Erasmus Mundus Master's Programme in Social Work with Children and Youth

ESWOCHY Master Thesis

'Social Rehabilitation and After-Care for Children in Alternative Care: A Slovakian-Portuguese Perspective'

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Table of Contents

List of Tables

List of Figures

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Abstract

Children placed in institutional care face numerous challenges related to their emotional development and well-being. This study explores the social rehabilitation and after-care processes for children in alternative care in Slovakia and Portugal. The research objectives include examining social rehabilitation practices, evaluating after-care support mechanisms, understanding the roles of social workers and caregivers, and studying institutional frameworks promoting positive outcomes for these children. Qualitative research methodology, specifically thematic analysis through semi-structured interviews, was employed. Findings reveal similarities in ethos across both countries, emphasising family reunification and comprehensive support systems. The study analysed the critical components of effective social rehabilitation practices, the types of after-care services provided, and the roles of social workers and caregivers. This study examines the importance of collaboration between organisations and the state in ensuring the protection and well-being of these children. Legal professionals, family support workers, and institutional teams comprising social workers, psychologists, and educators play vital roles in assessing needs, developing care plans, and coordinating services. Despite challenges, institutions in both countries prioritise providing basic needs, educational opportunities, and support for successful academic and personal development. Initiatives like foster parenting have led to positive outcomes like permanent placement and academic success. Social workers' dedication has transformed support systems, facilitating successful reunification and healthy family dynamics. The long-term impact is evident in individuals' successful transitions to adulthood and career pursuits. This study underscores the importance of comprehensive support systems and interventions in fostering positive outcomes for children and families in need, highlighting the potential for implementing best practices in child protection across different contexts.

Keywords: Social rehabilitation, after-care, social work, children in alternative care,

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4 countries and 4 semesters later we have reached the end of this beautiful journey. Moving ahead with a truckful of memories with 15 most amazing people I have had the blessing to encounter. The journey has not always been easy, it has been full of ups and down, but I wouldn't trade those moment s for anything else in life.

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Ačiū, Paldies, Ďakujem, Obrigada, **धन्यवाद ।**

Chapter I: Introduction

Every year, many children worldwide are removed from their homes, often for their protection, yet sometimes due to broader societal or economic challenges (Quiroga & Hamilton-Giachritsis, 2016). These children, who find themselves unable to remain with their parents, face heightened vulnerabilities, with research indicating a higher prevalence of mental health issues among adolescents in alternative care compared to those raised within familial settings (Campos et al., 2019). The United Nations Guideline for Children in Alternative Care (2010) defines "alternative care" as any arrangement, temporary or long-term, formal or informal, where a child resides apart from their parents. Within this context, "institutionalised care" often refers to the upbringing of children in facilities such as foster care centres or orphanages, particularly those without immediate family or close relatives, typically stemming from situations of poverty, abandonment, or orphanhood (Khan, 2018).

The transition to institutionalised care presents unique challenges for children, as they often grapple with psychological, emotional, and behavioural issues stemming from their early life experiences or societal circumstances (Khan, 2018). Unlike children in traditional households who benefit from parental care, those in alternative care settings may lack the specialised attention necessary for their holistic development (Ertekin & Berument, 2021). Despite the institutional environment's aim to provide care and stability, it frequently falls short in adequately preparing children for life beyond these facilities, underscoring the importance of aftercare services (Khan, 2018). Consequently, aftercare is pivotal in facilitating children's successful transition from institutionalised care to independent living, allowing them to pursue fulfilling lives. Nonetheless, this adjustment process can pose significant challenges, with children often encountering discrimination and barriers due to their backgrounds and limited support networks.

As per the census data for 2021, the population of children in Slovakia from 0-15 is 867,410, and in Portugal was 1,390,177. According to the data published by Eurochild & UNICEF (2021), in Slovakia, 14,123 children have been registered in alternative care, of which 38% of children in alternative care are placed in residential settings and 63% in formal family-based care. In Portugal, 5,952 children registered in formal family-based care, of which 95% were in residential care, 3% in other care, and 2% in formal family-based care. These statistics underscore the need for comprehensive support systems to address the diverse needs of children in alternative care, both during their time in institutions and as they transition into adulthood.

For this study, the following are the definitions of the critical concepts of this paper:

Social Rehabilitation: Social rehabilitation for troubled children entails a comprehensive process addressing social, emotional, and behavioural challenges through interventions fostering coping skills, social competencies, and positive relationships. This empowers them to integrate into communities and lead fulfilling lives by promoting resilience and emotional regulation (Kataja et al., 2022).

After-Care: Aftercare for children in alternative care refers to support services and interventions provided to children after they have completed their stay in alternative care settings, promoting secure attachments, positive developmental outcomes, and healthy relationships for children who have experienced disruptions or irregularities in their early attachments due to family instability, trauma, or neglect (Wijemanne, 2017; Quiroga & Hamilton-Giachritsis, 2016).

Alternative Care involves formal or informal arrangements where children live apart from their parents for various reasons, including protection, societal, or economic factors (UNGeneral Assembly, 2010).

1.2 Research Objectives

1.2.1 General Objective

To study children's social rehabilitation and after-care process in alternative care in Slovakia and Portugal.

1.2.2 Specific Objectives

1. To examine social rehabilitation practices in terms of the methodologies, interventions, and support systems implemented during the rehabilitation process in Slovakia and Portugal.
2. To evaluate after-care support mechanisms regarding the support provided to children leaving alternative care in Slovakia and Portugal.
3. To understand the roles of social workers and caregivers in nurturing the well-being of children in Slovakia and Portugal.
4. To study the institutional frameworks on aspects that promote positive outcomes for children in alternative care in Slovakia and Portugal.

1.3   Research Questions

1. What are the critical components of effective social rehabilitation practices for children in alternative care in Slovakia and Portugal?
2. What after-care services are provided for post-placement support to children leaving alternative care in Slovakia and Portugal?
3. How do social workers and caregivers contribute to maintaining the well-being of children in alternative care settings in Slovakia and Portugal?
4. What best practices are implemented in social rehabilitation and after-care for children in alternative care?

Chapter II: Literature Review

Children in alternative care settings face unique challenges, necessitating a comprehensive understanding of their circumstances and the systems designed to support them. This literature review aims to synthesise key findings and insights from existing research to shed light on the social, legal, and practical aspects of alternative care for children, focusing on social rehabilitation, aftercare, and the role of social workers. Research articles were critically analysed from data sources such as Research Gate, sage publications, Google Scholar, Sci Space, and Google search of keywords to understand the concepts regarding this topic in depth.

2.1 Children in Alternative Care

In a study by Chou & Browne (2008), the complexities surrounding children in alternative care are discussed, highlighting the options available to parents who lack the resources to provide adequate care, including foster care, adoption, and kinship care. Emphasising the rights of children under UNCRC Article 19, the study highlights the importance of state assistance when parents face difficulties, such as mental health issues or substance abuse. The United Nations Guideline for Children in Alternative Care (2010) further elucidates the principles governing alternative care, emphasising the necessity and appropriateness of such care while ensuring children's rights, such as education, healthcare, and protection.

European Human Rights law underscores the right of parents to receive support and treatment to maintain parental rights, highlighting the importance of intervention before parental rights are revoked. Despite challenges such as child abandonment and institutionalisation, the UN Guidelines stress governments' responsibility to prevent family separation and provide adequate support to families in need. However, Eapen's study (2009) raises concerns about the emotional well-being of children in institutional care, Emphasising the importance of addressing psychosocial needs for holistic development. Similarly, research by Moors & Osis (2019) underscores the impact of adverse childhood experiences on mental health, Emphasising the crucial role of adult support in mitigating adverse outcomes. These studies collectively highlight the importance of comprehensive support systems and interventions to ensure the well-being of children in alternative care settings.

The conclusion drawn from these studies underscores the importance of comprehensive support systems and interventions to ensure the well-being of children in alternative care settings. It emphasises the necessity of fulfilling children's rights and addressing their psychosocial needs for holistic development.

2.2 Concept of Social Rehabilitation and After-care with Children-in-alternative Care

In their study on the 'Dimensions of Social Rehabilitation', Kataja et al. (2022) highlight the core ideology of social rehabilitation and after-care, focusing on enabling individuals to integrate into society aligned with cultural and moral norms. Various environmental factors, such as adverse childhood experiences and societal demands, necessitate this process, which shapes the individual's social networks, community interactions, and societal roles. The goals of social rehabilitation revolve around facilitating a fulfilling life, informed decision-making, and meaningful engagement with one's surroundings, emphasising the importance of social adjustment and active participation in the recovery journey.

Social rehabilitation and after-care encompass a wide range of services, including social assessments, therapy, coaching, educational groups, vocational training, and recreational activities, aimed at equipping individuals with the necessary social and life skills for independent living (Hanga et al., 2017; Portillo et al., 2009; Portillo & Cowley, 2011; Kataja et al., 2022). The United Nations Guideline for Children in Alternative Care (2010) underscores the significance of aftercare in preparing children for life beyond formal care, stressing the need for tailored support structures that consider individual needs and circumstances. Collaboration among experts, institutions, and organisations is vital in delivering effective social rehabilitation programs, addressing environmental, social, and economic factors influencing an individual's socio-emotional competencies and skills. While adherence to social norms is emphasised, aligning rehabilitation goals with an individual's values and aspirations is crucial for leading a fulfilling life.

However, young people transitioning from orphanages face unique challenges, including the absence of family support systems and social networks, increasing their vulnerability to long-term unemployment and housing instability (Fico, 2017). To navigate these challenges successfully, they often rely on the guidance and support of mentors or specialised adults, highlighting the importance of mentorship programs in facilitating their integration into mainstream society. Additionally, mentorship programs play a crucial role in supporting young people transitioning from orphanages, helping them navigate the challenges of adulthood and facilitating their successful integration into mainstream society.

In summary, social rehabilitation and after-care programs aim to empower individuals to integrate into society by providing them with essential life skills and support structures tailored to their needs and circumstances. These programs emphasise the importance of addressing environmental and societal factors

that influence individuals' socio-emotional development while promoting active participation in their recovery journey.

2.3 Situation of children in alternative care settings in Slovakia and Portugal

In this section, we will examine the policies and statistics of both countries regarding children in alternative care.

2.3.1 Slovakia

The Child Guarantee National Action Plan of Slovakia states that in terms of children in alternative care, the plan focuses on establishing a network of expert child support services, enhancing the effectiveness of professional foster parenting, and promoting the inclusion and integration of adopted children with disabilities (Eurochild, 2021). The document also states that as of 2023, 14,020 (1,3% of all children) are in the service of alternative care.

As outlined in Act No. 448/2008 Coll. about Social Services, 2008, the social rehabilitation policy for children in alternative care in Slovakia underscores the significance of providing comprehensive social services, including education, to children in residential care. This policy advocates for social rehabilitation services delivered in diverse settings like social service centres and day centres, fostering activities that support children's growth and welfare. Emphasising an individualised approach, the policy recognises the unique needs of each child, necessitating tailored interventions for effective social integration. Furthermore, it likely prioritises enhancing service quality by offering supplementary activities such as art and music therapy beyond legal requirements to enrich the care provided (Cintulova et al., 2021). This addresses both preventive and current rehabilitation care; the policy aims to prevent issues and support children in overcoming social challenges, ultimately promoting their holistic development, well-being, and social inclusion within alternative care environments in Slovakia.

An article by Hargašová (2019) explains how Slovakia's residential care system for children has improved significantly, with smaller units and foster families for children under six. Policies have implemented children's rights and addressed birth family difficulties. However, the focus has shifted to re-education, diagnostic, and specialist facilities, leading to the labelling of children in care as problematic and derogatory discourse about Roma children. Children's homes were converted into smaller, household-like units, with particular attention given to children under three. They were placed with foster carers or professional parents under home conditions. This rule now applies to children up to six years old. In 1993, a

particular profession, 'professional parents', was introduced, and they cared for children under home conditions, whether in a house or flat.

Some organisations in Slovakia provide care for children and young adults up to a maximum of 25 years of age within the limits of Act no. 305/2005 Coll. as amended and Decree no. 103/2018 Coll. MPSVaR SR is about children's social and legal protection, focusing on providing opportunities for the Children and Families Centre program and the specialised program of the Children and Families Centre. As well as a low threshold facility, i.e., ambulant form of care for children and the family, a social services facility set up by the Municipal Office which provides services and social counselling to children, young people and their families based on Act no.448/2008 Coll., § 33 that highlights early intervention service to be provided to a child under the age of seven if his or her development is at risk due to a disability and the child's family.

2.3.2 Portugal

Eurochild's country profile on Portugal highlights that 22% of Portuguese children face the risk of poverty or social exclusion, with concerns from civil society organisations that the COVID-19 pandemic may exacerbate this situation, necessitating a national strategy to combat child poverty. Despite ample information and recommendations, little progress has been made in Portugal regarding the deinstitutionalisation of children, with only 3% of approximately 7,000 children in alternative care settings placed in family-centred environments (Eurochild, 2021a).

The study by (Centro de Estudos Para a Intervencao Social, 2017) explains that in Portugal, state intervention in the child protection system is rooted in safeguarding children and young people facing danger or risk. The State steps in when a child's safety, health, education, or development is jeopardised by the actions or oversights of their parents, legal guardians, or factual custodians. The Law of Protection of Children and Young People at Risk, last revised in 2015, governs the State's role in upholding and defending children's rights in such circumstances. Upheld by the child's best interest principle, interventions prioritise the child's rights and continuity of significant relationships while respecting their privacy rights. Early and minimal intervention, tailored to each child's specific risks, ensures timely and proportionate actions to protect the child's well-being and rights within Portugal's child protection system.

According to Sacur & Diogo (2021), Portuguese legislation prioritises maintaining children with their families whenever possible. The measure "support the child in parental care" is considered successful when

the child is under the care of a reliable and familiar individual or another family member. Foster or residential care is only explored once these options are exhausted. Foster care is preferred over residential care for children under the age of six, with foster carers not necessarily being related by blood.

Portugal's policies regarding institutional care for at-risk children and young people are governed by the Lei de Protecção de Crianças e Jovens em Perigo (Law for the Protection of Children and Young People at Risk) (Rodrigues et al., 2013). This legislation emphasises placing children and young people in institutions equipped with permanent facilities and qualified staff to meet their needs and ensure their overall well-being and development. There has been a shift towards a family-style model of care, with small units resembling real family homes and a focus on meeting the comprehensive needs of individuals in care.

Furthermore, the Committees for Protection of Children and Young People (CPCJ) in Portugal play a crucial role in safeguarding children in alternative care. These committees, operating at the municipal level, involve various local entities and are guided by principles such as the child's best interest, privacy, and early intervention. CPCJ intervenes using tailored measures, ranging from parental support to foster care and autonomous living assistance. Legal frameworks empower CPCJ to intervene promptly when a child's safety is jeopardised, with oversight provided by the National Committee for Promotion of the Rights and Protection of Children and Young People, ensuring the rights and protection of children across Portugal ((Centro de Estudos Para a Intervencao Social, 2017)

The structure and functioning of the commissions in Portugal, mainly the Commissions for the Protection of Children and Youth (CPCJ), provide an exciting insight into the child protection system in the country. These commissions comprise a restrictive committee, which makes decisions about measures to be implemented for children, and a larger commission representing various community members, such as policymakers, educators, healthcare professionals, and municipal representatives. Casquilho-Martins & Matela (2021) explain in their study that the legislation of Portugal outlines a hierarchical approach to child and youth protection, involving various entities. Experts like schools and non-profit organisations are responsible for preventive measures and intervention strategies. If these fail, the Commission for the Protection of Children and Young People (CPCJ) intervenes, requiring consent from parents or legal guardians. If previous interventions fail, courts take over responsibility. The Public Prosecution Services initiate this process in cases of significant danger to the child or young person. The goal is to safeguard the best interests of at-risk children and youth through a systematic and coordinated approach.

2.4 The roles of social workers

In Patalinghug's (2021) research, the vital role of social workers in safeguarding the welfare of vulnerable groups, particularly children undergoing social and moral rehabilitation, is underscored. Social workers demonstrate unwavering dedication to their clients, ensuring they receive compassionate care conducive to their well-being. They are responsible for guiding clients through rehabilitation, addressing their emotional needs, and understanding their unique circumstances. The expectations and challenges faced by social workers profoundly impact their emotional well-being and professional conduct.

Social workers have multifaceted responsibilities which extend beyond behavioural intervention to encompass legal, educational, and social counselling (Pták & Šrobárová, 2019). They work closely with children and their families, offering personalised support and guidance, facilitating legal proceedings, and collaborating with various entities to ensure the holistic well-being of their clients. Social workers play a crucial role in preventive measures, advocating for integrating young individuals into healthy societal environments (Stojkovic Zlatanovic, 2022). Regular assessment of the child's and family's situation is imperative, Emphasising the proactive approach adopted by social workers in safeguarding their clients' welfare.

In their paper, Phaswana & Erlank (2023) elaborate that despite their pivotal role, social workers face significant challenges, including burnout and secondary trauma, due to their frequent engagement with traumatised clients. The demanding nature of their work, limited resources, and unclear job expectations contribute to high levels of work-related stress. Despite these challenges, social workers remain committed to their profession, recognising the importance of their role in ensuring the well-being of vulnerable individuals and families.

In conclusion, studies explored in this paper underscore the importance of fulfilling children's rights, addressing psychosocial needs, and providing holistic support to ensure their well-being and successful integration into society. Additionally, the review highlights the crucial role of social workers in guiding children through rehabilitation processes, advocating for their rights, and addressing their emotional and practical needs. Despite challenges such as burnout and limited resources, social workers remain dedicated to their profession, recognising the significance of their role in safeguarding the welfare of vulnerable individuals and families. Furthermore, the importance of social rehabilitation and after-care in promoting human well-being warrants further exploration, particularly within social work research.

Chapter III: Theoretical and Conceptual Framework

In this chapter, we will examine theories that align with the ideology behind the social rehabilitation of children in alternative care and aftercare.

3.1. Theoretical Framework

3.1.1 Bronfenbrenner's Ecological Systems Theory

An ecological system approach was created by Urie Bronfenbrenner in 1979 to explain human development. Sadownik (2023) explains in her paper how Bronfenbrenner states that interactions between people and their surroundings help people evolve. The five layered interaction systems in this model are the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. The child's immediate interactions and surroundings make up the microsystem. The links between the microsystems make up the mesosystem. The societal institutions that indirectly impact a child's development comprise the exosystem. The interplay between the other four systems across time is called the chronosystem, while the macrosystem is viewed as the cultural setting where development occurs.

According to this idea, the different systems are more than the sum of their parts, and a deeper comprehension of the whole can be attained by looking at the connections between the pieces. The focus of systems theory is on how various parts interact with one another throughout a system, which is particularly pertinent when discussing behavioural systems. People in these systems depend on one another and influence one another's actions and results. This theory offers a framework for comprehending the interactions and influences between different elements of a system, including people, organisations, and institutions (Derksen, 2010). This theory emphasises the role of social workers in facilitating the rehabilitation and after-care process, applying principles of empowerment, advocacy, and social justice.

Systems theory emphasises the importance of considering the complex interactions between individuals and their environments when understanding human development. It underscores the need for interventions and support strategies that address multiple levels of the ecological system, rather than focusing solely on individual factors. By recognising the interconnectedness of systems, interventions can be designed to create supportive environments that foster positive development and resilience across various domains of life (Richardson et al., 2018). In summary, systems theory offers a comprehensive framework for understanding human development within the context of interconnected environmental

systems, providing insights into the complex interactions that shape individuals' experiences and opportunities for growth.

3.1.2 Bowlby's Attachment Theory

John Bowlby's attachment theory explains that stable and constant relationship with the parent or guardian is important. According to this theory infants that have a safe and stable basis from their caregivers can develop into independent, curious, and exploratory beings. When a child doesn't have a stable foundation, their attachment system takes precedence over their attempts to be independent and socially adept. Disruptions or irregularities in these early attachments may have a lasting effect on a variety of behavioural and mental health issues in later life (Flaherty & Sadler, 2011).

As the essential pillar of human society, the family is especially significant such that children suffer the most when a family is unstable and has issues since they are dependent on their parents (Wijemanne, 2017). Children are more likely to be abandoned when the family is going through a difficult time, especially infants and young children. Children in alternative care go through their losses and prior traumatic events; therefore, a suitable and responsible caregiver can act as the child's solid basis to forge a bond that will aid in this process. Possibilities exist for secure attachment experiences that pave the path for future happy attachments with foster care or adoptive parents. But to "shield" children from the hurt of future separations, bonding between the kid and the caregiver is frequently avoided, restricting the possibility of change in these children's internal mental models (Quiroga & Hamilton-Giachritsis, 2016).

According to Wijemanne (2017), adolescents from dysfunctional homes are more likely to flee, are homeless—especially in big cities—commit petty crimes to make ends meet, join gangs, and have run-ins with the law. They run a significant risk of institutionalisation. Some children suffer abuse, exploitation, and neglect in their homes their own homes. Parental drug and alcohol misuse, especially domestic violence, are contributing causes. When parents are busy with their own issues, there is a considerable danger that they will ignore their kids, deprive them of their fundamental rights to nutrition and health, education, and protection, and end up institutionalising them. This is primarily caused by poverty, bad parenting techniques, having too many children in the home, having a variable income, abusing alcohol and other drugs, and having conflicts and violence inside the family.

3.1.3 Bandura's Social Learning Theory

The social learning theory of Albert Bandura proved that a large portion of human behaviour is learned through seeing and copying the actions of others, especially when those actions are reinforced by favorable outcomes. Elaborating on the theory Smith (2021) explains that the social environment significantly influences behaviour through various mechanisms. It can observe and imitate others' behaviour, directly reinforce it through praise or inclusion, or punish it through ostracism or exclusion. The presence of others can increase the rate or magnitude of behaviour through social facilitation. Other social learning processes, such as stimulus enhancement, emulation, and socially induced reinforcement enhancement, can alter the functional relationships between individuals and stimuli within the environment.

Children in general, but foster children in particular, pick up bad habits from their parents as they have frequently witnessed hazardous, unhealthy, and socially undesirable actions (McLaughlin et al., 2018). But since this is how they were raised; they are unaware of any other options. In the end, the youngster starts acting out and acting in a way that mimics their parents' actions. This can have a lasting impact on them; foster children frequently turn to a life of crime because of being exposed to it during their upbringing.

A paper by Zimmerman (2001) explains that social learning theory posits that human development is influenced by children's socialization experiences and self-regulation. It suggests that children's personality traits, academic skills, and skills are shaped by their social environment, including family, peers, gender, and culture. Social learning experiences include modelling, tuition, and reinforcement, and their cognitions, emotions, and behaviour are shaped by these experiences. Self-regulation is crucial for children's development, as socialization requires them to give up immediate pleasures for delayed benefits. The perception of self-efficacy is a key motivator for self-regulatory development. Psychosocial influences from families and peers can influence self-efficacy beliefs and self-regulation.

The study conclusions by O'Connor et al. (2013) imply that social learning theory treatments that are successful can influence both behavioural and emotionally charged parts of caregiving, as well as having a deeper effect on the parent-child connection. Through its influence on parental behaviours, sensitivity, and the caliber of parent-child interactions, Social Learning Theory offers a paradigm for comprehending how parenting treatments might support attachment-based caregiving.

3.2 Conceptual Framework

Systems theory, attachment theory and social learning complement each other in this study by providing different perspectives on the influence of social environments on individual development. The figure below is drawn about the theoretical framework of the research. Based on the system's theory, a system can be identified as a collection of interconnected components that may interact with their surroundings and are open to them. Attachment experiences influence children's social and emotional development, impacting their ability to form relationships and adapt to change during social rehabilitation and after-care. Social learning theory explains how the child learns to adopt behaviour and beliefs based on its environment.

Macrosystem
(Judges, Lawyers,
rehabilitaion and after care
service process and policies)

Exosystem

(Insitutional care system,
foster care system,
community members - CPCJ)

Mesosystem (Child
Interaction with micro
system)

Microsystem
(Parents,siblings,
Extended Family,
friends, child
welfare workers)

Attachment level
between parent and
the child shows the
relationship between
the two system. A
child picks up social
behaviour from
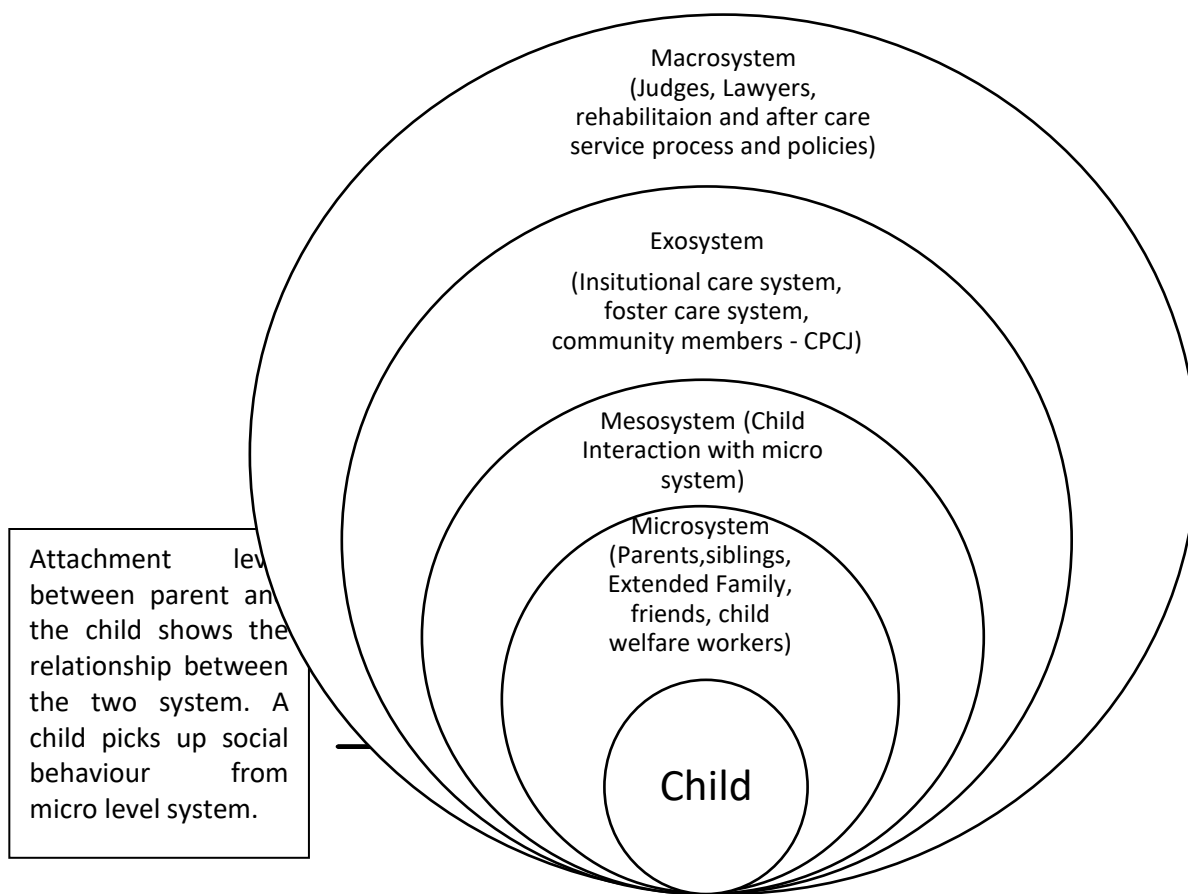micro level system.

Child

Figure 1: Bronfenbrenner, U.'s (1981) ecological model of system adapted based on the findings

The relationship dynamics between the individual and microsystem are explored through the attachment theory where the initial attachment a child develops is towards its family and if that is secure it provides a foundation for healthy development, while insecure attachments can lead to difficulties in relationships and emotional regulation (Wright & Kong, 2023). Attachment theory highlights the significance of the attachment bond between infants and caregivers in providing a secure base for exploration and a haven in times of distress. Attachment theory focuses on the specific dynamics of attachment relationships and their impact on emotional security and social adaptation.

Meanwhile, ecological systems theory provides a framework for understanding the multifaceted nature of attachment relationships within the broader context of individuals' environments. emphasises the broader context in which attachment relationships develop, considering the influence of family dynamics, community resources, and cultural norms. Factors such as parental employment (exosystem), cultural norms around parenting (macrosystem), and life transitions (chronosystem) can impact the quality of attachment relationships and children's development (Piel et al., 2017).

Additionally, according to Bandura's learning theory, children learn from observation and imitation. In this sense, it is important to be mindful of the child's environment, especially for children and young adults who come from residential care and foster care services.

Together, these theories highlight the inter-relationship between individuals and their social environments, Emphasising the importance of understanding both the systemic context and the quality of attachment relationships in promoting healthy development. Understanding the interplay between systems theory and attachment theory can inform interventions and support strategies aimed at promoting secure attachments and positive developmental outcomes. Interventions may target multiple levels of the ecological system, including family, community, and societal factors, to create environments that support healthy attachment relationships and overall well-being (Hill et al., 2003). In the cases of children in alternative care social workers, foster families and pedagogists play a critical role in providing nurturing and supportive relationships, informed by attachment theory principles, to promote children's well-being and adjustment. Interventions and support services should consider attachment-related needs to address children's emotional well-being and promote positive outcomes during the rehabilitation and after-care process.

Strategies such as trauma-informed care, therapeutic interventions, and caregiver training can help address attachment-related challenges and support children's social and emotional development during rehabilitation and after-care (Quiroga & Hamilton-Giachritsis, 2016). Based on the learnings they provide appropriate services such as counselling, therapy, guidance, support, and so on through a procedure. The impact of the process is then seen on the client. The effectiveness of social rehabilitation and after-care is influenced by various independent variables, including institutional frameworks, policies, and support services where for successful reintegration and well-being of children depend on the accessibility, quality, and appropriateness of after-care services provided (Rodrigues et al., 2013).

Chapter IV: Research Methodology

4.1 Introduction

This chapter aims to outline the methodology used to ascertain the Process of Social Rehabilitation and After-Care Process for Children in Alternative Care in Slovakia and Portugal. The chosen methodology will be presented in this chapter. The chapter will outline the methods used for data collecting, the steps involved in data analysis, and the sample that was chosen. Lastly, it will go over any ethical concerns and restrictions about this research.

4.2 Research Type

For this study, a qualitative technique was selected as the research methodology using a thematic analysis approach. Finding and interpreting patterns or themes in a data collection is done through thematic analysis which frequently yields fresh perspectives and understanding (Naeem et al., 2023). Compared to a quantitative approach, which is more structured, larger in scope, and more numerically based, a qualitative approach was thought to be more appropriate for conducting this research because it allowed for a greater capacity to gain more depth and meaning based on understanding the process or mechanism of social rehabilitation and after-care for children in alternative in Slovakia and Portugal.

To conduct this research study, a semi-structured interview method was chosen. This method allows participants to explain, which increases their flexibility and range and, as a result, their ability to elicit more information from them. While semi-structured interviews still offer a better framework for comparability than focused interviews, they give participants more freedom to respond to questions on their terms than standardized interviews do. According to Kumar (2010), interviews are the best method for researching sensitive and difficult subjects because they allow the interviewer to personally explain complex concepts to participants and give them preparation time before posing delicate questions.

4.3 Sampling Method

Purposive sampling was the method employed by the researcher to select the participant sample. In essence, this type of sampling is strategic, and it requires an effort to create a strong alignment between the study objectives and the sampling (Bryman, 2016). Participants have prior experience working with children in alternative care. Participants were chosen by request invitation to interview through email. The data collection process continued until reaching saturation point. The following are the details of

participants interviewed for this study. The participants were workers from reputed organisations in Ruzomberok, Slovakia and Lisbon, Portugal.

Participant	Sex	Location	Organisation type	Years of Experience as a Social Worker
1	Female	Ruzomberok, Slovakia	Residential Home	18 (Expert)
2	Male	Ruzomberok, Slovakia	Day Care Center; Ambulant Care	26
3	Female	Ruzomberok, Slovakia	Day Care Center, foster Care training	15
4	Female	Ruzomberok, Slovakia	Temporary House	22
5	Female	Lisbon, Portugal	Foster Care Centres	20
6.	Female	Lisbon, Portugal	After-care services	Intern
7	Female	Lisbon, Portugal	Residential Home	13 (Expert)
8	Male	Lisbon, Portugal	Residential Home	18
9	Female	Lisbon, Portugal	Foster Care Centres	18
10	Female	Lisbon, Portugal	Residential Home	18 (Expert)
11	Female	Necpaly, Slovakia	Residential Home	20

Table 1: Participant Details

In this study, participants worked in the different forms of alternative care systems provided per the law for children in alternative care. Foster care centres and residential homes are family-type organisations providing substitute family care for children, offering education and support through foster parents and caregivers. These centres focus on creating a nurturing environment for children needing care and protection. Ambulant care/daycare centres provide social prevention and counselling for disadvantaged

children, youth and excluded communities. Finally, aftercare services organisations are established to assist young adults in residential homes in finding employment and accommodation and providing them with professional development training.

4.4 Data Collection

This study's data collection process involved primary and secondary data sources. Primary data was gathered through interviews with social workers and caregivers working with children in alternative care. These interviews were recorded using a cell phone or the Zoom platform and later transcribed for analysis. Prior to the interviews, participants were informed about the study via email. Secondary data, including published research papers, journals, reports, books, and articles related to the topic, were also reviewed as part of the data collection process.

4.5 Data Analysis Method

After transcribing the data, thematic analysis was employed to code, analyse, interpret, and verify the material. The coding process began once all data had been transcribed, followed by analysing, classifying, and organising data into themes and sub-themes using MaxQDA software. These themes were then assigned specific codes to represent them. Subsequently, the data was interpreted to identify patterns, similarities, differences, and recurring themes presented in table format. Finally, data verification was conducted by cross-referencing transcripts and codes to ensure accuracy and consistency in understanding. The data analysed is presented in figures using the SmartArt tool of Microsoft Word.

4.6 Ethical Consideration

The researcher informed every participant that their participation was entirely voluntary. The researcher obtained informed consent from each participant before beginning this investigation. They were also informed that they were not required to respond to any queries, even if it made them uncomfortable. Before the interview, participants received early notification, a general overview of the topic to be covered, information about the kind of data needed, the purpose of the research, and an explanation of how the data they supplied would be utilised. The participants were informed about the duration of each interview before it began, and enough time was provided beforehand, as well as following the interview, to ask any questions about the research issue. Each participant completed a consent form guaranteeing their anonymity and confidentiality throughout the interview and their willingness to participate.

4.7 Research Limitations

The following are the limitations faced during the study:

1. **Language barrier:** As the interview participants could not speak fluent English, there is the possibility of a lack of clarity in the information provided. One of the participants had a translator with them, so some information could have been lost in translation. The language barrier could also have restricted the participants from freely expressing their opinions. The language barrier was also present when looking for articles on the subject, as most of the articles were written in their national languages.

2. **Service provider-centric focus:** The research participants are limited to social workers and caregivers, not children and young adults, rather than the actual clients or beneficiaries of the services. This can result in an incomplete understanding of the issues or experiences the target population faces and may limit the generalizability or applicability of the research findings, as the information provided is experience-relative.

Chapter V: Findings and Discussion

This chapter will highlight the essential findings and provide insights from the data analysis and interview process. The first thing shown in this chapter is the themes that emerged following data analysis of comprehending the process of social rehabilitation and aftercare using thematic analysis.

Main Theme	Sub-Theme	Emerging Theme
Key components of effective social rehabilitation practices for children in alternative care in Slovakia and Portugal	The intake process of the children by the institutions	Multidisciplinary team involved
		Type of Institutional Care
		Reasons of intake
	The system is set in place.	Assessment Format
		Challenging aspects
Types of after-care services provided regarding post-placement support to children leaving alternative care in Slovakia and Portugal.	The approaches and assistances provided for aftercare.	Continuity of Care and Long-Term Relationships
		Collaborative Efforts and External Resources
		Focus on Autonomy and Independence
		Financial Responsibility and Support
		Skills Development and Preparation for Adulthood.
	Challenges in implementation	Limited resources for the after-care system.
		Challenges in communication and motivation.
The role of social workers and	Work done by social workers	Assessment and intervention with

caregivers in maintaining the well-being of children in alternative care settings in Slovakia and Portugal.		families and children
		Holistic Intervention Approach
		Administration aspect
		Collaboration and coordination with team members and different agencies.
	Challenges faced by social workers	Emotional Impact on Professionals
		Struggles with Client Motivation and Education
		Challenges in Collaboration and Communication
		Integration of Work and Personal Life
		Funding and Financial Support
		Limited Control over External Factors
	Coping Mechanism of Social Workers	Self-Reflection and Therapy
		Self-Care Practices
		Peer Support and Supervision
		Celebrating Successes and Progress
		Maintaining Work-Life Balance
The best practices implemented in social rehabilitation and after-care	The methods and tools used for children's well-being.	Individualised approach
		Transition planning

		Promoting stability and safety
for children in alternative care.	Challenges faced in the integration	Parental involvement and reliability
		Initial Adjustment
		Societal Perception
		Lack of autonomy
	Best Practices between Slovakia and Portugal	Focus on reunification of families.
		Establishment of Foster Care Services
		After-Care Services Support
		Role of Communities in the Protection of Children and Young People

Table 2: Themes of the study

The table above is classified into three groups: main themes, sub-themes, and emerging themes. The four main themes are derived from research questions, ten sub-themes are derived from the interview questions, and forty-three emerging themes are derived from coding the interview transcriptions. The elemental classification of the table will be further explained in the chapter.

This chapter is divided into the main themes, and each category is further divided into findings of the theme based on the emerging themes and discussion. This analyses the theoretical framework, literature reviews, and the researcher's findings and observations. The sub-themes are represented using figures showcasing emerging themes, followed by a detailed analysis in the discussion section. The chapter ends with the limitations faced during the study.

5.1 Theme 1: Key Components of Effective Social Rehabilitation Practices for Children in Alternative Care in Slovakia and Portugal

Findings regarding critical components of effective social rehabilitation practice for children in alternative cases in Slovakia and Portugal are divided into two themes: (i) the intake process of children into the organisation and (ii) the system set in place in the organisations of the two countries.

5.1.1. Intake Process of the Children by the Institution

The interviews with participants revealed critical insights into the complex and multifaceted process of children entering the institutional care system. Several emerging themes shed light on this intake process: i) a multidisciplinary team and different types of care provided, and ii) the reasons behind the child being placed in institutional care.

i) **Muli-Disciplinary Team and the Different Types of Care Provided:** The intake process of the children to the institutional care centres begins when members of the community and social service workers, such as doctors and teachers, notice that a child has been a victim of neglect and abuse and report it to law enforcement agencies who work with institutional cares centre on the best possible option for the child.

The cases of neglect and abuse are usually reported when they spot bruises on the child, when the child is noticed to be skipping school, not doing well in school or showing signs of behavioural problems, the child seems to be malnourished, the occurrence of fights in their homes, etc. In some cases, the parents themselves assist as they are struggling themselves.

"There are individuals who seek assistance when facing challenges. They may approach the office directly, expressing their difficulties and seeking solutions to improve their situation. This approach connects individuals with different professionals and organisations that offer a range of solutions to address their needs." – Interview 4 (Slovakia)

"The team includes professionals like social workers, psychologists, and pedagogists to explain the children what, why and how you do these new changes." – Interview 8 (Portugal)

After the cases have been reported to law enforcement agencies, the state observes the parents. In this case, they must meet with a social worker from the Social Affairs department, who will act as their case manager. Social workers then document the situation and notify various parties,

Community and Social Services
- Doctors
- Community Members (Neighbours)
- Teachers
- NGOs

Law Enforcement Agencies
- Police
- Children and Youth Protection Commissions - CPCJ (in Portugal)
- Judges
- Lawyers
- Office of Labor and Social Affairs - Case Managers (In Slovakia)

Institutional Cares
- Temporary Shelter / Kinship care
- Residential Homes
  - Social Worker,
  - Psychologists,
  - Caregivers / Educators / Tutors
- Foster Care Services
  - Professional Foster Families (Slovakia)
  - Foster Care Centers (Portugal)
- NGOs
  - Ambulant Cares (Slovakia)
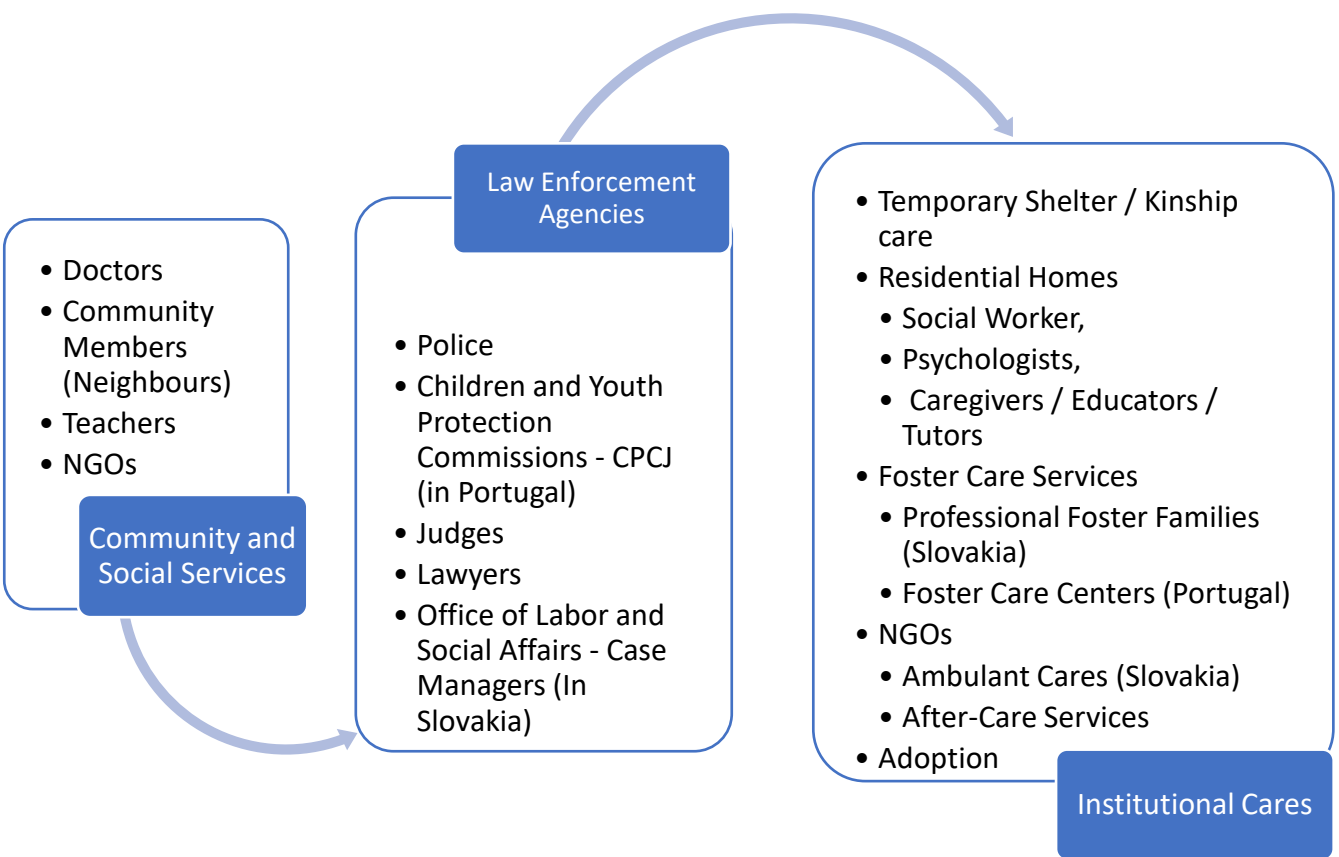 - After-Care Services
- Adoption

Figure 2: Multidisciplinary team

including police, doctors, and social workers in the Social Office of Labor. During the observation period, if the family is not cooperative or there is a persistent dangerous environment, the child is removed from the parent's care. The child may be placed in kinship care, such as with grandparents, for 24-30 days, depending on their age and disabilities. However, if they cannot provide long-term care, they can stay for 30 days with the kids until the judge decides how to proceed with the case. Alternatively, if the child cannot be placed in kinship care, they may be placed in temporary shelters.

Usually, children are placed in institutions by the court's urgent measures, which may take 24 hours to 7 days. Then, when the child is at the centre, they organise a "case conference" - a meeting consisting of the social worker from the public social service office, social workers from institutions, children's parents, and other relevant people. They organise it two weeks after the children's placement. After an "urgent measure of the court", the court has half a year to decide about the next step in this case. In every moment of this period when a child is in institutional care, parents can improve their conditions and ask the court to give the child back to their care. If they don't do that, the child will rise in institution till his or her adulthood. During all children's stay in the institution, the court is required to observe the child's development and every change in his or her parents' conditions. This is happening through social workers from public service. During court hearings, all involved parties present oral statements and answer questions from the judge and other stakeholders. Ultimately, the court decides on the best course of action for the child based on the information provided by the different teams and professionals involved.

In general cases, children under the age of 7 are usually placed in foster care services while children above the age of 7 are placed in residential homes with the exception given in cases of siblings in Slovakia where they are placed together in foster care. Children are introduced to the organisation's environment, including its location, residents, and staff, while gradually adapting to its rules and routines. Long-term plans are discussed, considering whether the child will stay permanently, reunite with their family with support, be placed with a foster family or be put up for adoption. Follow-up meetings are scheduled to monitor progress, with the duration of stay dependent on the type of placement and the child's needs, ranging from temporary six-month stays aimed at family reunification to longer-term residential care if family support is insufficient. There are also different teams working to help the parents with their issues to assist in the

25

reunification of the families. The process may get expedited in case there is a need for immediate placement in cases of family crisis. In both countries, the priority is given to return the child to the parents.

"Even if the child was taken away from the family, it will go back so everybody works towards that if it's not abused, or if it's like not heavily drinking, I mean if it's a family who just needs a little bit more time to adjust to set their life."– Interview 4 (Slovakia)

"We want the children to spend here the minimum time possible. Because it's... For the children, it's not very good if they spend so much time in one association. But we want them to go and to the family as soon as possible." – Interview 9 (Slovakia)

In general, the team can be divided into the following groups:

➤ **Fostering Team:** This team includes social workers case managers and Children and Youth Protection Commissions - CPCJ (in Portugal) who supervise the family to ensure the child's needs are met with quality. They collect information from various sources, including the child's guardian team, and make recommendations to the court.

➤ **Child's Guardian:** This team is responsible for overseeing the child's care plan. In residential homes, they are social workers, psychologists and educators/tutors. In foster care services, foster parents look after the children. However, in case of foster parenting, the child can also contact the psychologist and social workers of the foster institution if needed

➤ **Team Working with the Biological Family:** This team focuses on supporting the biological family and may provide input for the child's care plan. Their main objective is to work in assisting the parents to establish themselves mentally, emotionally and financially such that they can provide care to their children.

ii) **Reasons.** Children referred to these institutions come from low socio-economic backgrounds and often face varying levels of abuse, including those from the Roma community and even immigrants.
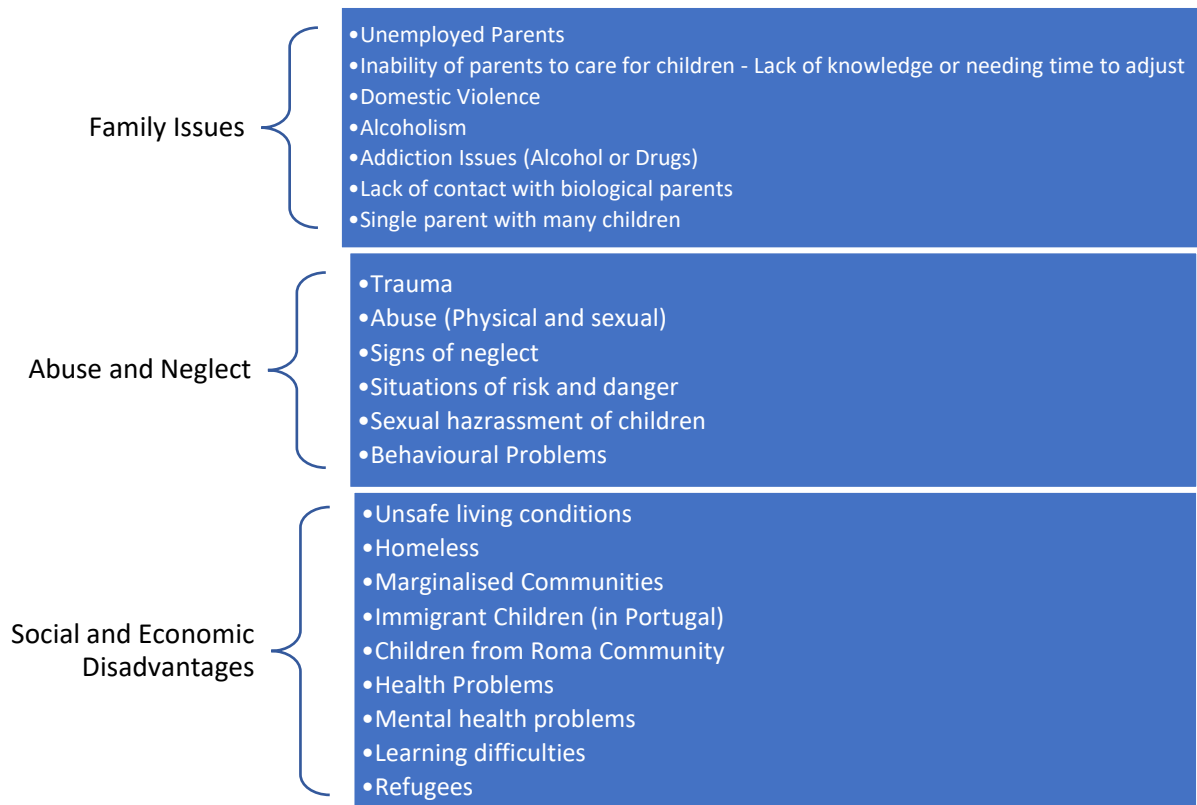
Figure 3: Types of Cases

Many clients are individuals or families in difficult life situations due to factors like homelessness, unemployment, or health issues. These children may lack contact with their biological parents or siblings and struggle with learning. The root causes of their situations often involved domestic violence, mental health issues, or substance abuse problems within their families.

"According to the law, we are not allowed to separate children from their parents due to poverty. When a family is impoverished, we must assist them in the community so they may continue to raise their children. However, poverty is frequently linked to mental health issues and situations involving alcoholism and drug use. It can be challenging to assist in these settings, and we frequently must remove children from the environment because doing so puts them in danger." – Interview 7 (Portugal)

"Sometimes we have these cases too, but mostly parents are not able to take care. They are alcoholic, there is no hygiene, no conditions for children, it's dangerous for the children to stay there." - Interview 11 (Slovakia)

The organisations simultaneously also work with families to address various issues such as nutrition, parenting skills, and education. Neglect in education and medical care is a common issue among these children. The findings showed that cases in Slovakia also included handling cases of Roma communities while in Portugal in addition to children from Roman communities, they also worked with refugee and immigrant children who sought support from the institutions.

Assessment Tools
- Flexibility, Frequency and Reassessment
- Collaboration and Communication:
- Monitoring and Reporting:

Challenges in System
- Limited Foster Care availability
- Court Proceedings
- Mental Health Challenges
- Professional and Judical Awareness

Figure 4: System Set in Place
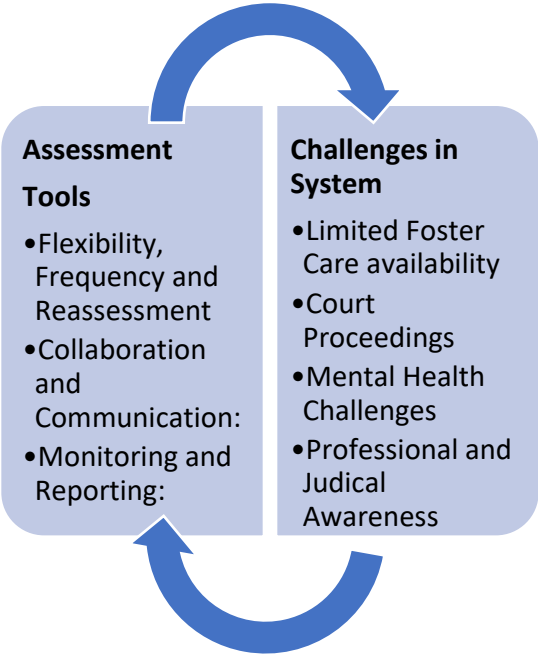
5.1.2 System Set in Place

Another key component in finding effective social rehabilitation practices for children in alternative care is understanding the system in place after the children are enrolled in the institution. Systems set in place here refer to the i) assessment format adopted by the social workers and ii) challenges they faced in dealing with the system process.

i) **Assessment Format Adopted by the Social Workers:** When asked about their assessment process, the participants said that they don't have a strict assessment format set. Rather, the assessment depends on the needs of the child.

"We don't have standardized procedures in terms of assessment, neither in terms of child protection agencies nor in terms of residential care settings. But I think that there is a screening when these young people enter residential care, aiming to assess their psychological needs and their family needs to have a more target, in terms of intervention." – Interview 10 (Portugal)

"It's just it's very difficult to set an assessment plan of their growth in entirety and the only way you can do is by talking to them and making sure they are adjusting well watch them, talk to them, be with them, talk to them." - Interview 11 (Slovakia)

The methods used for assessment have been categorised into the following themes:

a. ***Flexibility, Frequency, and Reassessment:*** The social workers shared that the frequency with which they conduct their assessments depends on the child's needs. Initially, as the child enters institutional care, they will have one every month for a certain period. Assessments are carried out by tutors, social workers, and psychologists. The assessment is more frequent when the child shows behavioural or specific issues.

b. ***Collaboration and Communication***: Social workers collaborate with various organisations like schools and doctors to work with children and youth struggling with familial or pathological issues. They provide professional assistance through therapy, preventive activities, and reporting to authorities if a child is in danger. Their process involves ongoing monitoring, reporting to stakeholders, and assessing families' readiness for reunification. Visits to families vary depending on location and urgency, and interactions with children are flexible to meet individual needs.

c. ***Monitoring and Reporting:*** After placement, social workers monitor families, organize meetings, and ensure the child's safe and comfortable integration. Evaluations from schools and parents help gauge progress, and decisions on adoption or foster care are made based on the child's needs. Reviewing cases in residential care is required every six months, with the first report due within a month.

ii) **Challenging aspect:** The participants of the study identified some challenges while dealing with the system procedures. These challenges affect the smooth operations of effective social rehabilitation practices for children in alternative care.

    a. ***Limited foster care availability:*** While both countries emphasise the need and preference of foster care families, they both have limited availability of foster care parents due to which the children are forced to be placed in residential homes. Despite their efforts to keep siblings together, due to the limited availability of foster care parents, they are forced to separate them when the children get enrolled on residential homes.

"We still have residential care separated for boys and girls. Where boys and girls don't learn how to live with each other. We have to separate siblings because of that, one is in the boys' zone and another is in the girls' zone. - Interview 7 (Portugal)

"Sometimes it's not possible to let all the siblings in one group when the siblings are different ages the younger must go to professional alternative care professional parents. We try to arrange some sibling meetings every month but it's not the same as when they are full time together. It's only once a month"- Interview 11 (Slovakia)

    b. ***Lengthy Court Proceedings:*** The prolonged and uncertain nature of court proceedings in child welfare cases poses a significant challenge, particularly regarding the impact on the child involved. When decisions are continuously delayed or revisited without considering the child's well-being, it can have profound effects on their development and mental health. In cases where a child is repeatedly reintegrated into their biological family, despite expressing reluctance or experiencing adverse circumstances, the consequences can be severe.

"The court is saying, no, no, let's give it more tries, let's give it one more tries. They just forget about the child until the child is of legal age. It becomes very difficult. How long are they going to stay in the system?" – Interview 5 (Portugal)

"The judge's decision to place the child in residential care typically involves an initial placement period, often ranging from three to six months. If during this time the family's situation does not show signs of improvement or support, the judge may extend the placement for more than six months or until the child reaches adulthood if deemed necessary." - Interview 1 (Slovakia)

The participants have reflected that it may hinder their ability to form stable attachments and trust in caregivers, impacting their future relationships and overall life outcomes. Additionally, as the child grows older, behavioural issues and mental health concerns may escalate, further complicating their situation and reducing their prospects for adoption or alternative permanent placements. The challenge is exacerbated by societal preferences for adopting younger children, leaving older children in the foster care system for extended periods. This disparity in adoption preferences further limits the opportunities for older children to find permanent, loving homes, prolonging their stay in the system and exacerbating the challenges they face. Addressing these issues requires a holistic approach that prioritises the child's best interests and ensures timely decision-making in their welfare. It also involves acknowledging the long-term impact of prolonged court proceedings on children's lives and working towards reforms that promote swifter, more effective outcomes in child welfare cases. This absence of timelines contributes to prolonged legal proceedings, raising concerns about the impact on children involved in the system.

c. **Professional and Judicial awareness:** Besides the lengths of court proceedings, another challenge identified by the participants is that the judges and lawyers involved in family matters may not have specialised training or experience in the family system. This lack of specialisation can lead to delays and inefficiencies in court proceedings, with cases potentially spanning years without resolution. The lack of specialised training among legal professionals in addition to the absence of timelines, poses significant challenges in making informed and timely decisions regarding the welfare of children. Legal professionals may lack the expertise needed to address complex family issues effectively.

"Here, in Slovakia, we don't have special family courts. Children's cases are proceeded by general courts. Only some judges are specialised (also) to family affairs." – Interview 11 (Slovakia)

"You can see by the questions that they make that they're not specialised. They were just in common with criminal cases. So that's one big challenge." - Interview 5, (Portugal)

d. **Mental Health Challenges:** Participants shared that one of the main challenges faced by the organisation is working with families and children affected by mental health issues. This challenge arises due to the lack of consolidated coordination with medical services in the mental health sector.

"Working with families with those (mental/behavioural) problems is challenging because the change is very residual. They have the resilience to change something because of the problem of the mental problems." - Interview 9 (Portugal)

"Not every child but quite a lot children need psychiatric care because their behavior and their thoughts and their emotions are in such bad conditions they need also some medication but in in most Conditions we are giving him a psychological care" - Interview 11 (Slovakia)

Families and children grappling with mental health problems often exhibit resistance to change, making it challenging to implement interventions effectively. Unlike those facing purely social issues, individuals with mental health concerns may struggle to perceive the need for change. They may be less receptive to assistance—moreover, social and economic factors compound families' difficulties in securing stable housing and employment. Access to affordable housing, particularly for single parents with multiple children, poses a significant hurdle. The high cost of housing further exacerbates the challenges faced by families already grappling with mental health issues. These multifaceted barriers underscore the complexity of addressing the needs of vulnerable families and children, requiring a comprehensive and holistic approach that addresses both social and mental health concerns.

5.1.3 Discussion of Theme 1

The well-being of children is influenced by various systems, including institutions, people, decision-making effectiveness, and interactions with families and professionals. The ecological framework suggests that a child's environment is a system of interactions, and collaboration among various entities in child protection services is crucial (Onayemi & Hapunda, 2023). Children in alternative care require support networks and the ability to affect their social surroundings and interventions (Davidson et al., 2019). It also provides a perspective on dynamic occurrences like family reunions and helps understand parents and children independently and in their surroundings. Bell et al. (2022) explain that reintegration efforts to improve a child's circumstances may not result in a long-term fix. The model supports the argument that individual-focused interventions are less successful than those targeting families, communities, and other social networks. In Portugal and Slovakia, the system focuses on aiding families while providing shelter. Literature and participant responses support the ethos of bringing families together within the system. However, some parents may not change their ways, highlighting the social reality of the situation. There are

While the system exhibits strengths in providing essential needs like food, clothing, and education for children in residential care, it also grapples with significant challenges. Participants note a concerning reliance on residential care over foster care, particularly for infants, which raises issues regarding adoption opportunities and family reunification. This overemphasis on residential care may contribute to cognitive and relational difficulties later in life, potentially leading to detachment from the family system. Flaherty & Sadler (2011) noted that disruptions in early attachments can have long-term impacts on behavioural and mental health outcomes. Since attachment bonds may have been disrupted for children in alternative care, it is crucial to establish a safe, caring atmosphere that promotes trust and emotional resilience. Social rehabilitation programs can support a child's healthy emotional development and positive social relationships, which are essential for the child's recovery and integration, by recognising and treating attachment requirements. Moreover, the root causes of children entering institutional care (such as abuse, exploitation, and neglect), as identified in studies like Wijemanne (2017), resonate with the findings of this study. These observations underscore the urgent need for systemic reform and improvement to ensure optimal outcomes for children in care.

There are hypotheses statements emerging from the findings and analysis of the data, which gives rise of potential of future studies in the field. The first hypothesis statement is judges and lawyers specialised in family justice systems will demonstrate a deeper understanding of the complexities of child welfare cases and be more adept at making informed decisions that prioritise the best interests of the child. Secondly, gathering the perspectives of parents on their experiences with support and counselling services will offer insights into the effectiveness of these services from the viewpoint of those directly involved, informing strategies for enhancing family support and reunification efforts. Thirdly, tailored support programs improve outcomes for children with mental and physical disabilities in alternative care. Lastly, evaluating the effectiveness of family reunification programs will provide evidence of their impact on facilitating successful reunifications, reducing re-entry into care, and promoting family stability and well-being. Participants consistently emphasised the importance of providing individualised support, including counselling, parenting education, and practical assistance, to address the underlying issues contributing to family separation. The provision of personalised support is associated with greater parental engagement, improved family dynamics, and ultimately, successful reunifications.
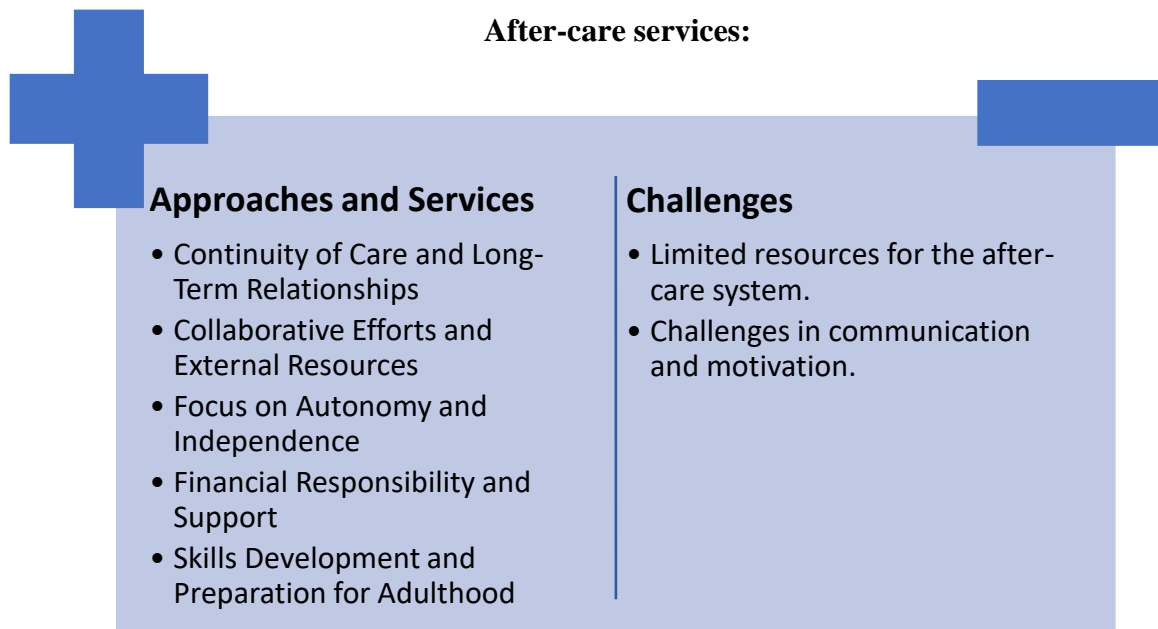
After-care services:

Approaches and Services	Challenges
• Continuity of Care and Long-Term Relationships • Collaborative Efforts and External Resources • Focus on Autonomy and Independence • Financial Responsibility and Support • Skills Development and Preparation for Adulthood	• Limited resources for the after-care system. • Challenges in communication and motivation.

Figure 5: After-care services

5.2 Theme 2: After-care services

Regarding after-care services, the study investigates the types of after-care services provided regarding post-placement support to children leaving alternative care in Slovakia and Portugal. The interview findings with the participants are divided into i) the approaches and services made available between the two countries and ii) the challenges faced in these aspects.

5.2.1 The approaches and services provided for aftercare

The study participants shared that the children are still provided as they transition from the institutional care system into young adulthood. Through the interviews conducted the participants shared responses regarding the approaches and assistance provided to children in the alternative care as they transition into young adults have been divided into; i) Continuity of Care and Long-Term Relationships, ii) Collaborative Efforts and External Resources, iii) Focus on Autonomy and Independence, iv) Financial Responsibility and Support, and v) Skills Development and Preparation for Adulthood.

i) **Continuity of Care and Long-Term Relationships:** Participants from both countries shared that young adults in foster or residential care can stay until they are 25. The continuity of

34

support from the institutions and the state is made available only if they continue pursuing studying or are in training. The state even provides funds for their education.

"In the residential home, the government covers the expenses for further studies and other pursuits for the children in care. When adults study or work, they may need to contribute financially, but the amount required is minimal." - Interview 1 (Slovakia)

There's a strong emphasis on maintaining connections and relationships even as children transition to semi-independent living or other arrangements. Foster parents are encouraged to remain supportive in the lives of the children they've cared for; offering continued support and occasional visits.

"We are still in contact with them. They contact us through messengers or mobile phones or SMS. Sometimes it's enough for them. They know that they are not alone, and they know that they have somebody they can ask for some help or something." – Interview 11 (Slovakia)

"Yes, I have contact with many girls and boys. I have one boy who's a designer and one boy engineer" - Interview 8 (Portugal)

The goal is to avoid abrupt endings to relationships and to ensure that children know they are still valued and cared for. This approach recognises the importance of ongoing support and connection, even as the child moves into new phases of their life. These sessions also address emotional issues, as many young people may still be dealing with trauma or struggling to form healthy relationships. The participants also expressed sense of pride and happiness when some of the children wer able to move past their trauma and have a family of their own.

ii) **Collaborative Efforts and External Resources:** Collaboration with external organisations and professionals is emphasised to enhance support for young adults transitioning into adulthood. This involves partnerships with universities, organisations offering skills enhancement courses, and government initiatives to improve outcomes for youth in care.

"Through participation in conferences and projects, these young adults have opportunities to voice their concerns and preferences, contributing to a more supportive and effective system overall." – Interview 1 (Slovakia)

"There are also educational programmes where they can, more practical, where they can learn the skills." - Interview 5 (Portugal)

iii) **Focus on Autonomy and Independence:** The goal is to prepare the children for life after leaving the residential house. After they leave, the following steps depend on their circumstances. Some may return to their families if deemed safe and appropriate, while others may transition to independent living. The organisation even provides them with a separate space after they turn the legal age of 18 in what they call autonomy apartments.

"However, this support is dependent on following certain rules, such as pursuing education or employment and not doing alcohol and drugs. Ultimately, this transitional support aims to equip young adults with the skills and resources needed to thrive independently in society." – Interview 1 (Slovakia)

"The Government of Portugal has also a team who works with semi-independent living, when they are 16 plus, they've got to share flats, they have supervision, educators etc. that are there just to make sure that they learn the skills to manage their budget, their plans, their work, what they've studied." - Interview 5 (Portugal)

"We have special homes that we call autonomy apartments like the transition option like transition residential care for youngsters, that are transitioning to go for autonomy." – Interview 7 (Portugal)

The participants shared that the organisation work to provide support and guidance to help them navigate these transitions. This includes assisting them in finding jobs, securing accommodation, and equipping them with the necessary life skills to thrive independently. The aim is to ensure they have the resources and support they need to build a successful future beyond the residential care system. This assists in providing a flexible transition.

iv) **Financial Responsibility and Support:** Some young adults can reside independently in special accommodations provided by the organisation, with access to support from staff members as needed to help them manage daily life challenges and make informed decisions.

"We have a social worker who specialises in working with young adults, assisting with finances, cooking, cleaning, and personal care. She also teaches them cooking skills and cleaning techniques." – Interview 11 (Slovakia)

Young adults must contribute financially while studying or working, but the amount is minimal, with the motive of teaching them about financial responsibility and budgeting.

v) **Skills Development and Preparation for Adulthood:** They offer courses to help young adults develop skills for adulthood. Transition support for young adults leaving institutions includes courses on job-seeking and independent living skills. Ongoing improvements aim to better prepare individuals for adulthood using specialised support plans.

"Some of them are in university. The objective is that they don't have limits on their training. Okay, if you are in residential care or foster care, why don't you have the right to go to university." – Interview 7 (Portugal)

"We tried to focus on the plan and, you know, step by step, where we were. What is the goal for him? And, what is the way how we can, you know, support and help them and to, you know, make some CVS or find job opportunities here." – Interview 3 (Slovakia)

The objective is to ensure that these young individuals have the same opportunities as their peers and are not limited in their educational or career aspirations due to their circumstances. In addition to supporting them academically, the system may assist in finding jobs and offering training to help them develop the skills needed for employment. This comprehensive approach empowers young people to reach their full potential and transition successfully into adulthood.

5.2.2 Challenges in After-Care System

Despite institutions and organisations having set up a system of after-care services, social workers still face some challenges in implementing the approaches. The participants shared the following challenges they faced in providing after-care support to young people.

i)   **Limited resources for the after-care system:** Organisations face challenges due to a lack of social resources to help children transition to independence.

"But we don't have a lot of autonomy apartments now. Last year, they had a sign to add more, but it is yet to be implemented." – Interview 7 (Portugal)

While there are plans to increase the availability of autonomy apartments and other support initiatives, progress in implementation is slow, leaving many young adults without the support they need.

ii)   **Challenges in communication and motivation:** A significant issue is preparing teenagers for their future and helping them envision the life they want, as most become passive and lack motivation. It is also challenging to keep track of young adults as they tend to move to different cities or unexpectedly appear. Communication is complicated as many children lack phones or the internet.

"The major difficulty is communication because many don't have a phone. So, when we are trying to communicate with them, it's difficult." – Interview 6 (Portugal)

"It's hard because they don't want to stay here, and they move to another city, or sometimes they just, you know, appear here…. They lack motivation and vision on what they want to do in life." - Interview 3 (Slovakia)

Without a clear sense of direction or goals, young adults may struggle to engage in education or employment opportunities that could lead to a more stable and fulfilling future. Organisations may face challenges in motivating these individuals to pursue education or employment and helping them envision a positive life trajectory.

5.2.3 Discussion of Theme 2

The findings support social learning theory's understanding of how positive behaviours can be modelled and reinforced to promote successful reintegration and independent living (O'Connor et al., 2013). By providing support and guidance through after-care support, the children in alternative care can learn positive growth behaviours from their caregivers, social workers, foster care parents and psychologists. The United Nations Guideline for Children in Alternative Care (2010) stresses the significance of aftercare in preparing children for life beyond formal care, stressing the need for tailored support structures that consider individual needs and circumstances. The Council of Europe (2009) describes a practical exit from care as a procedure that assists young people in transitioning from the social assistance system to independent life without experiencing significant "shocks." This process includes education, training for a job, and acquiring life skills while receiving care. It also involves "extended care services," which support young people after they become independent. In addition, counselling, community resources, life skills training for independent living after leaving care, tuition waivers, and various forms of financial support are included as services.

Institutions in both Slovakia and Portugal work on providing support and training for young people transitioning into adulthood. The support offered is conditional on following specific rules, such as pursuing education or employment and avoiding alcohol and drugs.

The study by Weems et al. (2024) supports the idea that the ecological systems theory, proposed by Bronfenbrenner, highlights the importance of considering the microsystem (individual's immediate environment), mesosystem (interactions between microsystems), exosystem (external environments indirectly affecting the individual), and macrosystem (cultural values and norms) in understanding support provided to youth transitioning from foster care. The ecological systems theory aids in understanding the factors affecting youth transitioning from foster care (Scannapieco et al., 2016). By considering ecological systems, aftercare services can provide tailored support that aligns with developmental needs and opportunities within their social contexts. Intending to provide them with the knowledge and tools they need to prosper on their own, the institutions help young adults with emotional issues and trauma, forming healthy relationships, finding jobs, and providing accommodation. The findings of this study correlate with the idea proposed in the previous research, as social workers shared their aim to establish continuous relationships with individuals even after they leave care, offering support in various forms. Aftercare programs address individual needs within social environments, relationships, and resources. Additionally, efforts are made to help them navigate essential aspects of life, such as financial management, saving, and educational opportunities. The organisation also works on advocacy, awareness, and training programs to address challenges faced by young people transitioning out of care. The connection between ecological systems theory and aftercare services recognises the complex interactions between a person's development and different systems (Arnett, 2007). Considering these environmental factors, aftercare services may provide adolescents leaving foster care with all-encompassing support.

A proper after-care system can also aid young adults in establishing a secure attachment with caregivers as they leave the care homes. As children manage the difficulties of transitioning out of care, these interactions provide comfort and protection by making them feel appreciated and understood (Washington, 2008). Furthermore, the findings of this study support that aftercare programs could emphasise the development of constructive coping mechanisms and healthy attachment styles, enabling kids to build strong bonds and successfully handle life's obstacles. These services help children in alternative care achieve long-term success and general well-being by attending to their relational needs.

5.3 Theme 3: The roles of social worker

The study aimed to investigate the role of social workers and caregivers in maintaining the well-being of children in alternative care settings in Slovakia and Portugal. It is divided into case management, the challenges social workers face, and their coping mechanisms.
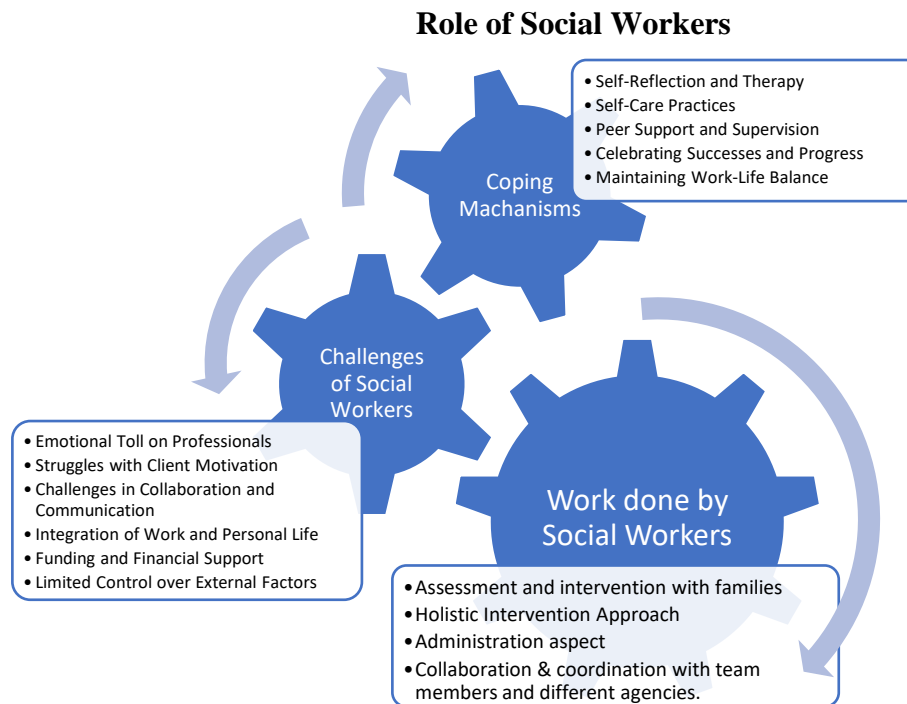
Role of Social Workers

Figure 6: Role of Social Workers

5.3.1 Work Done by Social Workers

According to the participants, the role of social workers/caregivers in alternative care centres is multi-faceted. From the findings, we can separate the role of social workers into the following dimensions: The findings of this aspect of the study are divided into i) Assessment and intervention with families, ii) Holistic Intervention Approach, iii) Administration aspect, and iv) Collaboration & coordination with team members and different agencies.

i) **Assessment and Intervention with Families and Children:** Social workers engage with families to understand the underlying factors contributing to behavioural issues in children. This involves conducting interviews and assessments to identify familial dynamics, stressors, and challenges. After gathering information, professionals guide and support parents in implementing effective parenting strategies. Social workers also write reports informing decisions on child placement, highlighting the importance of nurturing children's talents for

their development and societal integration. In fostering, emphasis is placed on supervision and meeting the child's needs, with periodic well-being assessments and support provided to the child and the family. The team works closely to plan and share information, ensuring continuous support through shift work. Social workers also facilitate group meetings with family members to enhance collaboration and support.

"My work primarily focused on supporting the families of children placed in residential care, as they were often in the process of recovery or required ongoing support and information." – Interview 1 (Slovakia)

"We work with the families in developing their skills and evaluating the connection with the children and family" – Interview 9 (Portugal)

This includes setting boundaries, establishing routines, and fostering open communication within the family. Regular well-being assessments monitor the child's emotional, physical, and psychological development. These assessments help professionals track progress, identify improvement areas, and address emerging concerns. They work collaboratively with families to develop and strengthen their parenting skills, enhance their connection with the children, and create a supportive home environment conducive to their growth and development.

ii) **Holistic Intervention Approach:** Participants shared that caregivers (tutors/educators) create individualised monthly plans tailored to each child's needs and developmental goals. These plans encompass various aspects, including emotional, psychological, physical, and educational development, and are regularly reviewed and adjusted based on the child's progress and feedback. They also shared that foster families engage in extracurricular activities with children to foster social skills, teamwork, and personal development. These activities allow children to explore their interests, build confidence, and form meaningful connections.

"Typically, tutors are tasked with creating a monthly plan encompassing emotional, psychological, and physical development, free time, family involvement, and social work goals. These plans are reviewed with the child, with adjustments made based on their understanding and input." - Interview 1 (Slovakia)

"In residential care settings, two teams operate: frontline caregivers and a technical team. Each has specific responsibilities." – Interview 10 (Portugal)

Moreover, social workers also shared that they develop and execute prevention programs in schools to address behavioural issues and promote positive social interactions among students. These programs may focus on conflict resolution, emotional regulation, and building healthy relationships. They collaborate with community resources, such as local agencies and support services, to provide additional assistance and support by conducting educational programs within residential care settings. These programs offer children and adolescents with practical skills necessary for independent living. These programs may include vocational training, job readiness workshops, and life skills development sessions. Prevention programs are conducted in schools, with social workers assisting families to address issues and ensure a suitable environment for children.

The organisations/institutions even host events like carnivals and celebrations for the children, along with planned outings and trips. They offer therapeutic groups, encourage talent development in music and dance, and provide a safe space for children to express their feelings. They have programs for foster parents that provide them with training and help them integrate their children. The institutions assist children with activities like homework and offer support groups for adoptive parents. The organisation also provides training and opportunities for children to learn important life skills, pursue their interests, and engage in various activities, including summer camps and cooking.

iii) **Administration Aspect:** Social workers oversee the administrative aspects of case management, including paperwork, documentation, and coordination of services. They engage with families, conduct assessments, and facilitate communication between different stakeholders to effectively address the child's needs. They compile information from various sources, including child protection agencies and caregivers, to make informed decisions about a child's welfare.

"As a case manager, we compile information from the child protection agency, the residential care caregivers, and the family. Information is compiled to decide about the life of the child." – Interview 10 (Portugal)

"Ultimately, the social worker plays a pivotal role in assessing and facilitating the best course of action for the child's well-being and prospects within Child and Family Services. - Interview 1 (Slovakia)

Each child is assigned a designated case manager as their primary point of contact and advocate within the system. To ensure comprehensive care and support, case managers

collaborate with professionals, including social workers, psychologists, educators, and caregivers.

iv) **Collaboration & Coordination with Team members and Different Agencies:** Social workers collaborate with professionals to provide comprehensive care, handle paperwork, engage with families, and coordinate with the legal team and other institutions as needed. Meetings are held regularly to discuss children's progress and needs, with feedback exchanged through written documents or phone calls. They work on collaborating with professionals like art therapists, allowing for creative expression and community engagement for the children.

"Social worker does one of the diagnostics, psychologist, and a psychiatrist, so there are three people who have their methods of diagnostics" – Interview 4 (Slovakia)

"We have a regular meeting every weekend to plan and share information from the children about the children, plan the week, and determine what we will do and if there are medical appointments or activities outside. We plan all the things, who goes, with the child." – Interview 9 (Portugal)

Further collaboration involves various professionals and agencies, including court representatives, social security, and other organisations, for adoptions, with in-person and online meetings to ensure effective communication and coordination. Social workers play a key role in coordinating efforts across organisations.

5.3.2 Challenges of Social Workers

While fulfilling their role as a social worker, the participants shared the challenges they faced in fulfilling their duties. The challenges shared by social workers can be categorised into the following themes:

i) **Emotional Toll on Professionals:** The participants expressed during the interview that working in fields like child protection can take an emotional toll on professionals, especially in the early stages of their careers. Learning to manage and classify emotions is crucial for maintaining well-being. Most of the social workers struggle with facing burnout in the field. They are overburdened with the amount of work and responsibilities.

"Most of the tutors are so burned out. So, they don't want to hear more about meditations. Our upbringing and past experiences can sometimes be triggered by certain situations, like dealing with clients or aggressive partners." – Interview 1 (Slovakia)

"It's difficult to manage some free time because caregivers don't have free time when they are here. Because every child is different. Sometimes these children want something, that children do something, these two are arguing, it's very dynamic work and very chaotic sometimes." - Interview 11 (Slovakia)

The findings highlight the issue of burnout among tutors, indicating that many of them feel exhausted and overwhelmed by their responsibilities. Moreover, the caregivers struggled to manage free time within their demanding roles. The nature of their work, which involves catering to the diverse needs and dynamics of multiple children, often results in a chaotic and dynamic environment. This constant activity and variability make it difficult for caregivers to find moments of respite or relaxation during their shifts. This exhaustion may lead to a lack of motivation or interest in engaging in additional tasks or activities, such as meditation, which could benefit both the tutors and the children they work with.

ii) **Struggles with Client Motivation:** One of the challenges expressed by the participants was motivating children, especially those from families with low educational attainment, to prioritise education can be difficult. Encouraging academic success requires addressing underlying issues and promoting the importance of education within the family context.

"The children are involved in the decision-making process, but the bigger problem is that they don't know what they want. Yeah, that's more likely to happen because they are so confused with all the situations and what's going on in their lives. They feel lost. So, they needed a bit of navigation." - Interview 4 (Slovakia)

"Sometimes, it's challenging to follow plans or instructions when the person doesn't want to and we have to respect their decisions and just listen to their concerns."– Interview 6 (Portugal)

The findings show that the participants acknowledge the limited options available in such situations, emphasising that ultimately, the children's decisions and actions are driven by their own will. While the caregivers are there to support and listen to them, they are constrained by the children's choices, highlighting the importance of respecting their autonomy while helping and guiding them.

iii) **Challenges in Collaboration and Communication:** In terms of collaboration and communication, social workers shared that they are facing challenges in communicating with clients and the different institutions and organisations working on the child's case.

"Collaboration and cooperation among services are crucial for the well-being of the child, but coordinating these efforts can be challenging due to differing availability times. Ensuring timely access to community resources for children is also difficult, as communication between various stakeholders such as the court, child protection agents, families, and community resources is not always smooth." - Interview 10 (Portugal)

"It's not easy to manage the care of children in our group as it involves a collaborative effort among caregivers, trainers, doctors, and specialists. This coordination ensures that all aspects of the children's well-being are addressed effectively, with each team member fulfilling their assigned duties." – Interview 11 (Slovakia)

Findings collected form the participants showed that collaboration between various institutions and agencies is essential for providing comprehensive support, but differing schedules and availability create obstacles to effective coordination. Additionally, ensuring communication and alignment between the court, child protection agents, families, and community resources further complicates the process. This underscores the difficulty of integrating various elements into a cohesive system that operates on the child's timeline.

Additionally, the findings also showed the importance of teamwork and coordination within a specific caregiving setting. The participants illustrate the practical complexities involved in managing the care of children within a group setting. It emphasises the necessity of collaborative efforts among caregivers, trainers, doctors, and specialists to ensure the holistic well-being of the children. Each team member plays a crucial role in fulfilling their assigned duties, demonstrating the importance of effective coordination and communication within the caregiving team.

iv) **Integration of Work and Personal Life:** The participants shared that they find it challenging to maintain a work-life balance due to the nature of their work, which often requires emotional investment and availability outside of regular working hours.

"Well, sometimes it's very tough. I think now, personally, in almost 20 years of experience, have given me that switch, where I go home, and I can switch off. But I can say to you at the beginning, it was very, very difficult, especially when you were working in child protection." – Interview 5 (Portugal)

"When you do this work, you cannot stop thinking about the children and make difference between your work and personal life." – Interview 11 (Slovakia)

The participants reflected on the emotional toll of working in child protection, particularly in terms of switching off from work-related stress outside of office hours. Despite years of experience, the interviewees acknowledge the initial difficulty in separating work life from personal life, indicating the intense nature of the job. There exists a persistent challenge of maintaining boundaries between work and personal life, especially when working closely with children in need. The interviewees highlight the constant presence of work-related thoughts and responsibilities, even during personal time at home. This demonstrates the inherent difficulty in compartmentalizing work and personal life in professions involving intense emotional involvement and caregiving responsibilities.

v)   **Funding and Financial Support:** Financial support for programs and salaries may come from projects and donations rather than direct government funding. Nonprofit organisations play a crucial role in delivering services, relying on external funding sources to sustain operations.

"Although the state works with us and supports us not financially as we nonprofit organisation. So, our salaries, me and my colleagues are donated from the project." – Interview 3 (Slovakia)

vi)   **Limited Control over External Factors:** Social workers may face limitations in influencing children's behaviour outside of their sessions. Factors like family environment, mood, and weather can impact attendance and engagement, posing challenges to program effectiveness.

"I tried hard, but it's not only my job. When they leave, I don't have control over where they go after or if they are prepared for you know, for their classes the next day." – Interview 3 (Slovakia)

"It depends on the capacity of the changing family changes. And some families are not available, they can't change the situation, the situation of risk and danger that are in the base of the return to the family." Interview 9 (Portugal)

The interviewees have expressed frustration over their inability to control the environment or circumstances the children face outside of their care. They acknowledge their efforts but emphasise that factors beyond their control, such as the children's living conditions and readiness for school, significantly impact their progress. The participants shared that the dependence on the families' capacity to change and address the underlying risks and dangers contributed to the children's vulnerable situations. The interviewee suggests that despite efforts to facilitate reunification with

families, success hinges on the family's ability and readiness to make necessary changes, highlighting the complexities involved in child welfare interventions. Engaging parents and motivating them to participate in programs can be challenging. Overcoming barriers to parental involvement is crucial for holistic support and intervention.

5.3.3. Coping Mechanisms of Social Workers

As the participants the challenges they faced in their work, the study also investigated their coping mechanisms of how they overcome their challenges. The coping mechanisms shared by the participants have been categorized into the following themes:

i) **Self-Care Practices:** Various self-care practices have been adopted by the participants to maintain their well-being, including faith, relaxation, sauna visits, annual trips to different cities, reading, spending alone time, and engaging in activities like long walks.

"I go on a lot of walks or relaxation. I go to Sauna. Once a year I travel to different kinds of cities and don't answer any calls. I just enjoy the atmosphere of the of the city. I also read a lot of books. And I need to spend a lot of alone time." - Interview 2 (Slovakia)

"Lots of holidays. Lots of Spa and there's a lot of long walks, you know, unwinding lots of long walks." – Interview 4 (Slovakia)

This also includes balancing work responsibilities with personal life is crucial for professionals' well-being. Taking holidays without children and having supportive colleagues and management contribute to creating a positive work environment.

ii) **Peer Support and Supervision:** Professionals rely on peer support and regular supervision sessions to discuss challenges, share experiences, and seek guidance from colleagues and supervisors. These sessions provide a safe space for open communication, collaboration, and emotional support.

"I regularly participate in supervision sessions, both individually and as a team. These sessions provide a platform for me to address any challenges or emotional difficulties I may be experiencing, both personally and in the context of my work with the children under my care." – Interview 1 (Slovakia)

"We are supported by our manager and the entire team, which fosters a supportive environment. This environment allows us the freedom to confide in our colleagues when we're facing challenges. We can share our experiences and uncertainties, and our team members are always there to offer support and assistance." – Interview 5 (Portugal)

iii) **Celebrating Successes and Progress:** Reflecting on successful cases and the positive impact made on children's lives serves as motivation to overcome challenges and continue the work. Focusing on progress and achievements helps maintain a sense of purpose and fulfilment in the role.

"Reflecting on past successes reminds me that our efforts have made a difference, even if it's just a small one. This serves as motivation to continue striving for further progress in the future." – Interview 7 (Portugal)

iv) **Self-Reflection and Therapy:** The participants shared that engaging in soft social therapy helped them understand their internal struggles and mental health issues, enabling them to be more effective in helping others. This self-awareness process involves self-training, self-evaluation, and self-knowing.

"I think that the soft social therapy helped me to understand my inside problems inside difficulties and when I understand myself and my mental health so I can be more helpful for other people so something like self-training, self-knowing, self-evaluation." – Interview 1 (Slovakia)

5.3.4 Discussion of Theme 3

Through the findings, we can note that the social worker's role assesses not only the individual child but also their family dynamics, community resources, and broader societal factors impacting their well-being. They collaborate with various stakeholders, including family members, schools, healthcare professionals, and social service agencies, to create holistic intervention plans that address the child's needs within their ecological context (Unegbu, 2020). Social workers advocate for systemic changes to improve the availability and accessibility of supportive resources for children transitioning from alternative care settings to independent living. The challenges faced by social workers lie within the exosystem of the ecological system model. Challenges such as working facing burnt-out and finding it difficult to motivating children to care about school results and engaging parents in the process are ongoing challenges faced by social workers according to the findings. An article written by Barford & Whelton (2010) supports the findings of this paper

how challenges not only indirectly impact the development of the child, especially when the social workers and caregivers are facing burnout but it also reflects on the emotional toll of their work and the importance of respecting individual decisions and choices in their support efforts. Additionally, ecological systems theory highlights the complexity of addressing issues within multiple systems, such as navigating bureaucratic structures, coordinating services across different agencies, and advocating for systemic changes to support families (Piel et al., 2017).

Attachment theory emphasizes the importance of secure attachment bonds between children and caregivers for healthy emotional development. Social workers apply this theory to understand how early experiences of attachment influence a child's ability to form relationships and regulate emotions. According to Magalhães et al. (2024) in rehabilitation and aftercare services, social workers strive to foster secure attachment relationships between children and their caregivers, whether biological parents, foster parents, or supportive adults. They provide support and guidance to caregivers on creating nurturing and responsive caregiving environments that promote the child's sense of security and trust. In this study, social workers have shared how they also help children who have experienced disruptions in attachment relationships to develop coping strategies and build new supportive connections in their aftercare transition. However, attachment theory underscores the challenge of working with children who have experienced attachment disruptions or trauma, requiring specialised interventions to promote secure attachments and emotional healing (Bosmans et al., 2022).

The Social Learning Theory highlights how behaviour is shaped by modelling and observational learning. Social workers utilize this theory to design interventions that focus on teaching adaptive behaviours and skills through observation, imitation, and reinforcement (McLaughlin et al., 2018). In rehabilitation and aftercare services, social workers implement social learning principles to equip children with essential life skills, such as communication, problem-solving, and emotion regulation. The findings of this study shows that social workers and caregivers provide opportunities for children to observe positive role models and engage in experiential learning activities that promote skill development and self-efficacy. Additionally, social workers also work collaboratively with children and their support networks to identify and address maladaptive behaviours through targeted interventions and behaviour management strategies. Social learning theory highlights the importance of providing positive role models and supportive environments for children to learn and develop healthy behaviours, which can be challenging in contexts where resources are limited, or negative influences are prevalent (O'Connor et al., 2013).

Based on the findings a hypothesis can be formulated that social workers who experience high levels of emotional exhaustion and in ability to detach from work are more likely to exhibit symptoms of burnout. This may be influenced by factors such as workload, caseload complexity, organizational support, and coping strategies. Additionally, social workers who perceive their work environment as supportive and have access to adequate resources for self-care are expected to report lower levels of burnout symptoms compared to those in less supportive environments. The participants reflected on the emotional toll of working in child protection, particularly in terms of switching off from work-related stress outside of office hours.

5.4 Theme 4: Factors Contributing to Successful Integration

To assess factors contributing to successful reintegration and social adaptation of children leaving alternative care in each country this study asked questions on the methods and approaches used for children's well-being and the challenges faced in the integration process.

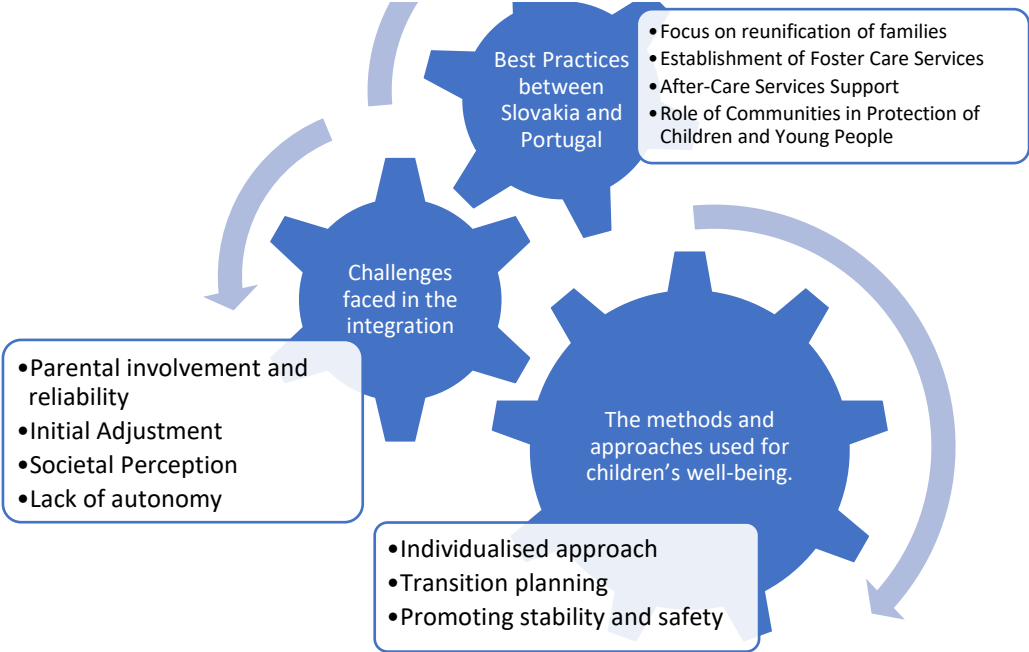**Factors Affecting Successful Integration**

Figure 7: Factors of Successful Integration.

5.4.1 The Methods and Tools Used for Children's Well-being

When asked to the participants about the methods and tools used for children's well-being the responses shared by them have been categorised in the following themes:

i)   **Individualised Approach:**   The participants shared the importance of creating a structured plan for the child to assess their progress. As each case would be different they would develop plans based on the case of a child.

"Tutors are tasked with creating a monthly plan encompassing emotional, psychological, and physical development, free time, family involvement, and social work goals. These plans are reviewed with the child, with adjustments made based on their understanding and input." - Interview 1 (Slovakia)

"The care plan is a crucial tool for assessing a child's development and well-being. It outlines the child's health, education, affection, and development, highlighting areas where they need improvement. During visits, the plan is revisited and observed for any issues." – Interview 7 (Portugal)

These plans cover emotional, psychological, and physical development, as well as factors like free time, family involvement, and social work goals. Importantly, the plans are collaborative, involving the child in the review process, and adjustments are made based on their understanding and input. They serve as a vital tool for evaluating a child's development and well-being. It comprehensively outlines aspects such as the child's health, education, affection, and overall development, identifying areas where improvement is needed. The assessments are conducted by tutors/educators, social workers and psychologists of the institution.

ii)   **Transition Planning:** As the child enters into the system's intstitutional care, according to the participants the social workers have a method to slowly transition the child into the institution. The invlovement of families in the intial stages is very important in the transitional phase.

"We invite the one of parents so they can like accompany the kids into our institution for like first meeting or with our organisation. In this first meeting, the kid gets some information about our organisation, the people who are there now, the rules of the place, and the kids who are living there at that moment." - Interview 1 (Slovakia)

"The child is introduced to a foster family, who visit the child in their institution, spend Saturdays with them, and return to the residential. The child's visits gradually increase, with the foster family picking them up from school and visiting the child regularly." – Interview 5 (Portugal)

There is a gradual approach to transitioning the child into a new living arrangement. This includes incremental steps such as visits, shared meals, weekend stays, and eventually, integration into the foster family's daily routines. This gradual process aims to ensure a smooth transition and the child's comfort and readiness for the change. However, the social workers did note that if in case there is an emergency and the child is in immediate risk, the process is expedited.

iii) **Promoting Stability and Safety:** As per the sharings of the social workers the institutions in general operate like a family, with rules in place to promote a safe and supportive environment for the children.

"The most important thing is that the residential house is like their family home. You have to help them in preparing documentation, preparing their home, their room, their meal, the kitchen, the library, their studies, in school. These actions are most important for to move the skills that will help them prepare for life." – Interview 8 (Portugal)

Biological parents are "allowed" to visit their children with permission from the court or institution under their supervision, even if they are placed in the centre temporarily. Visits with biological families in foster care occur in neutral places to maintain privacy. Children have guidelines to follow, such as maintaining cleanliness, completing homework, refraining from using phones, and avoiding certain behaviours like using inappropriate language or fighting. Some institutions even have a chart system to track behaviour, and children earn privileges based on their behaviour. The centre encourages a sense of community and responsibility through rules and tasks, teaching children limits and respect for others.

"We have a chart system where children are rated on good and bad behavior. Good behavior allows them to go home and outside, while bad behaviour restricts them to certain activities and freedom." – Interview 4 (Slovakia)

The participants of the study highlight the significance of creating a safe and predictable environment within the institution, contrasting with the chaos and danger often experienced in their families. Establishing structure and consistency helps children feel secure and understand what to expect, which is crucial for their emotional well-being and

development. This approach prioritizes acceptance and love for children as they are, acknowledging their past experiences while encouraging hope for a better future. Overall, the sentiment provides the transformative potential of providing children with a supportive and nurturing environment, both within and outside the institution. By fostering a sense of belonging, safety, and predictability, caregivers can help children heal from past traumas and envision a brighter future. Additionally, promoting empathy and understanding towards children's families contributes to a holistic approach to their care, recognising that parental shortcomings may stem from a lack of knowledge or resources rather than inherent malice.

5.4.2 Challenges Faced in Integration

When asked about the challenges faced while integrating the children into system the responses from the social worker and caregivers have been categorized into the following themes:

i) **Parental involvement and reliability:** The participants shared the complex dynamics involved between a parental relationship with the child and the institutional rules. Meetings of parents and children need to be under the order of the court where parents are allowed to communicate with them by phone, but visits must be arranged in advance to prepare the children and inform caregivers. Some parents, particularly those with a history of harming their children, are not allowed unsupervised visits. There are also instances where the parents don't communicate with their children.

"The main challenge is the family, particularly parents, who can work with the child to improve their behavior. However, parents often don't work on themselves, leading to an unchanged family system and an impaired child returning to the family environment." – Interview 2 (Slovakia)

"A seven-year-old child was reunited with her parents after being in care for five years. The court ruled against her adoption, and the child was reunited with her parents. A year and a half later, the police reported the child being beaten." - Interview 5 (Portugal)

"Children often desire their parents when they are hurt, but often cannot visit due to unforeseen circumstances. Parents make promises to visit, but these are often unfulfilled, making it difficult for children to understand." – Interview 11 (Slovakia)

Parents may sometimes fail to fulfil promised visits due to unforeseen circumstances, leading to disappointment for the children. In those circumstances, it is essential to explain to the children why a visit may not occur as promised, particularly for younger children who may struggle to understand. Despite past trauma, children often still desire contact with their parents. The challenges lie especially when the parents may not work on improving themselves, leading to an unchanged family system.

ii) **Intial Adjustment:** A participant expressed the importance of acknowledging the difficulty a child might be facing adjusting to a completely new environment.

"It's very hard because these children are not family members, you know. These are strange people for them. When children come first time here, everything is strange for them; other children are strange, and caregivers are strange. They must learn and he must adjust, and he must do everything to stay here in the best mood and the best conditions he or she can." – Interview 11 (Slovakia)

This emphasises that these children are not accustomed to the environment of the institution, as they are not family members, and everything feels unfamiliar to them. This includes the other children residing in the institution as well as the caregivers responsible for their care. They must adapt to a new routine, new surroundings, and new people, which can be overwhelming and unsettling. The sentiment of the quote acknowledges the inherent challenge in establishing stable and natural relationships within the institutional setting. Despite efforts to create a supportive environment, the relationships formed may not replicate the stability and naturalness typically found in family settings.

iii) **Societal Perception:** A participant in the study emphasised the importance of integrating children in institutional care into the broader community to foster a sense of belonging and normalcy. The interviewee emphasised the need for children to experience life outside the institution, interact with people from different backgrounds, and dispel misconceptions about them being "bad" or different. By exposing children to real-life situations and people, they can develop a better understanding of social norms, expectations, and possibilities beyond their past experiences.

"People outside our institution often perceive children living here as they are institutional children. They are centre children, seen as different by the external community, who often think of our children as bad, originating from the centre. They are normal children; they are not bad children."– Interview 11 (Slovakia)

iv) **Lack of autonomy and Limitation of Skill Development:** A participant shared her concern regrading the lack of autonomy and life skills development in residential care facilities. Children not being allowed in the kitchen or having limited access to food outside of mealtimes can lead to unhealthy eating habits and a lack of understanding about proper nutrition.

"And sometimes the conditions of privacy and respect for space is a huge problem as they don't have individual bedrooms. They don't know how to go to a market, make soup or to do budget. They learn these things in like a workshop, not in a family setting, which is very sad." - Interview 7 (Portugal)

Additionally, the institutionalised nature of these facilities, where children don't have control over their own clothes or daily routines, hinders their ability to learn essential life skills. These children must learn how to manage their affairs, from budgeting to grocery shopping, to prepare them for independent living in the future.

5.4.3 Best Practices between Slovakia and Portugal

After analysing the findings from the interview, the current approaches used by the social workers between Slovakia and Portugal are very similar with very minute differences. Although the countries have very different cultures and traditions the ethos of working for the children's well-being is quite similar. The following are the best practices identified between the two countries in terms of protecting the children in alternative care:

i) **Focus On The Reunification Of Families:** Participants from both countries also shared that while their primary goal is the reunification of families, children are welcome to contact the institutions again if they need any further assistance, support or guidance which has happened.

"The Children's Home serves as a temporary solution, aiming to support children in their transition and skill development. Nonetheless, when children return to their families, I view it as a highly positive outcome. This enables them to further develop their skills within the familiar environment of their own home alongside their parents." – Interview 8 (Portugal)

"The social workers from our own centre or social workers from public offices or from non-government organisations working with the parents to improve their conditions so that they will be able to take the children to them". - Interview 11 (Slovakia)

These interventions not only focus on the children themselves but also address the underlying issues within the family unit to promote reunification whenever possible. The social workers highlight the significance of family-centred approaches in child welfare. They recognise the importance of maintaining familial connections and supporting parents in providing a nurturing environment for their children.

ii) **Establishment Of Foster Care Services:** Through the interviews social workers in both countries emphasised highly the importance of establishing a foster care network. However, there were differences noted in the system established. Slovakia has established professional foster care parents in collaboration with the Center for Children and Families (CDR) where the foster parents are employees of CDR where they are called professional foster parents. They even have established organisations to assist in training for foster parenting. In the case of Portugal however, they have established foster care centres set to focus on children till the age of 12. After the age of 12 if they are unable to reunite with families they are moved to residential homes.

"The future would be like we should have specialised settings. The residential care should be only specialised. Residential care should target young people with mental health difficulties and all the other children who don't have these kinds of difficulties, but who need just to be protected, just to be at home, just to have a family, these kinds of children should be placed in foster families." – Interview 10 (Portugal)

In fact, according to the participants from Portugal, there is a huge problem of using residential home rather than foster care for children who are removed from their homes. This imbalance between the availability of residential care and foster care presents a significant challenge in the child protection system in Portugal. Efforts are being made to address this issue and increase the availability of foster care as a preferred option for children in need of alternative care arrangements.

iii) **After-Care Services Support:** Both countries emphasise the importance of social rehabilitation services for children in alternative care, aiming to provide comprehensive support that addresses their educational, social, and emotional needs. Both countries are also supportive in providing support to children even after the legal age of 18. In both countries, the young adults in foster or residential care can stay until 25 if studying or in training, even if working or doing nothing.

iv) **Role Of Communities In The Protection Of Children And Young People:** Both countries have involvement of communities in safeguarding the protection of children. Community members and social service workers such as teachers and doctors are responsible for reporting to the social welfare

or affair of the neglect seen in children by reporting absenteeism in school, cases of malnutrition or signs of abuse. However, in Portugal, they have a seperate Commissions for the Protection of Children and Youth (CPCJ), known as Comissões de Proteção de Crianças e Jovens (CPCJ) that are decentralized public entities in Portugal responsible for safeguarding and promoting the rights of children and young people up to the age of 18. CPCJs operate at the local level and are present in each municipality across the country.

5.4.4 Discussion of Theme 4

The findings of the study align with concept of attachment theory as the theory explains how safe attachments are crucial for fostering children in alternative care settings' emotional fortitude and fulfilling social relationships. A child's capacity to successfully transition into new contexts is influenced by the nature of the bonds they make with their caregivers and support systems. Children moving into alternative care settings need a sense of safety and trust, which secure relationships give. The findings of the study highlights that the key focus institutions worked on for integrating the children into the system is to slowly transition them in and providing them with stability and security.

Similarly, social learning theory highlights how kids pick up new skills through behaviour observation, imitation, and reinforcement. According to social learning theory, a child's ability to adapt and socialize in new circumstances can be aided by modelling and rewarding positive behaviours during integration into alternative care settings. The institutions and organizations have helped the kids, and some young adults navigate the difficulties of integration by offering chances for skill development and encouraging feedback.

According to Bronfenbrenner's ecological systems theory, several systems have an impact on how well children integrate into alternative care settings. The model offers guidance on successful integration by understanding individual, family, and community aspects (Zewude et al., 2023). The child is directly impacted by the microsystem, which consists of the child's immediate surroundings such as their parents, children in the institution and caretakers. The child's integration is influenced by the mesosystem, which involves interactions between several microsystems, such as the bonds between social workers and caretakers as well as the relation between the parents and the social workers. The child may be indirectly impacted by the exosystem, which includes outside factors including societal views, the lack of communication with parents and support services. The child's assimilation into alternative care settings is

also shaped by the chronosystem, which takes past experiences of the child and their circumstances into account, and the macrosystem, which represents cultural aspects.

As per one of the responses in this study, Howard Becker's labelling theory highlights the issue of how society sometimes labels children from alternative care as "bad children" which can cause a negative effect on their development. The paper by McLaughlin et al. (2018) explains how the theory suggests that people tend to identify and behave in ways that align with societal labels, which can be linked to crime and social deviance. It suggests that once a label is placed, it is difficult to remove it psychologically. This theory is particularly relevant to children in alternative care, who are often labelled as broken, deviant, and high-risk where even if the child is perfectly normal, they may fall into the behaviours associated with the label (Zimmerman, 2001). Understanding this theory is crucial as children going through new programs need to be "relabelled." They need to understand that they are not criminals because their parents are, and that the societal label of being broken does not have to be true. The Labelling Theory can help explain why a child is acting deviant and help therapists redefine the way children view themselves. Moreover, it can also help break the stereotype and prejudice in society regarding children in alternative care.

From the findings another hypothesis emerged which is, timely intervention and ongoing monitoring play a critical role in reducing the likelihood of re-entry into care following family reunification. Participants highlighted the importance of early identification of risk factors and proactive intervention to address challenges as they arise. Families who received consistent support and follow-up after reunification were less likely to experience disruptions and were better equipped to maintain family stability in the long term.

Chapter VI: Conclusion and Recommendations

Children that are placed in intuitional care due to various reasons are placed in a difficult situation where they are void of the care and support that helps emotional development. From the information gathered through data collected and the literatures we can how the collaboration been the organisation and the state are important in ensuring that the child is placed in a protected environment by either helping them reunite with the parents by assisting the parents as well or by providing them a familial type of support system. There are existence of different teams working on different elements of well-being the children. There are legal professionals, including lawyers and judges, are involved in ensuring that the rights of the children are protected. They may oversee legal proceedings related to placement decisions, custody arrangements, or adoption processes. There are also family support workers who aid birth families to address the issues that led to the child's placement in alternative care. They offer counselling, parenting education, and practical support to help families reunify with their children whenever possible. Finally, the institutional team of social workers, psychologists and educators/tutors assess the needs of the children, develop care plans, and coordinate services to meet those needs. They also liaise with other professionals and agencies involved in the child's care.

Despite the challenges, the institutions in both countries have worked hard to aid and guide the children in alternative care to achieve the best for their future. They ensure that the children are provided with basic needs like clothing, food, and shelter, as well as providing educational opportunities, including support for continuing education beyond high school. They have helped some gain funds from the state for their higher education, highlighting the absence of financial burden. This encapsulates the progress seen in children's educational journeys, from elementary school to college and beyond. The interventions and support provided by the social address behavioural issues and lead to successful academic and personal development.

Through initiation of foster parenting, they have established a new role in providing stability and support to children, ultimately leading to positive outcomes like placement into permanent foster families and successful academic pursuits. Moreover, with the dedication of the social worker they have had a transformative impact of support systems on children and families, leading to successful reunification and the establishment of healthy family dynamics. They have helped individuals overcoming challenges, including drug addiction, with the help of support services and transitioning to independent living. The social workers

shared on maintaining contact with individuals who have successfully transitioned into adulthood, pursuing careers like design and engineering, highlighting the long-term impact of support and intervention. Overall, the conversation highlight the importance of comprehensive support systems and interventions in fostering positive outcomes for children and families in need.

Coming from a developing nation of Nepal, doing this study made me realize the potential scope, the ability and the power the state as well as the system has in implementing best practice of child protection for children in alternative care, children in neglect and maltreatment. It was insightful to find how the system can use social workers, caregiver and foster parenting is working to solve the issues of child rights and protection.

In conclusion, after analysing the findings from interviews conducted in Slovakia and Portugal, it's evident that despite differences in culture and tradition, both countries share a similar ethos regarding the well-being of children in alternative care. Best practices identified include a focus on family reunification, with efforts to address underlying issues within the family unit to promote stability. Social workers emphasize the importance of maintaining familial connections and supporting parents in providing a nurturing environment. Additionally, both countries prioritize the establishment of foster care services, although differences exist in their implementation. Both countries also prioritize aftercare services, providing support for young adults up to age 25, emphasising social rehabilitation to address educational, social, and emotional needs. Furthermore, community involvement is crucial in both countries, with community members and social service workers responsible for reporting neglect or abuse. In Portugal, separate Commissions for the Protection of Children and Youth play a decentralised role in safeguarding children's rights. Overall, these practices underscore the commitment to ensuring the well-being and protection of children in alternative care settings in both Slovakia and Portugal.

5.1 Recommendations

5.1.1 Policy and Practice

1. **Professional and Judicial Awareness:** There is a requirement for the establishment of a family court system where the judges and lawyers are experienced and specialised in the family justice system in both countries.

2. **Skill Development:** Implement programs within institutional settings aimed at developing children's skills and abilities, preparing them for independent living or reunification with their families. This could include educational, vocational, and life skills training tailored to individual needs.

3. **Quality Assurance Mechanisms:** Create quality assurance mechanisms, such as accreditation standards or performance metrics, to ensure that child welfare agencies are meeting established standards of care and achieving positive outcomes for children and families.

4. **Legal Support:** Provide legal support and advocacy for children and families involved in the child welfare system to ensure their rights are protected and their voices are heard. This could involve legal representation, access to information, and assistance with navigating the legal process.

5. **Preventive Services Funding:** Increase funding for preventive services aimed at addressing the root causes of child maltreatment and reducing the need for out-of-home placements, such as early intervention programs, family preservation services, and community-based support networks.

5.1.2 For Future Studies

1. **Youth and Child Perspectives in Child Welfare:** As the research was conducted only with social worker and professionals dealing with the children. In the future, there is the possibility of getting more in-depth answers on the impact of rehabilitating children in alternative care by incorporating the perspective of the children and young adults themselves. This will provide the lived perspective of the key demographic on how impactful institutional care has been on them and how institutional care can be improved.

2. **Parental Perspectives:** Gather the perspectives of parents themselves on their experiences with support and counseling services, including their perceived benefits, challenges, and suggestions for improvement. This could involve qualitative research methods such as interviews or focus groups.

3. **Effectiveness of Family Reunification Programs:** Evaluate the effectiveness of various family reunification programs and interventions in facilitating successful reunifications, reducing re-entry into care, and promoting family stability and well-being.

4. **Cross-Continent Comparisons:** As this study was conducted between two EU countries, the system between the two countries may have a lot similar due to the EU regulations. There is a possibility to conduct this comparative research with non-European countries to examine variations in child welfare policies, practices, and outcomes, and identify promising approaches that can inform policy and practice internationally.

References

Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford University Press.

Arnett, J. J. (2007). Emerging Adulthood: What Is It, and What Is It Good For? *Child Development Perspectives*, *1*(2), 68–73. https://doi.org/10.1111/j.1750-8606.2007.00016.x

Barford, S. W., & Whelton, W. J. (2010). Understanding Burnout in Child and Youth Care Workers. *Child & Youth Care Forum*, *39*(4), 271–287. https://doi.org/10.1007/s10566-010-9104-8

Bell, J., Lartey, B., Spickernell, G., Darrell, N., Salt, F., Gardner, C., Richards, E., Fasakin, L., Egbeniyi, S., Odongo, E., Ssenkungu, J., Kouadio, R. K., Cissé, M., Rérambyah, A. B. A. I., Adou, M., West, R., & Sharma, S. (2022). Applying a social-ecological model to understand factors impacting demand for childhood vaccinations in Nigeria, Uganda, and Guinea. *SSM - Qualitative Research in Health*, *2*, 100180. https://doi.org/10.1016/j.ssmqr.2022.100180

Bosmans, G., Van Vlierberghe, L., Bakermans-Kranenburg, M. J., Kobak, R., Hermans, D., & van IJzendoorn, M. H. (2022). A Learning Theory Approach to Attachment Theory: Exploring Clinical Applications. *Clinical Child and Family Psychology Review*, *25*(3), 591–612. https://doi.org/10.1007/s10567-021-00377-x

Campos, J., Barbosa-Ducharne, M., Dias, P., Rodrigues, S., Martins, A. C., & Leal, M. (2019). Emotional and Behavioral Problems and Psychosocial Skills in Adolescents in Residential Care. *Child and Adolescent Social Work Journal*, *36*(3), 237–246. https://doi.org/10.1007/s10560-018-0594-9

Casquilho-Martins, I., & Matela, T. (2021). Protection of Immigrant Children and Youth at Risk: Experiences and Strategies of Social Integration in Portugal. *Societies*, *11*(4), 122. https://doi.org/10.3390/soc11040122

Centro de Estudos Para a Intervencao Social. (2017). *The support system in Portugal for children deprived of parental care: guardians and foster care*. https://www.cesis.org/admin/modulo_projects/upload/files/National%20assessment.pdf

Chou, S., & Browne, K. (2008). The Relationship between Institutional Care and the International Adoption of Children in Europe. *Adoption & Fostering*, *32*(1), 40–48. https://doi.org/10.1177/030857590803200106

Cintulova, L. L., Budayová, Z., & Rottermund, J. (2021). *Social Rehabilitation in the Structure of Social Welfare Institutions in Slovakia*. https://www.researchgate.net/publication/350037274_Social_Rehabilitation_in_the_Structure_of_Social _Welfare_Institutions_in_Slovakia

Davidson, R. D., Tomlinson, C. S., Beck, C. J., & Bowen, A. M. (2019). The revolving door of families in the child welfare system: Risk and protective factors associated with families returning. *Children and Youth Services Review*, *100*, 468–479. https://doi.org/10.1016/j.childyouth.2019.03.012

Derksen, T. (2010). The Influence of Ecological Theory in Child and Youth Care: A Review of the Literature. *International Journal of Child, Youth and Family Studies*, *1*(3/4), 326–339. https://doi.org/10.18357/ijcyfs13/420102091

Eapen, D. J. (2009). Institutionalized children: The underprivileged. *International Journal of Nursing Practice*, *15*(5), 349–352. https://doi.org/10.1111/j.1440-172X.2009.01785.x

Ertekin, Z., & Berument, S. K. (2021). Self-concept development of children in institutional care, alternative care types and biological family homes: Testing differential susceptibility. *Applied Developmental Science*, *25*(4), 307–321. https://doi.org/10.1080/10888691.2019.1617146

Eurochild. (2021a, February). *Portugal: Country Profile on the European Semester and COVID-19 crisis from a children's rights perspective.* Eurochild. https://eurochild.org/uploads/2021/02/PT-ECH-S20-profile.pdf

Eurochild. (2021b, May 9). *Slovakia's Child Guarantee National Action Plan: An overview*. https://www.eurochild.org/resource/slovakias-child-guarantee-national-action-plan-an-overview/

Eurochild, & UNICEF. (2021, December 24). *The DataCare Project*. Eurochild.

Fico, M. (2017). *Práca s deťmi v detských domovoch a (ne)zamestnanosť*. https://www.ceit.sk/IVPR/images/IVPR/vyskum/2017/Fico/dd_iprod_zamestnanost.pdf

Flaherty, S. C., & Sadler, L. S. (2011). A Review of Attachment Theory in the Context of Adolescent Parenting. *Journal of Pediatric Health Care*, *25*(2), 114–121. https://doi.org/10.1016/j.pedhc.2010.02.005

Hanga, K., DiNitto, D. M., Wilken, J. P., & Leppik, L. (2017). A person-centered approach in initial rehabilitation needs assessment: Experiences of persons with disabilities. *Alter*, *11*(4), 251–266. https://doi.org/10.1016/j.alter.2017.06.002

Hargašová, L. (2019). Closer to children and families: Benefits and costs of improvements to children's residential care in Slovakia. *Scottish Journal of Residential Child Care*, *18.2*. https://www.researchgate.net/publication/336810062_Hargasova_2019_Closer_to_children_and_families_Benefits_and_costs_of_improvements_to_children's_residential_care_in_Slovakia_Scottish_Journal_of_Residential_Child_Care_Volume_182

Hill, J., Fonagy, P., Safier, E., & Sargent, J. (2003). The Ecology of Attachment in the Family. *Family Process*, *42*(2), 205–221. https://doi.org/10.1111/j.1545-5300.2003.42202.x

Kataja, K., Lantela, P., & Romakkaniemi, M. (2022). Dimensions of social rehabilitation: A qualitative interpretive meta-synthesis. *Journal of Social Work*, *22*(1), 109–129. https://doi.org/10.1177/1468017320979544

Khan, S. R. (2018). Aftercare of children in alternative care: An analysis of the international and national legal framework from the prism of human rights. *Institutionalised Children Explorations and Beyond*, *5*(2), 155. https://doi.org/10.5958/2349-3011.2018.00013.0

Kumar, R. (2010). *Research Methodology: A Step-by-Step Guide for Beginners* (3rd ed.). SAGE Publications Ltd.

Magalhães, E., Ferreira, M., Ornelas, S., Silva, C. S., Camilo, C., & Calheiros, M. M. (2024). Youth-caregiver relationship quality in residential youth care: Professionals' perceptions and experiences. *Journal of Social and Personal Relationships*, *41*(4), 822–845. https://doi.org/10.1177/02654075231215824

McLaughlin, K., Greenman, K., & Greenman, C. (2018). A Fractured System: Is it Time for New Programming within the Child Protection Services? *Journal of Advances in Social Science and Humanities*, *4*(12), 487–494.

Moors, M., & Osis, J. (2019). Evaluation of results of social rehabilitation programs for young people with behavioural problems. *SHS Web of Conferences*, *68*, 03001. https://doi.org/10.1051/shsconf/20196803001

Naeem, M., Ozuem, W., Howell, K., & Ranfagni, S. (2023). A Step-by-Step Process of Thematic Analysis to Develop a Conceptual Model in Qualitative Research. *International Journal of Qualitative Methods*, *22*. https://doi.org/10.1177/16094069231205789

O'Connor, T. G., Matias, C., Futh, A., Tantam, G., & Scott, S. (2013). Social Learning Theory Parenting Intervention Promotes Attachment-Based Caregiving in Young Children: Randomized Clinical Trial. *Journal of Clinical Child & Adolescent Psychology*, *42*(3), 358–370. https://doi.org/10.1080/15374416.2012.723262

Onayemi, O. M., & Hapunda, G. (2023). Socio-ecological drivers of vulnerabilities of children living within orphan homes and the implications for their nurturance care. *Frontiers in Public Health*, *11*. https://doi.org/10.3389/fpubh.2023.1203510

Patalinghug, M. E. (2021). The Life Changer: Social Workers in Rehabilitation Facilities for Child in Conflict with the Law. *Otoritas : Jurnal Ilmu Pemerintahan*, *11*(1), 33–44. https://doi.org/10.26618/ojip.v11i1.5072

Phaswana, K., & Erlank, E. (2023). RENDERING SERVICES IN CHILD AND YOUTH CARE CENTRES: EXPERIENCES AND CHALLENGES OF SOCIAL WORKERS. *Social Work*, *59*(2). https://doi.org/10.15270/59-2-1034

Piel, M. H., Geiger, J. M., Julien-Chinn, F. J., & Lietz, C. A. (2017). An ecological systems approach to understanding social support in foster family resilience. *Child & Family Social Work*, *22*(2), 1034–1043. https://doi.org/10.1111/cfs.12323

Portillo, M. C., Corchón, S., López-Dicastillo, O., & Cowley, S. (2009). Evaluation of a nurse-led social rehabilitation programme for neurological patients and carers: An action research study. *International Journal of Nursing Studies*, *46*(2), 204–219. https://doi.org/10.1016/j.ijnurstu.2008.09.012

Portillo, M. C., & Cowley, S. (2011). Social rehabilitation in long-term conditions: learning about the process. *Journal of Advanced Nursing*, *67*(6), 1329–1340. https://doi.org/10.1111/j.1365-2648.2010.05600.x

Pták, B., & Šrobárová, S. (2019). CRISIS INTERVENTION IN THE WORK OF SOCIAL AND LEGAL PROTECTION AND CURATION IN SLOVAKIA. AN ANALYSIS OF TARGET GROUPS AND METHODS. *CBU International Conference Proceedings*, *7*. https://doi.org/10.12955/cbup.v7.1425

Quiroga, M. G., & Hamilton-Giachritsis, C. (2016). Attachment Styles in Children Living in Alternative Care: A Systematic Review of the Literature. *Child & Youth Care Forum*, *45*(4), 625–653. https://doi.org/10.1007/s10566-015-9342-x

Richardson, E. W., Grogan, C. S., Richardson, S. L. L., & Small, S. L. (2018). Displacement, caregiving, and the ecological system of youth in foster care: a theoretical perspective. *Journal of Family Social Work*, *21*(4–5), 348–364. https://doi.org/10.1080/10522158.2018.1469561

Sacur, B. M., & Diogo, E. (2021). The EU Strategy on the Rights of the Child and the European Child Guarantee—Evidence-Based Recommendations for Alternative Care. *Children*, *8*(12), 1181. https://doi.org/10.3390/children8121181

Sadownik, A. R. (2023). *Bronfenbrenner: Ecology of Human Development in Ecology of Collaboration* (pp. 83–95). https://doi.org/10.1007/978-3-031-38762-3_4

Scannapieco, M., Smith, M., & Blakeney-Strong, A. (2016). Transition from Foster Care to Independent Living: Ecological Predictors Associated with Outcomes. *Child and Adolescent Social Work Journal*, *33*(4), 293–302. https://doi.org/10.1007/s10560-015-0426-0

Smith, M. A. (2021). Social Learning and Addiction. *Behavioural Brain Research*, *398*, 112954. https://doi.org/10.1016/j.bbr.2020.112954

Rodrigues, S., Fernandez Del Valle, J., & Barbosa, M. A. (2013). The Quality of Residential Child Care in Portugal and the Example of its Development in Spain. *Papeles Del Psicólogo - Psychologist Papers*, *34*(1), 11–22. https://www.researchgate.net/publication/262013900_THE_QUALITY_OF_RESIDENTIAL_CHILD_CARE_IN_PORTUGAL_AND_THE_EXAMPLE_OF_ITS_DEVELOPMENT_IN_SPAIN

Stojkovic Zlatanovic, S. (2022). ALTERNATIVE CARE FOR CHILDREN IN SOCIAL WELFARE SYSTEM – POLICY AND LEGAL CHALLENGES. *Srpska Politička Misao*, *74*(4/2021), 135–154. https://doi.org/10.22182/spm.7442021.6

The Council of Europe. (2009). *Children and young people in care - Discover your rights!* https://edoc.coe.int/en/children-s-rights/8015-children-and-young-people-in-care-discover-your-rights.html

UN. General Assembly (64th sess. : 2009-2010). (2010). *United Nations Guidelines for the Alternative Care of Children: Resolution /: Adopted by the General Assembly.* https://digitallibrary.un.org/record/673583?ln=en

Unegbu, R. O. (2020). Exploring the Role of Social Workers in Substance Abuse Treatment . *Walden Dissertations and Doctoral Studies*. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=9701&context=dissertations

Washington, K. T. (2008). Attachment and Alternatives: Theory in Child Welfare Research. *Advances in Social Work*, *9*(1), 8–16. https://doi.org/10.18060/174

Weems, C. F., Melby, J. N., Behrer, C., Wolfe, D., & Scozzafava, M. D. (2024). Statewide aftercare services program for youth transitioning from foster care: Five-year trends in participation, services, and participant characteristics. *Children and Youth Services Review*, *160*, 107551. https://doi.org/10.1016/j.childyouth.2024.107551

Wijemanne, H. (2017). Child Rights Imperatives for Children in Alternative Care. *Institutionalised Children Explorations and Beyond*, *4*(1), 14. https://doi.org/10.5958/2349-3011.2017.00002.0

Wright, A. C., & Kong, P. (2023). Attachment theory. In *Working with Families Experiencing Vulnerability* (pp. 79–98). Cambridge University Press. https://doi.org/10.1017/9781009218344.007

Zewude, B., Tadele, G., Engdawork, K., & Assefa, S. (2023). A social-ecological view of the factors affecting the effectiveness of reintegration interventions targeting children out of family-based care situations: A scoping review. *Cogent Social Sciences*, *9*(2). https://doi.org/10.1080/23311886.2023.2277343

Zimmerman, B. J. (2001). Social Learning, Cognition, and Personality Development. In *International Encyclopedia of the Social & Behavioral Sciences* (pp. 14341–14345). Elsevier. https://doi.org/10.1016/B0-08-043076-7/01765-4

Annex

Questionnaire

Research Questions	Interview Questions
1) What are the system procedures in place for the social rehabilitation and aftercare of children in alternative care?	a) What is the intake process of the children in the organisation? b) How does the social worker monitor the progress of the children/clients?
2) What is the social worker's role in the social rehabilitation and aftercare process of children in alternative care?	a) How many cases does the social worker handle in a month? b) How often do you conduct well-being assessments for each child (e.g., monthly, quarterly, annually)? c) What methods or tools do you use to assess the well-being of children in alternative care? d) What are the key indicators you consider when assessing a child's well-being (e.g., physical health, emotional well-being, education, safety, relationships)? e) How do you address and report incidents of abuse, neglect, or exploitation of children in alternative care?
3) What approaches of social rehabilitation and aftercare are used by social workers among children in alternative care?	a) How do you develop and implement individualized care plans for children in alternative care? b) Are there any rules set in place for children to follow in the organisation? If so, what are they? c) Are the children allowed visitors, if so, what are the visiting hours what is the procedure? d) What strategies do you use to involve children in the decision-making process about their care and future? e) If required, What steps do you take to support children during placement transitions (e.g., from foster care to adoption, from group home to independent living)?

	f) How do you assess the readiness of children for reunification with their biological families if applicable?
	g) How do you coordinate with other professionals (e.g., therapists, educators, legal advocates) to provide comprehensive care for the children?
	h) Do you provide any vocational or skill-building training? Such as financial literacy computer-based training. If yes, What type? If not, why not?
	i) Are there opportunities like scholarships tutoring provided to the children?
	j) Are there any forms of interactive curriculum available for the children such as movie nights, game nights or field trips? If so, how often?
	k) Is there availability of entertainment sources for the children such as games equipment, internet or books?
4) How have the social rehabilitation approaches helped young people?	a) What is the estimated number of children who have been through the organisation's reformation programme?
	b) Have you encountered any challenges in assessing the well-being of children in alternative care? If yes, please describe.
	c) Could you share some positive or improvement stories/cases of the children?
5) Experiences of social workers	a) How do you manage the emotional and psychological challenges of working with children in alternative care?
	b) What feedback or suggestions do you have for improving the support and services provided to children in alternative care?
	c) Are there any specific resources, training, or tools that you believe would be beneficial for your work?

70

	d) What professional development opportunities have you pursued to enhance your skills in this field?

Consent Form

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

'The Process of Social Rehabilitation and After-care for Children in Alternative Care in Slovakia and Portugal.'

Kindly read this form carefully and if there are any words that you do not understand, please ask me to go through the information and I will take time to explain.

Introduction

My name is Keepa Maitri Tuladhar, an MSc Student at the Catholic University, Ruzomberok studying European Joint master's in social work with Children and Youth (ESWOCHY). The aim of this is to explore 'The Process of Social Rehabilitation and After-care for Children in Alternative Care in Slovakia and Portugal.'

Procedures

Your participation in this research is voluntary, and you are free to choose not to participate in this study. Please note that by agreeing to take part in this document, you consent to your interview being recorded as well. The duration of this interview will be 45-60 minutes. However, we can ensure that this does not interrupt your work. The information you provide will be used to have a better understanding of the social rehabilitation and after-care process of children in alternative care in Slovakia and Portugal. There are no anticipated physical risks in participating in this study. Please note that your answers to these questions will be kept confidential. Your name will not be used in any publication or report from this study.

Benefits of this study:

Although taking part in this study will not directly benefit you, it will help us learn how best to support social workers.

Statement of the person giving the consent:

Now that the study has been explained well, I fully understand its nature and purpose. I will be willing to take part in the programme.

72

Name of participant: ………………………………………………………………………

Permission Decision: ☐ Yes, I will be willing to participate in this study

☐ No, I will not be participating in this study

Signature of Participant: ……………   Date: ……………………