



INDICATORS OF THE QUALITY OF WORK IN RESIDENTIAL TREATMENT CENTRES

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Abstract/Izveček In the last year, residential treatment centres in Slovenia have made a significant shift from traditional approaches to programs for young people which are adapted to their needs within the entire continuum of help: from preventive work to early detection, a range of support programs, various programs in out-of-home care, and intensive treatment, up to the most difficult cases.

It is therefore important that the work be properly reflected through quality settings. These concern all aspects of an institution's operation. Using a comparative method of comparing sources and analytical synthesis, we have shown all the important areas of operation of such a system. Orientation towards the areas of work quality represents a modern and current discourse, while simultaneously providing starting points for development.

Kazalniki kvalitete dela v vzgojnem zavodu

Vzgojni zavodi v Sloveniji so v zadnjem letu naredili pomemben premik iz tradicionalnih pristopov k programom za mlade prilagojenim glede na njihove potrebe in sicer v celotnem kontinuumu pomoči. Od preventivnega dela do zgodnje detekcije, različnim podpornim programom, različnim programom v izvedbeni vzgoji, intenzivnih obravnav, vse do najtežjih primerov.

Zato je pomembno, da se delo ustrezno reflektira skozi postavke kvalitete. Le te zadevajo vse pore delovanja ustanove. S komparativno metodo primerjave virov in analitične sinteze, smo prikazali vsa pomembna področja delovanja takšnega sistema. Orientacija v področja kvalitete dela predstavlja sodoben in aktualen diskurz ter hkrati daje izhodišča za razvoj.

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Introduction to the problem

Residential treatment centres perform an extremely demanding and socially important mission. They are intended for the population whose development is endangered and for whom living in the home environment poses too great a risk. The work presents specific psychosocially stressful situations. We seek to emphasize the importance of professionalization of and cooperation among all services that are important for the child or adolescent, and the participation of the child/adolescent and parents in question. In Slovenia, we have 9 residential treatment centres: Veržej, Maribor, Ljubljana - Malči Beličeve, Ljubljana - Jarše, Smlednik, Kranj, Višnja gora, Logatec and Planina. Their organizational forms are differentiated from educational groups, residential groups, intensive educational and residential groups, farms, independent living residences, mobile services, etc. The term residential treatment centre therefore includes all the above-mentioned forms, which in accordance with the forthcoming legislation will be renamed professional centres.

In this article, we will analyse important starting points that contribute to defining and focusing on the quality of work in a residential treatment centre. We will review which knowledge and competences, related to both theoretical and practical knowledge, professionals should possess and will illuminate the areas of quality and (self)reflection in more detail.

Method

Critical reflection and analysis, as well as comparison of similar concepts represent the research methods. It is a combination of analytically descriptive and analytically interpretive and comparative methods, analysis and synthesis.

We will compare sources which have a design for the system of care in residential treatment centres that is theoretically and practically similar to that in our country, with the purpose of designing indicators of work quality. This field is new in our country; therefore, we have set the goal of designing important indicators to function as a measure in the reflection and evaluation of social pedagogical work in residential treatment centres.

Results and discussion

Socio-pedagogical starting points

The question of what is best for residential treatment centres offers the thesis that residential treatment centres are based on the paradigm of upbringing, education, along with the paradigm of therapy. This practical theoretical approach is presented as a challenge to residential treatment centres in the orientation towards living space, which moves the issue of a more appropriate, better life towards the centre of social pedagogical activity. Therefore, it is important to review and properly place the various discourses on which the concepts of residential treatment centres' operation are based (Krajnčan, 2019a, Krajnčan, 2019b).

The discourse of deinstitutionalization

The process of deinstitutionalization is complex. Deinstitutionalization in the strict sense of the word has all the characteristics of a large organization. This structure is composed of the division of labour, highly formalized application of rules, and complex hierarchies. A similar discourse is decentralization, which we understand according to Wolff (2020) as the distribution of functions, authorities, influences and housing relations into several centres. Decentralization is the intention with which we wish to avoid or reduce non-independence, stigmatization, institutional-specific subculture and hierarchical structures. Deinstitutionalization in the broader sense of the word is presented as a humanistic process containing discourses from normalization to the social pedagogical help oriented towards the life world of an individual (Wolf, 1999). Normalization is the orientation toward living, relational, and ecological conditions comparable to those of peers in a corresponding, average environment (Wolfensberger, 1989). Regionalization is aimed at helping within the environment in which the child or adolescent lives, so that he or she is able to maintain social relationships and correcting the inappropriate ones within the living space itself (Peters, 2008, Knuth and Koch, 2010). Professionalization is extremely important and requires social pedagogical workers to be broadly educated and have a personally stable professional profile (Müller, 2008). Participation is presented as a basic premise of human rights (Marovič, 2016, p. 235). It contributes to more successful socio-pedagogical intervention and significantly correlates with the effectiveness of treatment for children and adolescents with behavioural and emotional disorders in the process of institutional help.

Figure 1: Participation in residential treatment centres (Pluto, L. 2007, p.53)



Empowerment is focused on the individual's resources and achieves optimal results when the social pedagogical help in his/her living space is directed in a timely manner (Hamberger, Koch, Lenz, Peters, 2006, Wolf, 1999). The intertwining of discourses requires a networked and coordinated operation of all the entities involved (Krajnčan, Šoln Vrbinc, 2015).

We will show how to develop change strategies in order to achieve actual deinstitutionalization (Falk, 2016, p. 233).

The results will be summarized in five points (Falk, 2016, pp. 232 - 235):

1. The existence of institutions for people with behavioural and emotional disorders is not questionable. The organizational approach puts at the forefront those spatial and organizational conditions which are seen as those that need to be changed. The overall nature of the organization is only partially explained. Namely, all accommodation, care and support are still provided by the organization. Opening to the social space and cooperating with other services are not mandatory but remain quite limited and difficult. It is important to be aware in the shaping of spatial proximity of general infrastructure and other social pedagogical services.
2. Children and adolescents are not decisively involved in decisions about change. They are only informed about the changes and can choose from various options offered by the organization. Thus, resident-centered intervention pathways do not affect the formation of awareness of the anticipated changes at the interactive level. In addition, there is no formal change for them. Active change in the population's own role is encouraged insufficiently. The position of power

or powerlessness of the residents does not change; intentional change in the relationship between employees and residents has no formal equivalence (Wolf, 1999).

3. Employees focus on the abilities of residents, to which the main thoughts about change are related. The aims of change are considered feasible, which depends on the ability of the residents. Thus, it can be concluded that the employees distinguish which residents are subject to the principles. This means that the institution with its principles has not fully examined its acceptance of change, only partially. Consequently, some important modes of operation remain in use and unchallenged.
4. If children and adolescents do not get involved responsibly, it could be concluded from the employee's point of view that they alone are competent (with knowledge and skills) to speak and act on behalf of children and adolescents. Therefore, strengthening the role of employees affects the residents, who are used to being kept safe and guided.
5. Whenever we take a deficit as the starting point of optics and define obstacles as personal characteristics, the feasibility of the principles is already in question at the starting point. The aim is for all residents to be able to live anywhere. The aims of self-determination, cooperation, individual orientation, and social space orientation, on the other hand, do not seem self-evident.

Deinstitutionalisation means moving away from exclusionary structures and deficit-related optics. It is a matter of complete deinstitutionalisation, which calls into question the legitimacy of the existence of special institutions. This is especially true of their totalitarian claims. The current institution needs to be directed from its core to understanding the needs of children and adolescents with behavioural and emotional problems and disorders. The path to this result is consequently reasonably called deinstitutionalization (Falk, 2016).

Structural changes lead to changes in interpersonal relationships and can lead to gradual institutional change. They are a break from the familiar and disrupt routine. In this way, they provoke and cause us to question the modes of operation, to treat them consciously and change them, if necessary. Barley and Tolbert (1997, p. 93) argue that even contextual change is needed for professionals to successfully change their approach. If the contexts do not change, they correspond to previous institutionalized principles and thus act so as to be preserved (Wolf, 1999).

Fundamental rights of young people

Children and adolescents are persons with their own dignity and rights. In treating them, inviolability of dignity is a priority. Children and adolescents have the fundamental right of their development to be supported and to be educated as independent and socially competent individuals. These fundamental rights must be guaranteed to children and young people in residential treatment centres without restrictions, regardless of their age, gender, origin, ethnicity or level of development. In addition, children and adolescents who are unable to live with their families are entitled to special protection and help from the state. The rights of children and young people apply unconditionally. In fact, individual rights find their limits where other people's rights begin. In residential treatment centres, it is therefore the task of all involved to ensure that the individual rights of all children, adolescents, young adults and employees are protected and that the well-being of everyone is respected and not jeopardized (Abels, 2020, Günder and Nowacki, 2020, Recht der Kinder- und Jugendhilfe, 2013).

Duties of young people

Rights and duties are connected. Children and adolescents should take responsibility for themselves and for society. They should assume the tasks they need in their daily lives in terms of their way of life, social relationships and coping with age-specific tasks. In particular, they should be actively involved in their own upbringing and the promotion of their own development (Abels, 2020, Günder and Nowacki, 2020).

Rights and duties of parents

With out-of-home care, the rights and obligations of parental care remain unchanged. As far as there are no judicial restrictions, it is the parents' right and duty - albeit under special conditions - to continue fulfilling their parental responsibility. This especially includes their active participation in the structure and updating of care plans, constructive support of cooperatively constructed development goals, confidential cooperation with the institution and educators, clarification of inconsistencies and the will to question their previous educational activities and duties (Abels, 2020, Günder and Nowacki, 2020).

Planning principle

Groups and other forms of residential care should be planned so as to offer the most efficient, diverse and coordinated range of services in out-of-home care to young people on site.

In accordance with the principle of regular accommodation close to home, the planning of regional infrastructure and the planning of help in individual cases must be designed to allow children and young people to maintain contact with their families and the social environment. It is possible to deviate from this principle if the desired development goals can only be achieved by accommodation further from home (Peters, U. 2010, Günder and Nowacki, 2020).

Working with the family

Parents are legally bound to participate in cooperation. Close cooperation and regular exchange between all involved are especially important for the success of the residential treatment centre help and/or return to the family of origin. All existing guardianships should be included in this work relationship according to their role and function. In the interdependence of young people - family - social work centre - guardian / guardian - residential treatment centre, interconnectedness should be expressed, since this decisively affects the successful course of help. It is the task of everyone involved to strengthen the family of origin and, if possible, to involve the parents in managing educational tasks. If there is a possibility of return, it is necessary to ensure cooperation with the family to change the educational approaches and requirements. Information on this should be recorded in the care plan, as well as the duties (Sponagl, 2002).

A written agreement between the legal guardian and the institution regarding decisions about everyday life and the arrangement of related roles and tasks is recommended. In this context, clarification of mutual expectations among young people, parents, the institution and the social work centre also plays an important role (Clark, Ziegler, 2020, Günder and Nowacki, 2020).

The meaning of a group

Residential treatment centre education usually takes place in different groups (educational group, residential group, intensive group, farm, day-care centres, youth housing, etc.) for children and adolescents of different age and gender. For certain target groups and in certain cases, a homogeneous formation of groups by gender can provide the necessary protection and privacy. A group forms a frame of reference, which also communicates the affiliation of young people to a certain social structure on an emotional basis. In a structured and informal form, it offers a social place that enables life and learning in the broader sense of the word.

This framework must provide security and be rich with resources, thus providing preconditions for successful identity formation and social integration, as well as for the testing, learning and use of independent, autonomous and socially oriented ways of operation.

That is why it is important to work consciously and professionally with smaller groups and guide them all the way to independence. However, some individuals, for various reasons (developmental problems, biological influences, traumatic events, etc.) are unable to deal even with small groups. Such individuals may be specifically burdened by unfavourable experiences and may overwhelm the group with their dynamics, which has a detrimental effect on themselves and others and should therefore have flexible and more comprehensive support offers available within the context of the assistance offered. For such individuals, it is necessary to organize programs of individual care, or special foster care. The meaning of educational group in socialization is multifaceted, from learning, thinking, memory, identification, emotional behaviour, motivation (in types of motivation and understanding, social motives, motives for achieving goals, affiliate motives, moral consciousness, etc.). Nevertheless, given the dynamics of the arrival of children and adolescents practically throughout the year, it is extremely difficult to influence the formation of groups. Except by gender and age, the formation of groups according to issues, specifics, abilities, etc. is already an extremely unpredictable variable (Behnisch, 2020).

Networking

For residential treatment centre help to be successful, interdisciplinary cooperation and communication in planning, implementation and evaluation among all professionals involved in the help process must be defined in advance. In addition, reciprocal accessibility must be ensured (Günder and Nowacki, 2020; Haug and Voß, 2000; Peters, 2008).

School or training intermediary

Most young people in residential treatment centres or out-of-home care programs attend school. This fact binds residential treatment centres and schools to close cooperation. In addition, teachers and social pedagogical workers must develop individual strategies and solutions for the implementation of education together with the young person.

Involving teachers in the help is useful and necessary, as is involving the competent staff of residential treatment centres in school decisions. It is recommended that the curriculum be aligned with the educational plan. Alleged limitations with regards to the requirements of the data protection law need to be eliminated and clarified on the spot (Günder and Nowacki, 2020, Haug and Voß 2000).

The transition from school to work is a joint task of the residential treatment centre, the school and the social work centre. Through close cooperation and coordinated professional moves, they contribute to the safety of the individual, the necessary structure and the prevention of unemployment in the phases of vocational guidance, vocational training or employment (Fachliche Empfehlungen zur Heimerziehung, 2014, Fromm, 2013, Günder and Nowacki, 2000).

Child and adolescent psychiatric intermediary

The diverse emotional, mental, and psychological stresses faced by young people in residential treatment centres often require supplementary educational help, along with child and adolescent psychiatric help (Bosselmann, 2000; Fegert, Wiethoff, & Dippold, 2000).

The health care system has different tasks, bases and structures than institutions for behavioural and emotionally difficult/disturbed children and adolescents. The main tasks of child and adolescent psychiatry are based on the medical-psychiatric field and include diagnosis, treatment and therapy. For successful cooperation, it is necessary to develop a mutual understanding of tasks, work and organizational processes, as well as trust. There are often misunderstandings between the health care system and the institutional education system for children and adolescents, as a result of their divergent definitions of emergency situations, different assessments of indications, time and duration of admission, and different expectations regarding forms of therapy and further measures. Therefore, it is necessary to respect the relevant competences, findings and assessments and constructively coordinate these on a regular basis (Bosselmann, 2000; Fegert, Wiethoff and Dippold, 2000).

In the German state of Bavaria, during psychiatric treatment of children and adolescents, they claim that it is necessary to make a declaration of exemption from the obligation to protect confidentiality, to allow cooperation between the child and adolescent psychiatry, the social work centre, residential treatment centre, institutions and parents. Upon placement in child and adolescent psychiatry during the measure of placement in a residential treatment centre, the centre is usually the first point of contact between the child and adolescent psychiatry.

Their employees are in regular contact with the child or adolescent in the form of visits and phone calls. This should strengthen their bond with the centre's staff and ensure continuity of education and care. The competent person from the social work centre remains responsible for the child or adolescent during the psychiatric stay. Child and youth psychiatry must present the needs for help in a descriptive form for the residential treatment centre to be able to take them into consideration as part of the care plan. Methods of determining the forms of help should not be given without consulting the residential treatment centre and the social work centre (Bosselmann, 2000; Fachliche Empfehlungen zur Heimerziehung, 2014; Fegert, Wiethoff and Dippold, 2000).

Judicial system intermediary

The placement procedure is regulated in accordance with the Family Code regulating family relations, or the law regulating the treatment of juvenile offenders. In accordance with the Family Code, children and adolescents are placed on the basis of a court decision, in cases of interim injunction (Article 162), by performing an emergency removal by the social work centre (Article 167) and by a court decision on the removal of a child (Article 174), decisions on placement in a residential treatment centre because of the child's psychosocial problems (Article 175) or in accordance with the Criminal Code and the Enforcement of Criminal Sanctions Act (Article 170). Since the legislation has been in force only a short period of time (since April 2019), a systematic analysis of the functionality of implementation, its advantages and disadvantages would be necessary. The German Law on Child and Juvenile Educational Help conducts an in-depth analysis for each calendar year. We believe that similar practices should be implemented in our country, as well. It would also be necessary to clearly define the competences and responsibilities upon the decision to place a child or adolescent in a residential treatment centre (Fachliche Empfehlungen zur Heimerziehung, 2014, Günder and Nowacki, 2020).

Social work centre intermediary

In 2003, a survey on the criteria for placing children in residential treatment centres included all professionals in Slovenian social work centres. The findings show that the level of cooperation between professionals in residential treatment centres and social work centres is low, but there are examples of good practice.

The course of placing children into residential treatment centres through social work centres shows great differences among the strategies of placement as well as the process of placing children into residential treatment centres itself (Krajnčan, 2006). Educators and professionals at social work centres work without a functional connection and without clear, specifically set guidelines, with an insufficient level of cooperation among everyone involved and the subjects important for the child (Krajnčan, 2006).

The level of cooperation and especially trust among professionals should be much higher, which should also be taken care of by the two ministries. We are aware that the research is 18 years old; however, through intensive work with residential treatment centres and our experience, we can conclude that the situation has not changed significantly. In addition, the transfer of competences to family courts has offered the social work centres a new intermediary, but its work does not yet run smoothly (Fachliche Empfehlungen zur Heimerziehung, 2014, Günder and Nowacki, 2020, Krajnčan, 2006, Krause, 2013).

Crisis intervention

As part of the measure placing children and adolescents in residential treatment centres, potentially high levels of emotional and psychological stress on caregivers may lead to crises. Such situations place very high professional and personal demands on the staff of the residential treatment centres dealing with them.

In addition to rapid and targeted intervention and action in acute and sometimes risky situations, i. e., crisis intervention, it requires above all, a respectful attitude towards the young person. This also applies in cases of endangerment of oneself or others, in which the duty of supervision can only be achieved through measures which can be carried out without voluntary cooperation by the young person concerned. Such an attitude is a precondition and a necessary part of the relationship to be able to respond and act appropriately in individual situations and crises. Institutional education respects the right to non-violent education. Corporal punishment, emotional injuries, etc. are not allowed in any case. Institutions, services and people who accept children and adolescents with distinctive dissocial behaviour must be able to provide education based on social and curative principles, even in crisis situations (Kremke, 2011, Kunz, Scheuermann and Schürmann, 2009, Peters, 2013a, Peters, 2013b).

Conditions of institutional operation

Location

The choice of location must be based on the purpose and tasks of the institution or type of program. In choosing the location and size of the facility, proximity to home, group size, transport links, existing infrastructure, school options, vocational training options, medical-therapeutic care and the adequacy of architecture play an important role for and easier integration of the group into the society (Hamberger, Koch, Lenz, Peters, 2006, Wolf, 1999).

Buildings, structure of the premises and equipment

The premises, equipment and other facilities must be structurally and functionally designed to meet the needs of young people and educational purposes. Sufficient outdoor space must be created or made accessible for leisure and sport. It is necessary to be involved in the lifeworld and at the same time understand the importance of structures. These should open and increase at the moment when the child or adolescent is ready for it. It is also important that the preparation of food and taking care of clothing, etc. be shifted to the level of self-care. Therefore, it is also necessary to have sufficient knowledge of and insight into the structure of the housing units.

Each program for children and adolescents with behavioural and emotional problems/disorders must adapt to changing requirements. Modern media equipment is needed, including a personal computer and internet connection that children and adolescents can actually use. In this context, the institution's duty to make young people aware of the use of internet, especially regarding compliance with the law and protection of minors needs to be complied with on a regular basis. Written documentation on the performance of the duty to provide information is recommended. Certainly, the trend is towards deinstitutionalization processes, where help is channelled into small, transparent, personal units with various ranges of structure (Hamberger, Koch, Lenz, Peters, 2006, Wolf, 1999).

Phases in the quality of work in residential treatment centres in the process of treatment

Preparation phase

The decision of the child and adolescent or family judges for placement in an appropriate institution is very important for the children and adolescents in question (the period from the beginning of the search for appropriate placement, according to the experience of German institutions, should not exceed 4 weeks).

Certainly, there are very few facilities in our area, but in the hope that professional centres will come to life, which will focus on regional help, i.e., focus on living space for an individual with a varied range of programs, this request will also have a more realistic starting point (Peters, 2013b).

The wish is to include the young person in this process in an appropriate way, along with the legal guardian, a professional from the social work centre and from the professional centre, as well as the head of the institution. The interview takes place at the institution in question. Krause (2013) says that the content of the conversation is an exchange of basic expectations of everyone involved and determining educational goals by the professional centre, guardians, child or adolescent and the responsible professional from the social work centre. In addition, comprehensible information is needed about life in the institution, the group, the program type, the structure of the group, opportunities for cooperation and the professionals' educational measures regarding daily routine and regulations in group life (e.g., group rules, group activities and activities in the area, pocket money, going home). In this context, the regulations for school attendance, forms of cooperation with parents and, if necessary, the scope of therapy for the child or adolescent are also discussed. Visiting the living rooms and surroundings and possibly talking to other young people in the facility are a welcome addition (Eger and Hensen, 2013; Peters, 2013b). The result at the end of the introductory phase is that the child or adolescent, caregivers and professionals from the social work centre and the professional centre prepare an appropriate offer of help. The individual, social and cultural needs of the young person and his/her family are taken into account (Eifler, Hipke, Kurtz, 2020, Gnder and Nowacki, 2020, Peters, 2013b).

Orientation phase

The duration of the orientation phase depends on the individual needs of the case and the concepts of the institution's work. As a rule, this period lasts from three to six months. Professionals at the institution make use of an acclimatization period to build trust between those involved and to set the rules of daily life and group life. Important information for planning can be found both in the update of the care plan and in the related concrete education planning. Children and young people need time to gradually get used to the change in everyday conditions. The family of origin must cope with the changed home situation and the decision that the child should temporarily live in the institution.

First day impressions, including the reception itself, have an almost lasting impact on children and adolescents (Eger and Hensen, 2013; Günder and Nowacki, 2020; Eifler, Hipke, Kurtz, 2020).

Social pedagogical activity and common life in a residential group

Professionals follow not only life space-oriented forms of help, but also the approach that helps people to help themselves. In particular, the available resources of the child, his/her family, the residential group and the social environment outside the home are used (Hinte and Tress, 2007; Wolf, 1999).

In coexistence within a group, there are clearly identifiable structures, norms, rules, and duties. Time for personal and group conversation, opportunities for practical life activities and projects such as cooking, shopping, room design and joint activities are key factors in the success of the educational mission (Eifler, Hipke, Kurtz, 2020, Wolf, 1999).

Cooperation with the family of origin

For cooperation with parents, it is important that a social pedagogical worker be appointed as a permanent contact person in the group, who is responsible for them and the child. In the framework of working with parents, topics such as potential conflict of the child's loyalty to the parents vs. educators, or ways of dealing with feelings of guilt are addressed in the orientation phase. Parents are actively involved in raising their child according to their abilities. The parents' responsibility for upbringing should be respected and promoted, regardless of the transfer of partial custody to the institution. Leisure activities are supported and promoted according to the inclinations and desires of the young person, if they are useful for his/her development (Eifler, Hipke, Kurtz, 2020, Günder and Nowacki, 2020).

Planning requirements

The success of familiarization during the orientation phase of a young person is assessed on the basis of the following criteria: personal well-being, practical life skills, school situation, inclusion in the group and the new living environment, contacts in the social environment, leisure activities, cooperation and coping with agreed milestones in the educational plan (Eger and Hensen, 2013).

The first update to the care plan must be performed by the end of the orientation phase at the latest. Given the age and level of development of the adolescent and the possibility of improving educational conditions in the family of origin, it is advisable to choose a course according to the content of the help: does he/she want to return to the family? Is education possible in another family? And is he/she prepared for a long-term independent lifestyle? (Peters, 2013b).

This decision determines the likely timeframe within which help will be needed in the short, medium or long term.

It is important to watch and determine the end of the orientation phase. The youth has found his/her place in the “live” group. A basis of trust has formed among everyone involved, which strengthens their readiness for change and enables a sustainable alliance. The quality of the first networking contacts of important participants is checked (e.g., school, vocational training, therapy, social work centre, etc.). Young people, as well as social pedagogical workers, parents and other important participants remain with the decision to place the young person in a group, in an institution (Eifler, Hipke, Kurtz, 2020, GÜnder and Nowacki, 2020, Peters, 2013b).

Middle phase

The duration of the middle phase depends on the individual needs of the case and the potential for returning to the home environment. If the upbringing in the environment from which one originates is assessed as too harmful and impossible for the return of the child or adolescent, the time perspective can be extended until independence, in which case it can be assumed that the intensity of care will gradually decrease with the increasing independence of the young person, while considering other forms of living that help the individual (Eger and Hensen, 2013).

The main emphasis requires targeted work on the skills of young people in various areas of life towards reducing risk. Standard social pedagogical care provides a framework for the implementation of developmental tasks, and all social pedagogical measures should be included in the everyday group life of a child or adolescent as much as possible (Krause, 2013).

Events in the day-to-day life of the institution do not always follow the logic and structure of the care plan. Any setbacks and crises need to be addressed, analysed and treated. If necessary, they are a reason for checking the adequacy of the goals (Eifler, Hipke, Kurtz, 2020, Fachliche Empfehlungen zur Heimerziehung, 2014).

Final phase

Qualified completion of help in the institution requires the experiential fact of providing clarity about the time and structure of discharge as soon as possible, and about further living conditions of the young person. It is necessary to ensure transition to a new life situation and, if necessary, to clarify further opportunities for support and help, for example in the form of other forms of help, such as an independent living residence or other institutions, services, self-help groups or therapy (Eger and Hensen, 2013).

Indicators for success and lifestyle stability are especially realistic life planning, successful coping with everyday life, constructive strategies for action and conflict resolution, sustainable social ties and compliance with social norms and rules. The emphasis is mainly on respecting agreements, reliable acceptance of agreed domestic duties, regular and accurate attendance at school, consistent attendance of agreed additional activities, maintaining stable contacts with important friends, relationships and an active free time. If necessary, parents accept support for strengthening their educational tasks and everyday family life and take agreed steps. Since we know that completion requires space and time, we decide together on the end of the measure and the right time for leaving. Everyday tasks are under control, and the amount of care required is gradually reduced. The youth's leaving of the group must be tangible, active and instructive for everyone. A conscious farewell from important people connected with the group allows the adolescent to experience changes in his/her life situation. A planned farewell with the group again reflects respect and attitudes toward the young person (Eifler, Hipke, Kurtz, 2020).

Versions of leaving

If a return to the family of origin is planned, the contact between parents and child should be strengthened and combined with targeted assumption of basic tasks, such as basic care, homework supervision and family life during the weekends. The time spent at home is extended. At the same time, it can be combined with a trial visit to school from home. Parents may receive advice and support from the institution as needed. Spending free time in the place of residence of the family of origin is established according to the child's interests and inclinations. Additional care may be offered, such as day care for children, youth work, learning assistance and, if necessary, further counselling or therapeutic offers which could help cope with everyday life. These activities are on an ever-increasing scale and need to be developed with quality.

Special attention should be given to increased establishment of skills acquired in everyday family and school life, as well as during free time and in the social environment (Eifler, Hipke, Kurtz, 2020).

Becoming independent

For young people to become independent, it is necessary to consolidate the practical life skills necessary for independent living. Activities related to the planning and organization of everyday life such as shopping, cooking, tidying up, cleaning, personal hygiene, clothes shopping, doing the laundry, managing money, handling the media, contacts with formal supervision and leisure activities.

An adolescent or young adult must actively seek accommodation. In doing so, they shall be supported and guided in accordance with the provisions of the care plan in terms of time frame, financing and, where appropriate, care for equipment based on the needs, location, infrastructure and financial capacity of an individual. In each individual case, it is necessary to consider whether it makes sense to end the stay at the institution at the same time as starting vocational training or entering the world of work. If the adolescent is unable to take full or partial care of his or her affairs because of mental health problems, timely appointment of a legal guardian for areas such as financial affairs, housing, or health care should be considered (Eifler, Hipke, Kurtz, 2020).

Support outside institutional help

As a rule, the measure is concluded when the young person leaves the institution. Depending on needs, they can arrange for accompanying offers outside the institution, activities for coping with everyday life, and provision of support to the family or adolescent for a certain period of time beyond the accommodation at home. In addition to establishing contact with a new school, training, or job, offers form counselling centres, youth work, or even homework or afternoon care are welcome (Eifler, Hipke, Kurtz, 2020).

Suspension of a measure differing from the care plan

Certain young people are unable to accept the requirements of the institution. In any case, with the conceptual design of professional centres in Slovenia, which should take care of the entire continuum of needs of children and adolescents with behavioural and emotional problems/disorders, this way of thinking would obtain a different connotation, but there is always an individual child or adolescent who does not fit in any framework offered.

This challenging case absolutely needs imperative attention, even if there are only one or two cases per year, and an appropriate form of help for them must be found (Eifler, Hipke, Kurtz, 2020).

Staff

It is necessary to define the importance of staff competences, at the level of both skills and theoretical knowledge, as well as specific affinities which probably derive from certain characteristics of the individual that should be recommended for this profession (Eifler, Hipke, Kurtz, 2020). That is, a profession is a calling. Here, we definitely feel that we are at a disadvantage compared to those fields of study which can choose their candidates with entrance exams. We also believe that positive discrimination on the grounds of gender balance would be welcome. Some important professional areas in the process of assessing the quality of work in a residential treatment centre:

Files, reports and documentation

Children and young people have the right to review their files, except for those parts which contain information about third parties. The content of the reports prepared by the institution should be discussed with the child or adolescent. The institution shall provide the adolescent with a copy of the protocols of the care plan. If necessary, the child or adolescent should be able to add to the documents a description of him/herself. Children and young people are people with their own dignity and rights. In treating them, the inviolability of human dignity is a priority. Children and adolescents have a fundamental right to understand their development. In addition, children and adolescents who are unable to live with their own families are entitled to special protection and help from the state (see Article 20 of the UNCRC). Children and young people have the right (depending on their level of development) to be involved in all decisions that affect them (e.g., Article 12 of the UNCRC and Article 8 of the SGB VIII Sozialgesetzbuch). The rights of children and young people apply unconditionally. In essence, individual rights find their limits where other people's rights begin. In residential treatment centres for children and adolescents, it is therefore the task of everyone involved to ensure that the individual rights of all children, young people and employees are respected (Fachliche Empfehlungen zur Heimerziehung, 2014).

Protection and prevention

Children and adolescents have the right to protection from violence, whether physical, psychological or sexual (Article 34 of the UNCRC). They all have the right to participate in education, care and support. The guiding principle is the best interest of the child (see also Articles 3, 6, 19 and 36 of the Convention for the Protection of Human Rights). Children and adolescents have the right to protection and the right to a confidant. They also have the right to the best health care and health prevention (Articles 24 and 33 of the UNCRC), including the right to free choice of doctors (Fachliche Empfehlungen zur Heimerziehung, 2014).

Assistance in planning

Children and young people have the right to participate in and co-influence the planning of their help. Their willingness in terms of location and help structure must also be taken into account. Institutional education does not start in the group, but in the planning phase.

Children and adolescents have the right to be involved in the choice of program. They have the right to regular assistance in educational planning, as well as in discussion of the care plan by a third party, for example, when they feel that those present do not support them (parents, educators, social work centre) (Fachliche Empfehlungen zur Heimerziehung, 2014).

Participation

Children and young people have the right to participate. The institution in which they live is obliged to develop and apply appropriate procedures for cooperation. Inclusion is the central principle of democracy. Modern education guided by this principle supports the greatest possible self-determination of young people. In the institution, young people are involved in decisions about the design and equipment of the premises, respect for privacy and intimacy, taking responsibility in the group and the institution, free time, contacts inside and outside of home, regulations on visits, holidays, relocations, etc. (Special recommendations for health care, 2014).

Counselling

Appropriate cooperation and complaint procedures include counselling models. The appropriate form of interest representation must be connected to the size and structure of the institution and the age of the children and young people living therein and must regularly be developed with the participation of children and young people (cf. UNCRC Article 15) (Fachliche Empfehlungen zur Heimerziehung, 2014).

Conditions for success of institutional forms of cooperation

Transparency means information on the forms of participation and the decisive precondition for the implementation of all forms of residence in the institution. This means that all children, young people and employees must be properly informed about opportunities for participation (e.g., even children who cannot read yet, the severely disadvantaged, etc.). Therefore, different methods need to be used. Written information is important because it creates a binding character and enables everyone involved to learn more about the possibilities and to have choice. Studies show that people understand information very differently and, especially in crisis situations, accept them differently than in less stressful life periods. It is therefore an important task for professionals to repeatedly check with children and young people whether they are sufficiently informed and which missing pieces must be filled in. Children and adolescents in particular need information not only on how to contribute, but also on how to complain if they feel they are not being treated properly.

It is especially important that children and young people develop confidence in these procedures. The institution can achieve this in several ways. The key is always an open, trusting and friendly relationship with professionals and the management (Fachliche Empfehlungen zur Heimerziehung, 2014, Fromm, 2013, Peters, 2013a). In the best case, children and adolescents try these procedures to see if it will help them in individual cases. Precisely because children and young people, as well as the staff in the institution are constantly changing, it is necessary to ensure that new children and young people coming to the institution receive all the information necessary. This also applies to new employees. Children and adolescents often experience that they can only say and participate in small things and are trusted only regarding certain topics. Which topics they can attend is usually the decision of the adults. However, there is no reason to exclude the participation of children and young people in certain topics. Thus, it is an important task of social pedagogical workers to organize the decision-making processes so that children and young people can appropriately participate in them (Fachliche Empfehlungen zur Heimerziehung, 2014).

Some professionals fear that children and young people cannot (yet) participate; however, when they genuinely dare to take a step towards collaboration, they often discover unsuspected resources and new perspectives in children and young people. Children and adolescents sometimes also surprise themselves.

And because the work is based on collaboration, a new quality – the sense of community-- emerges within the institution, from which everyone benefits (Eifler, Hipke, Kurtz, 2020).

Children and young people need to be convinced that the employees take them seriously and also confront them actively. This does not mean that final solutions have to be created in a short time. Children and young people distinguish very well which topics need time and where quick decisions are possible. A precondition is that the institution discuss this with them, explain it to them, and be open and focused on finding solutions (Fromm, 2013).

Enforcing forms of cooperation within the institution is an ongoing process. They should always be adapted to the development of the institution and to the living conditions of children and adolescents. It is important to find authentic forms of collaboration. Everyone should have the opportunity to participate and the means of participating should be flexible. In any case, this flexibility must not lead to arbitrariness. The realization that the forms of cooperation need to be developed together shows that it cannot happen all at once.

Development and coordination processes take time. They need to be checked repeatedly. Some things work immediately, and some do not and need to be adjusted, changed, or even rejected. This process approach can sometimes be exhausting and even frustrating for those involved. Therefore, it must be moderated and supported by both social pedagogical workers and the management, which promotes trust in the solutions found for everyone involved (Fromm, 2013).

If institutions create opportunities for collaboration, they can expect children and adolescents to take advantage of these. This also means that you cannot plan ahead what the exact outcome of the participation process will be. This requires a certain openness to results and the ability to engage in new things. Experience to date shows that some professionals are sceptical of institutions that introduce a participatory culture. This is understandable because some procedures could also be used to monitor employees and to identify errors. Understanding it this way would not make them willing to participate. However, if they have a reason to look for common solutions, they support further development of the entire institution. Among other things, the culture of the institution's mistakes changes as a result.

Mistakes are no longer a shameful expression of human weakness that must be avoided at all costs, but inevitable components of everyday interaction, where it is important to be able to correct them without reproach and learn from them (Fachliche Empfehlungen zur Heimerziehung, 2014, Peters, 2013a).

Cooperation first and foremost denotes communication. Young people in particular use the possibilities of the internet and social networks. In the current debate it is often pointed out that new media offer new opportunities for cooperation. Knowledge of the effects of the new media is still in its infancy, but experience shows that the web helps reach certain target groups and facilitates self-organization processes. Of course, these communication processes must also be monitored and moderated by social pedagogical workers and leaders (Peters, 2013a). In all organizations such as schools, as well as in the field of educational help, it is obvious that participation becomes a natural part of everyday life. Concrete interaction between formal procedures and pedagogical practice shows whether and how cooperation can be filled with life (Fachliche Empfehlungen zur Heimerziehung, 2014).

Conclusion

The quality of work in residential treatment centres requires a particularly systematic, comprehensive and multifaceted assessment of work. This means knowledge of the complexity of the population, professional requirements, organizational and systemic frameworks, as well as understanding the details of the operation of each institution. It also requires critical judgment and a wish to gain insight into the quality of one's own work as part of the institution. Self-reflection, intervision and supervision are important categories of any institution. We would advise that at the end of each year or every three years, the institution should have an in-depth and detailed analysis of the quality of its work in all departments, even the most sensitive and delicate corners of the operation. From a review of various surveys and available quality analysis criteria, the following model would be proposed.

The scheme represents an example of the complexity of assessing the quality of work in residential treatment centres, at the centre of which is the child or adolescent. The effect of quality, complex, connected and conscious professional work was a more appropriate integration into the social environment compared to the level it reached earlier. Therefore, it is necessary to monitor the system.

The new Act on the Emotional and Behavioural Problems/Disorders of Children in Education has taken a major step which could enable such a platform for institutions to be formed autonomously, according to the needs of the population in the region. Alongside these systemic changes, it will nevertheless be necessary to make a clear and obligatory agreement with the social work centres to move from office work into the field, where they will be able to draw sources from real life, which the help system desperately needs. Psychiatry will have to step up to the level of cooperation as well, and family judges realize that they are responsible in the process of placing children and adolescents and are not only the executors of social workers' proposals. The system is still connected with the general social climate, the humanization of society, which has been declining in recent times, exposing marginalized groups to greater attack. The police and the local community are also important segments and need to be well integrated into the system. Thus, interdepartmental cooperation and coherence are essential. The system also encompasses flexible management of an institution, which is aware of the risks such total institutions can bring, regardless of how they have differentiated and decentralized. The ratios between clear autonomy and suitable cooperation are an important key to success.

Participation by children and adolescents is a step related to the postmodernist understanding of the importance of understanding that it is all about their lives, and our professional duty to appropriately include them at the highest possible level according to their understanding and ability to participate at the time. Closely connected to it is normalization, which implies creating space, surroundings, group (and all the sources and traps it offers) and privacy, from the choice of location to the establishment of functional, non-rigid rules. The regional approach will thus also enable the child or adolescent to receive space-oriented social pedagogical help on the entire continuum of help, i.e., from prevention to the most demanding children and adolescents, regardless of age or gender. The process of deinstitutionalization also offers an orientation for the institution, to see at what stage it is located and how it envisions this process in the future.

For such a demanding profession, we would also like to propose that the legislation include compulsory permanent supervision and continuous professional development, every seven years, which means that every seventh year the professional staff would undergo additional training and not work directly with children and adolescents.

Introduction of new programs will bring additional freshness, as well as monitoring, making their offers more contemporary with regards to the needs of children and adolescents and societal reality. Therefore, in all respects, a reflective attitude towards one's own practice, the practice of the institution and the system in general is extremely important.

The list is not final, since the specifics and culture of each institution are special and unique. There should, however, be a common demand for everyone to invest more effort in realistic assessment, in understanding the fact that working with behaviourally and emotionally difficult children and adolescents in residential treatment centres is exposed to many factors needing to be critically evaluated. Quality can never be taken for granted, nor is it ever at such a high level that it could not be improved. This fact alone can be a motivator in demanding work. Cooperation between theory and practice, research work and the development of the identity of a social pedagogical worker are challenges that are important for the development of the profession in residential treatment centres and thus the quality of work.

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