

Protecting Children

Working in Partnership across Children's Services

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ABOUT THE EUROPEAN SOCIAL NETWORK (ESN)

The **European Social Network (ESN)** represents the voice of public social services as employers, managers, funders, planners, deliverers, and inspectors of social services in Europe.

ESN inspires social services leaders to improve the lives of people in the community through the development and exchange of knowledge to improve policy and practice in public social services, including all support and community-based services fighting poverty, promoting social inclusion and autonomy, child protection, protection of people with disabilities, care and support for older people, homeless people, as well as people and families in disadvantaged socio-economic situations.

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ABOUT THIS PUBLICATION

ESN has been actively working on aspects relating to children's wellbeing since **2008** at both European and national levels, advising public authorities across Europe.

In **2010**, we published the report '[Breaking the Cycle of Deprivation](#)' by our working group on children and families.

Our **2011** seminar, focused on investing in children, was followed by a [three-year study](#) of children's services in the context of the European Commission's Recommendation 'Investing in children: breaking the cycle of disadvantage'.

Our **2017** seminar delved deep into the duty of social services in [promoting the social inclusion of migrant children and young people](#).

In **2021**, we launched the [final report](#) of our 2018-2021 working group on integrated care and support, focused on four population groups, including children and families. That same year, we published a [policy briefing](#) drafted in the framework of our working group on the Sustainable Development Goals (SDGs), specifically SDG 16.2 on ending violence against children. We have since focused on the European Child Guarantee (ECG), positioning ourselves from its [proposal](#) to its [implementation](#).

In **2024**, to further contribute to the realisation of the ECG for the most vulnerable children as well as the European Commission's Recommendation on developing and strengthening integrated child protection systems in the best interests of the child, we launched a questionnaire with our members to gather the latest evidence on how social services across Europe implement integrated child protection. This publication covers our questionnaire findings, analysed in light of existing literature, and the insights and best practice presented during a seminar we organised in Autumn 2024.

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1. INTRODUCTION

Child protection is defined as “the prevention of, and response to, exploitation, abuse, neglect, harmful practices and violence against children” (UNICEF, 2021), that is “every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier” (UNGA, 1989).

The protection of children is the responsibility of states. As of December 2024, 196 countries, including all the European Union (EU) Member States, have ratified the United Nations (UN) **Convention on the Rights of the Child (CRC)**, adopted by the UN General Assembly on 20 November 1989. They are, therefore, committed to respecting, protecting, and fulfilling the rights recognised therein, guided by the principles of **non-discrimination**, **best interests of the child**, **right to life, survival**, and **development**, and **respect for the views of the child**.

CRC ARTICLE 19 (1) PROTECTION FROM VIOLENCE, ABUSE, AND NEGLECT

States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

States fulfil their obligations by setting up **child protection systems**, consisting of certain formal and informal structures, functions, and capacities aimed at preventing and responding to violence against children. They involve human and financial resources, laws and policies, governance, monitoring and data collection, protection and response services, and care management. Various actors interact within these systems, including children, families, communities, and professionals working at the international, national, regional, or local levels (UNICEF et al., 2013).

At the EU level, various tools and frameworks exist that support national, regional, and local authorities in achieving better-coordinated child protection. Foremost, on 14 June 2021, the Council of the European Union established the **European Child Guarantee**, whose aim is to “prevent and

combat social exclusion by guaranteeing access of children in need to a set of key services”: effective and free access to high-quality early childhood education and care, education and school-based activities, at least one healthy meal at school each day, and healthcare; and effective access to healthy nutrition and adequate housing. The implementation of the European Child Guarantee at national level is coordinated and monitored by appointed National Child Guarantee Coordinators (Council of the EU, 2021).

On 23 April 2024, the European Commission adopted the **Recommendation on developing and strengthening integrated child protection systems in the best interests of the child**. This Recommendation aims to support EU Member States to develop and strengthen their child protection systems to protect children from any form of violence, including online. An integrated child protection system foresees the following key actions, amongst others (European Commission, 2024):

- Establishing and effectively implementing a consistent **legal and policy framework**.
- Strengthening the **coordination and cooperation** of all relevant ministries and sectors across the different levels of competence at the national, regional, and local levels and in cross-border situations.
- Allocating adequate **human and financial resources** to child protection services.
- Collecting **data** in a more comprehensive manner to strengthen monitoring and evaluation systems.
- Setting up **reporting and referral mechanisms** for cases of violence against children.
- Ensuring **integrated case management and support** in cases of violence against children.

The Recommendation is in line with the **10 principles for integrated child protection systems** spelled out by the European Commission itself (European Commission, Undated).

TEN PRINCIPLES FOR INTEGRATED CHILD PROTECTION SYSTEMS

1.

Every child is recognised, respected, and protected as a rights holder, with non-negotiable rights to protection

2.

No child is discriminated against

3.

Child protection systems include prevention measures

4.

Families are supported in their role as primary caregiver

5.

Societies are aware and supportive of the child's right to freedom from all forms of violence

6.

Child protection systems ensure adequate care through committed and competent professionals, national coordinating frameworks, and child protection policies and reporting mechanisms

7.

Child protection systems have transnational and cross-border mechanisms in place

8.

The child has support and protection

9.

Professionals working with children receive training on identification of risks

10.

There are safe, well-publicised, confidential, and accessible reporting mechanisms in place



“

Monitoring and evaluation of interventions often lack sufficient rigour, and data is not collected the way it should be. You cannot manage what you cannot measure.

”

Sandra Aigner-Accardo,
Project Manager, European Union
Agency for Fundamental Rights

2. CHILD PROTECTION SYSTEMS AND PROGRAMMES IN EUROPE

Despite efforts to implement integrated child protection in Europe, there are significant differences in child protection systems and their frameworks across the region. These differences are clearly reflected in how these systems are organised, the involvement of different actors, the likelihood of state intervention, and the range of services available to children and families.

One common way to describe different orientations in child protection is to distinguish between three types of systems (Table 1).

However, subsequent research on child protection systems has revealed that a system in one country does not always adhere to a single orientation. In countries with a federal structure, child protection can vary significantly between regions (e.g. Switzerland). Furthermore, in countries with rapidly evolving systems (particularly in parts of Southern and Eastern Europe), categorisation is challenging due to their evolving nature (Berrick et al., 2023).

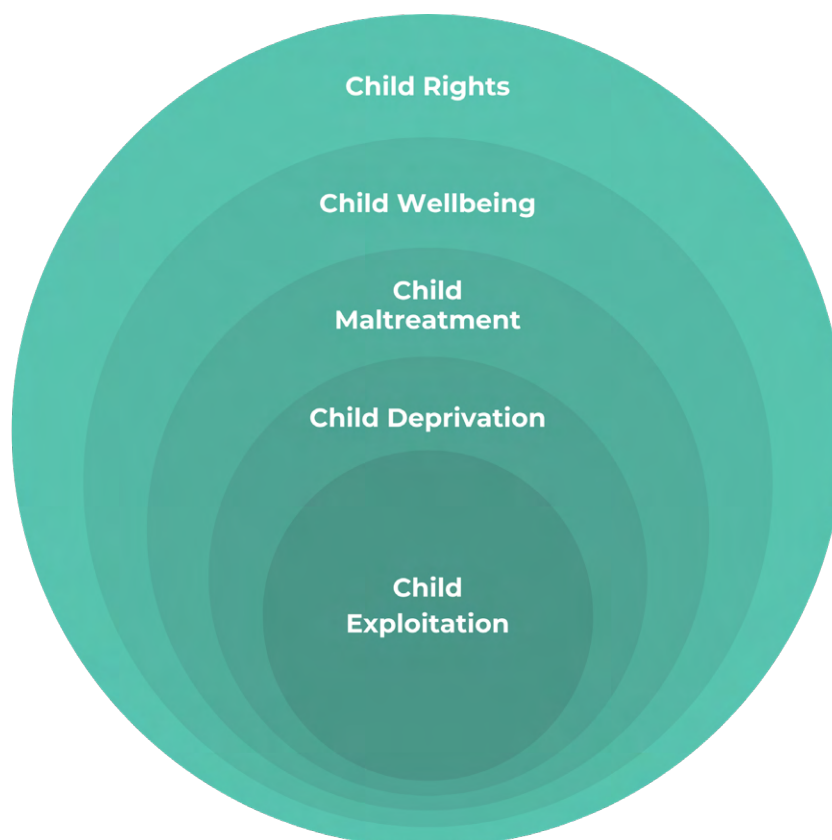
Newer research asserts that the child should be placed at the centre and that systems should be distinguished according to how they protect children.

According to Berrick et al. (2023), child protection systems worldwide protect children at different levels: at the most basic level, systems aim to protect children against the risk of child **exploitation**; at the next level, countries are in addition oriented to safeguard against child **deprivation**, intended as lack of necessities, such as food, clothing, transportation, social activities, and education support, due to limited family resources (Chen et al., 2021). At the subsequent level, children are protected against **maltreatment**; countries with an even broader scope then seek to protect children's **wellbeing**; and, finally, covering all the levels of risk and protection, a few countries aspire to protect **children's rights**.

Table 1: Types of child protection systems

NAME OF SYSTEM	DESCRIPTION	COUNTRY EXAMPLE
RISK-ORIENTED SYSTEMS	These systems intervene once children are at risk and need protection and rely more on sanctions, legalistic interventions, and an adversarial relationship with birth parents.	UNITED KINGDOM
FAMILY SERVICE-ORIENTED SYSTEMS	These systems aim to support families and, thus, prevent risk situations. The premise is cooperation with the family, which is accomplished by providing family-based services which aim to improve life situations.	GERMANY, ITALY AND SWEDEN
CHILD-ORIENTED SYSTEMS	These systems aim to assure not only children's protection but also children's rights. As the name suggests, this approach is child-centric.	NORWAY

Figure 1: Different levels of child protection



© Berrick et al. (2023)

These categories, however, are not rigidly defined: within one country, some aspects of its child protection system may emphasise one type of risk but incorporate others as well. What makes the most difference, in terms of the prevalence of children at risk, is the degree to which each country provides resources for child protection and adequate living standards for families, as well as the political resolve to implement programmes designed to mitigate child rights violations, address cultural and religious practices compromising children's rights, and manage the fundamental tensions that result from protecting children and simultaneously honouring family privacy (Berrick et al., 2023).

Differences in child protection systems are reflected in the **rate of children placed in alternative care**, which varies significantly from country to country within Europe. In the EU, for example, where a total of 758,018 children aged 0-17 were recorded as being in care in 2021, Greece is a striking example of this discrepancy: with only 114 children per 100,000 placed in alternative care, it stands in stark contrast to countries like Lithuania (2,091 per 100,000) and Latvia (2,119 per 100,000) (UNICEF & Eurochild, 2021).

Despite efforts to prevent alternative care, the evidence shows that the number of placements is not falling but rising in certain countries such as Albania, Azerbaijan, and Türkiye. In Western Europe, furthermore, the average **rate of children placed in residential care** in 2024 was 294 per 100,000, making it the highest in the world, where the average rate is 105 per 100,000 (UNICEF, 2024-b).

There is no consensus on how to interpret the rising figures. Berrick et al. (2023) explain that the increasing numbers are subject to different influencing elements and must be analysed on a country-specific basis. A number of factors can be identified as influencing these figures, e.g. the child protection systems themselves, socio-economic factors in the countries concerned, ideas about growing up, ideas about the relationship between the state and the family, the range of child and youth welfare services available, prevention and cooperation structures, and, in recent years, the number of unaccompanied children entering child welfare services in some countries.

3. METHODOLOGY

Since 2008, ESN has been working on how social services can best support children and young people and their families. Through questionnaires, working groups, and seminars, we have outlined continuous needs assessment, family- and community-based care, and joint work with education, health, the police, and the justice system as key factors for promoting better outcomes for children and families.

In 2024, ESN set about understanding how universal and specialist children's services across Europe put in place coordination, essential to promote an integrated approach to children's support. We designed an **online questionnaire** to gather the latest evidence on the matter, covering four key thematic areas: cooperation, prevention, child participation, and child protection workforce. In March, the questionnaire was submitted to our members, representing national associations of social services directors, local, regional, or national departments of social welfare/social services, professional associations, regulatory or inspection bodies, third sector providers, universities, and applied research organisations.

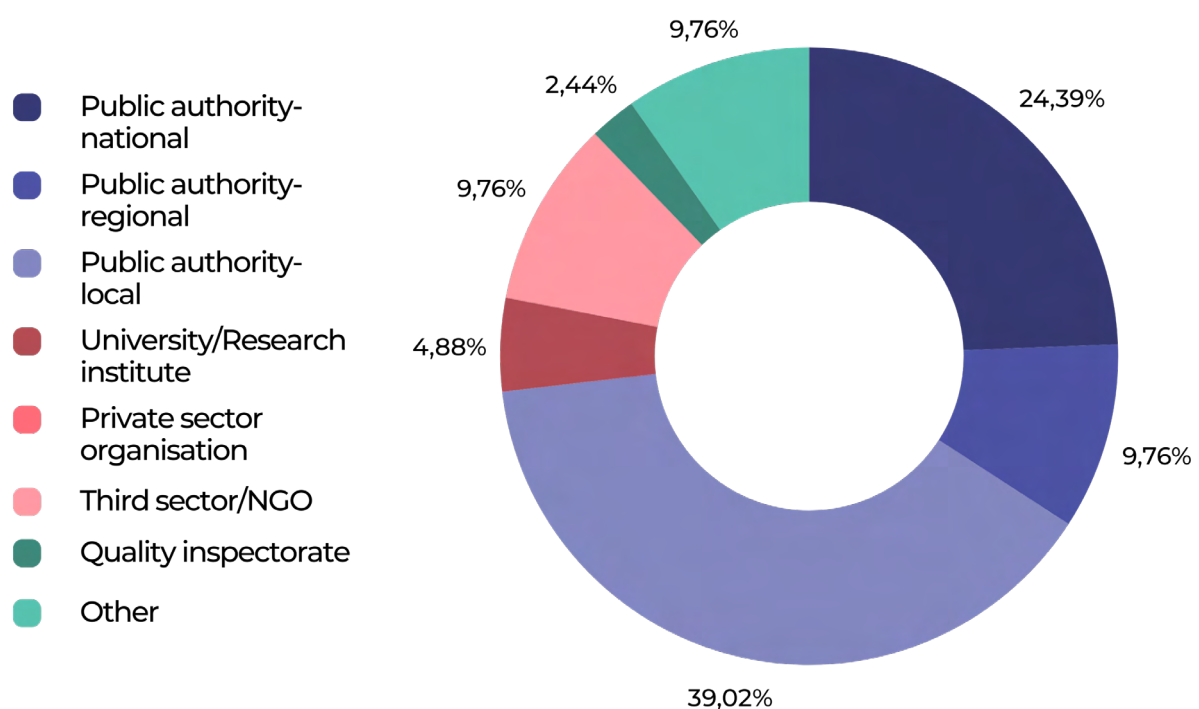
We received a total of 41 responses from 19 countries: **Austria, Belgium, Croatia, Denmark, France, Greece, Iceland, Ireland, Israel, Italy, Malta, Moldova, Poland, Romania, Slovenia, Spain, Sweden, Switzerland**, and the **United Kingdom**.

73% of respondents were from public authorities (national, regional, and local), with 39% from local authorities and almost 25% from the national level. Third sector and non-governmental organisations' responses accounted for nearly 10% of the total, while universities and research institutes made up almost 5%, and inspection agencies 2%. The remaining respondents (just under 10%) responded 'Other' for their type of organisation.

A clear majority (46%) of respondents indicated that their responses were most relevant on a local level, while 34% were responding on a national level, 15% on a regional level, and almost 5% of the responses mixed different levels.

The majority of responses from regional or local levels applied to urban areas (70%) or semi-urban regions (26%), while 11% were completed for rural areas (multiple responses were allowed). Most of these respondents also reported that the poverty rate in their region or municipality is higher than the national rate (37%), while the remaining described it as the same or lower, in equal measure (26% each).

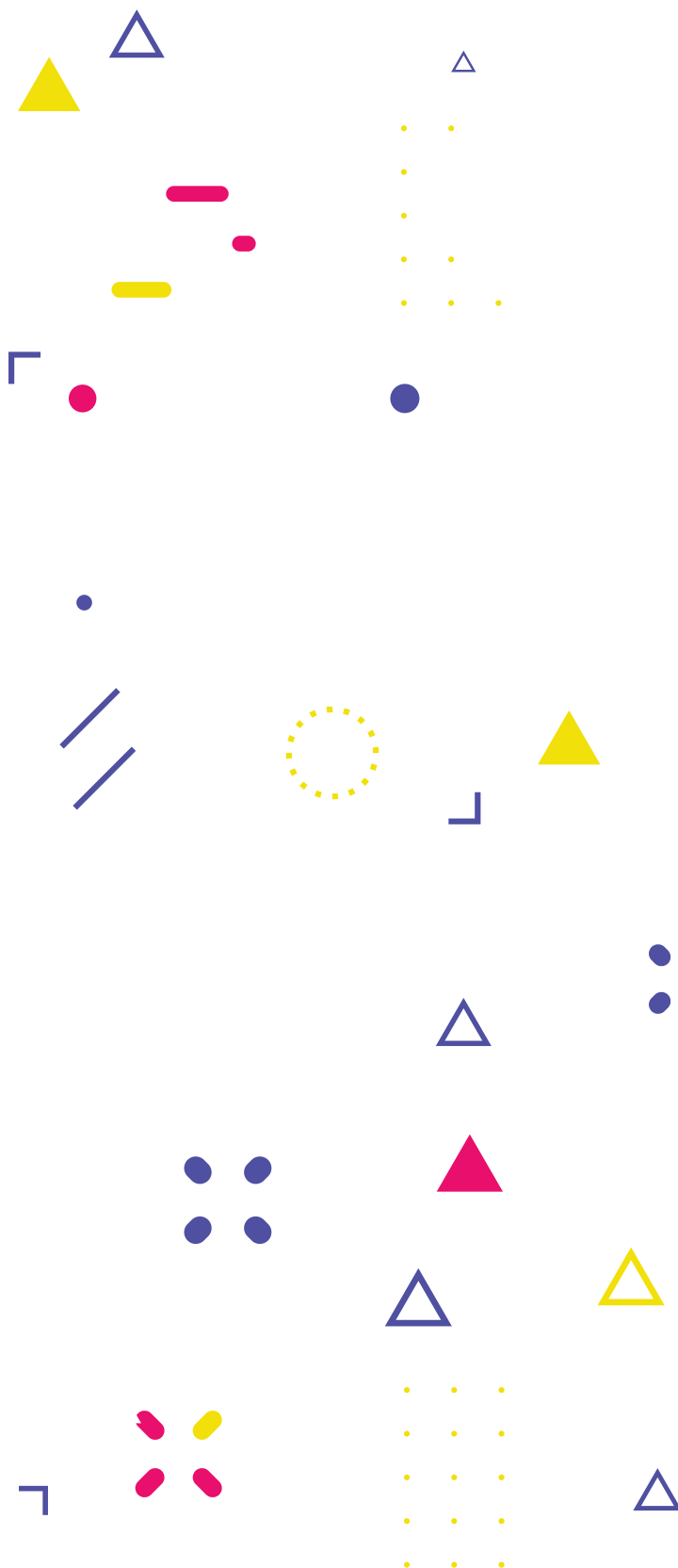
Figure 2: Questionnaire respondents' organisations



Starting in May, we analysed the questionnaire results in light of **existing literature** and gathered our main findings, which then guided the drafting of the programme for our **annual seminar**, **'Protecting Children: Working in Partnership across Children's Services'**. The seminar, held on 30 September-1 October 2024 in Bucharest, Romania, was co-hosted with Bucharest's 6th District City Council – General Directorate for Social Care and Child Protection, and brought together more than 150 experts, decision-makers, social services directors, practitioners, and persons with lived experience who, over the course of two days, discussed:

- How to prevent harm to children.
- Promoting family- and community-based alternative care placements.
- How social services collaborate to protect children.
- What support international organisations and the EU provide to develop integrated approaches to child protection.
- How to strengthen the child protection workforce.
- How children can be involved in decision-making.

The analysis of the questionnaire responses, desk research, the discussions held at the seminar, and the best practice showcased during the event form the basis of this publication, which addresses the four key themes raised in both the questionnaire and the seminar.



4. COOPERATION



According to the CRC, children have the right to be free from all forms of violence. In its general comment no. 13 on this specific right, the Committee on the Rights of the Child argues that, to put this into practice, isolated, fragmented, and reactive initiatives to address child protection need to be overcome and coordinated frameworks for eliminating violence need to be developed. This can be done through comprehensive child rights-based protection measures.

Different actors must work together to achieve such holistic child protection. Child protection authorities are only involved when children are at risk. Therefore, they depend on successful cooperation from the various people and authorities who are in contact with children and families to identify and protect children at risk.

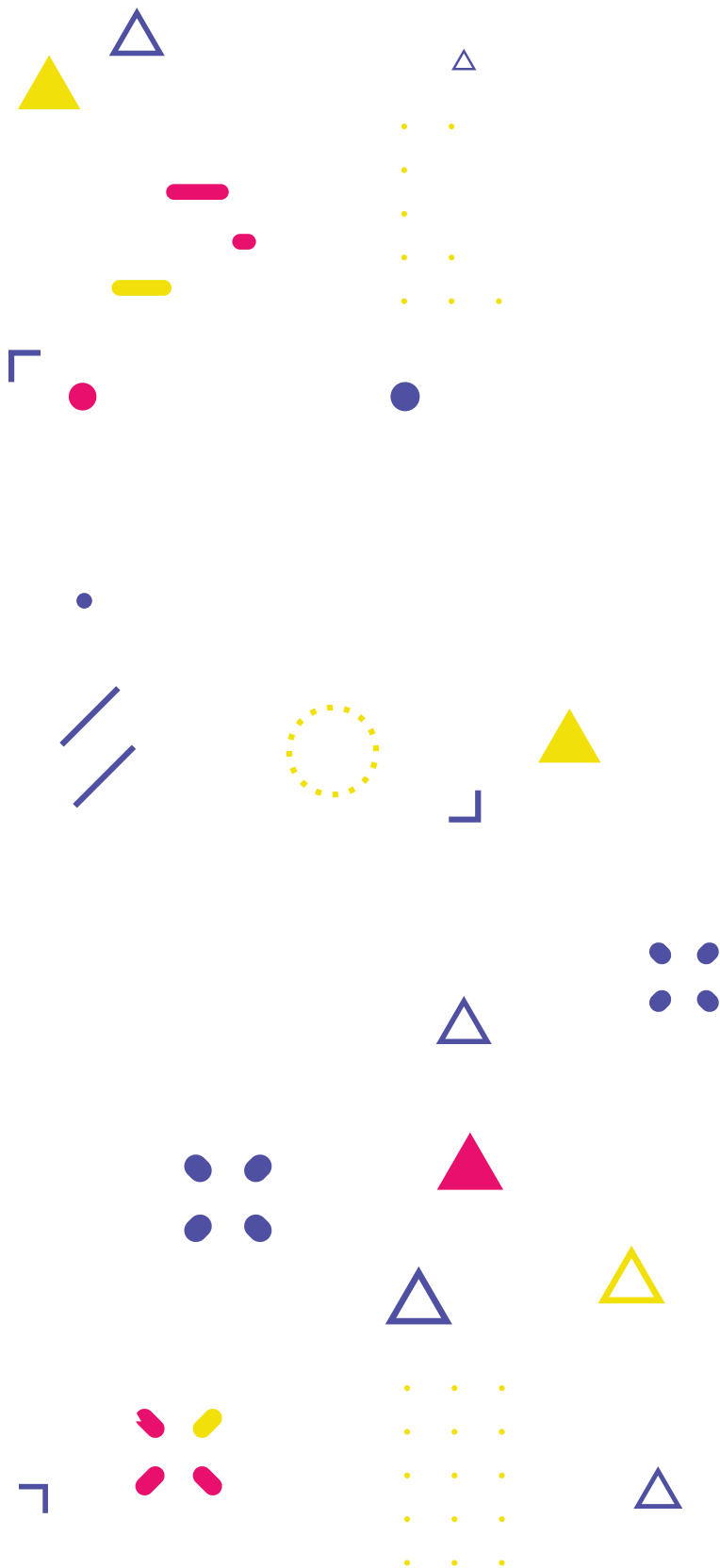
The following agencies play a pivotal role:

- **Schools and daycare centres**, where children and young people spend a great deal of time, have the opportunity to build close relationships with them and thus identify those at risk.
- **Providers of leisure activities for children**, together with educators, are often the first point of contact for children and young people and have a strong, trusting relationship with them.

- The **police** have a duty to intervene in cases of domestic violence, youth criminality, and other forms of criminal behaviour that affect families and family members.
- The **health system**, including psychiatrists, paediatricians, and maternity clinics, covers the entire population. Maternity clinics are in contact with families and newborns at their most vulnerable moments. Paediatricians and health visitors are able to identify developmental delays and physical injuries at an early stage. General health systems for adults as well as psychiatry services meet parents who are unable to adequately care for their children due to physical disabilities and/or mental health conditions.
- **General social services** are in contact with people and families facing difficult life situations, concerning finances, housing, work, and relationships. They can identify any negative impact that the family's circumstances may have on the child's wellbeing and protection.
- The **justice system** is involved when a child's protection is obviously at risk. Judges assess the extent of the risk and decide on the appropriate course of action. This is the only sector with the power to permanently revoke parental rights.

Each of these agencies has a distinct mandate and operates in a unique manner. A recent literature review of 57 studies found that successful cooperation hinges on several key factors (Herbert et al., 2020):

- **Mandate, vision, roles, and priorities** must be clearly defined and responsibilities must be reconciled with the respective agency or professional discipline's role in a cross-agency team.
- There needs to be a clear and comprehensive **cross-agency protocol**, developed and agreed to by each of the participating agencies and organisations. This must set out common standards such as culturally appropriate practice, common terminology across agencies and disciplines, formalised relationships with specialist service providers, and principles for information sharing between agencies.
- Effective **communication** and **information sharing** are essential.
- **Joint training** is vital for all professionals working with children and families in the community.
- **Mutual trust** and **respect** between different professions and professionals is paramount.
- **Resources**, especially regarding time, must be allocated. This is of particular importance as a lack of resources is frequently discussed and cooperation depends on having enough time.
- **Professional skills** and **knowledge**, both related to the professionals' respective work as well as to their capacity to collaborate with other workers, are crucial. It is essential to have an understanding of each other's roles and basic competence for cooperation.
- **Leadership** and **governance**: there is a need for cross-agency leadership and commitment to teams and processes across agencies for resolving conflicts.
- **Common case review meetings** are crucial as well. They serve at least two purposes: they provide an opportunity for decision-making across agencies and they allow cross-agency team members to become more familiar with each other and improve their knowledge of each other's practices.
- Furthermore, **co-location** can benefit collaboration and promote a culture of **mutual feedback** and **common evaluation** of cases.



4.1 Frameworks for cooperation on child protection across sectors

The literature is clear: cooperation is central to a successful child protection system (Herbert et al., 2020). Generally, child protection professionals become involved only upon receiving child risk reports from other agencies or services. They are, without question, dependent on cooperation. Successful collaboration is the key to better outcomes for children and families.

Most respondents to ESN's questionnaire reported the existence, in their respective country, of **legal frameworks for cooperation** between child protection and other children's services, the overwhelming majority of which are at national level (81%), followed by regional level (38%), and local level (30%).

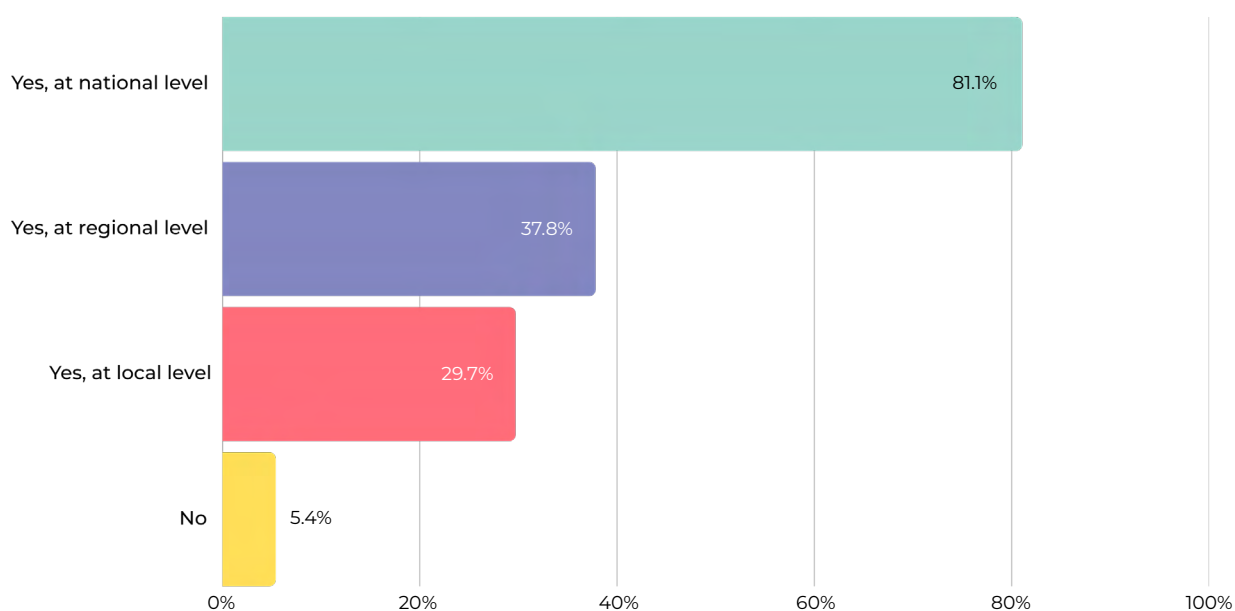
More than 86% of respondents stated that cooperation between child protection services and other services working with children is mandatory when a child or family is identified as being at risk. However, the questionnaire's results show as well that protocols are only partially in place at the regional level. There is a clear need for action here, with the aim of giving the various parties involved security in the processes whilst allowing for flexibility.

Child protection services in Flanders (Belgium) are organised in such a way that prevention is a local matter, early intervention is subregional, and intensive assistance is regional. The goal is to help and support at-risk families early and as close as possible to avoid escalation.

Questionnaire respondent
from Belgium

Collaboration comes at a cost. **Time and resources** are often lacking, and studies on child protection describe these services as being “underfunded” and “understaffed” and in need of dedicated resources to participate in collaborative efforts (Colvin & Miller, 2020; Machura, 2016). Our findings prove that the costs and obstacles of establishing successful collaborative relationships are associated with precisely these factors. More resources need to be made available in order to enable cooperation.

Figure 3: Existence of legal frameworks for cooperation on child protection across Europe



Bode & Turba (2014) assert that child protection is a “Sisyphean task”, with numerous actors involved and the operationalisation of which is a constant test of patience. Firstly, the actions and their objectives must be defined on a case-specific basis. Secondly, various disciplines and specialist cultures must be involved, operating based on a patchwork of different institutional regulations and disciplinary objectives. Consequently, competing responsibilities inevitably arise. These must be regulated by common protocols.

In practice, however, it is evident that implementing cooperation guidelines inevitably involves limitations and compromises. There is a clear need for translation work between the different disciplines and a flexible approach. The latter is made possible, above all, by **informal networks** between those involved, as well as **mutual respect** and **trust**. **Common guidelines for cooperation** as well as **informal networks** among professionals and **round tables** organised by the lead administration were underlined as examples of cooperation by the questionnaire’s respondents.

“

The legal framework supports Child Protection Services to obtain any information from relevant entities with regards to any child at risk. Mandatory Reporting Guidelines also demand professionals working with children at risk of abuse to report such risk. No data is exchanged unless it is aimed at the protection of a child at risk.

”

Questionnaire respondent
from Malta

“

We mapped the work of different specialists working in the social, educational, and health sectors and found out that quite often they did the same work because of mistrust and sometimes different languages.

”

These are an important feature that needs to be maintained and further encouraged. **Cooperation platforms** and **shared IT systems**, on the other hand, are still being developed.

Data protection regulations in the area of child protection also require more homogenous implementation. According to our questionnaire, legal obligations to share information are quite well established, but there is a great deal of variation in local practice. While in some places data is not exchanged at all, in others this is done with parental consent or without it if a child is identified as being at risk.

Multi-agency coordination and training are vital to keeping children safe, both across public authorities at national, regional, and local levels and across sectors such as education and health. For this to happen, protocols must be put in place, clearly defining roles, responsibilities, and processes to ensure that coordination does take place.

Good examples of established multidisciplinary cooperation are services that follow the Barnahus model, a framework that brings together, under one roof, a variety of professionals from key sectors to respond to cases of child sexual abuse in a timely and child-friendly manner, avoiding secondary victimisation of the child or young person.



Hanna Vseiov
National Coordinator for the
Implementation of the European Child
Guarantee, Ministry of Social Affairs,
Estonia

Key components of the model are child protection, forensic interviews, medical examinations, and assessment, therapy, and support, hence why the multidisciplinary team includes professionals from disciplines such as child protection, social services, medical and health care services, child psychology, law enforcement, the judiciary, and specialists in forensic interviewing.

The **Barnahus model**, established for the first time in Europe in Iceland, is now being replicated in many countries, including Ireland, Germany, Romania, Spain, Sweden, and Ukraine (Council of Europe, 2023) and was identified by the Lanzarote Committee in 2015 as a promising practice for:

- Best interests of the child in investigations and criminal proceedings.
- Victim support.
- Data collection.

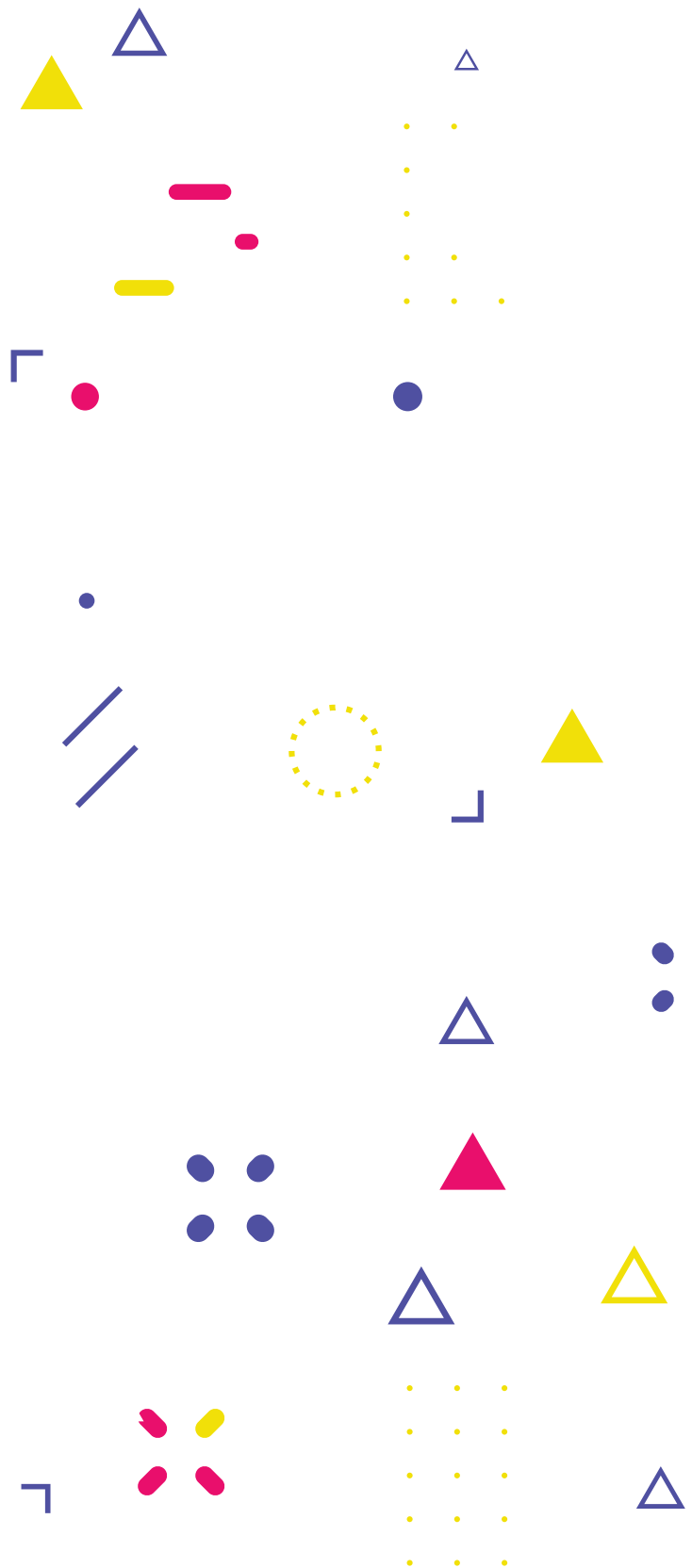
“

We are supporting many countries in setting up similar structures (to the Barnahus model). This child-friendly, multidisciplinary approach provides a safe, coordinated space where children can receive the help they need.

”



Magdalena Bochińska
Policy Advisor, Children's Rights Division,
Directorate General of Democracy and
Human Dignity, Council of Europe



4.2 Services child protection professionals cooperate with

Different services cooperate with child protection services. According to the questionnaire findings, general **social services** (76%), the **police** (57%), and the **justice system** (54%) are the services that work jointly with child protection professionals the most. **Schools** and **early childhood education and care** lag slightly behind, with 49% and 43% respectively.

There is also close cooperation from the **health system** including paediatricians, general practitioners, and maternity wards in hospitals. Significantly less cooperation was reported from **leisure facilities** (24%), midwives (30%), and mental health services (35%).

At local level, there are many municipalities that have well-coordinated services with schools and day care facilities. There are also coordinated services for parents and young children in family centres.

Questionnaire respondent
from Sweden

The **lack of cooperation** between child protection professionals and **midwives** as well as the **mental health sector** is worrying, as newborns and small children, in particular, depend on threats to their wellbeing being recognised quickly. Cooperation between child protection professionals and midwives is key to ensuring this happens (Halsall & Marks-Maran, 2014). Cooperation with adult psychiatry is also crucial to ensure that children (especially infants) whose parents have mental health conditions receive support and protection (Lenz & Wiegand-Grefe, 2014).

According to the literature, nonetheless, it is not uncommon for professionals from the health, law enforcement, and justice systems to restrict themselves to their professional remit. They may even go as far as isolating themselves accordingly (Bode & Turba, 2014). Social work is in a more complex position. It is a historically less strong and recognised profession than its cooperation partners. It is also more dependent on them than they are on it. Social workers must cooperate with the families and children involved if they want to continue functioning effectively. From a social work perspective, the division of labour between social workers and other professional groups is not always clear.

Social work is required to moderate and deal with professional boundaries. This can result in a pattern of “muddling through” (Ibid), which can make it difficult for other professions to grasp the social workers’ actual mandate.

Bohler & Franzheld (2010) found in their study done in Germany that, in many cases, doctors, lawyers, and judges determine the course of the intervention, while social workers’ roles are not always clearly defined, resulting in the risk of being downgraded from a responsible authority to an ‘auxiliary discipline’ in specific cases. In this area of tension between hierarchically different professions, the local implementation of the child protection system may follow a “negotiated order” (Ibid; Bode & Turba, 2014) rather than a stringently operationalised legal mandate – a feature that may make cooperation processes more complex.

Our questionnaire results, rating the ability of **child protection staff** to cooperate significantly higher than that of other professions, can be explained by different areas of tension:

- The child protection system has a specific mandate to protect the child. The lack of competence of the other disciplines involved can partially be explained by their narrower remit and their ability to compartmentalise. For instance, schools or leisure providers do not have child protection as their focus and do not feel that much pressure.
- Due to their complex mandate, child protection professionals are much more dependent on developing successful cooperation than other professionals. Cooperation competencies are, therefore, mandatory for them.

4.3 Training and professionals' roles

According to our questionnaire, not all professionals who work with children and families outside child protection are trained in the **identification of risk of abuse**. Furthermore, when it comes to working with child protection services, only around 30% have good to excellent knowledge and competencies to do so successfully, including communication skills across disciplines, knowledge of their own and others' responsibilities, and the ability to plan and manage processes together. Child protection professionals, on the other hand, scored much higher in this regard, though there is room for improvement, especially in terms of their ability to manage mutual expectations.

The existing literature views this point more critically: most of the time, child protection professionals only learn about a case when a risk is identified by others. Consequently, they rely on other professionals' risk detection. For this reason, child protection needs to be a "societal project" (Bode & Turba, 2014).

If we are to achieve an integrated child protection system, more work must be done to ensure that other professions recognise the value and need of cooperation. Further **joint training** is a promising

solution (Herbert et al., 2020), with two key objectives:

- Enhance the abilities of all professionals to identify and address child protection concerns and develop suitable interventions.
- Foster mutual understanding of the diverse mandates, responsibilities, and roles, establish informal regional networks, and build respect and trust.

“

We find education and health professionals well prepared to detect abuse, but others are not, and they may carry out interventions that re-victimise the child.

”

Questionnaire respondent
from Spain

IN PRACTICE

In Romania, the [General Directorate for Social Care and Child Protection of Bucharest's 6th District City Council](#) noticed that professionals from different sectors working directly with children, but not in child protection, had difficulties **identifying signs of violence against children or, when they did, they did not know how to protect children or offer integrated services to them and their families**.

To respond to this need, in 2023, the Directorate launched the **'Be safe, be cool in your school!'** campaign, dedicated to professionals within schools, the police, and non-governmental organisations as well as to children and families themselves.

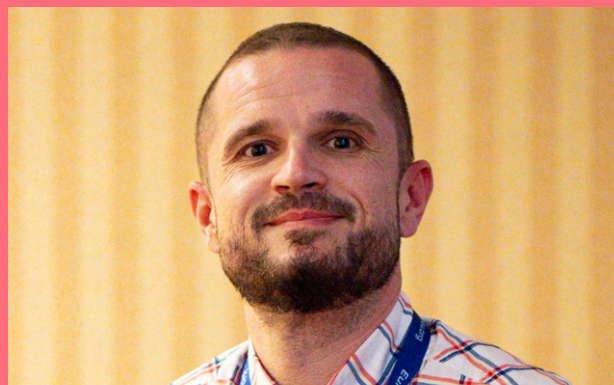
The objectives of this initiative were to increase professionals' capacity to identify harm or risk of harm and, consequently, increase the number of reports to child protection.

At the ESN seminar, we heard about lessons learnt and the activities carried out within this campaign, which included flyers, specialist talks for a cross-section of professionals, community visits, and activities with 400 children across four schools.

“

At the end of this campaign, there was an increase in reports of violence against children based on joint training with professionals from across sectors. There was also an increase in the quality of specialist interventions.

”



Paul Ghisoi
Head of Civil Society Department,
Bucharest's 6th District City Council -
General Directorate for Social Care
and Child Protection, Romania

The answers to the questionnaire and literature review show that, in many places, a **case manager** from the child protection system is used to coordinate cooperation processes. This is a positive trend that should be encouraged. It allows social workers to use their genuine casework skills and assigns them a clear role. However, the literature also warns of the danger of the case manager role degrading social work in child protection to an auxiliary activity for professions with more clearly defined mandates, which could blur the genuine mission of social work. Social workers must take on a leadership position and assume responsibility for the process. This will ensure that the social work perspective is recognised as relevant in and for case management (Herbert et al., 2020).

IN PRACTICE

In Iceland, from 2022 the **integration of children's services** is assured through the existence of two professional figures, a case manager and a coordinator, which were introduced by the **Act on the Integration of Services in the Interest of Children's Prosperity**.

The Prosperity Act's ultimate goal is to ensure that children and families receive the right support at the earliest opportunity, provided by the correct service providers, to safeguard children's prosperity, meaning those "circumstances which create the conditions for a child's physical, mental, intellectual, moral and social development and health on its own terms for the future". Services are provided at three levels, based on the severity of needs, allowing the child to receive services simultaneously at more than one level. The integration of these services is managed:

- At primary level, by a **coordinator**, tasked with guiding parents through the system and ensuring organised and continuous support.
- At secondary or tertiary level, by a **case manager**.

At the ESN seminar, we heard about the efforts undertaken by the **City of Reykjanesbær** to implement the legislation. We learnt, for example, that all social workers in their Child and Family Team have become case managers based on the Prosperity Act's definition.

“

It is important that the welfare and educational sectors have the same understanding when it comes to the interpretation and implementation of the Prosperity Act.

”



Vilborg Pétursdóttir
Child and Family Team Leader,
City of Reykjanesbær, Iceland

5. PREVENTION

The CRC unequivocally states that children have a right to protection, support, and participation. It is the state's responsibility to take preventive measures to ensure their protection. If they are not protected within their families, the state must ensure [they are adequately protected through **alternative care**, intended as “any arrangement, formal or informal, temporary or permanent, for a child who is living away from his or her parents” (Better Care Network, 2010).

CRC ARTICLE 20 (1) PROTECTION OF CHILDREN UNABLE TO LIVE WITH THEIR FAMILY

A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

There are various reasons for the need for alternative care. The most common are, at a primary level, neglect, physical and psychological violence, and sexual abuse (Heimgartner et al., 2022). In many cases, these reasons are related to underlying family challenges at a secondary level, such as mental health conditions, parental addictions, cognitive disorders, parental overburdening, housing problems, parental death, parental imprisonment, and poverty (Ibid.).

Prevention measures at different levels aim to counter these risks. National, regional, and local governments offer a variety of services to support families and children in difficult and precarious situations, for example, through childcare, individual and/or group counselling and therapy, and support in the family home with mobile social workers. In the EU, where almost a quarter of children were at risk of poverty or social exclusion in 2023 (Eurostat, 2024), such risk is countered, for instance, with the **European Child Guarantee** (ECG) and its **national action plans**.

The ECG was received positively by ESN and its members. During the European Commission's consultation process, we advanced the following recommendations (ESN, 2020):

- Recognise the essential role of public social services to ensure equal opportunities for all children.
- Implement the three pillars of the European Commission's Recommendation 'Investing in children: breaking the cycle of disadvantage' through a multiannual strategy.
- Ensure access to public social services for the most vulnerable children and their families
- Design national plans with public social services, vulnerable children, and their families.
- Invest in public social services to realise the aims and objectives of the ECG.
- Ensure monitoring and evaluation of implementation.

At the ESN seminar, we heard concrete examples of how the ECG is being implemented at both national and local levels, particularly in Estonia, France, Poland, and Romania. In France, for example, in 2019, the national government introduced the '**Cantine à 1€**' initiative, allowing children from the poorest families to eat in school canteens for a maximum of one euro. In Warsaw, Poland, **municipal nurseries** for children up to three years of age have been free of charge for all families since 2019. Furthermore, public preschools and schools are free of charge nationwide.

Whilst efforts appear to have been successful, they are accompanied by diverse challenges such as coordination between national and regional levels, the traditional 'silo' mentality of public policies that has been hindering working across services, workforce shortage, aftermaths of the Covid-19 pandemic, a limited account of the special situation of young migrants and their families, and the worrying rise of mental health conditions, currently affecting over 11 million children and young people in the EU (UNICEF, 2024-a).

In cases where alternative care is unavoidable, the UN **Guidelines for the Alternative Care of Children** and the **Common European Guidelines on the Transition from Institutional to Community-based Care** make it clear that children should not experience placement in an institution.

“

Children that are vulnerable, disadvantaged, or in poverty need to receive specific support to compensate for their disadvantage. We need to break the cycle of their disadvantage. Without intervention, poor children are likely to stay poor when they are adults.

”



Jiri Svarc
Head of the Unit for Social Policies,
Child Guarantee and the Social
Protection Committee, Directorate-General
for Employment, Social Affairs and
Inclusion, European Commission

There is a need for alternative settings that enable relationships, attachment, and the experience of normality. Hence, foster families are considered a particularly suitable setting. Furthermore, the CRC stipulates that children must experience continuity in their upbringing and attention must be paid to their ethnic, religious, cultural, and linguistic background. Children must, therefore, be placed in settings that make this possible.

The goal of an alternative care placement is to ensure that the support provided is in the **best interests of the child**. Alternative care ideally works towards the child's return to their biological family, if this is in the child's best interests. It is, therefore, vital that, in the context of alternative care, appropriate developmentally conducive places are created for children and that birth families receive the necessary support to stabilise themselves.

It is questionable if enough is done in Europe to promote family- and community-based care. Despite the fact that every child has the right to grow up in a nurturing family environment free of abuse, neglect, and exploitation, as highlighted in article 19 of the CRC, around 337,287 children aged 0-17 years across 36 countries in Europe are growing up in residential care facilities (UNICEF, 2024-b). Children from socially disadvantaged families, minorities (e.g. Roma), and those with disabilities are still overrepresented among those in residential care across Europe.

Beyond all current efforts, a fundamental change in the child protection system is needed in order to promote more family- and community-based care.

“

The rate of children in residential care can reflect the strength of a country's child protection system.

”



Stela Grigoras
Child Protection Specialist, UNICEF Europe
and Central Asia Regional Office

5.1 Services preventing family separation

The literature on the prevention of family separation is ambiguous. The main reason is that there are different types of services for children and families, even if they are grouped under the same umbrella (e.g. family counselling). Many of these services are used to counter a variety of family problems, which makes it difficult to determine whether specific outcomes are due to specific programmes (Lätsch et al., 2019).

However, there is a consensus that **poverty reduction** is key to protecting children. Family and child poverty remain one of the main risk factors for children's wellbeing (Cantwell et al., 2012). The ECG is an essential tool for combating family poverty and children's lack of opportunities, and when properly implemented, it can undoubtedly improve children's lives.

According to ESN's questionnaire, the availability of services designed to support families and children and, therefore, prevent placements outside biological families differs greatly from country to country.

Family counselling is the most widespread service in the respondents' countries, where its availability is rated mostly between satisfactory and excellent. Family counselling and family therapy services undoubtedly have the potential to support families in difficult situations in a low-threshold way. They reach families who seek help in a proactive way, families with rather manageable problems, and families with at least some educational background willing to accept support mainly through communication with them.

Socio-educational groups for families are also a valuable resource for reaching and supporting these families. They can and should be further developed.

However, these services are not well-placed to reach multi-problem families due to the complexity of their life situations (Tausendfreund & Knot-Dickscheit, 2015; Tausendfreund et al., 2016). One effective way to support these families can be support in the family home by mobile social workers. These services, however, are not yet common, with nearly 24% of our questionnaire respondents indicating their availability as poor or non-existent, and little research has been done on this kind of service. Wolf (2009) argues that if support in the family home by **mobile social workers** is supposed to prevent children from being placed outside their biological families, it must be long-term and time-intensive.

It is evident that **childcare facilities with extended opening hours** are not yet common in the majority of respondents' countries. These services are of the utmost importance to families, particularly single-parent families with complex working situations (e.g. shift work), as they help to reconcile work and family life, and thus prevent poverty.

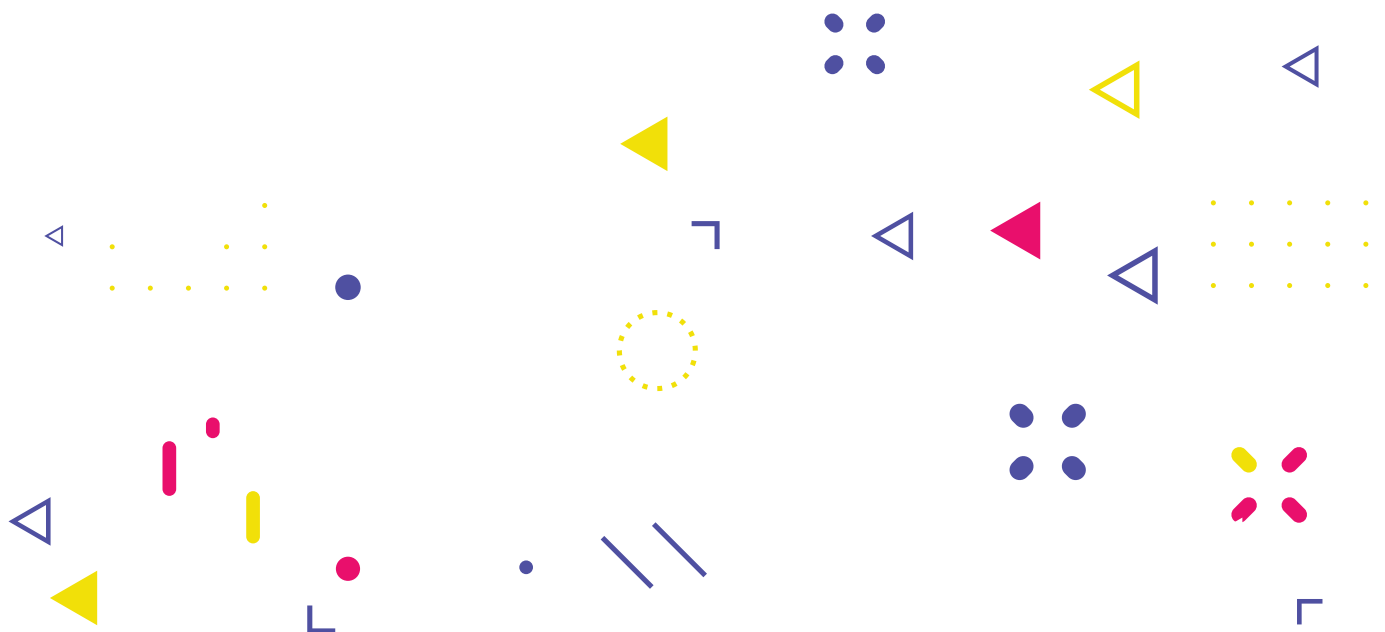
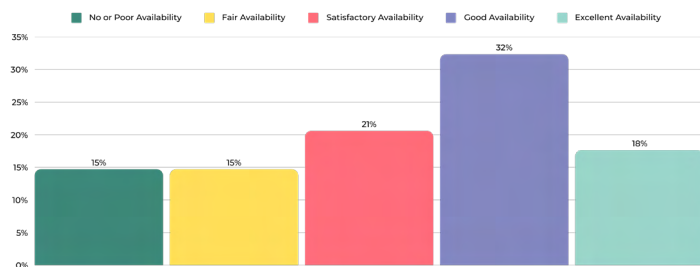
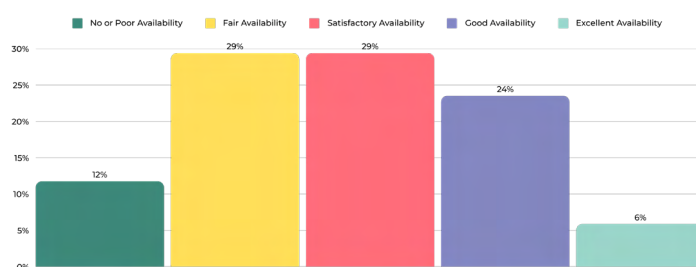


Figure 4: Service availability across Europe

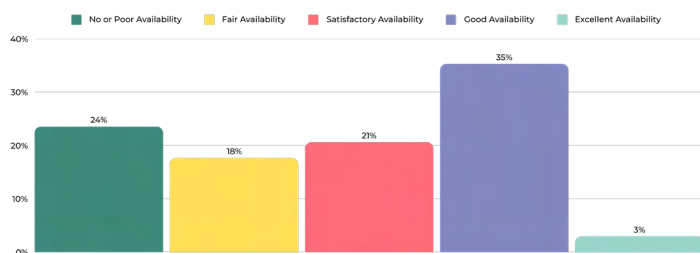
Family counselling



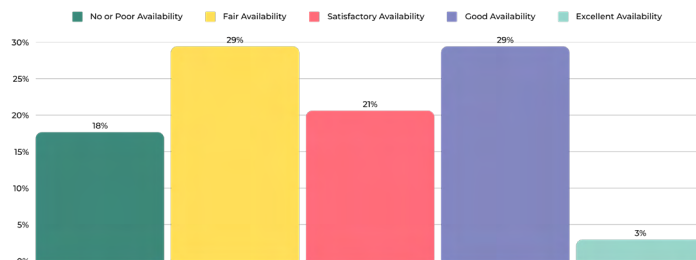
Childcare facilities with extended opening hours



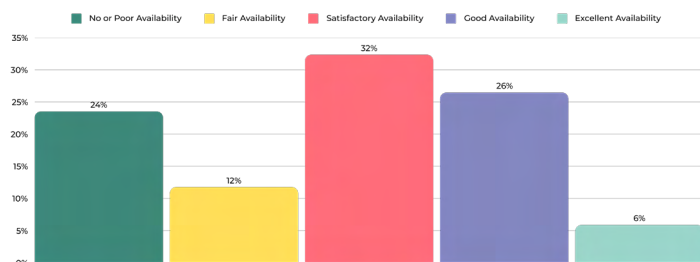
Family therapy



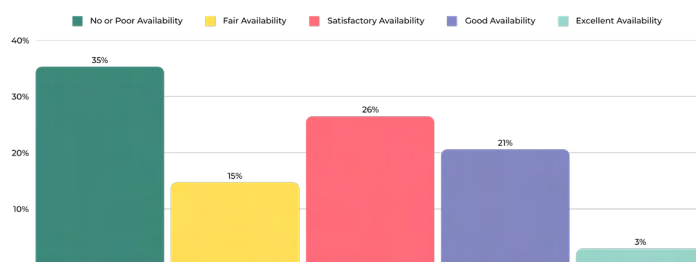
Socio-educational groups for families/parents



Support in the family home by mobile social workers



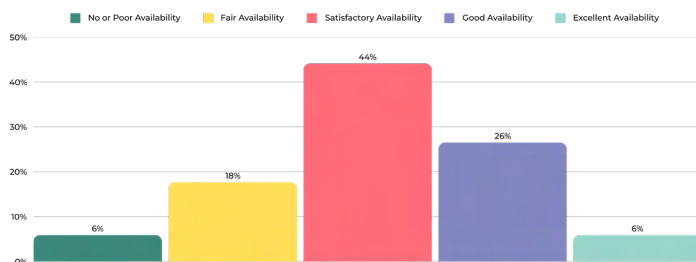
Support living for youth (15+)



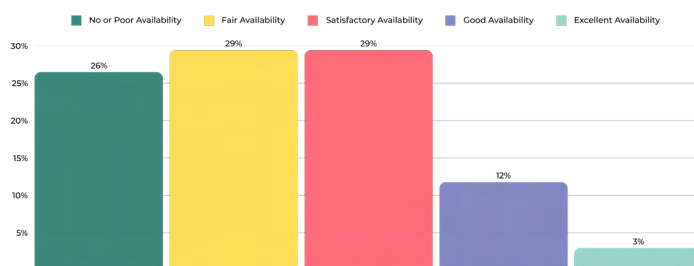
Parent-child facilities



Support for biological parents to help the return of the child when possible



Part-time alternative care (e.g. during the week)



IN PRACTICE

In Romania, the General Directorate of Social Assistance and Child Protection of Arad City Council has taken significant steps towards preventing family separation of children with intellectual disabilities and developing their and their families' capacities to increase their quality of life and promote their social inclusion. In 2024, co-financed by the European Regional Development Fund (ERDF), they opened Simba, a day care and rehabilitation centre for children with intellectual disabilities. Through a team of 14 professionals (educators, psychologists, speech therapists, social workers, physiotherapists, and masseurs) and a coordinator, the centre has been providing specialised services to 76 children aged 2-18.

At the ESN seminar, we heard about the activities offered to both children and their families, the benefits and positive results observed so far as well as the challenges encountered. Being able to access European and national grants was identified as a major factor in ensuring the success of this type of service: the fact that Simba poses no cost to families has allowed all children to participate, regardless of socio-economic status.

The high demand for the services offered, however, appears not to be met with an adequate availability of human resources or qualified staff able to meet all the children's needs. This shows the need to put in place further investment in the workforce. Transportation to and from the centre can also represent a barrier, which is why those who do not live in the city can be reached by a mobile team, though its capacity is limited.

“

If we can help a child remain in their home with their family, we must do so.

”



Erika Stark
General Director, Arad County Council -
General Directorate of Social Assistance
and Child Protection, Romania

Our questionnaire results show that the least developed services in the respondents' locations are **part-time alternative care settings, supported living for youth (aged 15+), and parent-child facilities**, even though there is clear evidence that countries with comprehensive parent-child facilities can prevent the need for alternative care for children (Luhamaa et al., 2021).

Part-time alternative care settings and supported living for young people (15+), furthermore, ensure that children and young people can maintain close contact with their birth families while limiting the involvement of those families in their daily lives (Wolf & Freigang, 2001; Theile & Wolf, 2023). It is crucial to develop these services further to provide systems with more flexibility to react to the individual life situations of families and children.

IN PRACTICE

In Bulgaria, SOS Children's Villages has been operating Gabrovo's **SOS Mother and Baby Unit** since 2018. Seven specialists currently work in this unit, including one psychologist, two social workers, three medical nurses, and one manager. Within the course of six months, they offer **psycho-social consultations, health and nutrition consultations, material support, and medical support to mothers in need and their children.**

At the ESN seminar, we heard about how this and other **family strengthening programmes** can reduce stressors and the risk of abuse in families and prevent family separation; enhance the social inclusion of families; improve overall short- and long-term child and family wellbeing; and be cost-effective, reducing government spending and recourse to costly alternative care for children.

“

Family strengthening interventions can be very effective in the first 1,000 days of a child's life but also in later stages of development.

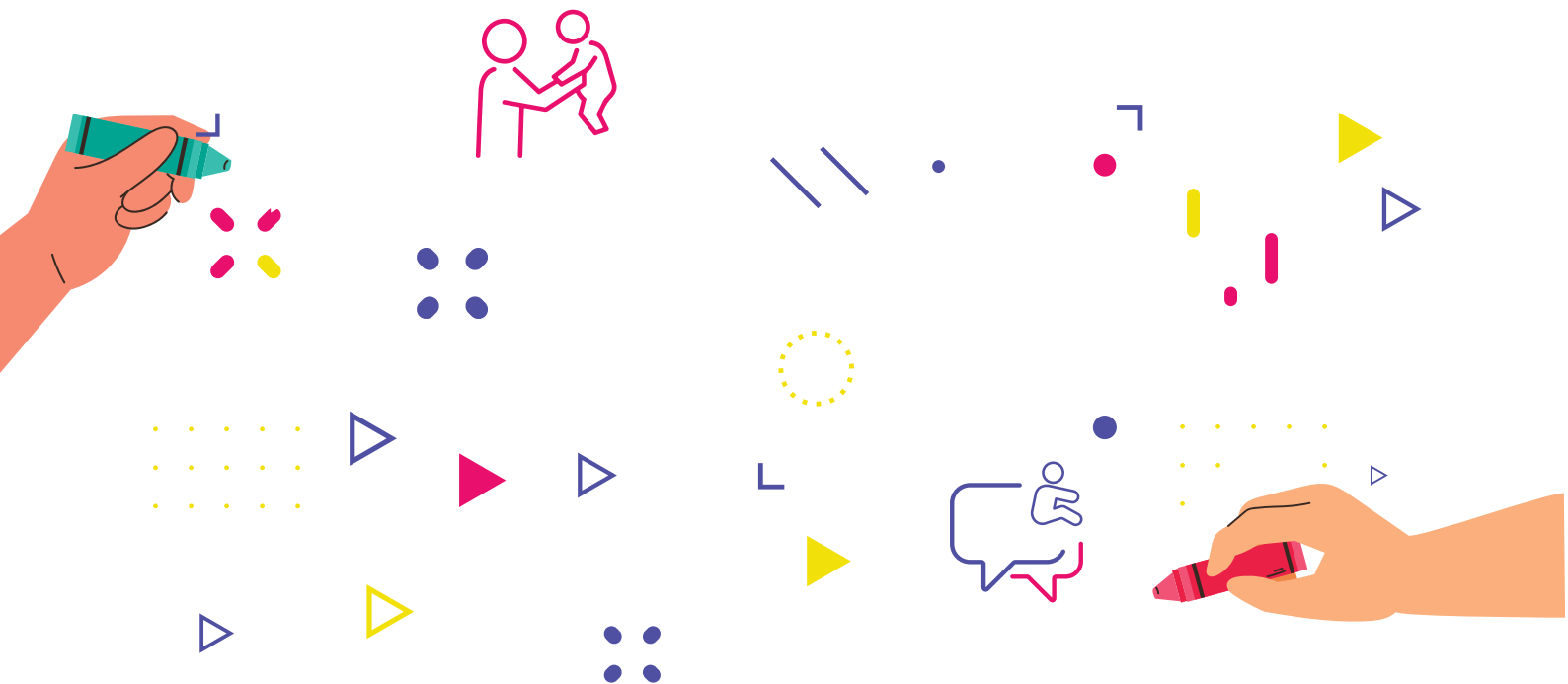
”



Michelle Purcell
Programme Advisor,
SOS Children's Villages International

Should alternative care be unavoidable, efforts must nonetheless continue to reunite children with their birth families in cases where life with one or both birth parents is safe and helpful for the child's development. Most birth families need support to reach this point when a child is in alternative care. Research proves that supporting biological families is challenging and resource-intensive, but it is worth it (Boddy et al., 2009; Boddy et al., 2013). The fact that the provision of **support for birth families** is mainly judged as satisfactory in our findings proves that this support can and must be improved.

Only then will children have a better chance of returning to their families and avoiding long-term alternative care.



IN PRACTICE

In Spain, a pilot project has been underway since 2024, offering **psychotherapy services** for children who have had a traumatic experience of abuse and who are now involved with the Child Protection Department of **Barcelona City Council**. The team, consisting of four psychologists with trauma-informed training and a coordinator, provides **comprehensive therapeutic care not just for the child but for the entire family** to reduce the psychological consequences of trauma on children, address the parents' own history, improve parenting skills, and develop better family dynamics and communication skills.

At the ESN seminar, we heard about the specialised methodology adopted, with a dual focus that addresses both the contextual elements of the family and the relations between its members, and how each intervention is designed taking into account the age of the children, the chronicity of the abuse and its severity, as well as the particularities of the family structure and the characteristics of each of its members.

“

When we intervene early, intensively, and according to the family's needs, we have a greater chance of preventing aggravation and future difficulties for the family.

”



Laia Martínez Cano
Director of Child and Family
Psychotherapeutic Service, Barcelona City
Council - Institute for Social Services, Spain

5.2. Availability of alternative care placements

When children cannot be kept safe at home with their biological families, the preference in Europe is to place them in family- and community-based care settings, foremost foster families. Our findings, however, indicate a significant lack of alternative care placements across many countries in the region. A notable percentage of respondents (32%) reported a shortage of **temporary placements**, with a further 38% reporting at least a partial shortage. Lack of **long-term placements** was reported by 29% of respondents, with a further 38% defining this as partial.

Our questionnaire results also show considerable disparities both between and within countries in the time it takes to find a placement for a child in need of protection. A staggering 76% of respondents reported that no statistics are available on this matter. For those with access to statistics, the average **waiting time** is highly variable, ranging from 0 days (as soon as risk is detected, a measure is implemented) up to 2 years in some areas.

It is clear from the answers that it takes an exceptionally long time to find a place for what are euphemistically called 'difficult cases'. These can particularly apply to children with difficult experiences in their lives and children with different kinds of special needs. 18% of respondents, for instance, reported no or poor availability of foster carers for both **children with special needs** and **unaccompanied children**.

For the affected children, this is a significant and worrying issue as they require stable relationships and good care in order to develop well (Wolf, 2018). Multiple changes in placements and placement breakdowns risk worsening the situation of these children and having a negative impact on their future development (Gabriel & Stohler, 2020).



In Slovenia, because there are not enough foster carers and child protection has moved dramatically from targeted prevention to crisis social work, children are put into facilities where they do not belong. For example, children under six are placed in many cases in crisis centres where they should stay only three weeks but now stay for up to nine months.



Questionnaire respondent
from Slovenia

The lack of permanent places is a significant issue that requires immediate attention. Our questionnaire respondents explained this shortage with various factors, including the high demand for but lack of foster carers and residential care staff, an increasing number of unaccompanied children and difficult planning situations due to the unpredictability of the refugee situation, and tensions in the real estate sector.

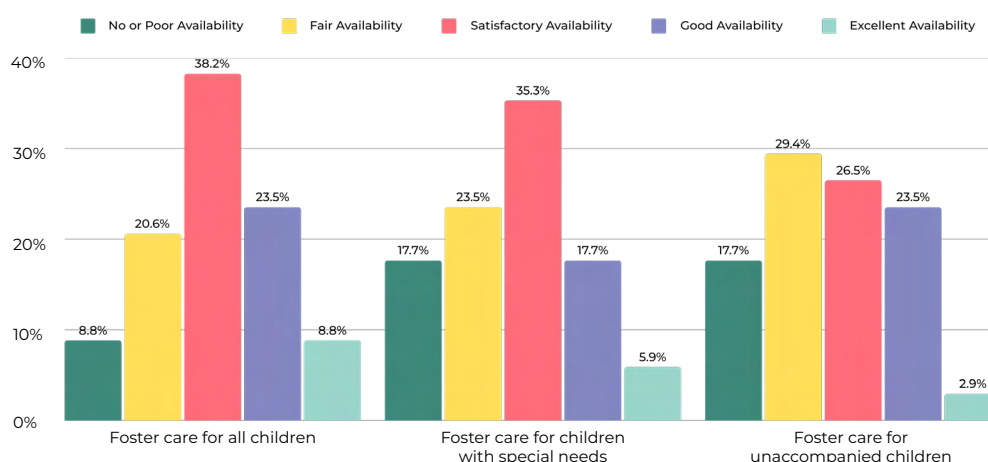


The demand for both temporary and long-term alternative care placements is greater than the supply.



Questionnaire respondent
from Spain

Figure 5: Foster care availability across Europe



5.3. Recruiting and supporting caregivers

It is essential to recruit **foster carers** in order to have enough placements to protect children and prevent them from having to enter residential care when alternative care is necessary. The fact that nearly 80% of our questionnaire respondents reported a definite or partial shortage of foster carers is concerning. In the majority of areas, nonetheless, social services actively search for new foster carers (50%), including by taking actions aimed at making fostering more attractive, such as providing extra benefits.

Our respondents identified the following challenges in recruiting foster carers:

- It is difficult to find foster carers in urban environments.
- The average age of foster carers is increasing.
- Younger people lack confidence in their ability to cope with fostering situations.
- It is difficult to find foster carers for older children.
- It is difficult to find foster carers for children with behavioural, emotional, or psychological challenges.
- In some countries, there is no culture of fostering children.

The vast majority of foster families prefer toddlers or younger children, but most children in need of foster care are older.

Questionnaire respondent
from Spain

As of December 2024, no study has been conducted on how to acquire more foster carers, and discussions on this issue are inconclusive. Media campaigns may not have an immediate impact, but they are vital for raising awareness among the wider public (Reimer, 2021).

Recent studies show that professionals' **image of foster carers** is rather traditional. This is evidenced by the fact that most foster carers are heterosexual couples, often living in rural areas following traditional family roles and values (Reimer & van Oordt, submitted). There is a clear need to widen the image to open the system to more and other people in society who are ready to take in foster children. This should include urban double-income families, single parents, and same-sex couples. To reach a higher diversity of foster families, foster care systems need to become more flexible and inclusive and offer specific support for foster carers.

Today, the foster care system strongly relies on a traditional idea of family: we need to transform this to include non-traditional households. Together, we must find answers to the question: How do we create a culture where people are open and happy to care for children who need it?



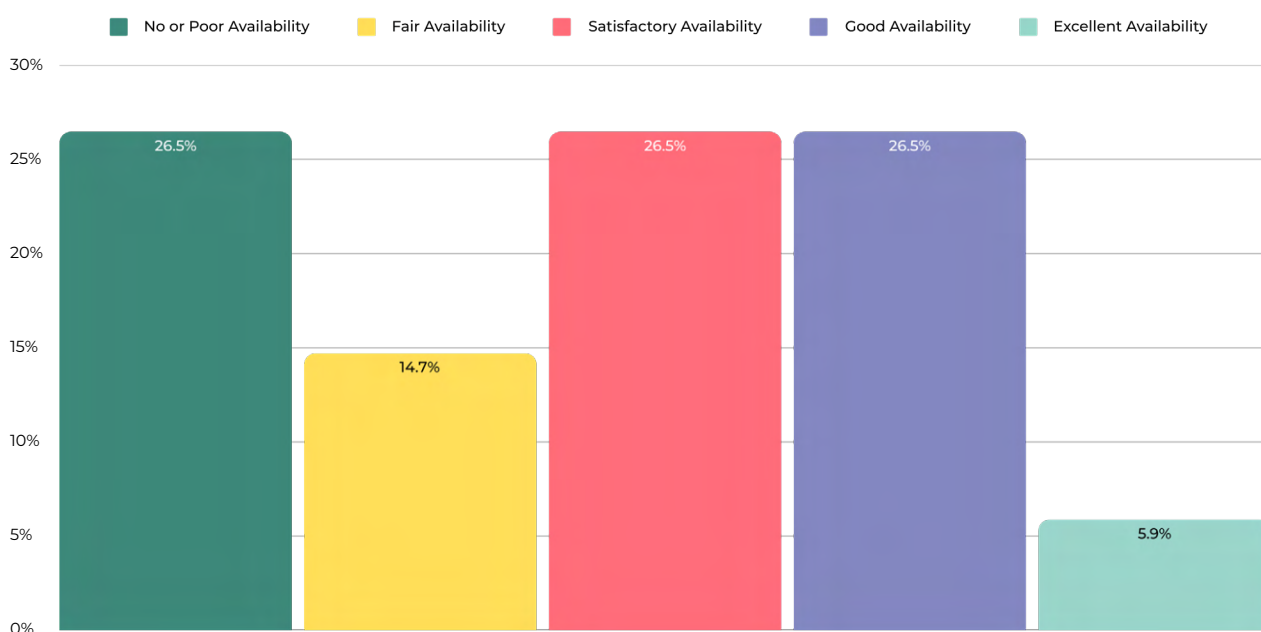
Daniela Reimer
Professor, Department of Social Work,
Zurich University of Applied Sciences,
Switzerland

It has also been repeatedly discussed that foster carers should receive more generous **financial support**. However, research is ambiguous on this point. Research from the Netherlands shows that more financial support can help to motivate more people to become foster carers, but it does not help to keep foster carers in the longer term (Abrahamse et al., 2019). France provides an interesting case study on the limitations of professionalising the foster care systems and providing a salary for all foster carers: all foster carers in the country are employed with a reasonable salary, yet France still faces difficulties attracting younger individuals into becoming foster carers. Indeed, over half of all foster carers in France are over the age of 55 (75% are over 50 – Le Rhun, 2023). Up to now, younger generations seem to be hesitant to become foster carers, which is challenging the system more and more.

Our questionnaire findings indicate that the search for **kinship carers** (e.g. through family group conferences) varies across countries: an equal number of respondents report this is poor or non-existent, satisfactory, and excellent (26% each). Nonetheless, the vast majority (68%) claim that kinship carers in their areas receive the same level of support as foster carers, which is an important step to widen the use of kinship care. However, many countries might still have much to learn about using kinship care's full potential in a systematic way. It would be beneficial for countries with more experience in systematically finding kinship carers, such as the Netherlands and Sweden (Reimer, 2021), to share their experiences with countries still developing kinship care.

The most promising way to find foster families is to develop more **kinship** and **social network care**. In the Netherlands, family round tables are regularly used when children are taken into alternative care. These meetings assess who from the family and social network can take on the caregiving role and how they can be supported. The evidence shows that people are more likely to foster a child they know (Portengen & van der Neut, 1999). French research shows that women from the maternal kinship line are particularly ready to foster a child in need (Tillard & Mosca, 2019; Tillard et al., 2018). International research on outcomes of kinship care shows that when children in kinship care are safe and their families are not in poverty, they thrive (Winokur et al., 2018; Sacker, 2021).

Figure 6: Availability of family group conferences across Europe



6. CHILD PARTICIPATION

The CRC unequivocally states that children have the right to participate in decisions that affect them. Furthermore, children's participation in decision-making is an invaluable opportunity to increase their understanding and consent to interventions (Križ & Petersen, 2023). It is also essential in regulating power imbalances between children and adult professionals in intervention situations with significant power differences. Children must be given the opportunity to participate so that their wishes, fears, and anxieties can be included in the planning of interventions and measures (Reimer & Wolf, 2022). Participation can help young people make sense of challenging interventions and biographical disruptions, and identify important, caring people in these situations when they look back on their experiences of participation (Križ & Petersen, 2023).

CRC ARTICLE 12 (1) RESPECT FOR THE VIEWS OF THE CHILD

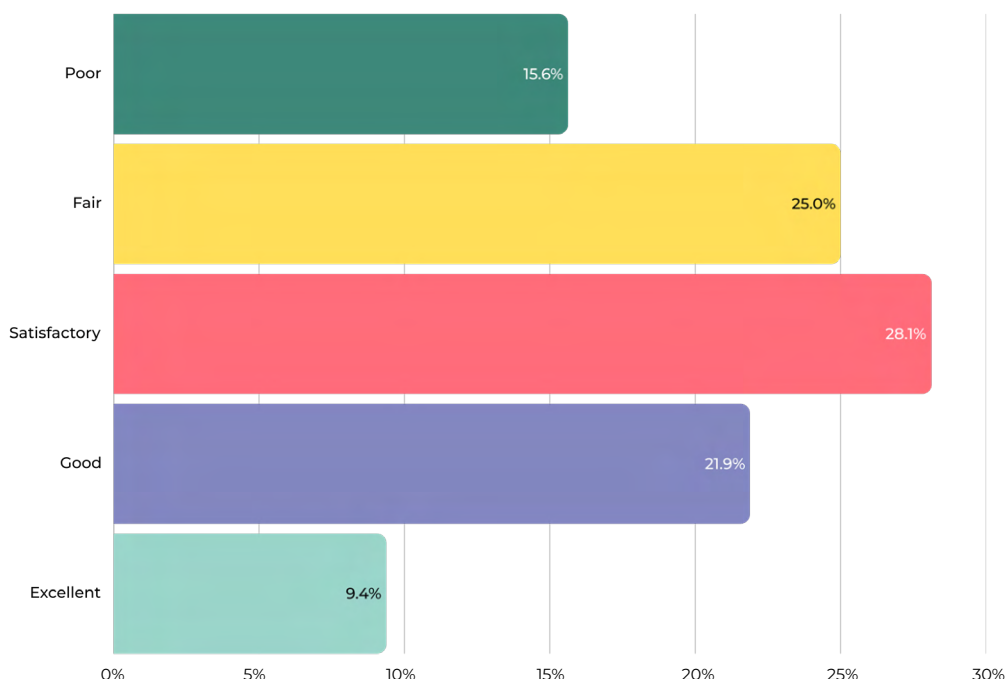
States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

6.1. Frameworks and methods for child participation in child protection

The overwhelming majority of those who responded to our questionnaire (90%) confirmed the existence of a **policy or legal framework promoting the participation of children in decisions affecting them in child protection**. However, when it comes to implementation, 16% rated this as poor and only 9% of respondents gave it an excellent rating.

The majority (66%) of respondents reported that there is a certain **age at which children participate in child protection-related decision-making**, with this varying considerably between countries – from as early as they are able to express their opinions to as late as from the age of 16. Most responses clearly suggested that children aged 10-12 should participate in child protection decisions.

Figure 7: Implementation of child participation in child protection across Europe



“

We consult children from the age they can express opinions (usually four/five years old), taking into account their level of maturity and the context where they express their opinions, especially in cases of parental conflict. Children over the age of 10 are consulted on a compulsory basis.

”

Questionnaire respondent
from Romania

Our questionnaire identified the most established **methods for child participation** to be complaint mechanisms for children placed in alternative care and support helplines for children, followed by one-on-one conversations between children and professionals, online support for children in search of help, and the existence of an ombudsperson for children. Over 40% of respondents, on the other hand, reported that children have no or poor availability to veto a decision, for example, about a specific protection measure. This is in line with existing literature, which repeatedly finds that children rarely experience the possibility to veto a decision about specific protection measures (Tausendfreund et al., 2023; Križ & Petersen, 2023).

6.2. Barriers to and strategies for implementing child participation



When asked to judge the **level of competence of their child protection workforce** in implementing child participation in child protection decisions, more than half of our questionnaire respondents rated their ability to communicate with children aged 8+ from good to excellent. Better competencies appeared to be needed in communicating with children below the age of eight and using age-adequate participation methods. Materials such as complaint boxes and emotion cards can be useful tools for engaging with younger children (Delfos, 2015).

Some of the **challenges** to child participation in child protection identified through the questionnaire are a lack of professional skills and training, a lack of a culture of listening to children, a preference for a protective approach towards children rather than implementing their right to participate in proceedings concerning their lives, and a shortage of child protection professionals and the overburdening of existing staff. Child protection services being understaffed, in particular, was recorded as a major barrier by 22% of our respondents.

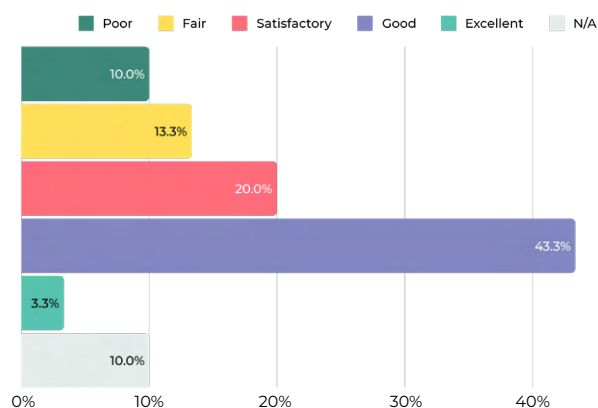
Children do participate but there is a lack of professional skills to make this participation effective.

Questionnaire respondent
from Spain

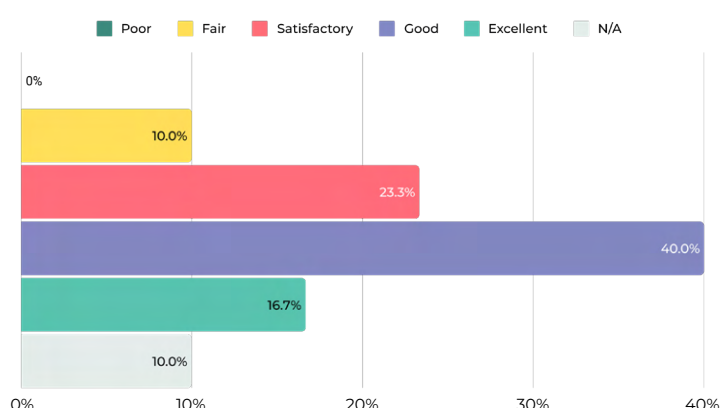
The results are irrefutable: there is a glaring discrepancy between the crucial role of child participation – recognised and codified in laws, regulations, practice, policy, and science – and its implementation. This gap is well-documented in research and widely discussed in the literature on child welfare, child protection, and child participation (Tausendfreund et al., 2023; Križ & Petersen, 2023).

Figure 8: Child protection professionals' competencies across Europe

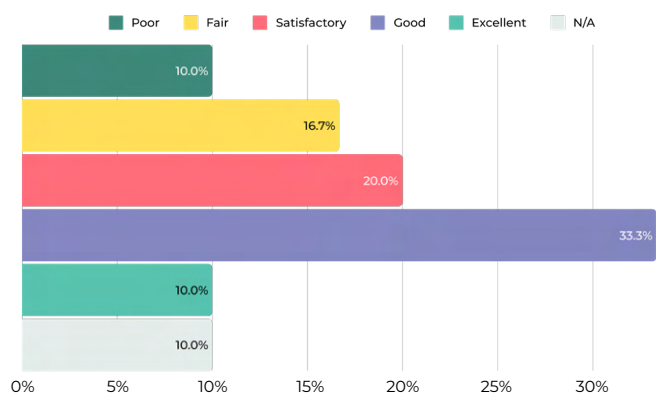
Communication with children below the age of 8



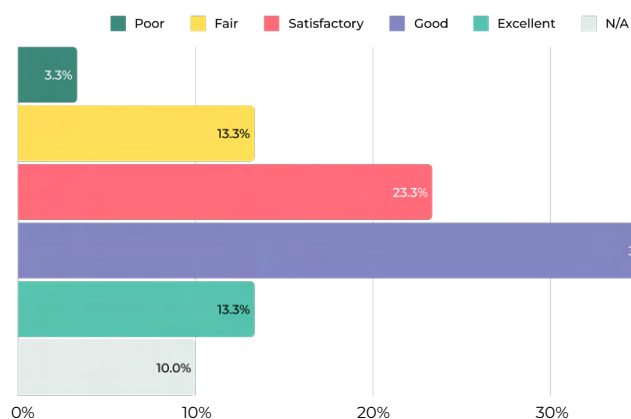
Communication with children aged 8+



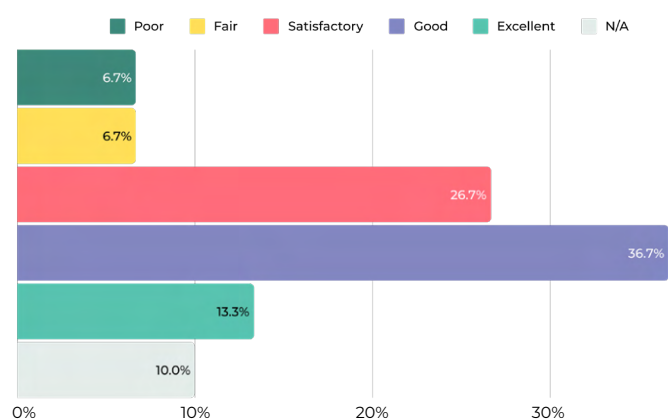
Use of age-adequate methods for participation (complaint box, emotion cards, visualisations, etc.)



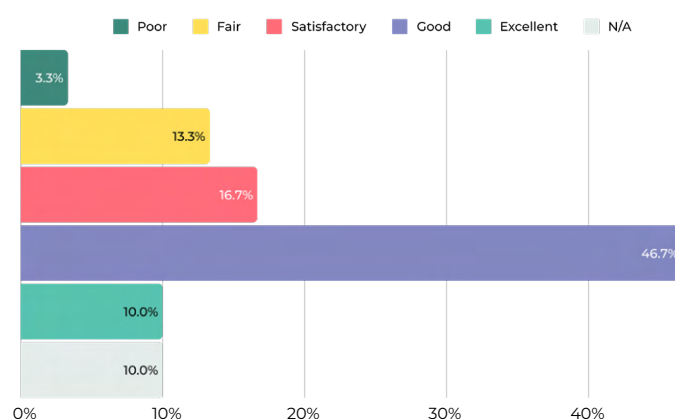
Assessing a child's wishes



Balancing a child's wishes and needs



Moderating participation processes when a child is at risk



To close the gap, action needs to be taken at several levels:

- **Societal level:** Cultural change is a long-term process, but it is the only way forward. Cultural change includes a shift in power balances in a society. Child researchers compare this power shift to power shifts we experienced during the last decades between genders (Alanen et al., 2015; Mayall, 2002). Residential care can support that power shift by implementing a culture of participation for children (Oppermann et al., 2018). At a societal level, it is imperative that children's rights and their position are furthered in the long run. Measures should include systematic education of children and teachers on children's rights and promotion of children's rights (Liebel et al., 2012).
- **Services' level:** Tools and methods must be developed, implemented, and evaluated at the level of children's services (Križ & Petersen, 2023). To be able to implement child participation, the child protection workforce must be sufficient and adequately qualified and possess appropriate time resources (Reimer & Wolf, 2022; Gal, 2015). A participatory culture in organisations and services is also essential to implementing participation for children: if child protection staff has a say in their organisations, it is more likely they will also promote child participation (Oppermann et al., 2018).
- **Professionals' level:** Professionals must be trained in conducting age-appropriate conversations with children and in balancing a child's wishes with the child's best interests (Delfos, 2015; Skivenes & Sørdsdal, 2018). Such training should be implemented in social work studies and further on-the-job training for professionals in child protection. Ideally, training should be reinforced with roleplays and video analysis of staged conversations.

“

We need to adapt the system to children's needs and not the other way around – this is central in the Commission's recommendation and support to Member States.

”



Marie-Cécile Rouillon
Commission Coordinator for the Rights of the Child, Directorate-General for Justice and Consumers, European Commission

At the EU level, children's ideas and needs are collected through the [EU Children's Participation Platform](#), a safe space for children and young people to have their say on the European laws and policies that concern them. In preparation for what would then become the European Commission's [Recommendation on developing and strengthening integrated child protection systems in the best interests of the child](#), for example, over 1,000 children aged 7-17 from 21 EU countries were consulted (European Union, Undated).

“

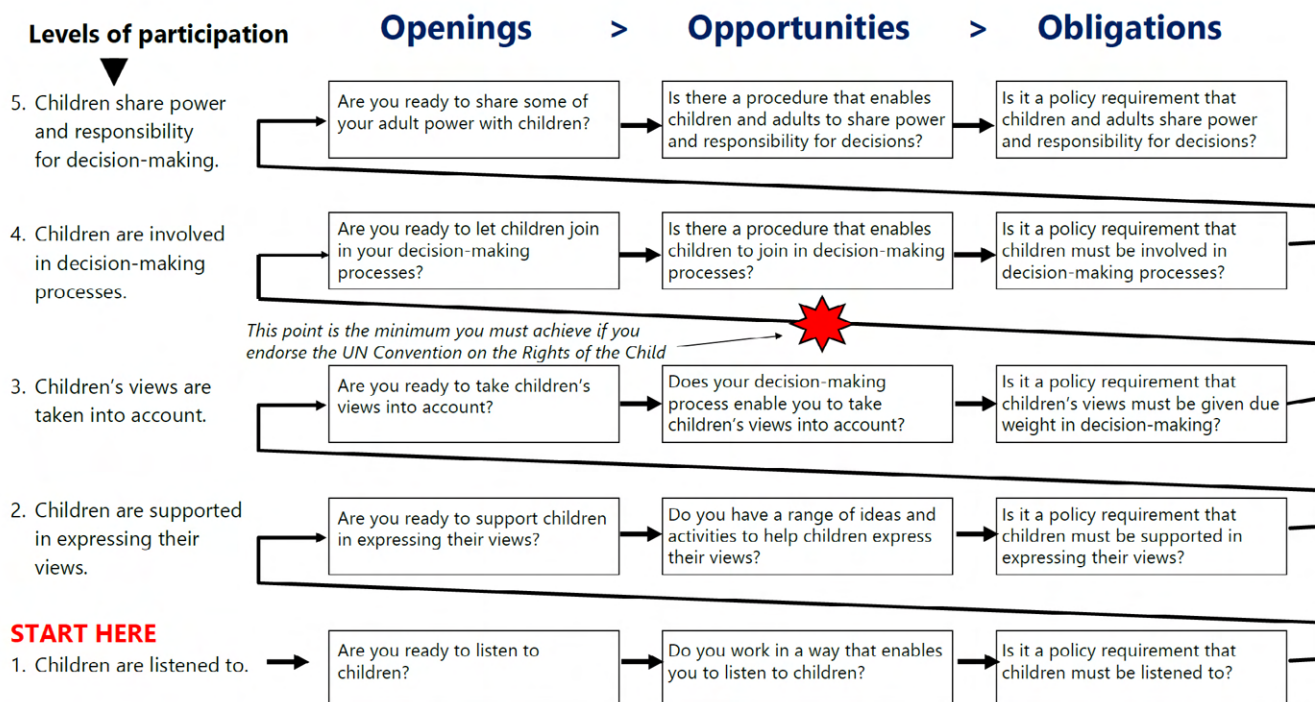
We know what children, young people, and their families value consistent, trusting relationships, being listened to, being heard, and being respected and included.

”



Jackie Irvine
Chief Executive, Care Inspectorate, Scotland, United Kingdom

Figure 9: Pathways to Participation model



© Shier (2001)

“ As adult duty-bearers, we cannot silence children in order to avoid risk, nor can we put children at risk in order to hear their voices. It is our responsibility to uphold both rights. **”**

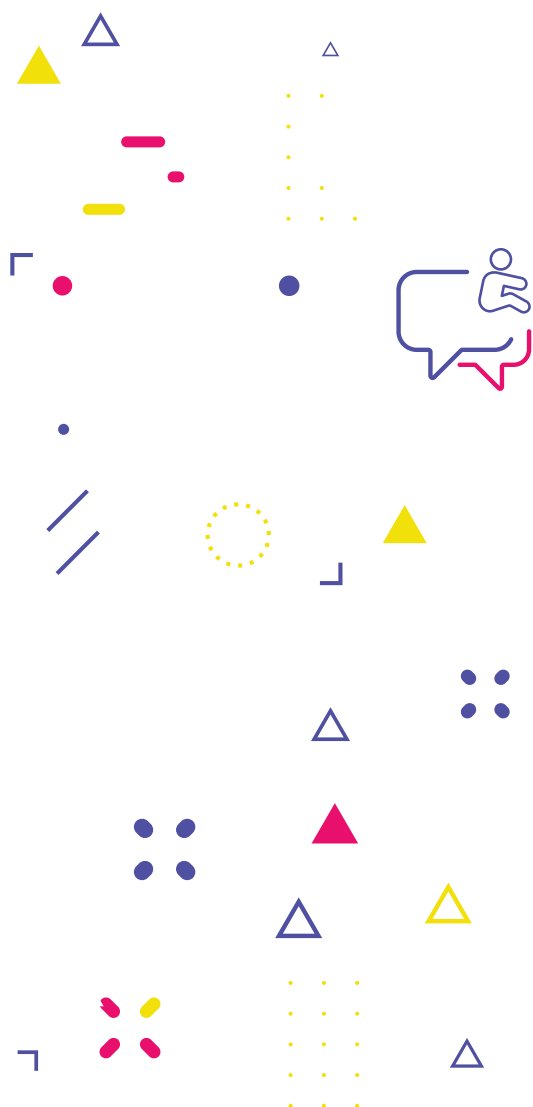


Harry Shier
Child Participation Expert, Ireland

Individuals, teams, and organisations can use various tools to analyse and enhance children's participation. One example is the '[Pathways to Participation](#)' model, developed by [Harry Shier](#) and based on five levels of participation, each of which includes three questions intended to guide professionals in reaching, at a minimum, a point where children are involved in the decision-making process or, ideally, they share power and responsibility for decision-making (Shier, 2001).

When engaging with children, it is crucial to create a safe and supportive environment. In this regard, professionals can benefit from following [Dan Hughes' 'PACE model of care'](#), formulated specifically for interactions with children and young people who have experienced trauma. According to this approach, adults can promote emotional safety and growth by following four principles (DDP Network, Undated):

- **Playfulness:** adopting a playful attitude can help keep the interaction light and diffuse any tensions, allowing the child to open up with more ease.
- **Acceptance:** acknowledging and validating the child's feelings, thoughts, and perceptions shows them that they are understood.
- **Curiosity:** showing genuine interest towards the child's inner world and experience communicates the desire to truly understand them.
- **Empathy:** accompanying and comforting a child through their feelings reassures them that they are not alone.



“

Even when it feels uncomfortable, it is absolutely essential to keep your curiosity. Without it, you may lose the voice of the child and the evidence you need to keep them safe.

”



Eilis Mulvaney
Social Worker with Lived Experience,
England, United Kingdom

IN PRACTICE

In [Central](#) and [Southern Denmark](#), social workers, together with children and young people themselves, have developed a [tool intended to monitor the satisfaction of children living in alternative care settings](#). Taking the form of a survey to be completed on a tablet, [‘Your Voice Matters’](#) empowers children and young people as co-creators of the social services they receive and gives professionals the data they need to improve the quality of these services.

At the ESN seminar, we heard about the importance of ensuring such data does not simply end up on a desk and, consequently, the need for management support at all levels.

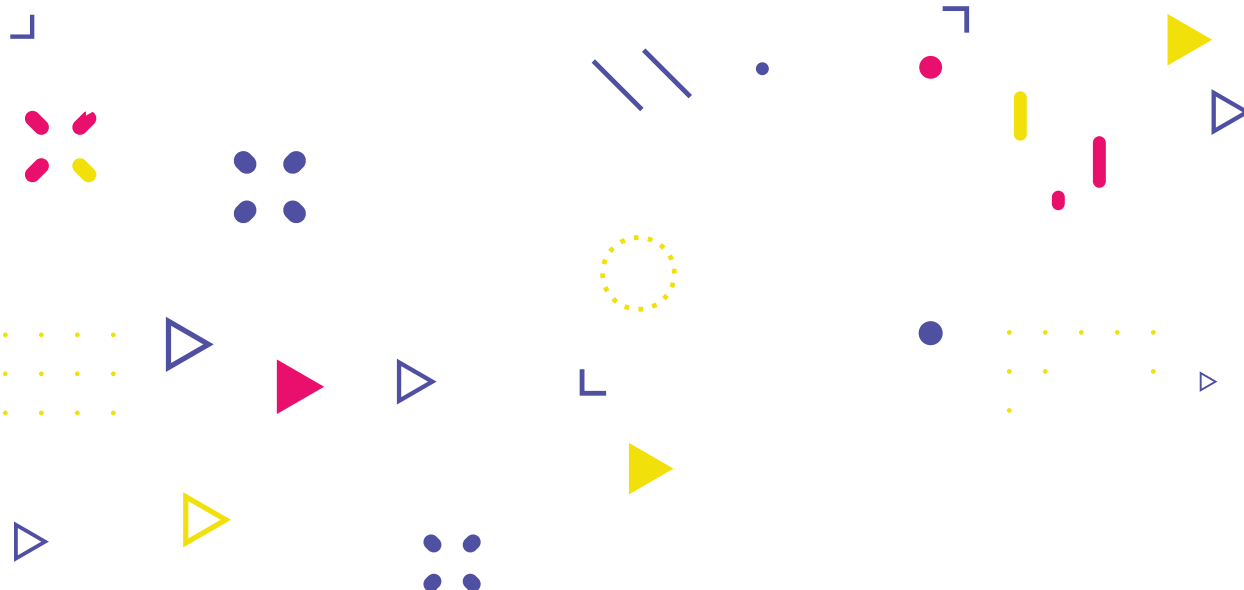
“

It is time-consuming. You have to take it seriously. You have to work with the children before the survey and after to find solutions based on the co-creation process and take the time to follow through. If you do that and prioritise it, it is time well spent.

”



Kjeld Nørby
Head of Office, Social Department,
Regional Government of Central
Denmark, Denmark



7. CHILD PROTECTION WORKFORCE

The CRC does not specify training requirements, but it implies that professionals should be adequately trained to understand children's rights and how to uphold them in their practice. The Committee on the Rights of the Child, on the other hand, has issued general comments that address the training requirements of professionals working with children.

General comment no. 13, for example, focuses on the right of the child to be heard, emphasising the need for professionals to be trained in child rights and participatory practices to effectively engage with children.

General comment no. 14 discusses the right of the child to have their best interests considered in all actions. It highlights the importance of training for professionals to understand and implement this principle in their work.

These general comments underscore the necessity for ongoing education and training for professionals working with children, ensuring they are equipped to uphold children's rights and welfare.

A qualified and effective workforce is imperative to ensure the protection of children. It identifies children at risk in a professional manner, guarantees quality and equality of interventions and measures, appropriate responses to risks, and the implementation of effective interventions, recognises the need to cooperate with other professionals and agencies, and is fully capable of establishing such cooperation.

7.1 Education and lifelong training of staff

Our questionnaire investigated the education and lifelong learning of child protection professionals, finding that over 66% hold a bachelor's degree and over 26% a master's degree.

The high level of education of most child protection workers is evidence of a significant advancement in the professionalisation of social work practice and standards (Dewe & Otto, 2011). Given that social work is still a developing profession in some European countries, our results demonstrate that the field of child protection is amongst the most advanced in terms of professionals' qualifications.

The positive effects of good qualifications are clearly demonstrated by the qualities and competencies our questionnaire's respondents attributed to child protection professionals. Over 30% of respondents reported that child protection professionals receive excellent training in:

- Identifying the risk of neglect as well as physical, sexual, and psychological abuse.
- Assessing the need for intervention.
- Identifying children's individual support needs.

Better training is needed in terms of supporting children online, assessing appropriate settings for alternative care, and responding better to trauma.

On the other hand, the lack of competencies of other professionals working with children but who are not in child protection services highlights the need for joint training for all professionals who may be exposed to child protection concerns.

“

Our city has a diverse background with over 100 different nationalities, so professionals need to have good cultural competencies. Other needs that should be addressed are better training and outreach work with families in their own homes and other day-to-day settings.

”

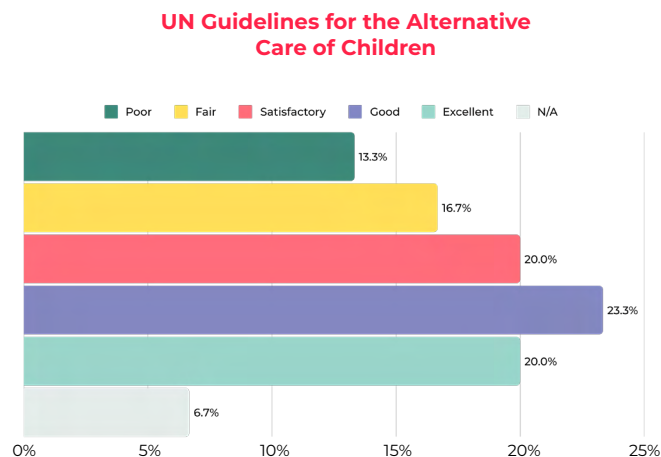
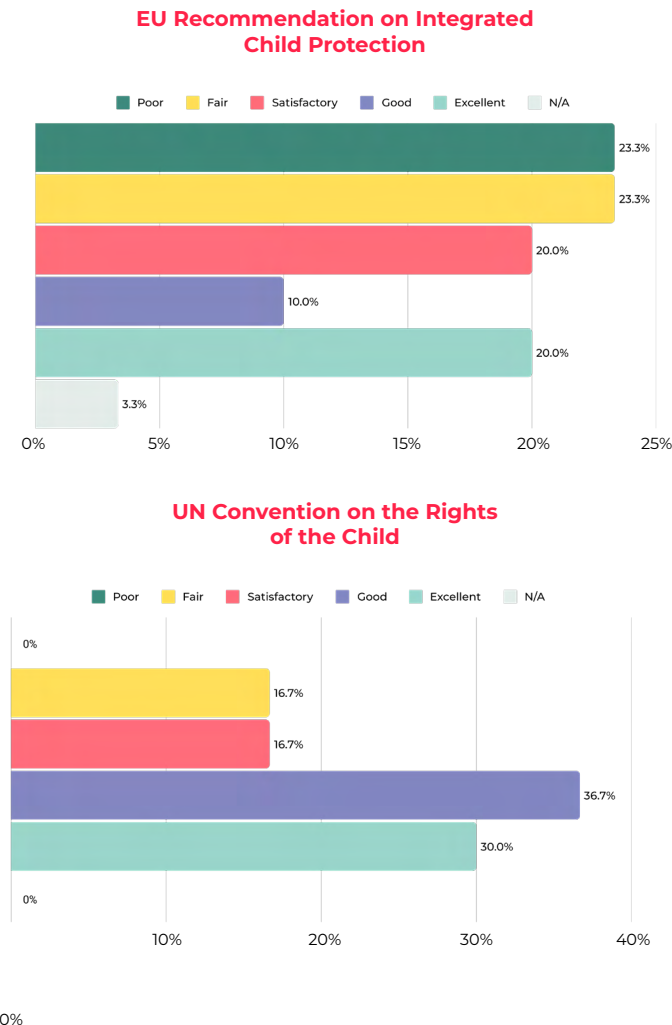
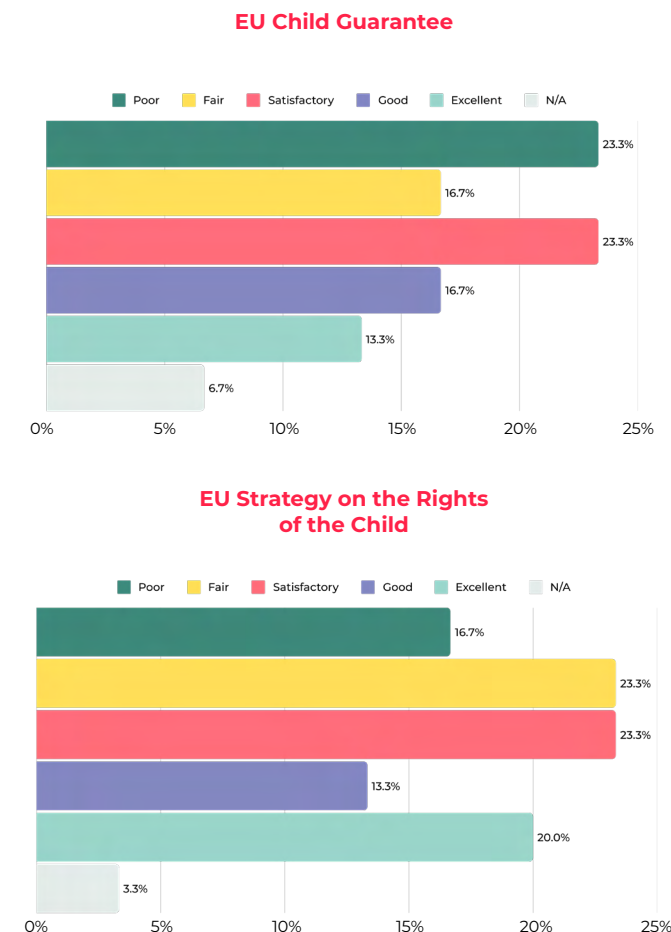
**Questionnaire respondent
from Iceland**

7.2. Professional knowledge of international and EU frameworks

According to our questionnaire, child protection professionals' knowledge of international and EU policies and legal instruments is quite low. While the CRC appears to be the instrument they're most familiar with, with over 80% of respondents indicating that professionals in their area have satisfactory to excellent knowledge of the convention, 23% of respondents reported that the knowledge of the European Child Guarantee and the European Commission's Recommendation on integrated child protection is poor.

Our findings suggest that international legal frameworks are not yet considered essential knowledge for professionals in the child protection field and beyond, which is a serious issue. These frameworks are meant to guide policy and practice, and professionals must have a strong grasp of them to ensure a unified approach: for this to happen, advanced training for child protection and social work professionals is necessary. An essential first step is ensuring that these frameworks are available in all European languages, which is not currently the case. This would significantly help improve their knowledge by the sector's professionals.

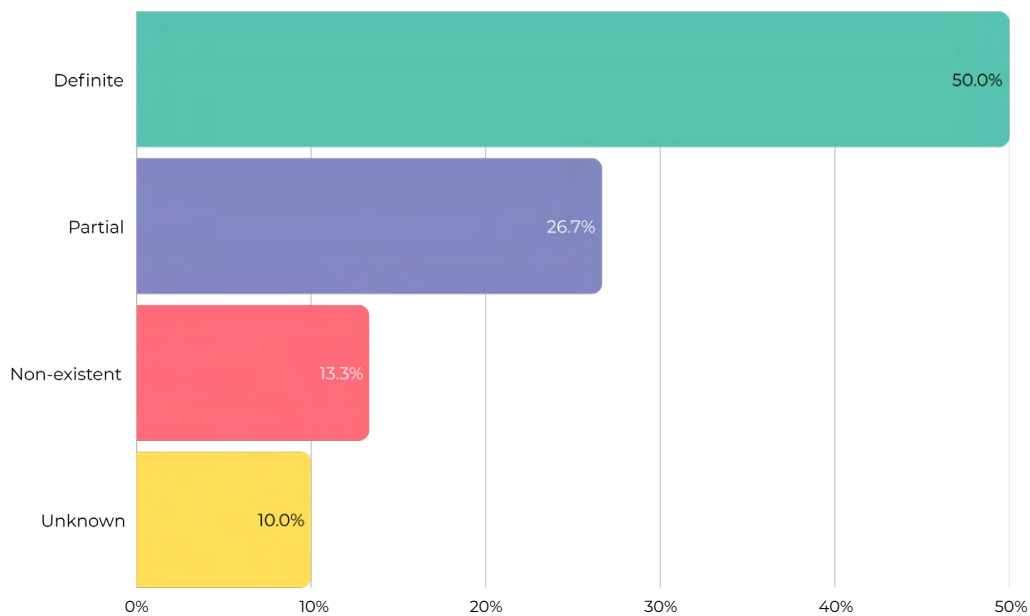
Figure 10: Professional knowledge of frameworks across Europe



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7.3. Availability and retention of staff

Figure 11: Issues with availability of child protection staff across Europe

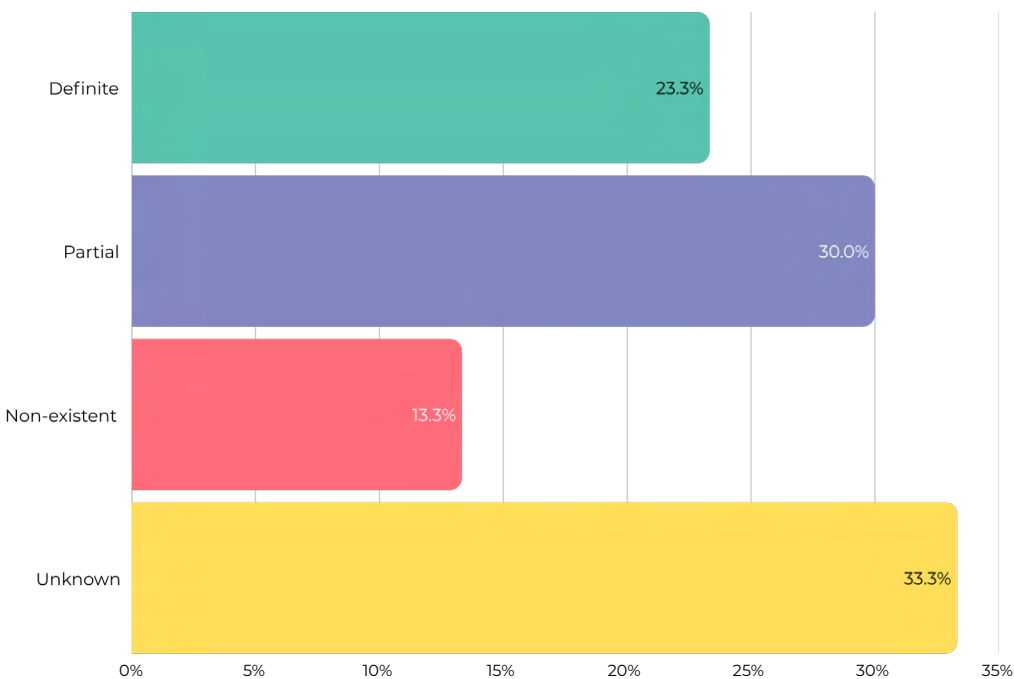


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Our questionnaire findings indicate that skilled workforce in child protection is in short supply, with half of respondents reporting a definite shortage and 27% a partial shortage.

Retention in the child protection sector is also highlighted as an issue by more than 50% of our respondents.

Figure 12: Issues with retaining child protection staff across Europe



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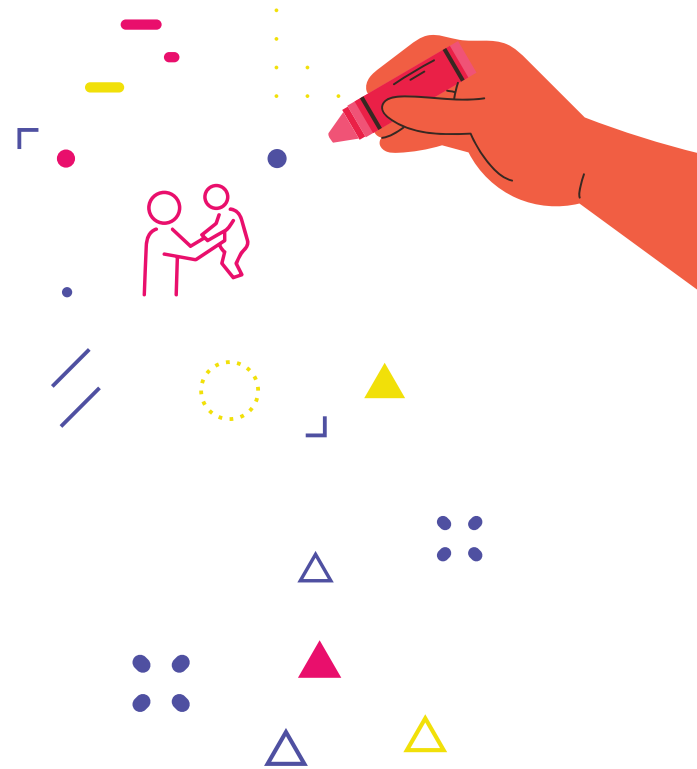
“

In child protection teams, the change of professionals is usually more frequent than in other services working with children. In addition, in cases where medical or maternity leave needs to be covered, the replacement takes longer than it should.

”

Questionnaire respondent
from Spain

Our findings listed several reasons for the skilled workforce shortage and issues with retention, including high workloads, responsibilities, and stress levels; low pay; lack of social recognition; low supply compared to the demand; and lack of training and supervision.



The (global) lack of workers in the medical and nursing fields as well as in education, teaching, and childcare is a well-known problem (Cameron et al., 2023). The workforce shortage in social work, on the other hand, is a topic rarely debated at a European level. If debated and researched, it is mostly in relation to regional or national contexts (SavoirSocial, 2024; IGfH, 2024). To fight workforce shortage, some countries have recently increased salaries for social workers and implemented high-quality education programmes.

“

We need to reduce the caseload child protection professionals are responsible for, from 100 cases to a maximum of 10, so they can work on targeted prevention and early intervention through home visits.

”

Questionnaire respondent
from Slovenia



IN PRACTICE

In Ireland, in light of ongoing issues with the training, recruitment, and retention of social workers in child protection, **numerous initiatives** have been introduced by **Túsla**, the Child and Family Agency, which employs approximately half of the total number of social workers in the country. These include a **coordinated student placement system**, integrated by the provision of laptops and the recruitment of 260 additional practice educators; supporting social care workers to engage in **distance learning to qualify as social workers**; and **sponsoring people with lived experience and people from the Traveller and Roma communities seeking an education and career in social work**.

At the ESN seminar, we heard about the results some of these initiatives have yielded in the last couple of years. We learnt, for example, that the number of new graduates joining Túsla have gradually increased, from 125 in 2022 to 175 in 2024; the agency has also recruited 10 new staff members from abroad, although this has not been without challenges, and 11 individuals have benefited from the National Traveller and Roma Integration Strategy (NTRIS). The introduction of new social work courses, furthermore, has resulted in the creation of 90 additional places in universities for aspiring social workers.

“

Excellent placements will bring more graduates... If we get them in at the beginning, we find ways to make them stay.

”



Gerard Brophy
Chief Social Worker, Túsla – Child
and Family Agency, Ireland

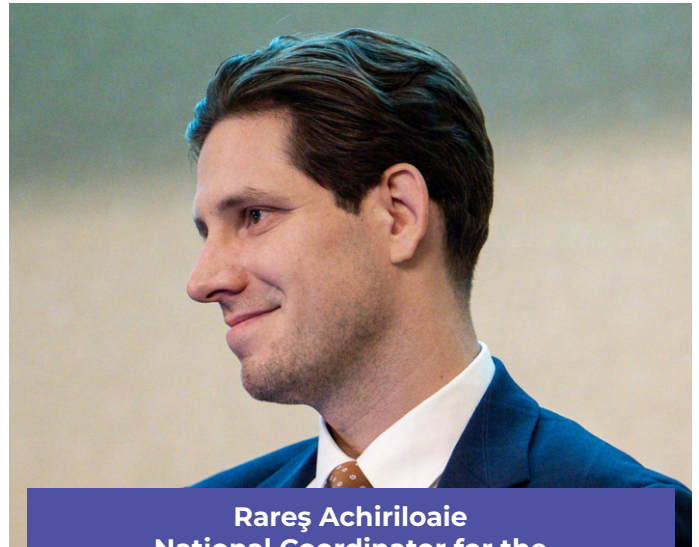
It is imperative that this shortage is debated and researched at a European level, and that solutions are developed. Cooperation, prevention, and child participation in child protection are resource-intensive and require a sufficiently qualified workforce. If countries fail to address the workforce shortage, there is a serious risk that the principles of integrated child protection cannot be implemented effectively. It is obvious from discussions in the medical, educational, and care fields that adjustments must be made in a number of areas to address the labour shortage. These include pay, status, recognition of the workforce, working conditions, and targeting the gendered character of the workforce (Cameron et al., 2023).

“

We have a big number of social workers coming out of education, but we need to attract them to the child protection system. It is tough work, mentally and physically, and we need to give them the resources.

We also need to focus on the age average, which is around 48 at this point and is going up. It is not a big problem now, but it may be in 15-20 years.

”



Rareș Achiriloaie
National Coordinator for the
Implementation of the European Child
Guarantee, National Authority for the
Protection of Children's Rights and
Adoption, Romania

IN PRACTICE

In Greece, the Child Protection Department of the [City of Athens](#) observed disparity in social workers' reports as well as their interventions with families and children in need. To respond to this, they have started implementing the [Child and Family Needs Assessment Protocol](#), a [unified assessment methodology](#) aimed at [minimising professionals' subjectivity](#) during the assessment of the protective and risk factors within a family, whilst assisting them in gaining a more detailed and holistic understanding of children and parents' needs and involving them in the decision-making process.

At the ESN seminar, we heard about the many qualities of this tool, which can be adapted to a country's context: in addition to being structured and based on knowledge and evidence, it foresees multi-agency collaboration and promotes a child-centred and comprehensive approach where each child is assessed individually and provided with a personalised intervention plan that takes their wishes into consideration. Despite bringing numerous positive results, such as professionals' empowerment and less resistance from families during the implementation of the intervention plan, this protocol is not yet mandatory and many professionals are still not familiar with how to use it.

“

This assessment tool gives professionals a lot of self-assurance. It is a procedure and, as such, it takes longer to do the assessment than it used to, but it is of great help to reach the final decision.

”



Styliani Lachanioti
Head of Child Protection Department,
City of Athens, Greece

8. PARTNERSHIPS IN CHILD PROTECTION: MOVING FORWARD

Keeping children safe requires a comprehensive, collaborative approach from a range of public and non-public stakeholders at all levels: international, national, regional, and local. Child protection, furthermore, crosses the existing boundaries across services such as social welfare, education, health, and justice. Moving forward, we propose a series of recommendations under the key themes that emerged in the questionnaire and the seminar: cooperation, prevention, child participation, and child protection workforce.

Cooperation

While significant progress has been made in fostering cooperation across disciplines, certain challenges persist, including limited human and financial resources, competing mandates, and fragmented protocols. Adopting a **child rights-based approach** appears to be the starting point for overcoming these. When all professionals working with children and young people understand that **children's safety and wellbeing** are paramount, they can hopefully understand that these cannot be achieved if they work in silos. For child protection to be holistic, effective, and efficient, there need to be clear protocols, cross-functional training, and informal networks that foster communication, reciprocal trust and understanding, and a culture of shared responsibility.

Prevention

State authorities are responsible for taking preventive measures to ensure children's protection. Children may be exposed to risks of neglect or abuse, or underlying family challenges such as mental health conditions, addictions, cognitive disorders, housing problems, or poverty. Prevention measures are crucial to counter these risks. These **preventive measures** may involve all forms of services, many of them **universal services** to support families and children in difficult and precarious situations, for example through childcare, or **individual or group** counselling and therapy.

The CRC recognises the family as the natural environment for children to grow up in, for which reason it needs to be afforded the necessary protection and assistance. Universal measures, therefore, must be integrated with **programmes targeting the most vulnerable families**, such as those living in poverty or struggling with mental health conditions.

Different initiatives such as mobile social workers and specific family therapy show promise in stabilising families, addressing the intergenerational nature of trauma, and preventing or resolving child-family separation.

At the same time, however, governments need to invest in family- and community-based alternative care placements, including through the introduction of better incentives and support for foster carers, to ensure that all children can grow up in safe and loving environments.

Child Participation

The existence of international, EU, and national **frameworks and guidelines on child participation** does not automatically translate into implementation. Child participation, despite being recognised as a fundamental right and principle by both the UN and the EU, is not yet implemented consistently. Identified **barriers** include a lack of capacity, knowledge, time, and resources.

Child participation, however, is an obligation for professionals working with children and young people: they cannot protect children without consulting with them, from design through delivery to evaluation. **Meaningful child participation** requires a **commitment** to engage with, listen to, and follow through on the needs and wishes of children. Children have the **right to shape the decisions** that affect their safety and wellbeing and the right to receive a continuum of high-quality care.

Child Protection Workforce

Neither of these rights, however, can be fulfilled in the absence of a skilled, competent, and adequately resourced child protection workforce. Both quantity and quality are in this regard important, and governments must invest in improving the **training, recruitment, and retention** of professionals working in child protection. Their pay, workload, and social recognition cannot be disregarded as they are ultimately what promote or prevent them from remaining in the field, which then determines the efficacy of child protection systems. Cooperation, prevention, and child participation in child protection are resource-intensive and require a sufficiently qualified workforce. Countries should address these issues so that the principles of **integrated child protection** are implemented effectively.

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