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Comparative Analysis of Child Welfare in Out-of-Home Care in Portugal and Azerbaijan

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Abbreviations

CFSR - The Child and Family Service Review

CPS -Child Protection System

DCPD - Deinstitutionalization and Child Protection Department

EU- European Union

ISS - Instituto da Segurança Social, I.P.

NGO – non-governmental organization

OHC- Out-of-Home Care

PPCA - Program for Preparing Children for Adoption

SPDAC - the State Program on Deinstitutionalization and Alternative Care

SSC RA - The State Statistical Committee of the Republic of Azerbaijan

The Code - the Code of Ethical Conduct in Research – ISCTE

The Strategy - the European Union Strategy on the Rights of the Child

UN CRC - The United Nations Committee on the Rights of the Child

Abstract

As social work is a profession of human rights, protecting children's rights and improving child welfare is one of its tasks. Therefore, this qualitative study aims to understand how child welfare is provided in out-of-home care in Azerbaijan and Portugal comparatively through the lenses of Bronfenbrenner's Ecological Systems Theory. The lack of research in the field, especially, reinforces the need for this research.

Data was collected via semi-structured interviews with 3 participants from each country, with the limitation of a small sample size. Interview questions are made based on levels of ecological system theory. The transcripts from the Portuguese and Azerbaijani languages were translated into English, and the names of all the organizations and interviewees were kept anonymous. Data is analyzed via MAXQDA and categorized based on the levels of ecological system theory.

Results showed both similarities and differences between the countries. Also, while some findings overlapped with previous research, some of them did not and also some of them are new findings in this research literature. The Findings opened new research directions for further investigation in the field to improve child welfare in Azerbaijan and Portugal.

Keywords: Out-of-home care, ecological systems theory, child welfare, residential care, Social Work

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1. INTRODUCTION

Child protection is one of the main goals and values of humanity because each child deserves to feel happy, healthy, respected, loved, and safe. Unfortunately, a significant number of children/youth experience severe maltreatment and unhealthy parenting all around the world. According to the World Health Organization (2024), 6 in 10 children (about 400 million children) who are under 5 years old regularly suffer from physical and/or psychological violence/punishment by their own parents and caregivers. Furthermore, 1 in 5 women and 1 in 7 men reported that they had been sexually abused as a child. One way of helping those children/youth is by providing them with out-of-home care (OHC). Even though the primary aim of OHC placement is protecting children/youth from physical, emotional, and sexual abuse (Maclean et al., 2016), child welfare is much more complex (Hackett, 2015) and requires a comprehensive approach. Child welfare consists of three elements: safety, permanency, and well-being (Jones et al., 2015). For example, providing an abuse-free environment is not enough for a child/youth because permanency and trustful relationships are also crucial for mental health and well-being. Each factor that affects children/youth's well-being is interrelated and connected at different levels of the system.

Moreover, people who had OHC experience during their formative years had higher mortality risks across the ages of 20 to 56 years. Also, this difference was found even in comparison with the children/youth who had similar conditions but had not experienced OHC placement (Gao et al., 2016). Furthermore, they show lower educational attainment, unemployment, and mental health problems in their midlife in comparison with their peers (Brännström et al., 2017).

While some research found that children in OHC show poorer mental health in comparison with children in the general population, there is one study that mental health problems of children in OHC are not significantly higher than those who had never been in OHC. At the same time, the same research found that reactive attachment disorder in children with OHC is significantly higher than in those who had never experienced OHC (Baldwin et al., 2018).

According to the other research review, Maclean et al. (2016) had 40 significance-tested comparisons, and 29 of them were consistent with no proof of advantage or disadvantage of OHC, 7 of them were consistent with harm, and 4 of them with benefit. These results automatically raise questions about the effectiveness and quality of OHC settings.

Sometimes, people who work in the OHC organizations may not be aware importance of their role in these children's/youth's lives. For example, while it has been quite known that nutritious food is essential to being healthy, the negative outcome of negligence or the importance of permanency can still be new knowledge in different places.

The development of social work in different countries is different and unique. Social work and out-of-home services developed in Azerbaijan later in comparison to Western countries, as it is a younger country. This can be interrelated to cultural and socioeconomic reasons as well. One of the main problems is not having enough data about conditions in OHC. The vital importance of data collection and analysis is a fundamental step for development. Although Portugal and Azerbaijan are similar in size and population, accessible literature on child welfare in OHC differs remarkably. As we aim to provide a better environment for children/youth who have experienced severe maltreatment, we need to analyze how much our solution works and what the gaps are for its development. Also, a competitive analysis of two countries can give a wider perspective to find creative solutions for each country-specific problems.

The conditions in OHC need to be analyzed to provide better welfare for children and youth. The welfare of children is affected by micro, meso, exo, macro, and chrono-level factors. For example, micro level factors include educational attainment and academic achievements, basic needs of medical care, psychological support, relationships with the caregiver, connection with the family members, feeling of safety, trustful and healthy connection with an adult, having their own space and having their conditions to play, permanency of housing, transition process. Meso level factors: educational and practical background of workers/specialists in the OHC organizations, team working and multidisciplinary collaboration for the interest of children/youth, empowerment programs and training in the organization for the workers to develop their professional skills and knowledge, mental support for worker/specialists, proportion of worker/specialists for each child/young person. Exo-level factors: local community support, governmental regulations related to OHC settings, and legal placement legislation. Macro level: The national and international level laws, support, funding, cultural beliefs, national norms, values, and socioeconomic conditions. Chono level: age group, placement reasons, length of stay, change over time, and transition process.

According to control theory, the monitoring process of a goal is necessary to ensure attaining the goal and help to translate it into action. Research shows that reporting outcomes and also

recording them physically largely affects goal attainment (Harkin et al., 2015). In a nutshell, the ecological data collection of the child welfare condition in OHC in Azerbaijan and Portugal and their comparative analysis are essential to clearly see the gaps and make clear decisions for the next steps.

1.1. Research Objectives

1.1.1. General Research Objective

- Analysis of child welfare in out-of-home care (OHC) systems in Portugal and Azerbaijan through the lens of the ecological systems theory.

1.1.2. Specific Research Objectives

- Identify the factors that influence the different levels of the ecological model of the child welfare system in Portugal and Azerbaijan.
- Characterize children's relation with their immediate surroundings (e.g. caregiver-child interactions) and in OHC work settings (e.g. staff development and collaboration) differ between Portugal and Azerbaijan, and how these variations influence child well-being outcomes in each country.
- Categorize OHC organizations' external support (e.x. cooperations), community engagement, public perception (e.x. stigmas) and change over time in Portugal and Azerbaijan.
- Analyse role of the national policies (ex. funding, regulations) and cultural norms (national values) that influence the design and quality of OHC systems and the welfare of children in both countries.
- Systematize similarities and differences in the factors across all ecological levels (micro, meso, exo, macro, chrono) that have an impact on children's welfare in OHC systems in Portugal and Azerbaijan.

1.2. Research Questions

1.2.1. Main Research Question

- Through the lens of the ecological systems theory, how is child welfare provided in out-of-home care (OHC) systems in Portugal and Azerbaijan, considering factors across all ecological levels (micro, meso, exo, macro, chrono)?

1.2.2. Specific Research Questions

- What are the key ecological levels (micro, meso, exo, macro, and chrono) that influence the child welfare system in OHC in Portugal and Azerbaijan, and how do these levels impact the children's well-being outcomes?
- What are the differences between Portugal and Azerbaijan in terms of caregiver-child interactions, relationships within OHC settings (like residential homes), and institutional features (such as staff training, resources, and family conditions), and how do these differences affect the welfare of children in OHC?
- What are the similarities and differences between Portugal and Azerbaijan's OHC systems, and how are they influenced by national policies (financing, rules, regulations) and cultural norms (values, traditions)?

1.3. The subject of the Research

Principles of human rights are central to social work, as it is described by the International Federation of Social Workers (Global Definition of Social Work, 2014). Therefore, protecting the rights of children and youth who are deprived of parental care and promoting their welfare is one of the goals of social work. In this thesis, understanding how child welfare is provided in OHC in two different countries aims to achieve the same goal. To improve, we need to get familiar with the condition and address the issues that need to be addressed. This research creates the opportunity to get familiar with the condition in a general way by having an overview to understand the required research directions for improvement. Especially the lack of research in the field in Azerbaijan requires understanding the needed research directions first. Analyzing child welfare in OHC in Azerbaijan within Portugal, which has more research in the field, comparatively, can generate a broader perspective as well as inter-empowerment.

2. CONCEPTS

2.1. Child Welfare

By definition, the problems child welfare organizations are mandated to prevent and remediate occur in families fighting a myriad of complex and interrelated challenges, including, but not limited to, child abuse and neglect, mental health concerns, housing issues, substance abuse, incarceration, and domestic violence (Blome & Steib, 2014)

Children are dependent on adults for their protection, welfare, safety, physical and mental health, etc. Unfortunately, the world is not perfect, and not all children can have a safe, healthy, empowering environment to become functional citizens of society. Sometimes, children who experience dysfunctional family circumstances need to be taken care of by the out-of-home care systems. When it comes to protecting children and creating an environment that makes them thrive, we can have an excessive number of questions about what kind of measurements we need to take into account to provide welfare for them. Protecting children at risk and providing welfare for them can be identified differently by professionals.

In the past, child welfare services systems' goals contained child protection, family continuity, and legal permanency. These goals can be divided into two levels, such as primary and secondary goals. While protecting children is the first and foremost goal, psychological developmental goals are considered secondary goals. And not all goals are achievable at the same level in all cases. (Barth, 1999)

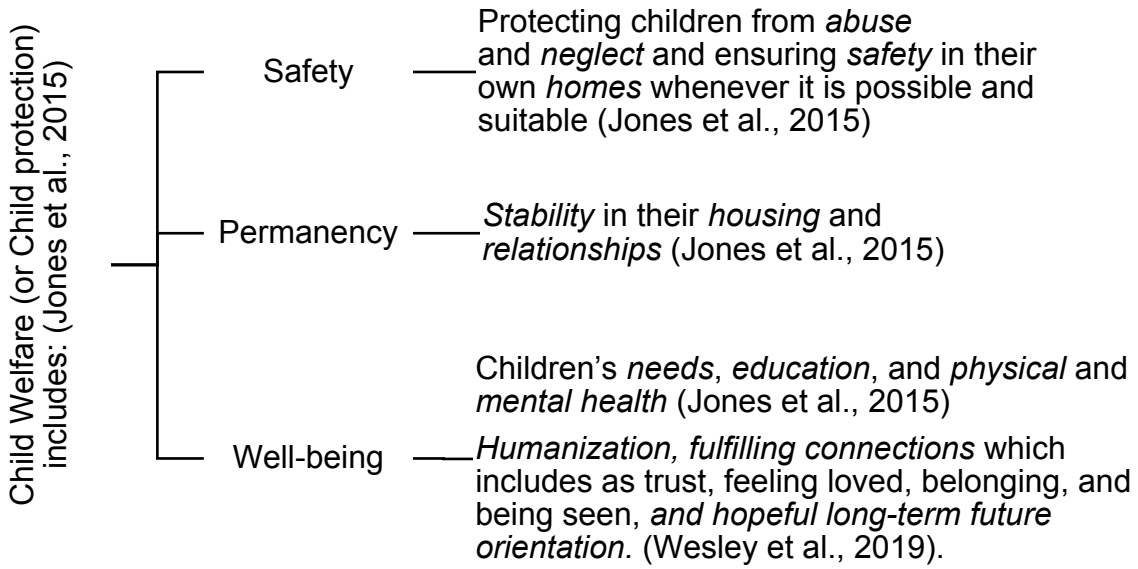
The terms "child welfare" or "child protection" have been hosting complex ideas (Hackett, 2015), and those terms and their components have been explained differently in different sources. Child protection aims to ensure children's safety, permanency, and well-being, especially those who experience maltreatment. According to The Child and Family Service Review (CFSR), Safety goals include protecting children from abuse and neglect and ensuring safety in their own homes whenever it is possible and suitable. The permanency goal of CFSF refers to stability in their housing and relationships. For the Well-being goal, CFSR focuses on families' capacity to provide for children's needs, education, and physical and mental health. Although safety and permanency goals are relatively clear and straightforward, the well-being goal has multifaceted and complex characteristics to define and evaluate (Jones et al., 2015).

Mainly, the well-being of children is understood as the collection of physical health (including nutrition/ diet, personal hygiene), mental health (including their behaviors), academic performance (including educational attainment), relationships, housing, and in some resources, well-being is also about self-esteem, resilience, and even employment (or financial stability), criminal activity (Wesley et al., 2019).

Wesley et al. (2019) also investigated what well-being means from the perspective of welfare professionals with long-term work experience. The research focuses on details of well-being that can be overlooked, such as youth or children's sense of lived experiences, feeling loved, and the ability to plan the future. As a result, the definition of well-being according to welfare professionals at work can be clustered into three: humanization, fulfillment of connections, and hopeful long-term future orientation. When it comes to humanization, it means the respect for the child should not be less than for adults, seeing them as more than numbers, and validating and supporting them so they can thrive as a unique human being. The key point here is having a non-judgmental attitude toward the meaning of children's behaviors. As we see, humanization is also deeply connected with the relationships of children. The welfare professionals in practice define fulfilling relationships as meeting fundamental human needs such as trust, feeling loved, belonging, and being seen. The feeling of safety also has a psychological facet that needs to be met via healthy relationships. Lastly, having a long-term future orientation is associated with a positive self-*c*oncept and fulfillment of having competence, skills, and access to resources to perform well in the future, according to the same research.

Figure 1

Components of Child Welfare



Note. Created by the author.

2.2. Out-of-Home Care

In this thesis, the word out-of-home care will not cover all types (such as kinship care, foster care, or residential care) of OHC but rather used to describe different terms of two different countries, under one word. Different countries are in different development stages of OHC, and the workload, educational background of the OHC workers, the maximum age limit of children's staying in OHC, average and maximum length of children's stay in OHC, the scale of governmental support, target population, and goals differ from country to country. Many countries do not have systematically collected data on OHC to analyze (James et al., 2021). Out-of-home care's purpose is to protect children from maltreatment when parents cannot provide a healthy, safe environment for upbringing (Brännström et al., 2017; Maclean et al., 2016; Thornton, 2018). Nowadays, the adverse effect of child maltreatment is a known fact. Different researches show that the effect of negative experiences such as childhood abuse or neglect can be seen in

midlife adulthood with lower levels of employment, income, and education (Brännström et al., 2017).

But OHC experience is also associated with quite lower educational attainment, unemployment, and mental health problems in the next stages of life in comparison to their peers (Brännström et al., 2017) According to research, although the mental health problems of children with OHC experience are not remarkably different from those who had never been in care, they have a significantly higher reactive attachment disorder (Baldwin et al., 2019). While the central aim of OHC is primary safety, it is important to measure how they are effective in providing the well-being of children and youth because the systematic review is crucial to see the next action for improvement (Maclean et al., 2016) Global deinstitutionalization focuses on decreasing the use of residential care and putting effort into empowering family-based care alternatives. Some countries started to mandate family/community-based intervention over OHC in their child welfare policies. However, the importance of OHC keeps its existence in the child welfare system for various reasons, such as a lack of family-based interventions, cultural beliefs about the concept of family, and hope for the benefits of OHC. Therefore, placement in out-of-home care should be the last resort if it is necessary, and it should be as short a period as possible. Also, reunification with the birth family is the goal of Out-of-home care, and involving them actively during the process is a must (James et al., 2021).

2.3. Theoretical Foundation: Ecological Model

To solve social problems, we need to understand human behaviors, and understanding human behavior requires understanding a person within their environment. Neither environment nor person by itself is the only explanation, but rather the inseparable interactions between them need to be examined. Although it is hard to find the limits of each other's influence on humans and the environment and identify the exact shape, the ecological systems theory gives some practical structure to understand the person-situation relationship in social work (Brower, 1988).

According to Bronfenbrenner's ecological systems theory, we are the product of our interaction within our environment, and there are levels of the interaction: micro, meso, exo, and, later added, chrono (Crawford, 2020).

The microsystem is the immediate surrounding of the person. It includes direct, daily face-to-face interactions such as relations with family members, peers, friends, social life, etc. Besides beliefs, temperament, and personality, people who have consistent connections with the person from the outside of the home are also part of the microsystem (Crawford, 2020). The mesosystem is the interaction between microsystems, which is the second layer of the ecological model that

has less direct impact on the person. The Exosystem is the system in which the relation between different settings does not involve the person within, but still affects the person. The macrosystem is the layer associated with the influence of broader concepts such as culture, socioeconomy, ethnicity, and lifestyle (Bronfenbrenner, 1979). The last system is the chronosystem, which was added later to the theory by Bronfenbrenner after realizing the fact of the inseparability of time and space. While age we have has a role in the way of are affected by the environment, the period of history we are born in is also one of the main factors (Crawford, 2020).

The ecological systems approach opens a wider perspective and helps us to gain a more holistic and diligent understanding of the human milieu. The theory gives awareness of how dysfunctional behaviors are connected to our surroundings and why blaming the child is not an effective way of solving problems. As a result, the ecological model performs as a practical exanimation tool (Siporin 1980; Julien-Chin, 2017).

3. LITERATURE REVIEW

3.1. Child Welfare in Out-of-home Care Systems in Azerbaijan

According to the latest report of The State Statistical Committee of the Republic of Azerbaijan (SSC RA, 2024), there are few types of OHC institutions for children and youth: 15 nurseries and children's homes with 933 residents in total; 29 boarding type general educational institutions which general purpose and integrated training with 11901 residents in total, while the total number of orphans and children deprived of parental care in boarding schools is 1459.; 3 boarding type Institutions for orphans and children deprived of parental care with 409 residents in total; 9 of boarding type special general education schools for children with limited health with 2220 residents in total; 2 social service institutions for disabled persons under the age of 18 with 295 residents in total. Also, the number of adopted children and youth in 2023 in Azerbaijan is 137. To mention, this data does not include private type of OHC facilities, therefore exact number of children in OHC is not documented.

Azerbaijan's periodic reports, which are reviewed by the United Nations Committee on the Rights of the Child (UN CRC, 2023), give valuable insights about OHC systems in the country. According to a representative of Azerbaijan, a task force spent four months examining the conditions in 55 boarding schools, orphanages, and shelters operated by the Ministry of Labour and Social Protection to identify the types of children they housed and the living conditions they provided. The study noticed that plenty of the 11,000 children had not actually been residing in the institutions: merely about 4,000 children stayed in the institutions during the night, and most of them went back home every weekend; only under 700 children were permanent residents. The data demonstrated that 72 percent of the total children (78 percent of males and 22 percent of females) had been placed in the institutions for educational purposes. Additionally, due to the shortage of fully inclusive education elsewhere, around 30% of the children were disabled and had been placed in OHC institutions, especially the Baku facility.

According to another statistics, in Azerbaijan from November 2022 to May 2023, the 220 applications has been done for 220 children for the placement. While 120 of applicants were single parents, 62 of them were with both parents and only 12 applicants had no parents and 21 were guardians. In these applications the economic situation was the primary reason for the placements (Mirzayeva, 2023).

A valuable paper (Ismayilova et al., 2023), a qualitative study was conducted to discover the social and emotional impact of institutionalization on children in Azerbaijan. The study involved 47 semi-structured face-to-face interviews with 8—to 16-year-old children (n=21) and their parents (n=26) between 2015 and 2016 and released remarkable findings about the trauma of separation. It is known based on previous studies that children from orphanages are more likely to exhibit emotional, behavioral, and connection problems such as aggression and antisocial behaviors, as well as post-traumatic stress symptoms, the likelihood of substance use, and addiction and mental disorders. Therefore, Ismayilova (2023) from the University of Chicago focused on the micro-level emotional well-being of children in seven residential institutions under the shadow of the attachment theory, as well as macro-level cultural and socio-economic factors in Azerbaijan. The target group of the study is children (without special needs) who have been placed in out-of-home care, such as public orphanages, internats (similar to boarding schools), or alternative care facilities (e.g., group homes, SOS Children's Villages) with at least one surviving biological parent or close relative. The majority of children are placed by their single mothers because of economic and emotional difficulties; however, they are kept in contact with them regularly. As placing their children in the OHC is not a welcoming decision for themselves, mothers are willing to keep in contact by visiting them as much as they can, and also children go back home from time to time when there are holidays or school breaks. Both the type of institutions' rules (e.g., very strict visitation rules and no contact via phone in residential institutions run by non-governmental organizations (NGOs), compared to public ones) and the parents' specific socioeconomic circumstances (e.g., distance from the institution, travel costs) affected how frequently the parents visited. Even though the connection between children and mothers stays, being separated and reunited again affects children's attachment style as the quality of attachment with first caregivers has a critical impact on children's psychosocial development from the first years of their life till later stages of their adolescent development. This study indicated the traumatic experiences of children and adolescents because of living in the harsh conditions in these institutions, and those effects were found in both children who were still in the institutions and who were already integrated with their families. The study gives valuable insights into why parents placed their children in OHC and also how children feel in the institutions.

One of the main reasons for placement was domestic violence. One of the mothers explains that she was married to her cousin under the insistence of her aunt, and her husband left the family after the death of the aunt, and he came back six months later. Then her husband started to hurt his son and kicked him out of the house. This naturally affected the son negatively by making him someone "cold" (p. 5) and "introverted" (p. 5). Another mother's story is also connected with their husband. As she said, after marriage, she found out that her husband is a drug user. Also, as she dictated, he was beating her every day, but their son was trying to protect the mother by saying, "Beat me, but don't beat mom" (p. 5). As a result, the mother split up with her children but not with herself. The story of a mother of a 13-year-old daughter was similar, as she described how her daughter was hiding under the bed and would not come out when her father was coming home.

Parental substance abuse was another reason that forced mothers to place their children in OHC institutions. One of the mothers spoke about how her life was tortured for three years during her marriage by her husband, who was drinking and smoking weed and beating her. In the end, she left home when their daughter was beaten badly. Another mother also gave a similar explanation for their reason for placing her child in the institution. She wanted to keep her son far away from her husband, as he was an alcohol user and took their son with him out to cafes, which impacted their son negatively, such as having anger issues.

The reasons given above do not fully explain why the mothers chose those institutions as a solution. There is an important cultural reality that makes residential care the only option for mothers. In Azerbaijan, divorce is socially condemned, and being a single mother is also heavily stigmatized. In one of the interviews, a mother said that she asked for help from her sisters and brothers, but they left her outside with a kid, and even her father did not accept her because of was divorced. As she expressed, there is family pressure for marriage, but also if she wanted to come back to her family, she is expected to leave the baby, and she did not do this.

The study points out another factor that affects children's well-being, which is the societal stigma of being raised without a father. During the interviews, one of the mothers explained how her son was negatively affected when he was visiting relatives and seeing that other kids had a father. The cultural stigma is also tangled with patriarchy, where fathers are considered as "main stones" of the family, and not having a father can give a feeling of weakness, as some male participants expressed shame for not having a father. This perception is also seen in

mothers, as they see the absence of their fathers as a reason for the challenging behaviors of their sons.

When it comes to the relationship between children and mothers after the placement, according to the interviews, the negative emotional effect of the separation on children is seen clearly. One of the mothers said that she visits her son every ten days, and he cries a lot whenever she visits him, and feels her sadness too. A 15-year-old who returned home after 11 years of out-of-home care expressed that everything was good, but nothing could replace her mother, and it does not matter how good the conditions were while her mother was not with her. But she also showed understanding to her mother, as there was no other choice.

One of the findings of the study is the fact that the children who were interviewed did not report any preparation stage or were informed before the placement. While some of the children tried to understand the situation of their mother over time, even though they had never been told the true reasons for the placement, some of the children kept showing silent resentment and ambivalence by becoming cold, getting numb, and having anger issues. Some of the children expressed that they do not miss their mother and that being separated does not affect them, after the placement, but also refuse hugs when their mothers want to hug them. Some of the children express how anything irritates and frustrates them easily, and they cannot focus or be patient after the placement. One of the mothers said that even after four years, the psychologist, director, and other staff members say that these children cannot adjust to the new life.

These emotional changes are not only the result of separation but also the institutional environment. The study reveals significant findings about the environment of out-of-home care in Azerbaijan from the perspective of both children and caregivers. The reports mention both the positive and negative sides of the institutions. Many children and mothers expressed that they feel supported by the institution and their teachers, psychologists, and administrators. Some of them were grateful for having food regularly, a place to sleep, and education. Since their household was chaotic and unstable, two of them even mentioned that they saw institutions as a place for relief and stability. Nevertheless, few exceptions wanted to stay in institutions; the majority of children preferred to be at home with their families. Even though children had access to education, the environment in institutions was not proper for the psychosocial

development of the children, according to reports of these children, as one of the teenage girls stated:

> It is better to be in the internat rather than living on the street. But your morals get violated… The internat is a place that breaks your life...it changes you… So many things happen in front of your eyes…. Even teachers sometimes act improperly in front of your eyes, everybody does...from teachers to children. If you get there as a child, it will 1000% change you (p. 8).

Another important finding of the interviews was the deprivation of a stimulating environment. Children did not have so much to do and the daily program lacked diversity, as one of the female adolescents mentioned: "It was like a movie, the same movie every day, kind of, and it was like repeatedly playing every day…even the food is the same" (p. 8). She also mentioned the low quality of education at school as a reason for her boredom. Another child reported similar sentences, like there was nothing to do in the institution.

Social isolation is also reported by children during the interviews by expressing sadness about separation and loneliness, regardless of the sex of children, as well as problems among children in the institution. They express how they observe that children miss their families, and also some of them mistreat and even abuse each other.

Bullying and violence seem common among the children, according to the interviews, and this creates an unsafe environment that brings distress to them. As children mentioned, staff members of the institution would intervene in the fights between children by reprimanding or forcing them to mediate, while some of the children would not even report to anyone about being hurt or beaten because of fear of being labeled as a traitor by their peers. One of the 14-year-old male participants wanted to express his thoughts to all parents:

> First, they should not send their children to the institution for school is not a good place there. It is like here at home I didn't know many things, but going to school there I learned about and understood a lot of things. My advice to parents is that they should not send their children to the institutions. Children see a lot of things there, and they suffer, miss their homes. I do not miss too much, but there are children there who miss their family, some even cry (p. 9).

Living in the institution is also considered full of restrictions by children as they (especially male children) were able to go out and play in the street before. Parents also agree with this observation that their children cannot do whatever they want to do in the institutions but at the same time, parents see strict rules as the only option and important to discipline their male children.

According to the interviews, one of the poor qualities of institutions is not providing personal space for residents which is important to feel safe to regulate strong emotions and have some inner

peace. Participants mentioned their need to be alone and comfortable which was also not met in their home before the placement neither.

Children's experiences and reactions to being separated from their families were shown to be significantly influenced by the age at which they were placed in the institution. The average age is 6 to 7 years old for the placement in this study. It was revealed that children if children spent their first years in their family and were placed later (during primary or middle school age) in out-of-home care, then they show an emotional reaction to the separation rather than numbness or resentment, and they show more empathy to their mother's positive intention and helplessness. More confusion and rejection were observed in younger children who seemed more emotionally detached from their mothers, by not want to go back home.

One of the observations shows cultural gender roles in Azerbaijan that affect children's relationships with their parents: All the caregivers that were interviewed were females (mothers and grandmothers), as giving care is seen as the job of mother in the society and most of the fathers fully disengaged from their children after the separation. Also, it was noticed that the majority of children in Azerbaijan that placed in out-of-home care are middle-aged and mostly reunify with their parent/s before 18.

Overall, the study showed that even though it was not high quality, the material needs of children were met better in the institutions than in their homes; however, the devastating experience of mental state was seen in all children who were interviewed. Although analysis of the interviews showed that mothers see institutions as providers for their children and placement as investments for their future, the findings of the study overlap with the symptoms of attachment disorders (Ismayilova et al., 2023).

This is the first (Ismayilova et al., 2023). and so far, only a qualitative study that investigated child well-being at the individual level from the children's perspective in out-of-home care institutions in Azerbaijan, therefore, the findings of this research are considered precious for this thesis.

A paper written by Hunner-Kreisel, Bühler-Niederberger, et al. (2022) that analyzes the foundations of well-being in children and youth's everyday lives in Azerbaijan, reveals some important points that need to be considered to understand child welfare, regardless of residential care experience, at the macro level. Generally, Azerbaijan is considered a relatively underdeveloped welfare state. This is mostly due to Azerbaijan's weak non-oil economic

performance, which leads to social services weaknesses and limited disengagement of the state from welfare provision. This involves a variety of governmental initiatives that have the capacity to regulate and reshape children's lives; however, they are either lacking or ineffective. This is visible from the ongoing privatization of kindergartens, schools, and colleges to replace the inadequate state offerings, both in terms of quantity and quality.

Lack of the creation and utilization of public space in towns and cities is a stark example of the absence of welfare state provisions. On a more pragmatic level, this indicates that there aren't enough venues for children to spend their free time that don't usually come with any financial charges. Children and young individuals, who have the right to participate as citizens but also require some protection, are not considered in the planning and operation of publicly accessible areas.

In Baku, Azerbaijan, it is noticed that even in high-income households with spacious homes, children rarely get a room or even a section of their own in the house. Families prioritize their economic survival initially, and therefore they concentrate on providing for their children in ways that suit the family's needs. This may hinder the child's individual growth and run contradictory to the notion of well-being, which means reaching one's optimum potential (Hunner-Kreisel, Bühler-Niederberger, et al., 2022).

Through a paper by Hunner-Kreisel, Nasrullayeva, et al. (2022) that focuses on understanding child well-being in Baku from female children's perspectives, we can see how family dynamics in Azerbaijani culture are affected by gender roles and social order, which also directly affects the quality of child welfare. The role of the child in a family and the perception of children as a person in society are shown in interviews that have been done with female children who live with their families. The interviews demonstrate the hierarchical social order in families and society as cultural norms and values.

Children in the interview mentioned their mixed feelings about when their mother shouts at them. While they do not like to be shouted at, they also show understanding that this is how their parents do it for "their own good" (p. 1147). Not considering children's wishes and opinions is seen as normal both by parents and children, as one of the female child participants mentioned: "Should you listen to a person who is young/a child?" (p. 1147). Obedience and respect are considered almost the same in the culture and are themselves a representation of parental status. This condition is directly linked with parental worry about what might happen and the child's

lower status because of their lack of knowledge compared to their parents. Being obedient, which is considered a form of respect, is seen as a moral obligation by the female children. When it comes to the father's strict role in the family, girls accept and love their parents as they are because they are used to it. Although the children express their discomfort from this subordination and dependence on their parents, they also mention that they do not want to be apart from their parents.

Physical violence as a form of punishment, along with verbal punishment, is also not rare according to the same interviews in Azerbaijani families, which reflects itself as aggression towards adults in children. Getting high grades at school is accepted as a natural obligation of children to their parents, and getting beaten publicly for even slightly poor grades also shows children's position in the family and society, as they are expected to fulfill their parents' expectations. This verbal and physical violence towards both girls and boys by teachers in schools is also reported by the children during the interviews. At the same time, some parents do not show any intention to intervene in this situation. The hegemony in schools is reflected in the feelings of rage, anger, helplessness, and fear in the girls who are interviewed.

During the interviews, while girls showed their desire to be adults to feel free from all the limitations, such as not having enough personal space at home, not being able to go out frequently enough, and feeling dependent on their parents. In Baku today, children still spend a lot of time at home since childhood or youth is still rare in terms of planned vacations, free time, and supervised extracurricular activities. They also showed their desire to be a baby in order to get enough attention and affection. They use fantasies, such as dreaming of being a butterfly, to escape from socio-cultural reality and find comfort.

This study shows that not only in blended families but in families with both parents, the mother is responsible for care work for children while the father is in a higher status in the family order. Also, it points out that in Azerbaijan, the family appears as the primary social provider of support, care, and welfare. For example, in Azerbaijan, it is a legal obligation that when their parents need help, children who are able to work and are older than 18 must provide it (Hunner-Kreisel, Nasrullayeva, et al., 2022).

Another qualitative study (Claypool & Ismayilova, 2019) analyzed gender-focused factors that affect child institutionalization in Azerbaijan. The findings overlap with other studies: the stigma for divorced women in the culture, domestic violence by husbands mostly with substance, and being banned from studying at a university as women in some parts of the country by the family.

Also, the paper mentions how the practice of religion affects the gender roles in the culture by pointing out that in countries where Islam is the main religion, the shame of divorce is only for women is common. Also, religious marriages that are not recognized by the government make it harder for women to protect their rights and ask for financial support from their fathers. Even being a second wife is sometimes stigmatized by families, which leads to social rejection in the case of divorce. Forced early marriages and bride kidnapping are also examples of how women's rights, in this case, even child rights, are not widely accepted in the country (Claypool & Ismayilova, 2019). Dropping school and not pursuing further education because of family pressure is also a fact in the female population (34.5 %) in Azerbaijan (Hajizadeh et al., 2019)

According to data from 2020, although Azerbaijan has taken steps to outlaw physical punishment in schools, childcare centers, and homes remain exempt (Huseynli & Jonson-Reid, 2022). A Study that investigated child well-being in the general Azerbaijani population with 3753 child-caregiver pairs of participants demonstrated the approaches to punishment among caregivers in families in the country. The percentage of caregivers who said they did not use positive disciplining techniques was around 93%. To children, over 74% of caregivers used physical aggression, and 48% used psychological aggression. Of those who were asked if they thought that physical punishment was necessary to raise a kid, 18.23% said that they did. Also, the research shows that both emotional and physical violent practices on children are lower in urban areas, richer households, educated families, families with fewer people, and when the child is older. The same paper relates the findings to Azerbaijan's 70-year history as a member of the Soviet Union, during which time information on good parenting and child rights was not given much attention (Huseynli & Jonson-Reid, 2022).

In another paper that done by Hunner-Kreisel and Nasrullayeva, et al. (2022) also reveals that some parents—and teachers in particular—rely on other, more hands-on interventions, such as reprimands and punishments for excessive or non-educational usage in Azerbaijan. The same paper also states that regarding child protection, current institutions do not satisfy the standards set forth today because it is still common to institutionalize children who require protection.

A spare paper that also discusses childhood in Azerbaijan highlights several macro-level adverse influences, such as post-Soviet collective trauma, old-fashioned gender roles and patriarchy, corruption, labor migration, the impact of Islamic social norms, as well as developmental factors such as globalization and urbanization. It also mentions the literature gap

in Azerbaijan when it comes to child rearing, children's voices, and their own understanding of subjective well-being (Kim & Bühler-Niederberger, 2023).

The known detrimental effect of institutional care on children's development made the implementation of a deinstitutionalization program necessary in Azerbaijan. A paper written by Huseynli (2017) from Washington University especially analyzes the effectiveness of the State Program on Deinstitutionalization and Alternative Care (SPDAC), a public policy that focused on 55 out-of-home care institutions that covered 14,500 children from 2006 to 2016 in the country. These institutions are characterized as residential care, such as orphanages, boarding schools (internats), and special boarding schools for children with disabilities and behavioral problems, and the program aimed to reduce the number of children from residential care to family-based care, such as daycare, foster care, and group homes. One of the program's goals was to retrain over 3000 employees in these selected institutions, including psychologists, teachers, and speech therapists, to replace them in the new alternative care institutions. The program also aimed to collaborate with the Ministry of Education, the Ministry of Labour and Social Protection of the Population, the Ministry of Health, and the State Committee on Family, Women, and Children Affairs to increase its effectiveness. Unfortunately, the institutions have not undergone the intended transformation, and the alternative services system has not been built. The SPDAC has only impacted 8 of the 55 facilities, and between 2008 and 2014, the number of children in institutions only dropped from 14,500 to 10,000. The majority of care services for orphans, social orphans, and youngsters without parental supervision are still provided by the same institutions, even though the Azerbaijani government created a Deinstitutionalization and Child Protection Department (DCPD) inside the Ministry of Education in 2010 in order to expedite the SPDAC's implementation, and the administer the SPDAC, and while the DCPD received around USD 1.5 million annually from the national budget.

Also, there is a lack of regular reports regarding the effectiveness of institutional care in Azerbaijan by the government, except for some quantitative statistics. In these institutions, 45 percent of children had only one parent, while 40 percent of them had two biological parents living at home, but 78 percent of all children were staying in every night or every weekend with their families. The parents use these institutions as providers of food, school supplies, and medical services mostly because of poverty (47%), single parenthood (28.2%), parental sickness and disability (19.6%), and special needs (30%). The number of institutions has dropped from 55 to

44, but there is no proof that an alternative care system has been established to take the place of the institutions that were shut down. Eleven family assistance centers operated by the State Committee for Family, Women, and Children Issues have been built nationwide, and the Ministry of Education has been given sole authority over a single small group home with space for ten children that was created by an international organization. There are just a few daycare and disability rehabilitation facilities, most of which are located in the capital city. These facilities have little funding and very little staff training, especially in relevant specialties. They are mostly managed by NGOs, which may not be long-term due to their reliance on donor funding.

The study discovered the reasons behind the failure of deinstitutionalization through in-depth and semi-structured interviews with 20 professionals in the child welfare system. Despite significant top-level government (presidential level) interest in reform, all respondents pointed out that the primary problem with the current deinstitutionalization effort was the lack of political will to carry it out or to bring about meaningful change within the relevant government departments. The respondents mentioned that the government prioritizes the economic development of the country and focuses on physically visible change, such as construction, and opening factories, and the importance of child protection is overlooked. One of the facts that participants pointed out was how the SCDAC implementers were doing work "on paper" (p. 164) but not in reality, and finding ways to go around it, and this kind of "cosmetic reform" (p. 164) is not rare in former Soviet countries. Even fake statistics were reported from the respondents' perspective as interviewees explained how implementers just changed the name of the institutions but did not change the content. They also see reasons in the lack of an adequate framework for protecting children, insufficient human resources, a lack of alternate services, a deficient civil society, and a lack of knowledge of children's rights and developmental stages. While one of the participants said, "There is no understanding of the philosophy and values of a child protection system" (p. 164), another participant also pointed out another main reason for the failure:

> …there is not clear delegation of responsibilities, no harmony. Neither government agencies nor NGOs know their roles and everyone is at different level of this process. I do not know if people clearly know what they are supposed to do. Many NGOs even do not understand what is deinstitutionalization. Maybe this chaos, spontaneous efforts and unclear division of roles is the main problem in deinstitutionalization process (p. 165).

According to another respondent, instead of intending to open new alternative care centers, renovating old institutions and promoting them was the issue. The primary justification for that

was an assertion that the nation lacked key social welfare regulations and services that disadvantaged families require, including shelter, food, jobs, and a social worker workforce.

Financial errors, bureaucratic challenges, and restricted authority were the three main issues facing the DCPD. It did not have the direct authority to coordinate the SPDAC because it was a small department of the Ministry of Education. Delays resulted from the need that all communication with other ministries to go through the Education Minister. Ministers in Azerbaijan, however, are not allowed to ask one another directly for acts; instead, the Cabinet of Ministers or the Presidential administration must issue such directives, which is the representation of the hierarchy. Furthermore, the Ministry's central financial department, which lacked transparency, controlled the $1.5 million that the DCPD received each year. The efficacy of the program is lowered as a result of a large portion of the funding not reaching its intended users. Followingly, not being paid enough affected the quality of the social worker's performance according to the interviewers' viewpoints. To mention, despite the existence of basic training, social workers lack regulations and a licensing system in Azerbaijan.

It took six months for an international NGO to convince the SPDAC team to forgo the setup of the newly created small group home, which was similar to that of old-style institutions (a large number of children per room, wide study room, rigorous daily routine, controlled gates, and isolation from the community), according to a Western international NGO worker who asked to remain anonymous. This demonstrated one of the issues: DCPD team members lack the necessary skills and training to effectively coordinate the program and work holistically based on the needs of families and children. Several respondents expressed that the meaning of deinstitutionalization, in the implementor's view, is applying a moratorium on the admission of children to big, established facilities, and assistance is only providing financial support to families. Children's reunions with their biological families were not pursued. The respondents added that program implementors do not prioritize working with families at the community level, and they do not even believe it is essential. Their knowledge of the variety of alternative services that are available worldwide is restricted. Even while Azerbaijan had adequate graduates from national and Western colleges who could fill important positions in the DCPD and assist them with a variety of challenges, the problem is that nobody there had social work experience.

The low capacity of NGOs was another explanation for the failure of the deinstitutionalization program: Even though civil society had huge hope for the program at the beginning after seeing

the unwillingness of the government and all the efforts of NGOs not work, some people chose to give up by demotivation as one of the interviewees explained. The main funders of local NGOs were international donors, but money management lacked transparency, which led the donors to fund less and less over time, as well as because of the unsuccessful implementation of a lot of previous programs. Another one of the main reasons why local NGOs' performance is not sufficient is that there is not enough cooperation. The other issue is that the notion of civil society is misunderstood, and it is associated with “anti-government” (p. 166) movements, which created political barriers and bureaucracy between government and civil society instead of collaboration.

The interviews also shed light on the lack of awareness in society when it comes to child development and the cultural aspects of child-rearing and parenting. As respondents explained, many parents lack basic knowledge, such as when to seek medical care for the child and recognize developmental delays. Also, they are not aware of the importance of the non-material needs of children, as their main focus is providing food, clothing, and shelter. Therefore, they bring their children to the institutions for children’s material needs without considering the psychological damage of the separation. This lack of awareness also affects negatively the reforms on child rights and policy-making processes.

Parents undervalue the social, psychological, emotional, and moral needs of their children, despite their sense of duty to raise them, foster their physical development and education, prepare them for socially beneficial employment, and raise them as respectable members of society. The idea that "children are the property of their parents" (p. 168) is still widely held by parents in Azerbaijan, while awareness of children's rights is not. Most people in Azerbaijan only recognized education as a child's right, and they had a very limited view of children's rights. Emotional or psychological abuse is often unknown to parents. Parents' readiness to place their children in institutions can be attributed to these views, as well as a lack of a clear understanding of children's rights. The notions of child development and the demands of children's growth are novel to the country.

The same paper also shares an explanation for the reluctance to engage in reforms in Azerbaijan: Natural resource-dependent nations, such as Azerbaijan, where 60% of GDP comes from oil and gas, can be afflicted by the "resource curse" (p. 168). Since resource wealth dominates other industries, this situation causes economic stagnation, high unemployment, and a reliance on resource rents rather than taxes from citizens by the government. In the absence of effective

structures (rule of law, democracy, civil society, courts), governments therefore turn authoritarian or monarchical, and power becomes concentrated in the hands of families or united or hybrid economic and political elites. To remain in power, they typically manipulate elections, ignore the public, and give them little priority when it comes to the distribution of resource wealth. Particularly at-risk and disadvantaged children, who are especially vulnerable in the complex setting of the resource curse, are adversely affected by this process (Huseynli, 2017). This study shows a lot of facets of the child welfare system in Azerbaijan, especially from the macro level.

According to one of the latest papers by UNICEF Azerbaijan (2024), which reports general key results and challenges in child welfare in 2023, while there are still some challenges in Azerbaijan regarding child welfare, improvements are also reported. One of the improvements was parenting education: in total, 16,000 parents face-to-face and 210,000 parents and families online benefited from parenting education activities in Azerbaijan. Another key result of 2023 is that professionals from the UNICEF Regional Office for Europe and Central Asia contributed their global expertise to the establishment of international standards and best practices in alternative care and deinstitutionalization. Also, one of the reported achievements in child welfare in 2020-2022 was the development of the National Concept of Family Reunification by technical support from UNICEF to the Adoption Department and social workers from the Social Services Agency.

Despite these improvements, some challenges remain: Inadequate social services system for child protection; Ineffective cooperation and coordination amongst state entities regarding child protection problems; a shortage of alternative care options; and Absence of timely, trustworthy, and easily available data (UNICEF Azerbaijan, 2024).

As it was mentioned before, periodic reports from Azerbaijan that are examined by the UN CRC (2023) provide important information regarding the nation's OHC systems. During these reports, several notable observations were pointed out by international members. One of the comments on the plans for deinstitutionalization was that more specific deadlines and goals needed to be mentioned. Another comment was the absence of a comprehensive strategy to build natural systems in the fields of social services, education, and health that addressed the many needs of children in the country.

One of the most remarkable observations expressed by a Country Task Force and Coordinator: she said that she is unable to comprehend the State party's out-of-home care idea. It was unclear if the facilities were meant for kids without parents or if the parents needed daycare or extracurricular

activities for their kids. Therefore, she wanted to know if there was a case management system that applied when a child's best interests necessitated being separated from their parents, and if it was different from other daycare services created to satisfy the demands of parents. Besides these comments, the need for interviewing rooms for children and provision of therapy for child victims, as well as more consistent support for their families brought up during the reports. The same reports also mention positive data that about 600 children participated in a project that a major insurance company started to educate children from shelters, orphanages, and disadvantaged families on personal safety and coping with bullying (UNICEF Azerbaijan, 2023).

One of the issues that needs to be drawn attention to is the lack of social services for the youth (after 18 years old) who leave out-of-home care institutions in Azerbaijan. For example, lack of accommodation for them, as well as not having proper education and certain professions. Financial support from social services is also considered insufficient and not properly managed because of a lack of application of the case management method (Aliyev, 2023).

The "Məzun evi" (Graduate House) program, run by the State Social Services Agency under the Ministry of Labour and Social Protection, provides assistance to care leavers in Azerbaijan in compliance with Cabinet of Ministers Resolution No. 90 (March 30, 2015). 365 graduates of state child care facilities were housed in multi-apartment buildings built in the Absheron district as part of a significant social project. These young adults have access to fully furnished apartments, legal and social counseling, and the ability to live with spouses and kids. For the first six months, the state pays for utilities. Employment in on-site establishments like sewing and carpeting workshops, cafés, laundromats, and other service areas promotes economic integration (DOST Agency, n.d.-a). Yet there is no statistical data annually, or any qualitative data about the effectiveness of the program.

The monitoring in different levels in order to protect child rights in Azerbaijan is the another basic need to be met, such as rigorous examinations in deinstitutionalization interventions (Ismayilova et al., 2014), monitoring to detect abuse toward children and youth, the governmental monitoring for social workers via as national tests as a qualification (Aghayev, 2021). Besides that, to alleviate child poverty in Azerbaijan, the Child Development Accounts program was also suggested for both the general public and children in out-of-home care in 2020, but unfortunately, there are currently no signs that this suggestion has been followed (Huseynli, 2020). Despite international criticisms it is hardly seen remarkable changes in the national level (Elhosary, 2019).

Lack of data and latest changes in Azerbaijan:

In the literature review of Child welfare in OHC in Azerbaijan, even though the publications are from the last decade, such as 2018, 2019, and 2023, the research of these publications is showing realities from 2006 to 2016 and 2015 to 2016. There is a remarkable research gap in the field, especially because there have the notable changes in the legislation in recent years. The biggest change is the creation of the Social Service Agency and DOST project in 2020 (DOST Agency, n.d.-b; Social Services Agency, n.d.-a). Since 2020, all the public social service institutions have belonged to the Social Service Agency (Social Services Agency, n.d.-b). Besides that, another major change is the new legislation: The authority of the area of "Foster Family" in Azerbaijan is under the responsibility of the Ministry of Labor and Social Protection from starting 2022 (Social Services Agency, n.d.-c). Therefore, the attention to the application of the "Foster Family" is new in Azerbaijan. Moreover, the requirement for the quality of both state and non-state social service institutions was approved on 10 March 2025.

3.2. Child Welfare in Out-of-home Care Systems in Portugal

OHC in Portugal:

In 2023, 12,199 children and youth were in formal alternative care facilities in Portugal. 6016 of them are in Formal Family-Based Care (Foster Families: 263, Kinship care: 5097; Entrusted to a Responsible Person: 656), 5738 of them are in Formal Residential Care (Residential Care Homes (e.g., temporary care centers, emergency care placement): 5,409; Specialized Residential Care Homes: 88; Specialized Homes for children/youth with high support and supervision needs: 41; Autonomy Apartments: 200), 445 of them are in other Forms of Residential Alternative Care (life support centers, shelters, special education boarding schools, therapeutic communities, and mental health units) (Institute of Social Security, I.P. [ISS], 2024).

In Portugal, the most common type of out-of-home care placement for children and teenagers is still residential care. The goal of child and youth residential care, as defined by Portuguese law (Law No. 26/2018), is to provide the child protection system (CPS) with a temporary or long-term out-of-home response that ensures the safety, well-being, and appropriate development of children and youth who are at risk (e.g., orphaned, abandoned, deprived of adequate family environment, subject to abuse and/or neglect). Residential care placement may continue until the youngster reaches the age of 21 or until they reach the age of 25 if there are continuing educational or professional training requirements (Silva & Calheiros, 2021).

In the past, religious institutions were crucial in providing care for orphaned children and/or those whose families were unable to care for them, primarily because of financial difficulties. Portugal's traditions are fundamentally Catholic. The residential care facilities that are still operated by religiously affiliated groups only make up a minor portion of the CPS at the moment (Hernandez et al., 2023).

The Ministry of Welfare oversees Portugal's out-of-home care system, which consists of Foster Care, Generalist Residential Care Settings, and Specialized Residential Care Settings. Three categories of settings are included in specialized care: Emergency shelters, Residential Care Settings that cater to therapeutic or educational requirements (such as for children and teens with serious mental health issues), and autonomization apartments—which facilitate the transfer of young people to adult, independent life—are the first three options (Silva et al., 2022).

Placement in the extended family, foster care, and residential care comprise the hierarchy of preferences for OHC. As a result, residential care is legally the final option for OHC. All three of these out-of-home care choices are also short-term until a permanent plan is developed, which may include independent living, adoption, or reunion with the biological family. Although the law's spirit has always been distinctly focused on families, the actual situation has been and continues to be very different (Hernandez et al., 2023). Only 4 percent of children in out-of-home care are in foster care (ISS, 2024).

In Portugal, most of the care centers are private (Carvalhais & Formosinho, 2023), and there are 433 residential care facilities. In all, 30% of residential care facilities have 12 or fewer children, while 60% have more than 25. Gender segregation is still in place in over half of residential care institutions, and there is no external assessment of the facilities' effectiveness (Delgado, 2023). Each residential unit (i.e., group) in Portugal can house up to 15 youths, however, this cap may be raised in extraordinary and well-justified circumstances. These facilities house young people with multidisciplinary teams, often consisting of social workers, psychologists, and caretakers, who are in charge of making sure the youth's needs are met as effectively as possible (Silva & Calheiros, 2021). If we compare, Australia has chosen to provide a small-scale service that can accommodate up to four children and youth at any given time in Therapeutive Residential Care (Castro et al., 2024).

Guidelines for specialized residential care programs for children with serious behavioral issues were outlined in 2012. A maximum of 30 children per professional team (which consists of a

psychologist, social worker, and social educator/pedagogue) was one of the novelties implemented by the two programs. However, there are still residential care programs that house more than 80 children, and the maximum number of children placed in one institution has not been restricted. Furthermore, there hasn't been a thorough assessment of these strategies' efficacy. The EQAR research is the first and only one to have conducted a systematic review of the quality of residential care, despite the fact that the ISS releases yearly information on Portuguese children in out-of-home care. The quality of residential care programs varied greatly, according to this survey, with just 10% of units meeting acceptable standards (Hernandez et al., 2023).

Research has repeatedly shown that, compared to the general community, youth in residential care have higher rates of psychopathology and mental health issues. Even though, according to the 2020 Casa Report, only a tiny percentage of this group exhibits behavioral and mental health issues that are professionally assessed and diagnosed in Portugal. According to a different study that used the Strengths and Issues Questionnaire to evaluate 841 children and youth in residential care in Portugal, 43.6% of them experienced borderline and clinical psychological adjustment issues (Calheiros et al., 2021). Also, according to the 2021 Casa Report, the majority of children in out-of-home care (68.6%) have behavioral (27.2%), mental health (4.5%), and drug use (3.1%) issues upon intake (Hernandez et al., 2023).

Reasons of placement:

Children are placed in OHC because of a variety of abuses and unsatisfactory family circumstances that jeopardize their safety and welfare. Neglect accounts for 70.6% of removals (Hernandez et al., 2023) and 71% of foster care placements (Teixeira et al., 2022). Maltreatment (14 percent) and sexual abuse (2.6 percent) are other important causes (Barbosa-Ducharne & Soares, 2023). According to data from the 2021 CASA report, behavioral problems (27%), exposure to domestic violence (9.5%), and a lack of family supervision (57%) account for 86.3% of children placed in residential care (Babo et al., 2023). Child placements are also influenced by other factors, including parental abandonment or deviant behavior (13%), physical abuse (4%), and psychological abuse (10%). Family reunification continues to be the main objective in light of Portugal's child welfare policy, with the goal of reintegrating children after their families have resolved the circumstances that led to placement (Teixeira et al., 2022).

European Union (EU) and Portugal:

Portugal's welfare system has one of the highest rates of residential care for children in both the post-industrialized Western model and the European setting (Delgado, 2023). In contrast to other countries, RC is the only choice available to the majority of young people in Portugal and does not serve as a last resort (Castro et al., 2024).

One of the EU's stated core goals is to protect and advance children's rights. In order to ensure that children have the greatest possible childhood, two important papers were announced in 2021: the EU Strategy on the Rights of the Child (abbreviated as "the Strategy") and the European Child Guarantee (abbreviated as "the Guarantee"). The Strategy offers specific solutions to a number of problems. Examining the EU Strategy and the Portuguese Alternative Care Guarantee: It is believed that political will, government leadership, and technical and financial assistance—specifically from outside organizations like UNICEF and the EU—are essential to any nation's approach (Sacur & Diogo, 2021).

Staff Training and Well-being:

In Portugal, residential care workers must undergo initial training. Those who work directly with children must complete vocational training, while those in coordinating roles must have a degree in social work or psychology. Many caregivers still only have a high school diploma or less, despite these regulations, which results in low pay, high staff turnover, and instability for the children in care. Some facilities respond by providing in-service training that focuses on staff burnout and quality (Hernandez et al., 2023).

Staff members appreciate the physical surroundings, privacy, and child involvement, but they encounter difficulties because they have not received enough trauma care training, according to a study on trauma-sensitive care in residential care facilities. Staff burnout and secondary trauma are caused by this lack of training, which results in a dependence on intuition rather than technical knowledge. The study highlighted the necessity of improved supervision, ongoing training, and emotional support (Negrão et al., 2024).

According to a different study, stress in residential care is linked to anxiety, depression, burnout, and secondary traumatic stress disorder, but is not substantially correlated with compensation. Perhaps as a result of their initial optimism waning over time, younger caregivers report higher levels of stress (Santos et al., 2022).

According to a survey of residential care workers, trained professionals are essential in promoting involvement, which enhances children's empowerment and general well-being. However, poor space and staff management were significant obstacles. The significance of tackling these problems at the policy level was also emphasized by the study (Silva et al., 2021).

Increased state involvement in child welfare and a decrease in the role of the Catholic Church have been associated with improvements in staff training (Carvalhais & Formosinho, 2023). High levels of stress are experienced by social workers who work in residential care; client interactions, workload, and salary concerns are all associated with burnout. Although this relationship differed between studies, single professionals reported higher levels of emotional exhaustion (Rocha et al., 2022).

A qualitative study with directors from ten residential care centers found that hiring was difficult and that staff shortages were made more acute by low pay, lengthy commutes, and the emotionally taxing nature of the work. Although logistical challenges impede training, which is usually offered in-service, it helps enhance staff qualifications. Directors stressed the value of encouraging employee well-being via recreational opportunities, team-building exercises, and emotional support. In order to preserve a productive workplace, they also emphasized the necessity of equality in teams and job autonomy (Carvalhais & Formosinho, 2023).

Supervision:

In recent years, supervision in out-of-home care in Portugal has drawn more institutional and legal attention. According to Hernandez et al. (2023), only about 40% of care providers currently provide frequent and expert supervision for all staff, and only 13% of residential care facilities exhibit suitable staff preparation and working conditions. Poor initial and continuing training, limited access to specialized supervision, disorganized work, and low salaries are all associated with these deficiencies.

Since 2019, specialized supervision has been mandated by law for residential care facilities, serving as a training tool and a place for caregivers to receive emotional support (Hernandez et al., 2023). However, rather than being a completely regulated requirement, supervision is still framed as a duty. In 2023, the social welfare system required the development of a list of certified supervisors, giving preference to those with experience in community interventions or mental health. This was a more structured development. Despite these efforts, there are still disparities in

access to supervision and no official national guidelines for its implementation (Magalhães & Cerdeira, 2024)

According to a recent survey of 94 professionals, the majority of employees (85%) currently receive supervision, while a small percentage have never used it (9.6%) or are no longer involved (5.3%). The participants highlighted the many ways that supervision promotes interpersonal skills, team cohesion, professional development, well-being, and the quality of interventions. Short and irregular sessions, staff resistance, time constraints, a lack of transparency, and low engagement are among the weaknesses that have been identified (Magalhães & Cerdeira, 2024).

The center director usually runs internal supervision, with the assistance of social educators or psychologists on occasion. Weekly, biweekly, and monthly sessions are the different frequency options. External supervision is less common and frequently does not meet the unique requirements of residential care staff. It is typically offered by university professors or psychologists, but obstacles include its high cost and lack of experience in residential settings (Carvalhais & Formosinho, 2023).

Wages:

Once a month, external expert supervisors receive €300 per day. The average monthly salary for social workers and psychologists is €1,000, with monthly salaries ranging from €773 to €2,646. The gross national average wage for 2021 is €1,227 per month, according to calculations. The pay for other caretakers is about the national minimum wage, which is €700 per month. Better-qualified employees are more likely to seek out higher-paying roles within the system, which increases staff turnover and, in turn, creates instability for the children in care. Some residential care companies provide staff in-service training with a focus on professional burnout in an effort to boost quality (Hernandez et al., 2023).

Critisim and Recommendations:

Residential care facilities in Portugal face numerous obstacles that make it difficult for them to deliver high-quality care. With their big, institutionalized buildings, packed rooms, and communal areas that don't promote kids' emotional or personal growth, many of these facilities are badly designed. Together with standardized routines, these structural problems restrict children's ability to engage in individualized learning, maintain family ties, and make friends. In addition, there are

several shortcomings in the system, such as the absence of customized care plans, insufficient efforts to reunite birth families, inefficient methods of discipline, and little involvement of the children in decision-making. Therefore, comprehensive reform of Portugal's child care system is urgently needed (Hernandez et al., 2023).

Deinstitutionalizing child care with an emphasis on fostering adoption, foster care, and family reunification is one important suggestion. Alternatives like kinship and non-kinship foster care should be given priority, as the current residential care capacity of 15 children per home is considered insufficient. Compared to foster children, children in residential care have lower subjective well-being, have worse relationships with caregivers, and are less satisfied with their placements, according to research (J. M. S. Carvalho et al., 2020). Since there is currently little help in preparing them for life after care and no specific legislation to support them, there is also a call for stronger post-care support for young people transitioning out of care (Hernandez et al., 2023; Pimentel et al., 2023).

There has been little investment in assessing the quality of care or conducting scientific research on the topic, despite some advancements, such as the requirement that RC units submit annual reports and be inspected. Research emphasizes the necessity of a child-centered strategy, supporting the growth of family-based care options and enhancing CPS management. The urgency of reform is further highlighted by Portugal's high rate of children in residential care when compared to other European countries (Diogo et al., 2024; Sacur & Diogo, 2021).

Adoption, reunification and transition:

Approximately 8% of Portuguese foster children had an adoption plan in 2020 (Hernandez et al., 2023). In 2023, Portugal introduced the Program for Preparing Children for Adoption (PPCA) in response to a law change that increased the adoption age limit from 15 to 18 (Diogo et al., 2024). This program is intended to assist children in comprehending their adoption identity, managing emotional difficulties, and actively engaging in the adoption process. It consists of ten weekly sessions, each lasting forty-five minutes. Studies revealed that the PPCA promoted emotional expression, increased children's self-esteem, and made the transition to adoptive families easier (Fidalgo et al., 2024).

Another study examined the difficulties faced by people who had previously been institutionalized and found that many of them had unfavorable opinions about the end of their care.

Men experienced more financial hardship and were more dependent on their peers, whereas women experienced a sense of loss, especially because they did not have the support of their families. Housing and social stigma added to the difficulty of transitioning to an independent life (Abrunhosa et al., 2024).

According to a different study on family reunification, children's autonomy, social networks, and family stability are critical for a smooth transition back into society. Since rapid reunifications frequently resulted in failure, experts stressed the importance of gradual and well-supported transitions, pointing out that emotional attachment alone was insufficient (Teixeira et al., 2022).

Youth participation:

Magalhães et al. (2024) investigated how professionals in Portugal perceived youth involvement in residential care settings. Three important profiles emerged from the findings: Youth should be involved in decisions about their lives and the care environment, according to 14.9% of professionals who supported full participation. While developmental concerns like age were perceived as obstacles, this strategy was thought to improve youth engagement, empowerment, and life skills. The majority, 56.3%, favored involvement mainly in case planning, underscoring the importance of youths' participation in family interactions, child protection cases, and residential care facility activities in enhancing the quality of care and their overall well-being. A smaller percentage, 28.7%, had a more ambivalent opinion, acknowledging the value of youth involvement but not being clear about how it should be carried out. Furthermore, Delgado (2023) observed that foster children had access to information about the circumstances of the foster family and wanted more involvement in decision-making, particularly prior to placement.

Gender norms:

According to a study by Magalhães et al. (2024), staff members in residential care settings with only males were more supportive of youth involvement than those in settings with only females. Girls' participation may not be as valued because of traditional gender norms, while boys' involvement is frequently seen as empowering. This discrepancy may result from societal gender norms. When Abrunhosa et al. (2024) investigated experiences of leaving care, they discovered that women were more likely to feel emotionally invested in providing care and socially isolated, depending on friends and family for support. In contrast, men were expected to be self-sufficient

and faced financial difficulties as a result of their families' lack of support, underscoring the different emotional and social difficulties that come with growing up. Also, Artamonova et al. (2020) discovered that male care leavers typically had more stable outcomes, whereas female care leavers frequently experienced more traumatic events. Furthermore, according to Alves et al. (2024), women frequently experienced more social pressures regarding family, career, and academic expectations, while young men were more likely to actively plan their future. Cultural stereotypes that link men to initiative and ambition are reflected in this pattern.

Length of stay:

According to studies on children's length of stay in residential care, 25% stay for less than a year, 22% stay for a year, 21% stay for two to three years, 12% stay for four to five years, and 20% stay for six or more years (Hernandez et al., 2023). While some studies have found that longer stays and older entry ages are associated with lower extrinsic life aspirations, others have suggested that longer stays in RC may result in more anxious attachment styles. There is a complicated relationship between length of stay and well-being, though, as longer stays also seem to be associated with less emotional distress. Furthermore, goal planning may benefit from short stays in RC (Alves et al., 2024). Additionally, Babo et al. (2024) came to the conclusion that youths' self-efficacy is not significantly impacted by the length of residential care.

Studies over some Residential Care Projects:

A study evaluating the effectiveness of mental health interventions for kids and teens in welfare-facilitated residential care placements revealed favorable results, suggesting that these interventions were helpful. A major problem, though, was the inadequate data documentation, which underscored the necessity of more thorough evaluation techniques in subsequent research (Miguel et al., 2024). To address similar issues, the "OUTogether Project – Promoting Children's Autonomy on Alternative Leaving Care" (Pimentel et al., 2023) was also put into action.

Furthermore, the Portuguese Association for the Rights of Minors and the Family (CrescerSer) developed the Projet' Ar-te with the goal of enhancing life skills and assisting youth leaving residential care. According to interviews conducted with two young women who took part in the project from 2012 to 2015, their participation in its activities left them with enduring memories

that had a big impact on their autonomy strategies once they were released from care (Santos et al., 2020).

Opinions of Adolescents on Support and Psychological Adaptation in Residential Care:

According to the findings of another study, 19 adolescents from 3 non-specialized residential care settings in Portugal emphasize the importance of different factors that help them: Frequent contact with relatives as a means to foster psychological adaptation in care as well as the establishment of positive relationships in this context; The significance of emotional support provided by staff and peers in residential care and meaningful relationships as a source of affection and kindness, for instance, being available and caring about the adolescents' feelings; Instrumental support, which means receiving guidance on the schedule for the day and regulations in residential care; Financial support means receiving money and learning to manage one's allowance; Activities in the institutions that enable young people to relax and distract themselves; therapeutic role of living in a residential care settings because of the resources it provides; Social support at school, such as from teachers; Meaning-making activities, such as engaging in enjoyable activities like sports or breathing (Pinheiro et al., 2024).

Opinions of Adolescents on Adaptation and Support in Therapeutic Residential Care:

According to a Portuguese study that looked at the opinions of 14 youth and staff members in therapeutic residential care, youth believed that staff support was essential to their growth. Every participant praised the staff's communication abilities, and most (64.3%) thought that the staff's thorough explanations made their transition to therapeutic residential care easier. Each young person claimed to feel secure in the setting. However, even though they initially disagreed with or thought the institution's rules were restrictive, less than half (42.9%) of the adolescents said they had eventually come to accept them. In addition to affecting the environment and the quality of their own relationships, dysfunctional behaviors also had an impact on peer relationships. Just 35.7% of teenagers reported continuing to communicate with their families, indicating that these relationships might eventually result in family reunions. While some young people developed good relationships with certain staff members, others expressed dissatisfaction with their interactions, and peer contagion was noted as a major factor affecting their experiences (Castro et al., 2024).

Punitive Practices in Residential Care:

A study examined the methods of punishment employed by caregivers in residential care, drawing on the accounts of several informants, including directors, caregivers, and children/adolescents in care. 60 directors, 266 caregivers, and 422 children and adolescents from 60 residential care facilities took part in the study. According to the findings, centers that violate rights are often gender-segregated, whereas centers that impose punishment are typically gender-mixed. Additionally, it is shown that the frequent use of punitive punishment techniques that infringe upon the rights of children in residential care necessitates that caregivers receive certified training on proper discipline techniques. Total pocket money withdrawal, personal item withdrawal, social and family contact deprivation, temporary isolation, removal of desired objects, more home tasks, prohibition of outings, and early bedtime are the most frequent forms of discipline. Time outs and other forms of seclusion can re-traumatize young children, who have experienced severe abuse and neglect, bringing back painful memories of their ordeal. Discipline techniques should thus support the child's healthy emotional growth, which includes the requirement to establish wholesome relationships with the caregiver (Hernandez et al., 2023).

Caregivers' Perspectives on Emotional Bonds and Professional Challenges:

H. M. Carvalho et al. (2022) investigated a study to understand professional caregiving and relational challenges of caregivers when supporting young people in RC. 22 professionals working in 4 RC facilities in the North of Portugal participated in the study. The results show that caregivers have a strong emotional bond with children and try to replace the mother role as much as possible. This requires to immense amount of emotional and physical energy, which leads caregivers to have difficulty to also give attention to people at home too. They are trying to create a sense of family in the institution, as they explained. Another caregiver affirmed that it is not possible to turn off the phone. Another challenge they mentioned is their feeling of powerlessness, which comes from not being able to help youth while they find the current system insufficient. Besides emotional burnout and exhaustion, they also feel less valued as professionals in the field.

Adolescents' Perspectives on Privacy, Autonomy, and Family Relationships in Residential Care

An additional study looks at the perspectives of early adolescents (12–14 years old) in residential care in Portugal and Spain, emphasizing their relationships, experiences, involvement in decision-making, and aspirations for the future. In contrast to their birth families, the children were generally content with the material conditions of the residential centers; however, they voiced discontent with their lack of privacy, autonomy, and involvement in decision-making, particularly with regard to family visits. They also voiced their displeasure with limitations on the use of cell phones.

The children desired a job, money, and a family, and they saw education as a means of enhancing their future. Children in Portugal placed more importance on caregivers' emotional support, whereas in Spain, the emphasis was on professional care and rigorous adherence to regulations. While some Spanish children continued to trust family members even though they did not want to be reunited, Portuguese children expressed a wish to return home but did not trust their families for emotional support. According to these results, residential care must adopt more individualized, child-centered strategies to improve well-being and decision-making, especially when it comes to family relationships (Montserrat et al., 2021).

3.3. Comparison of Child Welfare in Out-of-home Care Systems between Azerbaijan and Portugal

Literature review differ:

When it comes to studies in OHC in Azerbaijan, 5 published papers exist which all referenced in this study. While the number of studies regardless of the different directions, there are more than 100 papers done in Portugal, and only directly related ones could be referenced in this study. Another interesting fact about literature review is that all the research on the topic in Azerbaijan has been conducted by researchers of the social work department, while in Portugal, it is common to see researchers from the fields of psychology too. It shows that while in Portugal, researchers from both fields are contributing to the topic of OHC; in Azerbaijan, OHC is of only interest to social workers, while it requires an interdisciplinary approach.

Despite the Literature review showing that comparing these two countries based on former studies is challenging because of the imbalance of information, this especially makes the comparison important for Azerbaijan.

Number of children and youth in OHC, number of OHC institutions, and types of them differ:

Portugal and Azerbaijan have similar population sizes, where both having around 10.4 million people (World Population Review, 2024). Number of children who are in alternative care differs: while in Portugal, there were 12199 children and youth in OHC in 2023, in Azerbaijan, there was more than 15349 in only public institutions in 2024, and there is no exact data for private institutions, which are only small portion of all OHC institutions. (SSC, RA 2024; ISS, 2024). When it comes to the variety of the OHC, there are remarkable differences between the two countries. While the majority of these institutions in Azerbaijan are public (UN CRC, 2023), in Portugal, the majority of OHC institutions are private (Carvalhais & Formosinho, 2023).

Despite SSC RA publishing statistics about children in nurseries, children's homes, and boarding-type schools in Azerbaijan annually, the data does not mention private facilities that exist in Azerbaijan, such as shelters and children's homes, and family-based alternative care. And there is no other official documentation or united statistics of the exact number of these private institutions and the exact number of children and youth in them. According to my research, there is one type of family-based alternative care which is regulated with international standards/program with its two branches (with around 200 children and youth) operating in the country (SOS Children's Villages Azerbaijan, n.d.), while there are a few shelters. This shows the need for more comprehensive and precise statistics in the field in Azerbaijan. As there is a lack of data, but there are approximately 50-60 OHC institutions exist in Azerbaijan (SSC RA, 2024; UN CRC, 2023). In Portugal, there are 433 OHC facilities (Delgado, 2023). In Portugal, OHC is also more diverse: foster care, kinship care, specialized Homes for children/youth with high support and supervision needs, therapeutic communities, and mental health units, life support centers, autonomy apartments, temporary care and emergency care in addition to residential care, boarding schools, shelters (ISS, 2024), while in Azerbaijan boarding schools are the approximately more than the half of all types of OHC in addition to children's home, and nurseries according to SSC RA, (2024).

Foster care, kinship care, trusted person care differs:

While Portugal prioritizes family-based care according to law, despite poor application of it as only 4 percent of children and youth are in foster care (ISS, 2024), in Azerbaijan, there is no legal

framework regarding to empowerment of foster care and neither there is no any documentation about practice of foster care or kinship care.

While according to ISS (2024), almost half of children and youth (6016 out of 12199) in OHC in Portugal were in family-based care such as foster care, kinship care, trusted person care and only 6183 children and youth were in residential and alternative care institutions in 2023, in Azerbaijan, they are no data for the foster care, kinship care and trusted person care and 11901 and 2308 of children and youth respectively in OHC were in boarding type general (29) and special (9) educational institutions in 2024 (SSC RA, 2024). This means there are more than 400 children and youth in one boarding type general educational institution. Interestingly, 78 percent of all children from 55 boarding schools, orphanages, and shelters in Azerbaijan, were staying in every night or every weekend with their families: merely about 4,000 children stayed in the institutions during the night, and most of them went back home every weekend; only under 700 children were permanent residents (UN CRC, 2023; Huseynli, 2017). While the maximum number of children placed in one institution has not been restricted, there are still residential care programs that house more than 80 children in Portugal (Hernandez et al., 2023).

Reasons for the placement differ:

In Portugal, neglect accounts for 70.6% of removals (Hernandez et al., 2023) and 71% of foster care placements (Teixeira et al., 2022). Then behavioral problems (27%), exposure to domestic violence (9.5%), and a lack of family supervision (57%), account for 86.3% of children placed in residential care (Babo et al., 2023).

In Azerbaijan, the parents use these institutions as providers of food, school supplies, and medical services, mostly because of poverty (47%), single parenthood (28.2%), parental sickness and disability (19.6%), and special needs (30%) (Huseynli, 2017). Understanding of residential care in Azerbaijan is open to discussion. One of the key observations expressed by a Country Task Force and Coordinator during the Periodical reports Azerbaijan that are examined by the UN CRC (2023), she said that she is unable to comprehend the State party's out-of-home care idea. It was unclear if the facilities were meant for kids without parents or if the parents needed daycare or extracurricular activities for their kids. Therefore, she wanted to know if there was a case management system that applied when a child's best interests necessitated being separated from

their parents and if it was different from other daycare services created to satisfy the demands of parents (Huseynli, 2017).

Gender norms differ:

Institutionalization is strongly connected with gender norms and patriarchy in Azerbaijan. In a study where 26 parents (mothers) of children and youth who have been in OHC were interviewed and findings revealed gender-specific problems: The majority of children are placed by their single mothers because of economic and emotional difficulties; however, keeping contact with them regularly. Some of the mothers married under their parents' pressure and ended up being victims of domestic violence by their husbands, who are usually under the influence of substances. The reasons given above do not fully explain why the mothers chose those institutions as a solution. There is an important cultural reality that makes residential care the only option for mothers. In Azerbaijan, divorce is socially condemned, and being a single mother is also heavily stigmatized. Some families abandon women with their children if they divorce, regardless of any reason (Ismayilova, 2023). This is also connected with cultural-religious beliefs regarding women's role in society. Also, religious marriages that are not recognized by the government make it harder for women to protect their rights and ask for financial support from their fathers. Even being a second wife is sometimes stigmatized by families, which leads to social rejection in the case of divorce. Forced early marriages and bride kidnapping are also examples of how women's rights, in this case, even child rights, are not widely accepted in the country (Claypool & Ismayilova, 2019). Also, parents see strict rules in the institutions as the only option and important for disciplining their male children. Besides that, most of the fathers fully disengaged from their children after the separation, and mothers see the absence of their fathers as a reason for the challenging behaviors of their sons. There is also the societal stigma of being raised without a father as as some male participants expressed shame for not having a father (Ismayilova, 2023). This also shows that the value given to men and women differs in society.

While gender norms are mostly analyzed only in the context of placement in Azerbaijan, in Portugal, several studies reveal how children and youth are affected by gender norms in OHC and also after the care from different perspectives. According to a study by Magalhães et al. (2024), staff members in residential care settings with only males were more supportive of youth involvement than those in settings with only females. This discrepancy may result from societal

gender norms. While there is no study regarding child participation in Azerbaijan. When Abrunhosa et al. (2024) investigated experiences of leaving care, they discovered that women were more likely to feel emotionally invested in providing care and socially isolated, depending on friends and family for support. In contrast, men were expected to be self-sufficient and faced financial difficulties as a result of their families' lack of support, underscoring the different emotional and social difficulties that come with growing up. Also, Artamonova et al. (2020) discovered that male care leavers typically had more stable outcomes, whereas female care leavers frequently experienced more traumatic events. Furthermore, according to Alves et al. (2024), women frequently experienced more social pressures regarding family, career, and academic expectations, while young men were more likely to actively plan their future. Cultural stereotypes that link men to initiative and ambition are reflected in this pattern.

Studies on OHC quality and their findings differ:

While according to the EQAR research which is the first and only one to have conducted a systematic review of the quality of residential care, only 10% of units meeting acceptable standards in Portugal while (Hernandez et al., 2023) in Azerbaijan there is no systematic data about quality of OHC institutions in Azerbaijan, expect one study that interviews 21 children and youth (8 to 16 years old) without special care from 7 residential institutions between 2015 and 2016 to discover the social and emotional impact of institutionalization in Azerbaijan (Ismayilova, 2023).

Some of them were grateful for having food regularly, a place to sleep, and education. Since their household was chaotic and unstable, two of them even mentioned that they saw institutions as a place for relief and stability. Many children and mothers expressed that they feel supported by the institution and their teachers, psychologists, and administrators. Nevertheless, few exceptions wanted to stay in institutions; the majority of children preferred to be at home with their families. Even though children had access to education, the environment in institutions was not proper for the psychosocial development of the children, according to reports of these children as one of the teenage girls stated:

> It is better to be in the internat rather than living on the street. But your morals get violated… The internat is a place that breaks your life...it changes you… So many things happen in front of your eyes…. Even teachers sometimes act improperly in front of your eyes, everybody does...from teachers to children. If you get there as a child, it will 1000% change you (p. 8).

A 15-year-old who returned home after 11 years of out-of-home care expressed that everything was good, but nothing can replace her mother, and it does not matter how good the conditions were while her mother was not with her. But she also showed understanding to her mother, as there was no other choice.

Also, the children who were interviewed did not report any preparation stage or were informed before the placement. Some of the children kept showing silent resentment and ambivalence by becoming cold, getting numb, having anger issues, refusing hugs, not being able to focus anymore, and not being able to adapt new life. Besides feeling sad and lonely, Bullying and violence seem common among the children, according to the interviews. One of the 14-year-old male participants wanted to express his thoughts to all parents:

> First, they should not send their children to the institution for school is not a good place there. It is like here at home I didn't know many things, but going to school there I learned about and understood a lot of things. My advice to parents is that they should not send their children to the institutions. Children see a lot of things there, and they suffer, miss their homes. I do not miss too much, but there are children there who miss their family, some even cry (p. 9).

Another important finding of the interviews was the deprivation of a stimulating environment and not having of personal space. Children did not have so much to do and the daily program lacked diversity, as one of the female adolescents mentioned: "It was like a movie, the same movie every day, kind of, and it was like repeatedly playing every day…even the food is the same" (p. 8) (Ismayilova, 2023).

On the other hand, there are several studies regarding the opinions of children and youth in OHC in Portugal. During a study that analyzed Adaptation and Support in Therapeutic Residential Care in Portugal, each participant praised the staff's communication abilities, and most (64.3%) thought that the staff's thorough explanations made their transition to therapeutic residential care easier. Each young person claimed to feel secure in the setting. While some young people developed good relationships with certain staff members, others expressed dissatisfaction with their interactions, and peer contagion was noted as a major factor affecting their experiences (Castro et al., 2024).

An additional study looks at the perspectives of early adolescents (12–14 years old) in residential care in Portugal and Spain. In contrast to their birth families, the children were generally content with the material conditions of the residential centers; however, they voiced discontent with their lack of privacy, autonomy, and involvement in decision-making, particularly with regard

to family visits. Portuguese children expressed a wish to return home but did not trust their families for emotional support (Montserrat et al., 2021).

In another study in Portugal, 19 adolescents from 3 non-specialized residential care the emotional support provided by staff and peers in residential care and meaningful relationships as a source of affection and kindness. They also mentioned different types of supports such as financial management, daily guidelines, as well as helpful engaging activities *(Pinheiro et al., 2024).*

*Another study interviewed 22 professionals from 4 RC, t*he results show that caregivers have a strong emotional bond with children and try to replace the mother role as much as possible and They are trying to create a sense of family in the institution, as they explained (H. M. Carvalho et al., 2022).

Beside that there are research findings over the length of stay in Portugal which differ from study to study (Hernandez et al., 2023; Alves et al., 2024; Babo et al. 2024).

Punitive practice difference:

Besides that, another study that examined punishment employed by caregivers in residential care revealed that total pocket money withdrawal, personal item withdrawal, social and family contact deprivation, temporary isolation, removal of desired objects, more home tasks, prohibition of outings, and early bedtime are the most frequent forms of discipline. Time outs and other forms of seclusion can re-traumatize young children, who have experienced severe abuse and neglect, bringing back painful memories of their ordeal (Hernandez et al., 2023). Meanwhile, there is no specific study in Azerbaijan regarding the topic, but in a study, children and youth mentioned the use of reprimand and forcing for mediation for conflict resolution in OHC institutions in Azerbaijan (Ismayilova, 2023).

Failure of the deinstitutionalization project in Azerbaijan (study with welfare professionals):

A study (Huseynli, 2017) analyzed the effectiveness of the SPDAC, a public policy that focused on 55 out-of-home care institutions that covered 14,500 children from 2006 to 2016 in Azerbaijan. Unfortunately, the institutions have not undergone the intended transformation, and the alternative services system has not been built despite USD 1.5 million annually from the national budget. The study discovered the reasons behind the failure of deinstitutionalization through in-depth and

semi-structured interviews with 20 professionals in the child welfare system: lack of political will on child protection, cosmetic reforms that comes with even fake statistics, insufficient human resources, a lack of alternate services; a deficient civil society; and a lack of knowledge of children's rights and developmental stages; not having clear understanding of the the philosophy and values of a child protection system; lacking key social welfare regulations; financial opacity; bureaucratic challenges; hierarchy; law salaries in the fields; lack of licensing system in social work; misunderstanding of the meaning of deinstitutionalization among implementors; the association between civil society and anti-government; the lack of awareness in society including parents when it comes to child development and cultural aspects of child-rearing and parenting; weak-non il economy with is connected with the "resource curse" (p.168).

Being child in Azerbaijan:

One of the important elements that we need to notice is the findings of studies on the well-being in children and youth's everyday lives in Azerbaijan, because the problem of child well-being in OHC is not just about OHC but also about approaching children as a whole society. It included both cultural and political, and socioeconomic underlyings. Because of weak non-oil economic performance leads to weak social services, such as a lack of variety of governmental initiatives. Also Lack of the creation and utilization of public space where children and youth can spend their free time without any financial charges in the country is a stark example of the absence of welfare state provisions. Children and young individuals are not considered in the planning and operation of publicly accessible areas. Lack of a child-centered approach also shows itself at the micro level, where even high-income families do not provide personal space to children, and obedience is considered as respect. In Azerbaijan, the family appears as the primary social provider of support, care, and welfare. For example, in Azerbaijan, it is a legal obligation that when their parents need help, children who are able to work and are older than 18 must provide it. Getting high grades at school is accepted as a natural obligation of children to their parents, and getting beaten publicly for even slightly poor grades also shows children's position in the family and society, as they are expected to fulfill their parents' expectations. This verbal and physical violence towards both girls and boys by teachers in schools is also reported by the children during the interviews. At the same time, some parents do not show any intention to intervene in this situation. The hegemony at schools is reflected in the feelings of rage, anger, helplessness, and fear in the girls who are

interviewed (Hunner-Kreisel and Nasrullayeva, et al., 2022). In a study with 3753 caregivers/parents, it was declared that over 74% of caregivers used physical aggression and 48% used psychological aggression (Huseynli & Jonson-Reid, 2022). Schools and kindergartens are using cameras to protect children and youth from physical punishment in Azerbaijan (Musavat.com, 2022).

Professionals in OHC institutions in Portugal:

In Portugal, it is mandatory for residential care workers to undergo initial training. Those who work directly with children must complete vocational training, while those in coordinating roles must have a degree in social work or psychology. Professionals with better qualifications and education prefer higher-paid jobs, and this leads to staff turnover in OHC settings (Hernandez et al., 2023). According to a study with trauma-sensitive care in residential care, staff members are satisfied with physical surroundings, privacy, and child involvement, but they experience burnout and stress due to a lack of trauma care training, which results in a dependence on intuition rather than technical knowledge (Negrão et al., 2024).

A qualitative study with directors from ten residential care centers found that hiring was difficult and that staff shortages were made more acute by low pay, lengthy commutes, and the emotionally taxing nature of the work. Although logistical challenges impede training, which is usually offered in-service, it helps enhance staff qualifications. Directors stressed the value of encouraging employee well-being via recreational opportunities, team-building exercises, and emotional support. In order to preserve a productive workplace, they also emphasized the necessity of equality in teams and job autonomy (Carvalhais & Formosinho, 2023).

Increased state involvement in child welfare and a decrease in the role of the Catholic Church have been associated with improvements in staff training (Carvalhais & Formosinho, 2023). However, rather than being a completely regulated requirement, supervision is still framed as a duty. In 2023, the social welfare system required the development of a list of certified supervisors, and there are still disparities in access to supervision and no official national guidelines for its implementation (Magalhães & Cerdeira, 2024). According to Hernandez et al. (2023), only about 40% of care providers currently provide frequent and expert supervision for all staff, and only 13% of residential care facilities exhibit suitable staff preparation and working conditions. Although a recent survey of 94 professionals showed that, the majority of employees (85%) currently receive

supervision, while a small percentage have never used it (9.6%) or are no longer involved (5.3%), the participants highlighted the many ways that supervision promotes interpersonal skills, team cohesion, professional development, well-being, and the quality of interventions. Short and irregular sessions, staff resistance, time constraints, a lack of transparency, and low engagement are among the weaknesses that have been identified (Magalhães & Cerdeira, 2024). The center director is the one who usually runs internal supervision at different frequencies, such as weekly, biweekly, and monthly. External supervision is less common and expensive (Carvalhais & Formosinho, 2023).

Since 2019, specialized supervision has been mandated by law for residential care facilities in Portugal (Hernandez et al., 2023).

Another study investigated the opinions of professionals on the youth's participation in residential care settings. Findings show that 14.9% of professionals supported full participation,56.3%, favored involvement moderately such as in case planning, family interactions, facility activities and 28.7%, had a more ambivalent opinion, acknowledging the value of youth involvement but not being clear about how it should be carried out (Magalhães et al. 2024).

After care (transition, adoption, reunification):

In 2023, Portugal introduced the PPCA in response to a law change that increased the adoption age limit from 15 to 18 (Diogo et al., 2024).

This program is intended to assist children in comprehending their adoption identity, managing emotional difficulties, and actively engaging in the adoption process. It consists of ten weekly sessions, each lasting forty-five minutes. Studies revealed that the PPCA promoted emotional expression, increased children's self-esteem, and made the transition to adoptive families easier (Fidalgo et al., 2024). While the age limit for adoption is also 18 in (Family Code of the Azerbaijan Republic, n.d.) and trainings for adopters are also legally required (Social Services Agency, n.d.-d), there is no clear instruction on sessions and content of it.

While there is no studies regarding how youth adapts to new life after care in Azerbaijan, a study in Portugal shows youth face difficulties such as sense of loss especially by women, financial hardship especially by men, as well as housing (Abrunhosa et al., 2024) Residential care placement may continue until the youngster reaches the age of 21 or until they reach the age of 25 if there are

continuing educational or professional training requirements (Silva & Calheiros, 2022), while in Azerbaijan children and youth deprived from parental care can be considered till the age of 23 if they are continuing on-campus education (Family Code of the Azerbaijan Republic, n.d.).

The "Məzun evi" (Graduate House) program, run by the State Social Services Agency, provides assistance to care leavers in Azerbaijan. 365 graduates of state child care facilities were housed in multi-apartment buildings. These young adults have access to fully furnished apartments, legal and social counseling, and the ability to live with spouses and kids. For the first six months, the state pays for utilities (DOST Agency, n.d.-a). Yet, there is no statistical data annually or any qualitative data about the effectiveness of the program.

Criticism, recommendations, and positive improvements:

According to a UNICEF report (2024), Azerbaijan's child welfare system has made strides but still faces obstacles. Notable enhancements include the creation of a National Concept of Family Reunification (2020–2022), support for setting international standards in alternative care, and parenting education programs that reached 16,000 parents in person and over 210,000 online. Significant obstacles still exist, though, including insufficient child protection services, a lack of trustworthy data, a lack of coordination among state agencies, and a lack of alternative care options (UNICEF Azerbaijan, 2024).

According to the UN CRC (2023), Azerbaijan's deinstitutionalization efforts were criticized for having ambiguous objectives, no all-encompassing plans, and a lack of clarity regarding the function of out-of-home care facilities. The Committee also underlined the necessity of appropriate case management, child victim therapy, family support, and child-friendly interview spaces. Positively, approximately 600 kids from vulnerable backgrounds and shelters took part in a project about bullying prevention and personal safety. Also, "School for Fathers - Towards Responsible Fatherhood" Project with the financial support of the EU impacted 350 fathers and fathers-to-be from Azerbaijan (DOST Agency, 2023).

Moreover, to alleviate child poverty in Azerbaijan, the Child Development Accounts program was also suggested for both the general public and children in out-of-home care in 2020, but unfortunately, there are currently no signs that this suggestion has been followed (Huseynli et al., 2020).

Regarding OHC in Portugal, there are several criticisms, too. Packed rooms and insufficient communal areas, standardized routines, lack of customized care plans, and limited involvement of the children in decision-making are all needs to be addressed (Hernandez et al., 2023). Alternative care types such as kinship and non-kinship foster care need to be prioritized (J. M. S. Carvalho et al., 2020). The need for stronger post-care is also stressed in the transition process (Hernandez et al., 2023; Pimentel et al., 2023). The need for more scientific research in OHC quality in Portugal, as well as strengthening a child-centered approach, improving CPS management, are the needs as Portugal shows a higher rate with number of children in residential care in comparison to other European countries (Diogo et al., 2024; Sacur & Diogo, 2021).

Since rapid reunifications frequently resulted in failure, experts stressed the importance of gradual and well-supported transitions, pointing out that emotional attachment alone was insufficient (Teixeira et al., 2022).

Furthermore, studies show that the intervention projects in residential care in Portugal show positive results but also point out the problem of inadequate documentation (Miguel et al., 2024). Projects like the "OUTogether Project – Promoting Children's Autonomy on Alternative Leaving Care" (Pimentel et al., 2023) and the Project' Ar-te by CrescerSer care (Santos et al., 2020) need to be mentioned as positive actions to tackle problems in the field in Portugal.

4. RESEARCH METHODOLOGY

4.1. Empirical Research

The study relies on qualitative research methodology to explore children's welfare in out-of-home care institutions by applying an ecological model. As child well-being and the factors that affect it are quite complex and include deep human interactions, the qualitative approach aligns better with research objectives (Hammarberg et al., 2016).

There are so many factors that affect child welfare on different levels: micro, meso, exo, macro, and, chrono (Bronfenbrenner, 1979) to understand, for instance, the interaction between child and caregiver, the interaction between specialists in the institution, the effect of the cultural norms and national laws or policies in the institution on the children's welfare, the interaction between the institution with other governmental and non-governmental institutions that affects the children's welfare, the change in children's welfare over time and most importantly to see how all these factors are showing themselves in practice and observed in person, applying the qualitative approach is more expedient. The research is holding a deductive approach as it leans on the ecological systems theory to ask questions and find the answers (Bryman, 2012).

Although countries have policies and laws, and institutions have their aims and programs to provide the best quality of child welfare as much as possible, in reality, practice and theory do not overlap perfectly. Therefore, to understand how child welfare is provided in out-of-home care institutions in practice, it is crucial to take into consideration real professional experiences, human interactions, thoughts, feelings, and behaviors to have a holistic and accurate view, which can be reached more successfully by a qualitative approach.

Qualitative research enables society to examine problems from an individual perspective. The social environment is incomprehensible as an external phenomenon, as demonstrated by Bryman (2012). The people who inhabit understanding must internalize it. In general, this technique is suitable for understanding child care, which is heavily impacted by social and cultural factors, forming laws and procedures.

Qualitative research also involves contextual awareness. Bryman (2012) asserts that social acts and ideals must be examined in the context of their specific situation. This is especially important for comparative studies because childcare practices vary between countries due to institutional factors and cultural traditions.

4.2. Data collection method

Qualitative data will be collected for this study through semi-structured interviews with professionals from out-of-home care institutions. These types of interviews are preferred because they provide a good balance between structure and flexibility. Semi-structured interviews are much more preferable than unstructured ones because they ensure that the critical topics that need to be addressed are covered while maintaining a lot of room for the perspective of the participant. A semi-structured format ensures the interview questionnaire corresponds to the research question but can also be modified during the course of the discussion to fit new insights as they emerge (Bryman, 2012).

This method allowed access to more detailed information that was not predetermined because of its flexibility feature. The interview questions were designed based on the elements of child welfare and categorized into themes under the light of the ecological model: Micro system, Meso system, Exo system, Macro System, and Chrono system (Crawford, 2020).

According to several sources, the structural elements of child welfare are safety, well-being, and permanence, and the interview questions focus on all these aspects in the OHC institutions. Housing stability, caregiver connections, and keeping in touch with relatives or siblings are all necessary to guarantee *permanence*. Protection against abuse, environmental security, and psychological safety are all components of *safety*, which give kids a feeling of emotional stability (Jones et al., 2015). *Well-being* is far more multifaceted: It includes mental and physical health, academic achievement, personality respect, long-term future orientation, and fulfilling relationships. Thereby, the interview questions try to cover all the elements that represent child welfare at different economic levels (Wesley et al., 2019). It can be seen that the questions represented in Table 1 are created based on the combination of Figure 1 and the ecological systems theory.

While the interview consists of 22 structured questions, extra questions are given during the interview for clarification and deeper understanding. All the interviews were held online in both countries. In Azerbaijan, two of the participants are interviewed by videocall, and one of the participants is interviewed in written communication in the Azerbaijani language. In Portugal, one of the participants is interviewed by videocall in English, and two of the participants are interviewed in written communication in the Portuguese language.

Videocall interviews are also audio-recorded and transcribed because they guarantee correctness in tapping participants' answers. Transcription corrects memory loss, allows thorough examination of responses, and enables repeated analysis of interview data (Bryman, 2012). The transcription was done with the help of TurboScribe, and the transcripts in Portuguese and Azerbaijani were translated into English. All the transcripts had grammatical correctness without altering the meaning, and some parts were changed to protect anonymity.

4.3. Sampling procedure

As mentioned before, the study wonders about children's welfare in out-of-home care systems. The research aims to collect data from OHC institutions from both countries: Azerbaijan and Portugal, and one participant is selected for the interview from each institution. The sampling type is purposive sampling for both institutions and participants.

The criteria for the institutions' sampling: The main criterion is that the institution must give residential or out-of-home care to children and youth in Azerbaijan or Portugal. The study prioritizes the institutions that are legalized in their country and also different types of institutions from different perspectives: public and private, and long-term and short-term care. Although the study has priorities, the institutions are chosen based on accessibility and having consent from participants for the interview.

The criteria for the participants' sampling: One of the criteria is that they are those who are working in the institution and have the most holistic view and observations about the institution and its stakeholders at all levels of the ecological model. As each country and institution has its own unique nature and structure, instead of a concrete position in the institution, the research focuses on the one that closely engaged with children and youth as well as with all specialists in the institution and also can give more detailed information about the institution's connections with other national or international institutions and the government. The study also prioritizes the ones with a minimum of two years of work experience in the institution to ensure their familiarity with all processes, activities, and challenges in the institution, as well as their knowledge and observations to give more detailed information. Furthermore, the study prioritizes the ones who can have interviews with less language barrier.

In the research, three participants from three organizations participated in each country. Two of the interviewees are from private organizations, while one of them represented public

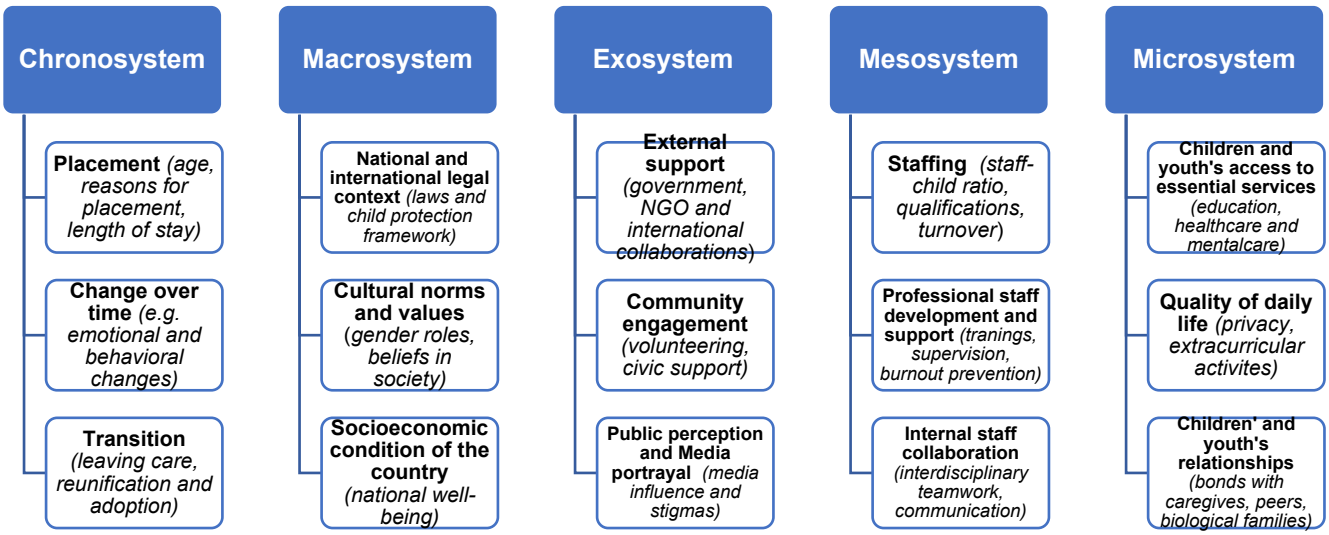
organizations in Azerbaijan. Two of the interviewees are from private organizations, while one of them is from a semi-public organization in Portugal.

4.4. Data Analysis Method

Thematic analysis is chosen as the data analysis method of the research, and the MAXQDA is used as a tool through the process. The data analysis consists of structured and systematic steps: Transcription of the interview to ensure all data is accurately documented; Translation of the transcripts into English; Merging the data collection from documented interviews; Coding the relevant ideas, phrases, concepts, and points; Categorizing the codes under the main five themes (micro, meso, exo, macro and chrono) created according to the ecological model's levels; Comparative analysis to highlight the similarities and differences in findings between Portugal and Azerbaijan according to the research objectives and research questions.

Figure 2

Framework based on Bronfenbrenner's Ecological Systems Theory for data collection and analysis.



Note. Created by the Author

4.5. Ethical Issues

The Research was conducted according to the rules of the Code of Ethical Conduct in Research – ISCTE (The Code). The research followed the principles and guidelines of the Code to secure

the ethical facet of the thesis. The dignity, safety, and well-being of the participants were prioritized, and the reputation and safety of the researcher were also assured, as well as the quality of the research.

The general principles of the Code, which are the responsibility of the research impact, integrity, reliability and rigor, transparency, and objectivity, were assured through the research processes such as data collection, interpretations, and conclusions.

Interview questions were only aimed at the academic interest and protected its relevance to the research objectives and research questions without containing any personal or unrelated interest. The original contribution of the research to the existing research was assured by the collection of new data and the derivation of novel conclusions. Additionally, the study adheres to the validity and reliability standards of the Code.

The participants received general information about confidentiality, the aim of the study, the objectives of the study, the estimated time that will take the interview, their right to refuse the interview and stop/leave it at any time without any reason, their contribution to the study, incentives for participating in the interview, the contact to ask questions or give comments if they want and learn more about the study during and after the research.

Their consent for participating in the interview and also for the recording of the interview was taken before the interview. The study also keeps the names of the institutions and participants anonymous for two main reasons: to provide confidentiality and to create a more transparent and sincere interview environment, which affects the quality of the research. The Informed Consent sent to all participants in their languages.

4.6. Limitations of Research

The research can face several limitations. One of the main limitations can be considered the language barrier. Two of the interviews were held in Portuguese language by the help of a translator. As a result, possible inaccuracies are beyond the interviewer's control. The other limitation is the limited number of organizations, and also interviewing only one person from each institution, while getting information from the other stakeholders (mothers and children) could contribute much more detailed and comprehensive information. Furthermore, doing interviews online rather than face-to-face could negatively affect the rapport and flow of communication.

Despite the limitations mentioned above, the research still can provide valuable insights and data to understand the factors that affect children/youth's welfare in the OHC systems.

5. FINDINGS

Microsystem:

Children and youth's relationships in OHC in Azerbaijan:

All three participants mentioned that they put effort into creating a safe environment and opportunities to connect children and youth with their biological parents if it is possible. But the quality of their relationship was not mentioned. One of the participants mentioned that sometimes parents take some children on summer holidays.

One of the interviewees mentioned that they support their socialization outside of the organization by enabling them to join extra-curricular activities outside of the organization, and pointed out that children call each other [care] sister, and [care] brother, and they sometimes build sibling-like relationships.

Two of the interviewees pressed several times on the fact that they focus on creating the family environment, and this type of individual and warm approach toward children and youth is more typical of their organizations in comparison to state organizations. One of the interviewees mentioned: *"These are not behind some keys or locks. Children know what's in that room, they sort it out themselves… …in general, there are almost no conflicts".*

Yet, the other participant also mentioned: *"However, his traumas, as they say, separated him from his family, and play a big role in that we give so much, but he still can't take it all".*

Children and youth's relationships in OHC in Portugal:

One of the participants mentioned: *"Their relationships with their families depend greatly on each case, as well as with their teachers and other young people. As for friends, most of the relationships they establish are mainly utilitarian, and there is not much support or affection".*

The other interviewee also replied similarly to the question regarding relationships:

> *The young women have family relationships as permitted by the court; some spend weekends and holidays with family members, others do not. In general, they have difficulty accepting the institution's rules; only the girls who have lived here for longer accept the rules better. They often try to manipulate female employees, taking advantage of internal hostilities to get what they want. They have cold relationships between them, they do not allow themselves to create meaningful bonds, and they are always on the defensive. It takes a long time to build a relationship of trust with young women.*

The third interviewee explained that many children and youth go to their families to spend the weekend, if it's possible; also pressed especially the fact that the relationship is the key base of their intervention model, and they have a therapeutic model that intends to work with children's trauma; mentioned that they give affection and physical contact, which is sometimes restricted in other residential care organizations; they are having weekly meetings to discuss to understand needs of children through their behavior. Especially the relationship between carers and young people is hard because adolescents are very defiant, and want to break rules and sometimes act physically abusive, but they do not use punishments and use specific strategies; in general, the relationship among the children can be considered peaceful. Also, there is also attempt to build natural relationships, as the participant said:

> *Also with younger people, adolescents, what we try is to have a close relationship, not something formal or administrative, but a natural relationship where they can see in their carers a model, someone that they can talk with, do activities together. It's not family, but it's our own family. It's kind of like that.*

Children and youth's access to essential services:

Health in OHC in Azerbaijan:

All three participants said that they get medical help with Compulsory Medical Insurance (it is for all citizens), and one of the interviewees mentioned having partnerships that provide support with some issues. Although all the participants mentioned having a psychologist in the organization, they did not mention about provision of mental health care for children and youth for special cases.

Health in OHC in Portugal:

When it comes to medical care, all three participants mentioned that they have easy access to it, and one of the participants also mentioned that it is harder to get psychotherapy if it is not well justified.

Education in OHC in Azerbaijan:

All three interviewees pointed out that children and youth receive an education. Although two participants mentioned that while some students are showing good grades and some are having challenges, one of the participants did not mention the quality of performance, as they expressed:

School, vocational school, college, university, they participate in all of them to the maximum extent. …Of course, it all depends on the child's past experience, trauma, and background. Some children are really successful. But it should also be said that, of course, children with trauma have difficulty in education. That is, they have difficulty focusing, persistence, achieving goals, etc.

And:

In general, the priority of the individual plan of each of the children placed with us is to restore their education. …There are those who have left halfway or have not received any education at all. And in a sense, we immediately either restore the child's education. …There are children who… …are "excellence", each of whom studies in state-ordered faculties, and they are provided with a scholarship, and "excellence" students are provided with a double scholarship.

Education in OHC in Portugal:

All three participants replied to the question regarding education that all the children and youth are going to school, but they perform below average, as they said: *"They attend school outside the foster home. Many of the young women fail in school"; "All young women attend school (regular education and vocational education). They have poor, below-average results";*

…with young people, it's much harder to get them to attend school in a very, very frequent way. …in general, the children do go regularly to school. …it's quite average or underachieving. This is a problem all over Portugal in residential care. The system is that usually the young people are one degree down. …So, I would say we have very good examples of young people excelling in school and having very good performance, but on average, they're underachieving, actually.

Quality of daily life in OHC in Azerbaijan:

When it comes to the quality of daily life, one of the common points is that children and youth are engaging in extracurricular activities. Participating in different vocational courses such as sports, art, dance classes, competitions, exhibitions, choir, medical training, etc., was mentioned as an example by the interviewees. Two of the participants especially pressed on the individual approach that how they respect choices of children and youth and trying to provide as much as they can but their answers diversified regarding personal space, as they said: *"We keep a maximum of two children in each room"* and *"It happened that two children slept in one bed"*. Although the latter one also mentioned they are about to move to a bigger building to fix these kinds of issues.

Besides that, one of the interviewees drew attention to an important point: *"Of course, in the family, they might not focus so much on their development, but in the family, maybe they would be happier"*.

To mention, one of the noticeable points is that private organizations mention that they put special efforts into the quality of care.

Quality of daily life in OHC in Portugal:

The answers are quite diverse regarding the quality of daily life. While one of the participants mentioned that the number of children is under the law states space-wise except emergency, and also they go to sports, swimming, and scouts, the other participant mentioned that even though children and youth join extracurricular activities at the school or the activities that are organized by the organization, they cannot go to so many interesting activities since it is very expensive: *"The low funding for institutions like ours means that they cannot have so many interesting (paid) activities during the holiday period, or even that they can't freely choose extracurricular activities since the cost of some is unbearable"*. Two of the interviewees stated that in one room, there are 3 or 4 people.

Mesosystem

Staffing and professional background in OHC in Azerbaijan:

The number of professionals and their ratios to children and youth change from organization to organization, but the participants did not mention examples for it. Two of interviewees stated having criterias for recruitment process such as relevant background or training experience while the other participant expressed lack of stuff members as well as some severe financial problems as it is stated: *"Because we are an organization that does not receive funding from anywhere, and today, for four months, none of our employees has received payment. (...), Our employees work on an unpaid basis, based on the principle of volunteerism"*. While describing the stuff, all the interviewees mentioned about psychologists and social workers and care providers, one of the participants mentioned about severity of workload for per social worker and psychologist as well as absent of a cook who is replaced buy collective team work of all the workers as it is stated: *"Because those people who lost that financial motivation couldn't continue. We ourselves are*

chefs, we take turns, and we cook the meals ourselves". The other participants did not mention related problems with the issue.

Staffing and professional background in OHC in Portugal:

All the participants clarified that technical team consisted professionals from psychology and social service/education/worker fields and one of the of interviewees also stated that *"there are a lot of people, but they have a college degree. At least half of the team is. The other half is either with a lot of experience or with a lot of training".* When it comes to the ratio of employees to children and youth, in all three organizations, there is 1 professional for 3 children and youth.

Internal staff collaboration in OHC in Azerbaijan:

While one of the participants did not respond to the question regarding internal staff collaboration, two of the interviewees expressed moderate-high satisfaction with it.

Internal staff collaboration in OHC in Portugal:

All the three interviewees expressed moderate-high satisfaction regarding with internal staff collaboration.

Professional staff development and support in OHC in Azerbaijan:

All the organizations provide regular training and supervision for the employees, but two of the interviewees expressed more details regarding this. While one of them expressed that there is an onboarding program after the recruitment and monthly supervisions and psychological assessments that are done by a psychologist, the other interviewee expressed an intense workload of frequent individual supervisions that are run by one person, as well as burnout and turnover problems among the employees. Also, one of them highlighted intense work hours: *"The earliest time we can go home is at 9 pm.", a*nd besides that, it is also mentioned that regardless of all the difficulties, they perform professional work and love their job and support each other.

Professional staff development and support in OHC in Portugal:

All three participants stated the existence of external supervision and training for staff professional development. One of them expressed that it would be nice if training before starting

the job existed for new workers. Also, two of them mentioned that there is no specific program for the mental health or well-being of the professionals. And one of them mentioned that there is an assessment for the emotional state of the workers, and they provide support for each other. Besides these, it is also mentioned that burnout still happens, it is as stated:

> *I would say that we are being able to help people deal with burnout and stress, burnout and stress, basically. And we have some experiences, some ways to try to get carers together to talk about issues and do some intervision, but it's not enough at all. Not enough at all.*

Exosystem

External support in OHC in Azerbaijan:

When it comes to external support and collaborations, two of the participants mentioned partnerships with different governmental organizations and project-based collaborations with international organizations. One of them mentioned that it became less likely to collaborate with international organizations, and when it comes to funding, collaborations do not provide enough financial support, and donations are the main financial support for children's expenses. The third participant did not provide information regarding the question about external support.

External support in OHC in Portugal:

The answers regarding external support and collaborations are diverse. One of the interviewees mentioned collaborations with both governmental and non-governmental organizations and the existence of occasional donations, while the other participant only mentioned collaboration with governmental organizations, and it is *"low amount"* financial support as also stated: *"The funds made available are very small and greatly limit the institution's activities".* The other participant expressed different answer beside mentioning collaboration with governmental organization which sometimes do not focus on child's best interest as much as their organization do and also project-based collaboration with international organization without funding: *"But all of the other organizations in the country, and also the social services, have much fewer resources than [name of the organization]. So, this doesn't work that well".*

Community engagement in OHC in Azerbaijan:

There are different realities when it comes to community engagement in these participatory organizations. One of the organizations especially does not support having volunteers or people

outside the field to protect children's identity, privacy, and routine, but accepts interns from the field of social work who *"somehow support them there"*. The other organization especially gets support from volunteers and stated that they have 50 volunteers who are chosen among the alumni interns and three volunteers who work in the organization daily. The participant from the same organization also highlighted that different professionals or courses, such as a dancer, web designers, and vocational nursing course, offer free classes to the children and youth in the organization. Also, it is mentioned that doctors help with purchasing medicines as charity work, too. Importance of donations is also underlined: *"Even children who go to school, who use transport, have their transport costs formed based on donations"*. The third participant did not respond to the question regarding.

Community engagement in OHC in Portugal:

All three organizations mentioned that they have volunteers. One of them explained that it can require a lot of work from the organization's side, such as training, monitoring, and managing, while the other participant noted that they do projects with community agents where some families can take children on the weekend if they are available. Besides that, one of the participants pointed out that in big cities, it can make it harder to have a communitarian sense of belonging for young people, and harder for professionals to *"try to just keep an eye on them while they grow"* to protect them from negative habits.

Role of public perception and media portrayal in OHC in Azerbaijan:

When it comes to public perception or stigmas, two of the interviewees shared the opposite observations, while one of them did not give information regarding that. As one of the participants stated: *"Of course, there is stigma, of course there is labelling. (...), "You are [name of the institution] child", you are from an orphanage, etc. There are such influences"* and therefore, children tend to hide this because of the change of attitude in towards them at school. It is also stated by the same participant that they are working on that, but it is not possible to cover everything that influences this.

The second participant stated both opposite and similar observations: *"There is no stigma at all. Sometimes, among the children, someone says, "Auntie, I don't want to use the word shelter," and I say, "Do not use then if you do not want to"*. They also use social media to connect with the

community and increase awareness about the organization, which ends up getting a lot of community support without asking and positive fame: *"Why the placements here are more often? Because there is a saying here: 'the strong daughters of [name of the chairman]'. ...and society sees this, society values it. 'Yes, it will be very good if he/she is there' 'That child is saved, if that child is given there, he/she will be happy'"*.

Role of public perception and media portrayal in OHC in Portugal:

In general, there is a negative public perception belief about OHC, according to all three of the participants, and the explanations are similar, such as people see institutions as place where people want to "take children", "steal" from families and children see this place as "punishment" as if they have "done wrong" or they are "not enough". One of the interviewees also explained that there can also be a belief that young people are going to OHC because they are "criminals". But the same interviewee also explained that for OHC organizations, it is not helpful to take children easily because it is a lot of work and there is no financial benefit, or it is not a business. While one participant mentioned that sometimes media can present wrong information, the other interviewee expressed a different observation: *"The media has done a good job of publicizing good practices"*. It is also mentioned that *"I would say it has a severe impact"* on children and youth OHC. Furthermore, there is also a perception about adolescents that if they go to OHC, *"he will be controlled. ... he won't do any more crimes. He will start going to school every day. Everything will be perfect. And this is, of course, a fantasy. ...sometimes things even get worse"* Or another belief exists that *"if the child was out-of-home care, things will never get back to normal again*".

Macrosystem

Role of national and international legal context in OHC in Azerbaijan:

When it comes to the role of national and international legal context, one of the participants mentioned new regulations for positive change, and the other interviewee stated they had to take more children than they could accommodate because of bureaucratic issues in terms of space and time. One of the responses was also about the latest changes in law but not the influence of it: "On March 10, 2025, the Resolution of the Cabinet of Ministers on *"Requirements for the quality of services provided in state and non-state children's institutions" was approved"*.

Role of national and international legal context in OHC in Portugal:

The answers are diverse regarding the role of national and international legal context in child welfare in OHC: While one participant replied "no" to the question if they observe this role, the second interviewee expressed that *"On Portuguese law, we still have a lot to go. …more in practice than in the law, but the changes have been quite positive. We have improved the reduction of children in the houses"* and the last participant stated that *"A rule was recently passed that requires all shelters to be mixed (accommodate boys and girls), without providing training in this regard, nor understanding whether the infrastructure is large enough for this".* Beside these it is also mentioned that the gaps in justice system affects by stating *"one thing is the justice system for young offenders. It doesn't work well at all".* In the international context, the only comment was regarding immigration issues as the only *"downside in the children's rights".*

Role of cultural norms and values in OHC in Azerbaijan:

When it was asked about impact of cultural norms and values on children's welfare in OHC, one of the participants mentioned about early marriage problem for girls by stating *"These days, how many girls in our shelter are victims of early marriage? This is because these families are still very uneducated in this regard",* while one of the interviewees did not provide information about the question and the other participant did not mention any negative or positive role of it.

Role of cultural norms and values in OHC in Portugal:

Many of the young people in OHC are coming from neighborhoods where they have dysfunctional beliefs, and it makes it harder for them to accept healthy relationships, as one of the participants stated:

> *They bring beliefs that violence is normal, that drug use is acceptable, and that school is not necessary. We try to work on these beliefs by showing another reality, but it is difficult. …Many exclude themselves or are excluded from society because of their beliefs.*

Beside this, it is also mentioned about rasicm to some minorities such as Gypsy and Roma communities while one of the participant also explained that there is high tolareance in general in Portugal as it is stated: *"We are conservative in many ways, but we are very tolerant of others, so there's actually a very good degree of acceptance concerning almost everything".*

Role of socioeconomic conditions of the country in OHC in Azerbaijan:

One of the participants expressed that while there is a lot of positive changes by the state, there is more need for improvement, as it is stated: *"The country has, of course, been doing more and more lately. This is related to social protection, social security for children, families, and support for labor. to direct, to provide some support. I think there could be even more"*.

The other interviewee was more focused on individual responsibility than on the country's socio-economic condition, while the third participant did not reply to the question regarding that.

Role of socioeconomic conditions of the country in OHC in Portugal:

Economic restraints are mentioned regarding providing extracurricular activities by one of the interviewees, as it is stated: *"The low funding for institutions like ours means that they cannot have so many interesting (paid) activities during the holiday period, or even that they can't freely choose extracurricular activities since the cost of some is unbearable"*.

The other participant highlighted the fact that the challenges regarding poverty have been changing, so that now the main problems are more about domestic violence than poverty and mental health. Besides that, it is also pointed out that some children and youth who do not have a community to belong, such as immigrants having lack of sense of belonging and they are not trained to work with immigrants. The third participant did not provide information about the role of socioeconomic conditions of the country.

Chronosystem

Placement in OHC in Azerbaijan:

The reasons for the placement are diverse, and also their length of stay is diverse too which participants expressed is not generalizable. When it comes to age group, they are working people between 3 and 23 years old.

Placement in OHC in Portugal:

The reason for the placement varies a lot according to all the participants, and the age group they are working with is between 3/5 and 25 years old. The length of stay also varies in two of the organizations, while one of them expressed that it decreased over time.

Transition process in OHC in Azerbaijan:

Each organization has its own style of preparing youth for the transition: one of them has youth home for this process especially where youth move there in the age of 15, while the other organization provide extracurricular activities by collaborating with different courses charity-based and the third interviewee explained that they are installing necessary knowledge and skills to prepare them for life in the organization.

Transition process in OHC in Portugal:

One participant mentioned that while there is a program that prepares families for reintegration, as well as during and after it, there are no services for the transition process of youth from OHC to independent life. The other interviewee gave examples that the city council helps with the transition process on several levels, both to independence and family. The third participant mentioned supporting children and youth in both the transition process by the organization all-roundly, keeping an eye on them and keeping the contact with them even after the transition. Even though, there are apartments of the organization where the children and youth can live and get emotional, financial, educational, and social support, at least when they are 35 years old.

Change over time in OHC in Azerbaijan:

One of the interviewees mentioned respecting children as individuals, as it is stated: *"Of course, if we compare the child to the model of [name of the organization] and the model of separate orphanages, [name of the organization] develops the child as an individual".* Despite all the care and support are given, children cannot accept all of them and even though the conditions are better than home, the happiness of children can stay under the question as it is stated: *"Of course, in the family, they might not focus so much on their development, but in the family, maybe they would be happier, or if we looked at a separate institution, the situation would be even worse".* The other interviewee highlighted the positive change in children and youth because of the relationship with the caregivers, as well as also repair of education, as some of them lacked regular education. To mention, children with "mental problems" are excluded from the organization as it is stated: *"There are children who, although they have mental problems, of course, we cannot keep them here, because this hinders our rehabilitation work".* The third participant did not provide information about the chance over time in children and youth.

Change over time in OHC in Portugal:

At the beginning, youth are lacking following rules according to one of the interviewees, while the other participant explained that *"In general, they learn to self-regulate their emotions and internalize society's operating rules. Some even manage to achieve long-term academic success"*. The third interviewee pointed out that even though there are positive changes, such as some consistency in school processes and school projects, sometimes there is no chance at all, and stated:

> *But I would say overall, the changes that we see are significant, but they are really small. Especially because most of these children will go back to their families, to their neighborhoods, to the suburbs, to the way of life they know. If they are able, for instance, to protect themselves, not put themselves in danger, well, it depends sometimes. I would say we make a very big difference, but it's far from being enough. Far from being enough.*

6. DISCUSSION AND FUTURE RESEARCH DIRECTIONS

The Research question is “Through the lens of the ecological systems theory, how is child welfare provided in out-of-home care (OHC) systems in Portugal and Azerbaijan, considering factors across all ecological levels (micro, meso, exo, macro, chrono)?”. The findings in all 5 ecological levels show both similarities and differences for Azerbaijan and Portugal. It is important to mention that as the study covers only three participants from each country, it is required to do wider research in the future, and findings are not generalizable. Also, findings show that each organization has its own nature and different answers in both countries. As the research only collects data from professionals and not from children and youth, and their parents, the findings are also limited by showing the situation from only one perspective.

Microsystem:

While in both countries, the relationship between children and their parents is supported by the organization, but the information about the quality of it was not provided by the interviewees. The relationship between children and caregivers in general was expressed more positively in Azerbaijan in comparison with Portugal. This finding does not overlap with previous research that was done in Azerbaijan in 2016, which is the only data: the interviews with children and youth revealed more negative expressions regarding caregivers and their stay in the OHC (Ismayilova, 2023). The findings about Portugal also do not overlap with the previous research, which showed more positive expressions by the children and youth regarding their stay in OHC and their relationships with caregivers (Castro et al., 2024*;* Pinheiro et al., 2024). This can show that the relationships are perceived differently by different stakeholders, and it can be one of the future research directions.

Healthcare is accessible for both countries, but it differs when it comes to mental health: while in Azerbaijan, the existence of psychologists in the organizations mentioned, there is no indication of specific mental health care for complex traumas. In Portugal, psychotherapy is more difficult to obtain unless there is compelling evidence. This highlights the need for easier access to mental health care for complex mental issues can be a focus of macro-level improvement planning.

In both countries assess to education is provided in OHC but academic performance of children and youth differ. In Azerbaijan education is considered as a value and low educational performance is not welcomed culturally (Hunner-Kreisel and Nasrullayeva, et al., 2022), and the findings also points more positive responses while in Portugal the answers are more negative. The outcomes of this difference can be one of the future research directions.

The daily routines are similar, and extracurricular activities are also common in both countries, but there are some differences. In Azerbaijan, a challenge with providing personal space for children was mentioned by one participant, while in Portugal, it is the most satisfying answer in comparison. In general, the statistical data about the number of children and the number of organizations show that organizations are more crowded in Azerbaijan than in Portugal (ISS, 2024; SSC RA, 2024). Previous research from Azerbaijan also overlaps with the findings (Ismayilova, 2023). One of the notable observations of the research is that the private organizations in Azerbaijan are hosting fewer children and youth than public organizations. It is also known that in Portugal, most of the OHC organizations are private, while it is the opposite in Azerbaijan. This shows the importance of supporting private organizations. Also, the difficulty of providing extracurricular activities outside of the organization, especially mentioned by one of the interviewees in Portugal, while the funding issues regarding that differ according to all 6 participants. Therefore, the type and quality of extracurricular activities and difficulties in accessing them can be one of the future research directions.

Mesosystem:

In both countries organizations are having similar staff members such as psychologist, social workers and care providers, as well as satisfied with staff collaboration and. While the ratio of child-to-staff is better in Portugal, there is lack of regular payment for the staff and also shortages of employees in one of organizations in Azerbaijan. This draw attention to the need to investigate funding system of both countries comprehensively.

Regular supervision and access to training is provided in both countries, although external supervision is more common in Portugal and internal supervision is more common in Azerbaijan where one of the organizations is having difficulty to with workload of it. Therefore, the importance of providing external supervision in Azerbaijan can be the focus of future improvement plans.

When it comes to staff well-being, there is still burnout in both countries, regardless of whether the interventions are professional or informal. One of the participants mentioned that the earliest time they leave work is 9 pm. The work-life balance problem was also seen in previous research in Portugal, as well as low salary and heavy workload, while these are not mentioned in this research (Rocha et al., 2022; Carvalhais & Formosinho, 2023; H. M. Carvalho et al., 2022). To tackle the issue should be one of future practice-based research directions.

Exosystem:

Both countries are having collaborations with governmental and international organizations. The importance of donations and funding problems, and volunteer support are mentioned by some of the participants in both countries. In Azerbaijan, one of the organizations uses social media to create connections with the civil community, which naturally creates support for free extracurricular activities. Also, it is the same organization that highlighted not having stigmas in public perception of OHC, while the other organizations from both countries pointed out the existence of negative beliefs about OHC experience and its adverse impact on children and youth. Different approaches to the privacy of children and youth by different organizations in Azerbaijan created new research questions regarding the perspective of children and youth. Moreover, while in Portugal, there is a public belief that OHC organizations just want to steal children, while in Azerbaijan, children and youth try to hide that they are from OHC outside. To handle this issue should be one of the future practice-based research directions.

Macrosystem:

Some of the participants from both countries mentioned positive changes in legislation on child welfare, but at the same time mentioned that there are also areas that need to be addressed and improved. Economic limitations in the field of OHC institutions are expressed by some of the participants from both countries. The issues regarding the legal context also differ. Different destructive cultural or social norms exist in both countries, and attempts to tackle them are also well. Gender related issues, such as early marriage in Azerbaijan, while normalization of drug use and violence in some neighborhoods in Portugal, are examples of this diversity. Previous research in Azerbaijan also highlighted gender-specific issues in institutionalization (Claypool &

Ismayilova, 2019). The further research direction can focus on how these differences can be used as a tool of inter-empowerment.

Chronosystem:

The age group in both countries is similar, and one of the differences is that the age limit in Portugal is 25, while it is 23 in Azerbaijan. The length of stay varies from case to case for both countries. All six interviewees mentioned about existence of support for the transition process to some extent, but each organization has a different level of specialized support system. When it comes to the change over time that children and youth show, the positive change was highlighted by participants from both countries, but they expressed the limitations. For example, a participant from Azerbaijan expressed that sometimes, despite all the effort, children do not take what is given to them, and maybe they live in better conditions and are respected, but living in a family could make them happier. Also, a participant from Portugal mentioned that even though there is significant change, it is far from being enough, and sometimes they do not change. Practical-based research on what kind of challenges disable desired change over time can be one of the future research directions.

Limitations:

One of the limitations of the research is that the participants are less prone to share opinion macro level factor as it is larger concept behind their practice.

One of the limitations is that the organizations that are participating in the research do not work with children and youth with mental and physical disabilities.

How to monitor and evaluate:

Monitoring can be considered as authoritative and insincere by people who are monitored. For example, research shows that using electronic monitoring can potentially negatively affect the well-being of employees and trust between management and employees. It can also create pressure on performance as well as limitations in work autonomy (Eurofound, 2020). This perspective applies to both professionals in the field who are monitored by other institutions, as well as the families in need monitored by social workers. The idea of monitoring can make the person who is monitored as someone who is the target of criticism for their conditions. Therefore, I see a need to

change the traditional way of investigations. As Mohamed and Kulmie (2023) explained, monitoring and evaluation should be stopped from being used as a basic obligation and instead should be part of formulating policies, plans, and services. This way of applying monitoring and evaluation can enable the challenges to be addressed according to solid evidence and bring remarkable insights for the progress. This phenomenon is not just seen in Azerbaijan, but also in Portugal. When people see a gap and try to help improve it, the other one can feel threatened and uncomfortable. For example. While in Portugal, people have wrong beliefs that OHC institutions "steal" children, according to the findings, in Azerbaijan, there is a cultural habit to try to look good instead of showing reality as it is, which is called "cosmetic reform" (Huseynli, 2017, p. 168). In fact, sharing imperfections and need for help is vulnerable and therefore, trying to help only after building a safe connection where intentions are clear and trustful can be crucial as a foundation of functional monitoring.

7. CONCLUSIONS

The research aimed to analyze child welfare in out-of-home care in Azerbaijan and Portugal comparatively through the lenses of Bronfenbrenner's ecological systems theory. The factors in micro, meso, exo, macro, and chrono levels that affect child welfare in OHC are defined first. Analysis of the data collected by the semi-structured interviews, which were created based on the ecological systems theory, gave insights into the main research question. Results contain both similarities and differences between the countries regarding child welfare in OHC. While some of the findings showed similarity with previous research, some of them did not, and some of them are new to the literature.

While in Portugal, the child-staff ratio, children's personal space, provision of external supervision, and support after care are slightly better, in Azerbaijan, child-caregiver relationships, education as a value are slightly better. OHC organizations in both countries are facing funding and social stigma, as well as burnout problems. Also, OHC organizations in both countries show similar staffing profiles, provision of regular training and supervision, and collaboration with external organizations. In addition, while in Azerbaijan gender gender-related issues are mentioned, in Portugal, the problem of drug and violence normalization is commented on.

The significant limitation of the study is the small sample size, and also its specific focus on the perspective of professionals. Therefore, a more comprehensive but specific study with a larger sample size is recommended for the future research as well as participation of different stakeholders.

The research brings insights in social work. Importance of supporting to have more private organizations and also providing external supervision in OHC organizations in Azerbaijan are main takeaways of the research. Also, the research shows how culture-specific problems needs to be taken into consideration in each country as well as universal problems such as stigmas, burnout, funding problems.

Understanding how child welfare is provided in Azerbaijan and Portugal comparatively, in general, created paths for future research directions at all ecological levels. The findings generated the paths to investigate: how relationships perceived differently by different stakeholders; focusing on easier access to mental health care; outcomes of having different value on education; the type and quality of extracurricular activities and difficulties to access to them; funding systems to handle financial obstacles; practice-based research on burnout and well-being of professionals;

cultural differences as tool of inter-empowerment; practical-based research over what kind of challenges disable the desired change over time. Overall, the research helped to identify gaps in the research field and played the role of a lighthouse for future research and improvement plans for both countries.

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Annex

Specific Informed Consent

INFORMED CONSENT

(For studies where there is **no** processing of personal data of the participants)

This study is part of a research project taking place at **Iscte – Instituto Universitário de Lisboa**. The study aims to analyze child welfare in out-of-home care (OHC) systems in Portugal and Azerbaijan through the lens of the ecological systems theory, considering factors across all ecological levels (micro, meso, exo, macro, chrono).

The study is conducted by Gunay Alasgarova, whom you may contact to clear up any doubts or share comments via gualasgarova@stud.mruni.eu.

Your participation in the study, which is highly valued as it will contribute to the advancement of knowledge in this field of science, consists of an individual semi-structured interview lasting approximately 1 to 2 hours. The interview will include originally 22 questions, alongside the potential additional follow-up questions if needed. The dialogue will focus on your professional observations and experiences regarding child welfare in your institution at different levels including organizational practices, and interactions between different stakeholders in the system. There are no expected significant risks associated with participation in the study.

Participation in the study is strictly **voluntary**: you may choose freely whether to participate or not to participate. If you have decided to participate, you may stop your participation at any time, without having to provide any justification. In addition to being voluntary, your participation is also **anonymous** and **confidential**. The obtained data are merely intended for statistical processing and none of the answers will be analyzed or reported individually. At no point of the study will you be asked to identify yourself.

I declare that I have understood the aims of what was proposed to me, as explained by the investigator, that I was given the opportunity to ask any questions about this study and received a clarifying reply to all such questions, and **accept** participating in the study.

_____(place), _____/____/_____(date)

Name: _____

Signature: _____

General Informed Consent

Informed consent

The following is a presentation of how I will use the data collected in the interview.

In order to ensure that projects meet the ethical requirements for good research I promise to adhere to the following principles:

- Interviewees in the project will be given information about the purpose of the project.
- Interviewees have the right to decide whether they will participate in the project, even after the interview has been concluded.
- The collected data will be handled confidentially and will be kept in such a way that no unauthorized person can view or accessit.

The interview will be recorded as this makes it easier for me to document what is said during the interview and helps me in the continuing work with the project. In my analysis, some data may be changed so that no interviewee will be recognized. After finishing the project, the data will be destroyed. The data I collect will only be used in this project.

You have the right to decline answering any questions or terminate the interview without giving an explanation.

You are welcome to contact me or my supervisor in case you have any questions (e-mail addresses below).

Student name & e-mail: Gunay Alasgarova, gualasgarova@stud.mruni.eu.

Supervisor name & e-mail: Prof. Dr. Jorge Manuel Leitão Ferreira, Jorge.Manuel.Ferreira@iscte-iul.pt

Interviewee

Interview guidelines

Interview guideline for written interviews:

Hello, thank you for taking the time to participate in the interview.

My name is Gunay and I am a student of the ESWOCHY program. This is the Erasmus Mundus Joint Master's Program in Social Work with Children and Youth. It is a special program where students from different countries study in four different countries throughout each semester. I am from Azerbaijan, and I am currently in my last semester. The first semester was in Lithuania, the second in Latvia, the third in Slovakia, and now the last semester is in Portugal. I am writing my master's thesis and the topic is Child Welfare in residential care. My interest focuses on the well-being of children living in residential care, such as shelters, residential homes, and crisis centers, where they are cared for by organizations throughout the day. The title of the thesis is "Comparative Analysis of Child Welfare in Out-of-Home Care in Portugal and Azerbaijan".

As your institution gives out-of-home care services to children and youth, it fits the criteria of institutions for my research. As a professional with a holistic view of the institution, your participation in this interview and contribution to the study by sharing your professional knowledge, experience, and perspective is valuable.

The interview consists of 22 questions, but I may add additional questions if necessary. Your name and the name of the organization will remain anonymous and unidentifiable. Furthermore, the entire interview will be used only for academic purposes as part of my master's research. You can stop and leave the interview at any time, without having to justify your decision. If you would like to obtain more information about the study, both during and after the research, you can contact me.

It would be really helpful if you feel comfortable and trusted, and be transparent. Please take your time to answer each question and feel free to reply as long as you want.

Interview date: __/__/____

Interview guideline for oral interviews:

Hello, thank you for taking time for me today. My name is Gunay. I am student of ESWOCHY program. It is the Erasmus Mundus Joint Master program in Social Work with Children and Youth. It is a special program where students from different countries come together and study four different countries each semester. I am from Azerbaijan and I am currently in my last semester. The first semester was in Lithuania, the second semester was in Latvia, the third semester was in Slovakia and now the last semester is in Portugal. I am writing a master's thesis and the topic is about Child welfare in out-of-home care. I am interested in how is children's well-being in out-of-home care such as shelters, residential care, and crisis centers where children are taken care of by organizations all day. The name of the thesis is "Comparative Analysis of Child Welfare in out-of-home care in Portugal and Azerbaijan".
Your organization is also the type of organization that is related to my thesis. I hope you can help me by being part of the interview and contributing to the study by sharing your genuine professional knowledge, experience, and thoughts.

The interview consists of 22 questions but I may ask more questions if it is needed. The interview should take around 1 to 2 hours. It would be really helpful if you feel comfortable and trusted and be transparent. Your name and also the organization's name will be anonymous and unidentifiable. Also, the whole interview will be used only for academic reasons as a part of my master's research. You can stop and leave the interview whenever you want without giving a reason. If you want to get more information about the study during the study and later, you can contact me.

Also, if you have consent/permission, I would like to have an audio record of our interview.

Do you have any questions before beginning the interview?

- Interview Date (dd/mm/yyyy) _____
- Participant agrees for the interview to be digitally recorded

Yes..... o No..... o

Interview questions

1. Can you give general information about the organization and your position here?

Micro:

1. Can you give information about children and youth's education? Do they go to school or kindergarten and how is their academic performance and attainment?
2. Do they get medical care easily when they need it? And how is the provision of hygiene and nutrition they need?
3. How is one day of children/youth in out-of-home care? Can you describe a typical day including routines and details, please? Do they have their own space and time for privacy or play?
4. How is the relationship of children/youth with their family members (parents and siblings, etc.), caregivers/workers, and the other residents? Do they have friends and fulfilling relationships?

Mezo:

1. How many specialists work for how many children/youth? And What is the professional background of workers in the organization?
2. Are there programs, or training for workers/specialists to improve their skills and knowledge? If yes, can you give examples and If not, do you feel the need for it?
3. How would you rate/evaluate the level of collaboration between workers/specialists to overcome the challenges of children/youth in the organization?
4. How do you support the emotional well-being of workers/specialists and protect them from burnout? Including yourself.
5. How do you provide the transition process for children/youth? What programs or community resources do you offer to help them during their transition?

Exo:

1. Do governmental and non-governmental organizations support your organization? If yes, to what degree?
2. Do you have volunteers or local community support or any international support? If yes, to what degree do you observe its importance?

3. How do public perceptions and media representations of out-of-home care affect children's experiences and the funding your organization receives?

4. What community programs or services do you offer support for children/youth and their caregivers, once they leave the care?

Macro:

1. Do you observe the positive or negative impact of cultural beliefs, national/social norms, and values as well as the socioeconomic condition of the country on children/youth welfare in your organization? And what are they? How do you deal with the challenges of the negative impact?
2. Do you feel any negative or positive impact of any national or international laws or policies?

3. How do national or international funding policies affect the long-term results for the children/youth under your care, and what opportunities or challenges does your organization face as a result?

4. How do cultural beliefs, and societal expectations/norms about these children and youth influence their integration into society?

Chrono:

1. Which age group can be placed and which age group do you serve most of the time?
2. How long do children/youth stay here and what are the reasons for placement?
3. What changes were observed in children/youth during their stay in your organization?
4. What is the future of the child/youth? How do you evaluate their growth or change from placement to their post-care transition into independent living?

Non-plagiarism declaration

Non-plagiarism declaration

(To be submitted with the Master Thesis)

Submitted to the Erasmus Mundus Master's Programme in Social Work with Child and Youth:

- Has not been submitted to any other Institute/University/College
- Contains proper references and citations for other scholarly work
- Contains proper citation and references from my own prior scholarly work
- Has listed all citations in a list of references.

I am aware that violation of this code of conduct is regarded as an attempt to plagiarize and will result in a failing grade in the programme.

Date (dd/mm/yyyy): 20.05.2025

Signature:

Name (in block letters): GUNAY ALASGAROVA