme.

The second question is whether the limited stay of 12 months meets the needs of the young men and women. This study shows that already achieved successes may not be stable in a long-term perspective, especially if addressing labour market integration. It can therefore be assumed that already achieved successes could be stabilised through a prolonged stay.

As well, it can be assumed that due to the complex problems of young adults a stay of more than one year in the institution may be needed to achieve the agreed goals for some young men and women. Therefore a length of stay that is adapted to the individual needs could perhaps improve the impact of the programme's sustainability.

At the level of the individual case, the study suggests that the programme is inappropriate for young people with serious problems of acclimating themselves to a daily structure, with multiple burdens, and with hardly any social network. Often these young people are not able to comply with the requirements of the institution because they have – as Schaffner (2007) shows – never learned to master important developmental tasks and resort therefore to strategies which do not agree with the rules of the institution. As a matter of fact it has to be asked what sort of assistance these young people need in order to enable them to solve the developmental tasks. The challenge for the institution is to provide an open structure, which is accepted by the young adults, as well as to guaranteeing enough support to build up a daily structure. Young social assistance recipients are regarded as a challenge for educational, social, and labour market policy (Schaffner & Drilling, 2013). There is a need for early interventions with children and youth at risk and their families in order to prevent exclusion. Because of the interdependency of residential and labour market integration, an integrated approach is required. Further, the strengthening of self-competence and of the social networks should be identified goals of the program (Böhnisch, 1999). Therefore high quality case work, which is supported by inter-institutional cooperation in the areas of education, employment, and social assistance, is needed.

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