



Zukunftsforum  
Heimerziehung

Future Forum on Residential Care

# Insights into a Future for Residential Care

Designing a sustainable infrastructure  
for young individuals!

## Imprint

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# The Future Forum on Residential Care

This paper is based on the work and results of a federal initiative in Germany called “Future Forum on Residential Care”. Within the framework of the Future Forum on Residential Care, central development needs and structural features of successful residential care were elaborated and publicly discussed. For this purpose, knowledge, assessments and positions of professionals and residents, practitioners and academics were compiled and discussed. Funded by the German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth (BMFSFJ), the initiative was organised and moderated by Internationale Gesellschaft für erzieherische Hilfen (IGfH) with a duration from 2019 to 2021 ([www.zukunftsforum-heimerziehung.de](http://www.zukunftsforum-heimerziehung.de)). As authors and participants of the initiative, we think that this paper highlights fundamental requirements for the advancement of residential child and youth care in any country. Thus, we hope it also proves fruitful and interesting within trans- and international discourses.

The central working format in the Future Forum on Residential Care was a nationwide panel of experts with over 30 members (see list of members of the panel of experts, p. 75). The task of the expert panel was to consolidate existing findings, needs and core issues in the field of residential care, to discuss the need for action and to develop discussion papers and professional positions to be introduced to a broader public discourse. For the development of positions and recommendations, various formats such as (participatory) workshops and expert panels were organised, thematic sub-working groups were established and expert reports were prepared, in which assessments and positions were discussed and deepened. These formats resulted in over a dozen documents, expert reports, position papers, etc., which served as reference sources for the present final paper.

The participatory formats and their documentation were vital to the development of present insights and future-orientated insights for further development. Especially the direct and documented dialogue in the (participatory)



workshops with young individuals, care leavers, parents and professionals provided essential suggestions for the development of perspectives and demands for the further development of residential care. Numerous indications for the future design of the daily routine component in residential groups can be found here, which is also expressed in five publications.

The aim of the Future Forum on Residential Care initiative was and is to develop central recommendations for the further development of residential care with the participation of the broadest base of different stakeholders as possible. This summarising final paper of the Future Forum on Residential Care condenses the recommendations and demands from the (participatory) workshops, expert reports and the discussions of the expert panel. This paper takes up the different references in order to convey the impulses for the further development of residential care by professional practice, science and politics as well as by young individuals and their parents.

The Future Forum on Residential Care is designed as a project format. However, the project initiative can only be understood as a prelude to the further development of residential care in Germany. This further development remains a joint and permanent task of professional practice, science and politics - it is definitely not a temporary project.

# Residential care as the infrastructure of tomorrow for child and youth welfare

## **Taking public responsibility**

Residential care is closely linked to social changes affecting children, youth and their families (e.g., changes in living conditions and problems of young individuals and their families, but also changes in the reactions of the welfare state). Even more, residential care is also characterised by social, political and pedagogical tensions, which have shown to be generative for this field in its history. At the same time, public interest in residential care is subject to strong cyclical fluctuations. Negative incidents and grievances in residential care are repeatedly addressed in (professional) public debates in the form of scandals or expressions of indignation (e.g., inadequate services, problematic practices on and with children and parents or high costs). Therefore, there is a justified demand for information about the services and structures of residential care and a professional and social positioning for this area, where the state assumes responsibility for the personal lives and social participation of young individuals. Furthermore, there are justified questions about their sustainable future prospects.

Despite the diversity of formats and concepts in residential care and the variety of forms of accommodation, such a positioning is not only necessary for legitimisation towards financially responsible local authorities, but above all towards affected adolescents and their families. Furthermore, the classification of residential care as the realisation of social rights and, in comparison to other forms of provision in the institutional structure of growing up is of great significance.

### **Term stigmatisation**

A state form of assistance and services that has taken on such a great responsibility for children and young individuals who cannot live in their parents' households (temporarily or for a longer period of time) must have a clear idea, to be communicated internally and externally, of how parenting, protection, education and growing up can be successful, taking current social developments into account.

This also means that residential care must critically consider the way it defines itself and how it is defined by others. In the further development of residential care - and this is already part of the reflection - the term residential care must also be identified as controversial and historically burdened in order to identify the field. In the context of several participatory workshops, Adolescents who had lived in small group living arrangements have emphasised that they see the term residential care as an outdated term that no longer corresponds in any way with today's conditions and expectations. Thus, young individuals are more able to deal with terms such as „residential community“ or „residential group“ (cf. in more detail Krause/Druba 2020).

## Residential care – A controversial term

In the German context, the term “Heimerziehung” (which literally translates into “children’s home education” but nowadays corresponds with multiple forms of residential care) has come to be a controversial term to describe the field. “Heimerziehung” / education and upbringing within children’s homes is already historically burdened. Especially categorisations that are known to reinforce stigmatisation, not only from the perspective of those affected – such as that of the looked-after/children’s home/foster child – clearly point to the publicly perceived burdens of these forms of care services. The participatory workshops with young individuals, care leavers, parents and professionals carried out within the framework of the Future Forum on Residential Care consistently point to the experiences of stigmatisation and exclusion associated with the term and the public image of residential care. At the same time, in Germany it was questioned more than 20 years ago whether the term residential care is appropriate for the diversity of forms, offers, differentiated settings, etc., or whether it can be used to represent an open conceptual term (cf. Birtsch et al. 2001). And so Pluto et al. (2020: 5) state in their position paper on research within the framework of the Future Forum on Residential Care: „Neither can the diversity of forms of accommodation continue to be accurately described as a „home“, nor is it solely about a form of education in the narrower sense, but about socio-pedagogical arrangements and procedures that are intended to enable a supportive everyday life and a childhood and adolescence for young individuals that is as equal as possible through individually coordinated counselling, education, care, therapy, leisure and upbringing opportunities.“

However, legally defined entitlements, assistance and financing arrangements refer to the term “residential care, other supported living“. Therefore, the term residential co-creates past and current social exclusion processes, but at the same time the historical burden and the current questions about the social positioning of the forms of residential care become visible in the term and enable

discussion about the term. All the terms that have already been brought into the discussion, such as „help with a bed“ or „group education in an extra-familial setting“, conceal important aspects of everyday life, organisational structures and internal power relations that go hand in hand with institutionally organised education. Therefore, the term residential care will still be used for the time being. As a working definition, following the existing definition of the research field by Pluto et al. (2020: 7), the term is used „to designate an institutionalised socio-pedagogical place where an organised everyday life is designed for those young individuals who, for social and political as well as family, personal and individual reasons, should not or cannot spend this everyday life in their previous family relationship structures. This definition includes - and this is important here - not only the social and political conditions and frameworks, but also the procedures, organisations and structures through which this process of long-term or temporary growing up in an institutionalised socio-educational place is initiated, decided and controlled.“

## **Future viability of residential care**

In institutional and socio-pedagogical environments or in places that shape an organised everyday life with young individuals or that are still called residential care, much has been developed in Germany during the last 30 to 40 years, some of which has been perceived as not enough or very scarce by the public. Nowadays, residential care can hardly be compared to the institutions of the past. After the scandals of the institution-like, degrading practices of the large institutions, there were processes of change in the design of residential care. The decentralisation and differentiation of settings and services, the establishment of residential groups and communities, but also of therapy services, as well as a stronger professionalisation of residential care led to more participatory concepts and parental work in many places. As a result, there have been and still are many quality impulses for residential care.

More comprehensive conceptual debates often take a back seat to the methodical, small-scale description of individual forms of help and intervention, which sometimes strongly follow the logic of social services. The public perception of the field and its social evaluation seem to be deficient in comparison to the family-analogue forms of out-of-home placement and hardly in the positive, appreciative focus of attention. At the same time, many pioneering perspectives and conceptual positions in residential groups, in professional associations, in practical research, in youth- and home-related councils, in associations of care leavers, and many more are passed over.

The general questioning of institutionalised forms of upbringing has become very clear from an international perspective since the so-called Stockholm Declaration, which calls for the abolition of forms of residential care in favour of family-like settings. The principles of the Stockholm Declaration (Stockholm Conference on Children and Residential Care 2003) call for, among other things:

- Resorting to residential care only as a last resort and as a temporary response
- Developing, financing, implementing and monitoring alternative systems of care based on the principles of providing children with a family environment.“

The goals of the EU's Opening Doors for Europe's Children campaign are also linked to these orientations (cf. Schönecker et al. 2021: 8). These goals include the reduction of out-of-home placements, the development and safeguarding of the priority of a new foster child system including a (partially) professional foster child segment, the restructuring of inpatient child-rearing assistance in the direction of regionalised, more every day and more family-based, lifeworld-oriented services.

These can all be read as justified questions. However, on the other hand, it must also become clearer what constitutes sustainable residential care in Germany today and what should constitute it in the future. The quality impulses that have grown up in the institutions and in the forms of residential care - e.g., through forms of participation by young individuals and parental involvement, new forms of provision between individual care and group education, etc. - must become visible and be able to unfold their formative power for sustainable development.

It had become clear that it is necessary to reposition residential care in society and to elaborate the social significance of the forms of residential care as well as of educational assistance in general. But also, the question of the position of residential care within the institutional structure of growing up and in relation to the other social support structures for young individuals is becoming an increasingly urgent question addressed to the forms of residential care. Questions need to be answered with young individuals, their parents and their social networks: What does a sustainable residential care setting as a place of social and personal life for young individuals look like today? What constitutes the socio-educational place in it? What is a „good“ institution? How can social disadvantages and discrimination be tackled in residential care, together with young individuals and their parents as well as caregivers? How can social disadvantages that effect educative processes and young people's access to resources be effectively countered? How can young individuals be supported in their transition to employment by residential care?

## **Future impulses of residential care**

If one follows the current positioning of residential care, then - also against the background of the critical and self-assuring enquiries of society - a positioning today can no longer be gained solely from a critique of institutions as it was 30 to 40 years ago in demarcation from the institution scandals. This does not deny that this is still necessary, but it requires other points of reference in order to name the achievements and limitations of the forms of residential care in the regular institutional structure of growing up.

Against this background and building on numerous discussions, participatory workshops and documented forums and expert reports as reference sources, this paper proposes the orientation and concrete design of the following future impulses for the further development of residential care:

1. Ensuring that the fundamental rights of young individuals and the social rights of young individuals and their parents are upheld!
2. Residential care as a place to enable young individuals to participate in the social and institutional life of growing up without discrimination!
3. Residential care as a place that not only ensures the upbringing of young individuals but also enables multifaceted (formal, informal and non-formal) education processes (to equalize opportunities)!
4. Re-structuring residential care settings into inclusive spaces for and with young individuals with disabilities!
5. Strengthening self-advocacy in residential care!
6. Clarifying the social responsibility of the organisational and service structures!
7. Recognising the development of skilled workers as a field of action for professional policy!
8. Systematically improving knowledge as well as qualitative and quantitative data through empirical research on residential care!
9. Demanding social recognition of residential care!



These discussions show the paradox that residential care is both entangled with but also trying to work against powerful structures and social challenges that hinder certain children and youth to grow up with having access to equal resources. Forms of residential care also need to reflect upon the existing social and health-related infrastructures where they are embedded in. Therefore, topics such as inclusion, participation, digitalisation, etc. emerge as concrete perspectives of residential care that need to be developed. The fundamental strengthening of the personal rights of young individuals as well as the manifold injustices that prevent their social participation must be a public (professional) topic. The sustainable reappraisal of undesirable developments in history and the present must be critically reflected upon, because residential care is part of the social debates and must also actively shape them.

But it will be even more central to name the future viability of residential care - with its challenges and opportunities - for young individuals. For this, social debates in residential care must be taken up, included and reflected. This still happens too little, but it can make residential care strong as a different place of life! This will not work without a sustainability perspective.

The field of residential care - with all its ambivalences - therefore needs greater social recognition. Stigmatising categorisations and attributions of children and parents, but also of professionals, are deeply rooted in this lack of social recognition, as the statements in the participatory workshops and the research papers clearly show. This includes creating further transparency about community life in the residential groups, but it also involves young people telling their own stories of (successfully) growing up in residential care settings. However, a conceptual self-assurance of residential care in the present - also in view of the critical (international) enquiries about this form of assistance - includes making it clearer, conceptually and empirically, how upbringing, protection, education and socialisation can succeed with and through it against the background of current social developments.

# 1 Ensuring that the fundamental and social rights of young individuals and their parents are upheld!

## **Young individuals as bearers of fundamental rights**

Young individuals are fundamental rights bearers. This statement has had more than a signal effect on the development of residential care in recent years. It sets a normative and legal point of reference that strengthens the legal position of young individuals in relation to child and youth welfare who grow up in and with the services of residential care. This development is, as it were, a challenge for the review and design of the services offered.

This normative and legal term goes back to the UN Convention on the Rights of the Child (1989), which was drawn up more than thirty years ago and became a supranational legal position for the development of residential care as an ineluctable professional reference point (cf. UN Resolution „Guidelines on Alternative Care“ 2009). At the same time, the rights-based approach also means a Discontinuation with the pedagogical and welfare policy approaches that were predominant in residential care: Recognising young individuals as holders of fundamental rights means making their rights to protection, promotion and participation, as formulated in the UN Convention on the Rights of the Child (UN CRC), the starting point of every pedagogical approach and procedure in child and youth welfare. This means, taking the example of „participation“: Participation of young individuals in residential care does not have to be justified pedagogically or be productive for organisational development or procedures. Participation is the inalienable right of young individuals. (see also Driesten et al. 2021).

## **Rights of parents**

In addition, young individuals have a fundamental right to the support of their parents in their task of parental care and upbringing. It is therefore also the public responsibility of the state to strengthen parents and enable them to raise

and care for their children appropriately. The care and upbringing of their children is the „natural right of parents and their primary duty” (legally regulated in § 6 paragraph 2 GG [basic law] and § 1 paragraph 2 SGB VIII [Social Book VIII, German Child and Youth Care Service Act]). Therefore, in the realisation of the fundamental rights, residential care as a support for child-raising is always also responsible for supporting the parents in being responsible parents to their children. Parents must also be systematically involved in residential care so that the children can experience their right to responsible parenthood.

### **Result of emancipatory disciplinary development**

Fundamentally, the recognition of the rights-based approach is the result of a long emancipatory-oriented professional development in residential care in Germany. This process of recognition begins in the history of residential care in the 19th century with the scandals of oppression and violence in the institutions and procedures of residential care as well as the devaluation and stigmatisation of families and parents with whom the children grew up. It is continued as a general professional development with the home campaigns and in the institutional critique, as it is still formulated today in the positions against closed placements and above all decries the „home“ as a total institution. In the related discussions, the „bourgeois death“- the loss of personal legal capacity - (Goffman 1961), i.e., the loss of the young individuals' personal legal capacity in the institutions, is massively criticised and an emancipatory pedagogy is demanded in which every young person is recognised as a subject of everyday practices. Today, this subject development finds a new normative and legal framework in the rights-based approach. Thus, the frame of reasoning for an emancipatory pedagogy of future residential care is no longer solely the critique of institutions and the rejection of the total institution, but the fundamental rights of young individuals and their parents as the point of reference of a future residential care.

### **Social enlightenment of residential care and the legal position of parents**

The recognition of the basic rights and legal position of parents, as enshrined in the Basic Law, was not only ignored for many years in residential care, but

parents were often stigmatised and devalued by residential care and its procedures. Parents, especially from the working-class milieu, were also often labelled as „neglectful“ by residential care. It is part of the social enlightenment and emancipatory development of residential care to accompany the parents' living situation and everyday life out of social devaluation and to strengthen the parents so that they can exercise their basic right to parenthood with residential care. Yet to this day, parents often experience their child growing up in residential care as discriminatory (cf. Knuth 2020). However, it is a systematic basic concern of residential care as an aid to upbringing to counteract this. This is why „further legal protection of parents' support and participation rights are necessary“(Knuth 2020: 37).

### **Basis of transnational justice**

Another line of development that points to the importance of the rights-based approach for the development of residential care is the supranational framework. This line of development is closely linked to the professional development of residential care over the past 30 years. Although young individuals who have fled have always been a group of young individuals who lived or had to live in residential care - also in history - a special sensitisation in the development of the field towards them can only be observed since the 1980s. This opening of residential care as a place for young individuals who have to flee to Germany for various reasons, grow up here and have to fight for a right to a future in Germany as well, has challenged the political and professional profile of residential care anew. Recognising young individuals as holders of fundamental rights also means realising the rights of young individuals who live as refugees in Germany in the same way as the rights of other young individuals. At this point, too, it becomes obvious that the future orientation in residential care cannot only be derived from the criticism of institutions and scandals - which is still necessary - but needs a normative legal framework and, above all, the application of existing regulations, to which young individuals in particular can refer in the present.

## **Right to protection - also against residential care itself**

It is a professional necessity to make young individuals as the bearers of fundamental rights the starting point for the development of residential care, which is not least (also caused by public debates) imperative from the reappraisals of residential care in the post-war years as well as for the protection against sexualised violence and assaults in residential care also demanded publicly. It is the right of those affected that those responsible for residential care in the present also deal with this, come to terms with it and take responsibility for what has been experienced as violence in history and in residential care to this day. A future residential care that starts from the young individuals and their parents as bearers of fundamental rights, accordingly includes seeing oneself in the ambivalent history and realising the fundamental rights with the young individuals also in the institutions and procedures of residential care. Accordingly, young individuals and parents in residential care also need a strong legal position against residential care itself, since - as the reappraisals in history show - instrumentalizations, criminal interests and violence have an effect on it and were brought about by it. A critical debate is called for here, especially with regard to measures that deprive and restrict freedom. Such measures represent serious encroachments on the fundamental rights of young individuals and favour transitions to unlawful and abusive practices. Isolating measures, for example in „intensive educational“ facilities and behavioural therapy step or reinforcer programmes, also promote restrictions on fundamental rights and are in danger of disregarding the individual personality of young individuals, as recently pointed out by the German Ethics Council (2018: 158).

## **Ombud and protection concepts as professional milestones**

How the rights-based approach has already arrived in the organisational development of residential care can be seen, among other things, in the successive implementation of Ombud-ships and protection concepts in residential care both in practice and in child and youth welfare law. This involves „participatory dialogues in learning organisations that use protection concepts as organisational education processes for themselves, i.e., in which organisations make sure they know about the risks, dangers and success factors of their own professio-

nal work“ (Allroggen et al. 2017: 12). So far, it is not yet possible to speak of a universal anchoring of both ombudsperson offices and protection concepts, and they are also not yet systematically established in professional practice. Nevertheless, the development of ombudspersons has set a milestone in the realisation of the rights of young individuals and their parents in residential care, which relates above all to the procedures and the recognition of structural power asymmetries. Protection concepts and complaint procedures in facilities and youth welfare offices are the organisation-related inner side of the same coin, in that they are supposed to virtually call on young individuals in the facilities and procedures to exercise their rights. The publication „Recognising and safeguarding the inalienable rights of young individuals in institutional child-rearing services“, states: „Complaints mean opportunity - opportunity for change, for debate, for resolution and ultimately for satisfaction. Every young person has an inalienable right to complain. This right cannot and must not be taken away. Thematically, complaints are not limited“ (Driesten et al. 2021: 19). In addition, „there is a need to examine further legal changes which, for example, improve cooperation between the youth welfare office and parents or contribute to the enforcement of complaint possibilities (e.g., through the legal implementation of independent ombuds-persons)“ (Knuth 2020: 37).

With the ombud and protection concepts, it becomes obvious that young individuals and their parents are not only proclaimed as holders of fundamental rights, but also that the organisational development of residential care already recognises this normative and legal marking alongside many participation formats of young individuals. This is also reflected in the increasing recognition, positioning and structural support of self-advocacy by young individuals who have grown up with and in residential care.

### **Rights-based approach as the foundation for future subject development**

Recognising young individuals and their parents as holders of fundamental rights is an inevitable consequence of the development of the field of residential care in recent years. However, it is also a turning point in the development of the field. With this definition, the normative point of reference is not set in

the pedagogical programme and the offered services of the welfare state, but is formulated with the legal position of the young person and their parents and the realisation of their basic rights. Pedagogy, service structure and procedures must be oriented towards this normative core. The milestones of the ombud and protection concepts so far make this evident. Here, the main focus is on law enforcement and protection against assault and violence. In the future, however, the subject development will continue to develop its pedagogy, service structure and procedures, based on the fundamental rights of young individuals.

## 2 Shaping residential care as a place for enabling non-discriminatory participation of young individuals in the social and institutional environment of growing up!

### **Challenging social inequality among young individuals and their parents**

Residential care is confronted with the social inequality of our society on several levels. The German child and youth welfare statistics show that young individuals who are accompanied through residential care very often grow up in precarious living situations or poverty constellations (cf. Table 2020). „A large proportion of young individuals in residential care come from families with particularly stressful living situations. Empirical evidence shows a relatively high proportion of children from single-parent families. In addition, families of origin are dependent on transfer payments in almost half of the cases“ (Knuth 2020: 26). Accordingly, residential care is closely linked to the challenge of combating child and youth poverty and dealing with social inequality in the life situations of childhood and youth as well as the family. It must constantly ask itself to what extent it is fulfilling its socio-political mandate to intervene (cf. Peters 2002).

In addition, it must also ask itself how it reproduces precarious living and poverty situations and how it can fulfil its mandate from § 1 SGB VIII to compensate for social disadvantages and realise equal participation, e.g., also of young individuals with disabilities. Social disadvantages and inequalities are thus always a professional and conceptual challenge for residential care. With regard to its socio-political positioning, it cannot only be oriented towards compensation, but has the mandate to reduce social disadvantages of young individuals in social participation and to „especially orientate itself towards the interests“ of children and „young individuals and to strengthen their position in a parti-



san manner“ (Peters 1991: 6). Finally, residential care must also deal with how and whether it itself creates or reproduces social disadvantages - e.g., through stigmatisation of young individuals and their parents - or exclusion processes and the reproduction of social hierarchies, as has recently been shown in the example of young homeless care leavers or the lack of recognition of parents (cf. Sievers 2019; cf. Knuth 2020).

In the history of residential care, for example, the reproduction of gender-hierarchical division of labour and sexual discrimination in the categorisation and attributions was only problematised very late. Furthermore, residential care in Germany has also only opened up „interculturally“ in the past 30 years and has only recently begun to deal with anti-racist concepts. Finally, it is only today that we observe an inclusive opening of residential care, so that residential care also works to break down barriers for young individuals who are affected by a disability . All in all, residential care is dependent on positioning itself more intensively in socio-political terms in the future than before, in order to fulfil its mission of reducing social disadvantages and to enable young individuals and their parents to participate in society without discrimination.

### **Eliminating barriers and social disadvantage**

In this context, residential care can be linked in particular to the UN Convention on the Rights of Persons with Disabilities and Impairments. In the Convention, a perspective for dealing with social disadvantage is developed that is very close to the concept of social disadvantage on which child and youth welfare is based upon. Social disadvantage is seen as a barrier to accessing regular forms of social participation as well as social and material resources. It is not categorised as an individual deficit of the respective person, but rather the discrimination and barriers in the relationship of people to their respective personal and social environment are problematised. Not individual adaptation, but instead further structural development is demanded. For example, from the perspective of the UN Convention, a young person with disabilities does not have to prove that he/she fits into an educational institution, but the educational institution is under the obligation to legitimise if it does not enable a young person's access to

the institution. This can be related to residential care in a double perspective, it is also in the duty to legitimise itself if it denies young individuals and their parents the social access or even creates barriers, and it is in the duty to realise for and together with young individuals and parents their right to social participation without discrimination. Incidentally, the UN Convention does not only refer to people with individual impairments, but all people can claim the right to non-discriminatory social participation (Schönecker et al. 2021: 9). It is to be realised in particular also with parents who are themselves excluded or have an impairment.

### **Enabling non-discriminatory social participation**

This formulates a mandate for residential care that fundamentally frames its social positioning and responsibility. For it not only has the responsibility (see the comments on inclusion) of redesigning its organisational forms and procedures in relation to social barriers and disadvantages, but it must also address how it enables young individuals in their everyday lives to participate socially in the institutional structure of growing up without discrimination - in day care, in schools, with their parents, in child and youth work, in public spaces and in the transitions towards work, etc., as well as in the sustainable establishment of a self-determined life. It must therefore not only redesign its position in the institutional structure of growing up, in local cooperation and networks and in socio-spatial relations, but also see itself as an actor realising the rights of discrimination-free participation of young individuals, locally and socio-politically. The essence here - and this is probably the main message of this UN Convention - is not mere participation in the regular institutional structure of growing up, but the right to non-discriminatory participation (cf. Schnurr 2001) in social life and thus also in public institutions.

This right of young individuals and their parents will occupy residential care in the years to come in order to deal with discrimination and barriers experienced by young individuals (cf. Krause/Druba 2020) and their parents (cf. Knuth 2020). By doing so, it must also address the discriminations that residential care and its inherent procedures trigger. It will be measured more and more by what and

how it enables young individuals to participate socially - education, training, social relationships, health, political participation, living etc. - with its local co-operation partners such as day-care centres, schools, companies, psychiatric institutions, child and youth work, associations etc. without discrimination. Not least, this requires further conceptual development and proven multifaceted methodological competence, because residential care itself is required at this point to provide appropriate arrangements on the one hand and, on the other hand, to design sustainable cooperation with other actors. At this point, we can think of sports activities, cultural projects (e.g., music, dance, theatre, visual arts, media arts or circus projects), but also sexual education, media education, psychomotor, trauma, health and traffic education arrangements. Co-operation is particularly necessary where services are not or should not be realised within the residential care. In addition to schools (cf. Chapter 3), this applies to sports clubs, music and art schools, youth education centres and youth work/youth association work (cf. also Nüsken 2020).

### **Establishing links to recent discussions on social inequality and socio-political developments**

In this context, residential care can tie in with developments of the last thirty years, because it has always addressed poverty and social inequality as a central challenge for young individuals and their parents, but it has also reproduced them itself. The dissolution of large institutions beyond the everyday social spaces was and is an important step towards reducing social discrimination and enabling social participation and relationships on the ground. Furthermore, a discussion on gender-reflexive perspectives and approaches has become well established. In recent years, concepts of anti-racism, multilingualism and LGBTQIA\* movements have also been taken into account. Nevertheless, in practice - more than has been done so far - conceptual connections must be sought and realised with a view to the aspects of gender justice and the concerns of queer young individuals. In addition, educational disadvantage, (co-)working with parents and the transitions to gainful employment of young individuals in residential care are again being considered more intensively. Support for the transitions of care leavers seems to be much more clarified - but by no means

satisfactorily designed. German-language studies in this regard (e.g., for ten years by the IGfH and the University of Hildesheim: cf. Sievers et al. 2015; SOS Kinderdorf: cf. Sierwald et al. 2017) reveal the poorer materialistic, social and emotional starting situations of young individuals who, in contrast to young individuals growing up in their families of origin, often (have to) leave educational assistance at the age of 18. Here, child and youth welfare services are often involved in the creation of social inequality by omission (cf. study by Sievers 2019 and the summary article by Nüsken 2019).

Overall, residential care is currently facing the challenge of incorporating new approaches - as it has already done, for example, with the capability approach - into social participation and inequality research in order to be able to reflect the social realisation opportunities of young individuals and their parents. In this context, intersectional concepts and policies are also of ground-breaking importance in order to be able to deal with social disadvantages and discrimination. Above all, residential care is called upon to become more involved in the discussions on childhood and youth policies as well as social and educational policy debates of the present and, for example, to enforce the equal digital participation of young individuals.

### 3 Conceptualising residential care as a facility for enabling educational and developmental processes!

#### **Enabling rights-based educational pathways**

The quality of residential care is measured above all by how educational and upbringing processes are made possible and taken responsibility for on a daily basis - on site. The view of educational and upbringing processes in everyday life changes when it is directed towards enabling social participation without discrimination, based on the rights of young individuals. The facilitation of education and upbringing processes must then not only be linked to the fundamental rights and social rights of young individuals, but must also be consistently oriented towards the rights of young individuals. To give an example, it is not a question of whether participation fits into the pedagogical concepts, but the pedagogical concepts have to realise young individuals' right to participation structurally and systematically. This could also be concretised for other areas such as the right to promotion, physical integrity as well as information and - last but not least - non-discriminatory social participation.

Education and training processes are therefore to be understood as rights-based social processes by which young individuals are being enabled to make autonomy-strengthening subjective appropriation of „oneself“ and „environment“ in group-related, networked and individual arrangements. Non-formal and informal educational opportunities are just as important as formal educational processes in cooperation with residential care, school and training. In this context, residential care also has the task of creating new beginnings (Hörster 1995) when educational processes for young individuals in families, in residential care or in other educational settings such as schools have led to devaluation, exclusion or frustration and therefore need to be reopened.

## **Education as an empowerment for non-discriminatory and self-determined participation**

Following the fundamental right of all young individuals to a guarantee of parental care and upbringing (cf. in detail in Chapter 1), young individuals have a special right vis-à-vis residential care that it fulfils its „obligation to bring“ in public responsibility and shapes care and upbringing processes with the young individuals in dialogue and without violence in everyday life, which enables them to participate in a self-determined way.

For educational processes in residential care, this means always being reliable, competent, self-reflective and patient.

- Sharing norms and values with young individuals, including their heterogeneous practices, uncertainties and contradictions,
- Enabling them to acquire practical everyday knowledge and skills in joint exchange processes in order to be able to shape their lives in this society „in a self-determined, self-responsible manner with the ability to live in a community“ (new § 1 KSJG), as well as
- Being available as an adult counterpart partner so that they can develop independence, autonomy and self-will in the discussion and do not have to accept the world as given and unchangeable.

The goal and standard of the educational and training efforts in residential care is to enable discrimination-free self-determined participation of all young individuals.

## **Shaping the educational mission in a dialogue-based and non-violent approach**

This approach and mandate include an understanding of educational processes that is dialogue-based and non-violent and not only reflects the power asymmetries between young individuals and adults through forms of power balancing (complaints systems, ombud procedures, protection concepts, youth and residential councils), but also structurally securing them through participation, complaints and protection.

In this context, the view of residential care as the pedagogical place has opened up in recent years. The question is no longer only about the pedagogy of residential care as it can be practised at the residential location or in the institutions, but the pedagogy of residential care is understood as interwoven and networked - with the social and family relationships of the young individuals, in the socio-spatial contexts and in cooperation with other institutions (schools, etc.) in the educational infrastructure of the institutional structure of growing up (cf. Pluto et al. 2020).

### **Residential care as socio-educational space and facility**

While professional discussions for many years focused primarily on conceptual and normative designs for the pedagogical practice of relationships as well as on the moral and legal justification of the socio-educational place „residential care facility”, today it is primarily differentiated methodological perspectives that dominate, e.g., in the context of trauma pedagogy, pedagogy with challenging young individuals, intensive pedagogical measures or individual aspects such as participation. At the same time, analyses of everyday life in the institutions and processes of coming to terms with the history and present of residential care (cf. Schrapper 2021) made it clear that the rights of young individuals were and are not sufficiently anchored in the structure. For example, the concepts of the institutions often hardly reflected the fact that the socio-educational place of residential care was not a safe place from violence and assaults for young individuals in the different developmental epochs. In this context, there are also analyses that critically point to the limits and instrumentalization of education and upbringing and that forms of upbringing, e.g., via step-by-step plans, do not correspond to socio-educational professionalism in the sense of non-violent parenting (Engelbracht 2019). In this regard, the statements of young individuals (Krause/Druba 2020) are ground-breaking, who want educators and ultimately a pedagogy that not only „seriously“ deals with them, but also supports them in exercising their rights, e.g., to participation in everyday life.

## **Residential care as socio-spatially normative care and education**

However, the rights of young individuals to non-discriminatory social participation also extend beyond educational and upbringing processes to the specific place of residential care. Ultimately, the home is only one place in the social space and in the network of social relationships of young individuals with their parents, siblings, friends, but also other important people in the social environment. Today, it is asked how, for example, the residential group is interwoven with the social relationships and socio-spatial locations in the everyday life of the young individuals and acts in these (cf. Pluto et al. 2020). In this way, it was worked out that educational assistance must always also deal with the fact that its pedagogy - as Köngeter (2009) describes it - is not only part of the solution, but itself part of the problem for young individuals in their social relations. Discrimination-free social participation is also made possible by the fact that residential care normalises itself in its upbringing and educational processes in the social space and at the same time realises the rights of young individuals in the social space. In addition, from these perspectives, family relationships also become more important. – e.g., siblings and parents (cf. Knuth 2020) - and peer relationships of the young individuals. Thus, upbringing and educational processes in the context of residential care are not conceivable without the - sometimes very ambivalent - family relationships and other social relationships of the young individuals. The young individuals' right to a supportive environment and social relationships are accordingly not only to be related to the institutions themselves, but the young individuals' upbringing and educational processes are always interwoven in the young individuals' everyday personal relationships, in which the institution is only one place of relationship.

## **Residential care in the childcare and education infrastructure**

If the question is also raised about the concrete upbringing and educational services of residential care for non-discriminatory social participation in the upbringing and education infrastructure, then a systematisation by Nüsken (2020) can be used to refer to processes within residential care, in cooperation with residential care as well as processes of young individuals who are accompanied by residential care, e.g., in other educational organisations such as tho-



se of school and training. If these three perspectives are reflected in residential care, then this can contribute to a sensitisation for upbringing and educational processes in one's own institution and to an examination of the other upbringing and educational organisations in the everyday life of young individuals. With regard to educational achievements, it must be taken into account that educational certificates (such as school-leaving qualifications) not only determine the biographical opportunities of young individuals, but also influence the possibilities for coping and the well-being of young individuals in or from residential care (Strahl 2019). Education in the context of residential care is always related to coping with biographical challenges and social educational processes, but it is also concretised in successes at school and in educational qualifications. The support of formal educational aspirations and the right of young individuals to participate in the regular educational infrastructure without discrimination must therefore be guaranteed for young individuals through residential care.

The current challenge of residential care as a place of enabling educational and upbringing processes consists in a skilful interweaving of everyday structure, coping with life and promoting formal education. In addition to dealing with dropouts, detours and the often longer time requirements of young individuals in residential care, non-discriminatory social participation also includes the promotion of school and vocational qualification. This also includes the promotion of higher school-leaving qualifications and, in general, the securing of qualifications and transitions after the age of 18.

## 4 Enforcing „inclusive residential care“ for young individuals with disabilities!

### **Inclusion as a supranational commitment**

Enabling discrimination-free, self-determined social participation for all people, including all young individuals, is the central demand of international human rights conventions - with regard to the rights of children (UN Convention on the Rights of the Child 1989) as well as the rights of people with disabilities (UN Convention on the Rights of Persons with Disabilities 2006) - for state action. Their significance for action in residential care has already been presented in the previous chapter on social participation (Chapter 2). From the point of view of the promotion and participation of young individuals with disabilities and against the background of the inclusive further developments within the framework of the overall responsibility of child and youth welfare for all young individuals, also with physical and mental disabilities, further perspectives are added. Article 19 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) obliges people with disabilities to have the same choices as other people with regard to living in a community of their own choosing. This includes, on the one hand, access to a range of community-based disability-specific outpatient support services, including personal assistance, and, on the other hand, access to general facilities and services close to home. Both are a prerequisite for people with disabilities to be able to freely choose their housing and living situation and not be forced into special forms of living (Article 19 UN-BRK).

### **Taking advantage of new directions - developing professional standards**

„The extensive discourse in the professional public and politics as well as in science about what is actually meant by „inclusion“ [...] shows that there is a need for professional, conceptual and empirical clarification and that the associated questions reach further into the field of residential care than is often the case with the limited view of procedures for the control of benefit claims in the combination of benefit claims from (primarily) assistance for upbringing and integration assistance“ (Pluto et al. 2020: 22).

Professional standards and in-depth professional discussions beyond procedures and needs assessment schemes are still lacking. Therefore, it is not surprising that the discussion paper of an interdisciplinary sub-working group states: „Reliable databases are lacking not only with regard to the diverse professional questions, but even with regard to the numerical recording of how many young individuals with disabilities are actually accommodated in out-of-home forms of living. In addition, there is still a lack of a linking perspective of the various social and health science research disciplines (e.g., rehabilitation sciences, special education, nursing sciences, social education, sociology, psychology) in the field of extrafamilial forms of living (Schönecker et al. 2021: 10 f.).

### **„Inclusive residential care“ as a conceptual mission**

The concrete conceptual development tasks associated with the realisation of the (fundamental) rights of young individuals with disabilities and their parents for child and youth welfare - and predominantly for the field of residential care - still appear to be largely unresolved. Fundamental questions arise, such as: To what extent do the existing structures and organisational forms, concepts and working methods of non-family services promote the realisation of the fundamental rights mentioned in the UNCRC or at least do not hinder them? And what kind of understanding of residential care in terms of services and organisation can be used as a foundation when, for example, in the course of the abolition of the term „institution“ in the Federal Participation Act (BTHG in Germany), some non-family forms of living are also classified as outpatient services?

In the general comments on Article 19 of the CRPD, the UN Committee on the Rights of Persons with Disabilities very clearly expressed the obligation of the States Parties to develop strategies to deinstitutionalise the housing and living situation of persons with disabilities. In the sense of ensuring freedom of choice, family-supporting services and structures close to home must be created and expanded (i.e., to ensure availability) and at the same time non-family forms of living must be developed on a municipal level in such a way that they are open to children, adolescents and young adults as well as their

parents with very different support needs (i.e., to ensure the accessibility of the services). Also, in Germany the self-help organisations in the field of disability support (not least in the negotiations on the formulation of the new Federal Participation Act) have always encouraged a replacement of models of externally determined, permanent living in institutions and special forms of living and for sufficient support or assistance in self-determined residential and living communities. This shows that when we speak of „inclusive residential care“ as a conceptual term, this is by no means self-explanatory and uncontroversial.

In the interdisciplinary sub-working group within the framework of the Future Forum on Residential Care, the authors point out in several places, despite all the unresolved professional debates, the necessity and the right of young individuals with disabilities to also find non-family forms of living that promote discrimination-free, self-determined social participation: „There are many constellations of cases in which young individuals do not have access to non-family forms of living that meet their respective needs (...) The reasons for this often lie in the existing barriers - from the inadequate structural design of the facilities (e.g. tactile/electronic orientation) to the lack of accessibility. (e.g., tactile / electronic orientation aids) to insufficient conceptual frameworks (e.g., staffing ratios, adaptation of protection concepts) to a lack of staff expertise (e.g., nursing skills, sign language). Barriers „in the minds“ in the sense of a lack of willingness to make appropriate changes are also likely to be causal factors“ (Schönecker et al. 2021: 6).

Additionally, it is emphasised that the entitlement to inclusion in the sense of an equal life in the community is not only limited to the offered housing and placement itself, but also includes the non-segregating and barrier-free design of the wider social space: „It must be stated, however, that both at the parents‘ or family‘ s place of residence and in the environment of the extra-familial forms of living, these socio-spatial offers, which should promote or enable inclusion, are often only very inadequately available. Parents of children with disabilities often find themselves forced to take advantage of extrafamilial accommodation for their child outside of the previous social space, outside of the region

in which the family lives, due to the inadequate service structure in the above-mentioned areas. The specialisation of the accommodation offers both in larger complex facilities with a supra-regional catchment area and in smaller residential services with an often very limited number of places runs counter to the demand for socio-spatial availability of non-family forms of accommodation and collides with the principles of Article 19 of the UNCRPD (freedom of choice, support and availability of community-based services and infrastructures)“ (ibid.: 18).

### **Participation in and by residential care**

If, against this background, it is assumed that, according to the UN Committee on the Rights of Persons with Disabilities, „inclusive residential care“ means enabling a young person - for whatever reason he or she cannot grow up in his or her family - to have a non-discriminatory form of out-of-home living that ensures his or her participation in the sense of the dimensions described, then conceptual further development tasks must come into view. „For without a structural and systematic safeguarding and the repeatedly necessary examination of the solutions found in each case, good individual solutions remain random and do not reliably contribute to fulfilling the public responsibility for growing up in a place outside one’s own family“ (Schönecker et al. 2021: 6). In order to professionally outline the realisation of fundamental rights and self-determined social participation through extra-familial forms of living and inclusive residential care settings, a number of conceptual ideas were developed by the Future Forum on Residential Care for the German context. Only a few are presented here:

- In the sense of a guaranteed freedom of choice, children, adolescents, young adults and their families must be able to choose between more or completely specialised and general services, close to home or at a distance. This means that the challenge must be met „that the non-familial residential form can meet these needs of young individuals with disabilities, for example, by means of specialist specialisation in interdisciplinary teams or also cross-office cooperation (e.g., involving outpatient care services in inpatient residential forms of child and youth welfare)“ (cf. ibid.: 16).

- The question of how participation and complaints by young individuals and parents can be successfully organised arises again in its own way in the context of inclusive extra-familial forms of living. „This is not only linked to the guarantee of accessibility (for example, communication in easy language, barrier-free design of complaint possibilities). The coexistence of young individuals with and without disabilities can also lead to more complex questions and interests in participation issues, both structurally (e.g., enabling young individuals with communication difficulties) and in terms of content (e.g., joint decision on leisure activities in which not everyone can participate due to lack of accessibility). Changed participation interests and expectations on the part of parents of young individuals with disabilities (e.g., with regard to greater involvement in the everyday life of the institution) should also be addressed“ (cf. *ibid.*: 28).
- The provision of existing services for new target groups and the development of new services seems to be necessary in the context of an inclusive design of non-family forms of living. „In order to promote inclusion, it should be examined to what extent existing forms of youth housing, e.g., in facilities for pupils of vocational schools or in student dormitories, can be opened up for target groups who would otherwise be living in residential groups. These facilities also offer themselves as forms of living that help to prepare for the transition from the parental home or from an out-of-family living arrangement to independent forms of living. New concepts are needed here, and it would be necessary to work out which conditions must be met so that these services can open up to new target groups in the sense of improved inclusion, which additional cooperation could support this, and to what extent such a change would have an impact on the need for skilled workers in these services“ (cf. *ibid.*: 28).
- A central starting point for strengthening the social participation of residents also lies in developing (new) forms of family work. To this end, the concepts of cooperation with parents and other family members must be geared towards promoting inclusion (cf. also Knuth 2020). „Topics for such changes are the promotion of the self-organisation of parents and

the exchange between parents through the extra-familial form of living. In order to enable, for example, weekend trips home and other relationships in the family environment, it should also be examined to what extent family members can acquire additional competences in relation to medical and nursing support in everyday life through the guidance of staff in the out-of-family living arrangement. Against the described background these extra-familial forms of living for young individuals with disabilities often become necessary due to an inadequate care situation (lack of adequate schooling, lack of home-based care service, etc.) at the family's residence, there is also a need for further development of forms of provision that would enable young individuals and their families to grow up in two places of living (family and extra-familial form of living)“ (cf. *ibid.*: 29).

- For some years now, a new form of care has developed in residential care, especially for younger children, which provides for the intensive involvement of parents from the outset and to which inclusive residential care can also be linked. This development arose in particular after the changed legal conditions in child protection and the increased acceptance of young children in residential care. The idea that children should not be separated from their mothers and fathers and the goal of preventing long-term placements of young individuals and intensively involving parents in the process of help from the very beginning led to a setting that has rarely been used so far. Parents are directly „accepted“ as guests and temporarily if they agree, and are thus not released from their responsibility at all. In the meantime, there have been various developments and significant and sustainable successes. Under the term „family-integrative work“, work is done together with children and parents to preserve the family, to overcome problems and conflicts and to ensure the thriving development of the children (cf. Krause 2022).

### **Learning from self-organisations**

For the further development of residential care under the premises of inclusion and participation, dialogue with associations for people with disabilities, parents' organisations and self-organisations as a whole, as well as self-help in

the context of supporting people with disabilities and impairments, is central. For this, on the one hand, there is further experience available for child and youth welfare, e.g., via the German BAG Selbsthilfe, which has advanced the development of participation standards nationally and internationally, and on the other hand, in view of the complex questions that an overall responsibility of child and youth welfare entails for all young individuals, the young individuals and their parents need a strong legal position. Young individuals with disabilities also need reliable standards of accompanying and supportive assistance in the context of out-of-home placement, given the glaring differences in care structures within the framework of child and youth welfare. The position of young individuals must be supported by the promotion of self-advocacy (cf. also Chapter 8) and self-help organisations as well as by the competence of ombudsman's offices and inclusive further development of participation and complaint procedures and protection concepts.

### **Shaping inclusive services**

To foster professional advancements in the field and to improve the rights and possibilities to participate in society specially for children with disabilities, a greater effort must be put into individual tailoring and flexibility of support within residential care settings: „So far, the very different needs for support in the areas of education, care, medicine and social participation, depending on the individual life situation, meet with a differentiated support system that is based on the division and delimitation of claims for help and their responsibilities along individual needs and person-related (child claims - parent claims). Therefore, in the design of inclusive non-family forms of living, the working group calls for „finding ways in which the complexity of life and need situations can be adequately included in the assessment of needs and also addressed in the concrete design of assistance, while recognising these systematic and powerful logical boundaries“ (Schönecker et al. 2021: 22).

From the perspective of young individuals with disabilities, special dependencies must be explicitly taken into account: „In particular, young individuals with a disability and a resulting greater need for assistance have a special risk of



experiencing lifelong institutionalisation. Once they have arrived in an extra-familial form of living, the return to a private form of living is significantly more difficult or even unlikely. Especially in the health and care sectors, where there are extra-familial forms of living that care for children across the transition boundaries, as these are not oriented towards the age but towards the support needs of the clients, the challenge of lifelong institutionalisation, which in these situations can be equated with a dependence on a single extra-familial form of living, arises in a special way. An inclusive residential care faces the problems associated with this and tries to work out solutions together with its clients that enable a higher degree of self-determination and independence“ (cf. Schönecker et al. 2021: 31).

For the further development of an inclusive support structure, it will also be a matter of merging all local and regional support into a social infrastructure concept that also extends beyond child and youth support and is suitable for providing support for coping with life and self-determined participation in the district without discrimination. In the development of such an infrastructure concept of social services, providers of family support such as youth welfare offices and specialised organisations as well as, above all, affected persons‘ organisations and self-advocacy groups such as self-help associations are equally involved. They also determine standards of professional competence and the level of quality that should characterise the regional care structure.

For an inclusive approach to residential care, it should also be remembered that the Eighth Report on Children and Youths described the goal of aid in terms of social integration on the one hand, and on the other hand, referred to the organisational integration of different forms of aid according to the concept of integrated, flexible aid. An inclusive residential care should also actively contribute its know-how to such a process of change towards an integrated support system of outpatient, day-care and inpatient support. The concept of integrated and flexible assistance includes the development of flexibility with regard to the variable temporal changeability of the intensity of assistance. In the debate at the time, Werner Schefold (2004: 110) described the different dimensi-

ons of the flexibility required in four categories:

- Temporal flexibility includes decisions and changes with regard to modified residence or care times of the residents in the lifetime - „how long should the support last (support concept), in the time of the week - how many days and time of day - how many hours“ (ibid). The intensity of the support may vary and is subject to change according to need.
- Spatial flexibility describes different contexts of support. The inclusion of institutions in the closer and wider context of experience of young individuals (school, clubs, etc.) and the individual social space of the residents (relatives, neighbourhood, clique, etc.).
- Social flexibility refers, for example, to the density of care, the choice and decision for a caregiver, continuity of the caregiver and, if needed, also necessary changes in order to promote developments.
- Conceptual flexibility includes the variation of possible care concepts, of support agreements and arrangements with the development of support arrangements, different emphases and combinations of settings (open offers, multi-professional approaches, outreach work, phases of independence, etc.).

As you can see, there are many connections for the development of an inclusive residential care. However, it also remains the task of politics to advance the further development towards an inclusive society. Home-based and self-determined forms of living are dependent on a different, more inclusive infrastructure. At the same time, it will not work without the development of an „inclusive attitude“ (Schönecker et al. 2021: 20 f.). „If inclusion is understood not only as a process, but in a broader sense as empowerment and participation in a social enabling structure, this presupposes an essential willingness to reflect and change“ (Kieslinger/Hollweg 2020: 10), the inclusion project now summarises this train of thought.

# 5 Empowering self-advocacy in residential care!

## **Self-organisation in child and youth welfare**

If the development of the field follows a rights-based perspective, then this also has consequences for the organisational development of residential care and its procedures as well as the support of the services by the addressees. An important building block for this development is the increasing recognition, positioning and structural support of self-representation of young individuals who have grown up with and in residential care. Self-representation is a central contribution to the realisation of the fundamental rights of young individuals and to the shaping of democratic procedures - not only with regard to intergenerational justice (cf. BMFSFJ 2019). Self-representation has so far been more strongly anchored in disability care - e.g., of parents - or in the context of foster and adoptive parents who are already organised in self-representation associations. As explained in the chapter on the participation of children and young individuals with disabilities, child and youth welfare can learn a lot from these forms of self-advocacy.

Participation requires the organisation and strengthening of self-advocacy. It is the right of young individuals to be involved in all decisions affecting them in accordance with their stage of development. Participation is a legal and professional standard for child and youth welfare. However, it presupposes that young individuals and parents can form and strengthen their positions in self-advocacy and participation processes. Child and youth welfare has a long tradition, e.g., through youth association work or cultural and political education, of strengthening children and young individuals in their interest formation and self-representation. But also, in residential care there are current and historical examples of how a „culture of participation“ (Krause 2019) can emerge in institutions through the development of forms of self-advocacy.

## **Residential care must facilitate and encourage self-organisation**

Even in residential care there are already existing concepts for self-representation within the institution - e.g., youth councils - but these still need to be significantly expanded. The German Child and Youth Strengthening Act clarifies in the new § 4a SGB VIII-Reg-E that children and young individuals have an explicit right to self-representation and that these structures must be created in the institutions. In the future, children and adolescents will thus be able to structurally represent their supra-individual interests in the facility through self-representation - at least they have a legal right to do so. In a few facilities, parents have been conceptually considered, but they are not granted active co-determination through self-representation - e.g., a parents' council as in the context of schools or child day care.

In Germany, the federal states of Bavaria, Brandenburg, Hesse, North Rhine-Westphalia and Rhineland-Palatinate, self-representations of young individuals from residential care are established at the state level, and at the national level, Careleaver e.V. and MOMO - The Voice of Disconnected Youth are particularly prominent. The self-organisation of young individuals is represented and included through a formal association structure. However, self-organisation is promoted in a lifeworld-oriented way, above all through informal network meetings and maintenance, and is central in the design of everyday structures on site, as well as in the co-design of forms and concepts of services in residential care. The self-organisation of young individuals in the context of residential care must therefore also be promoted beyond formalised structures. The Careleaver e.V. or MOMO - The Voice of Disconnected Youth also function as a „formalised hub“ for diverse forms of informal representation of interests.

Self-representation of young individuals and parents must be understood as the promotion and realisation of basic rights and social rights and thus also supported. The offer and guarantee of professional and socio-pedagogical support for self-representation is just as important for political education and the strengthening of self-esteem in this institutionally shaped structure - at facility, state and federal levels. The anchoring of opportunities for self-representation

does not have to be justified to third parties, and young individuals do not have to „earn“ this offer, e.g., by participating in the quality development of the institutions - it is a form of democracy building in institutions that are characterised by power imbalances.

### **Self-advocacy as redemption of legal rights and self-efficacy**

Nevertheless, the self-representation of children, young individuals and parents has a special function for the self-efficacy in the help and the strengthening of the participation culture. If the addressees experience the help as externally controlled and imposed, the help is often not recognised and accepted. If, however, they help to develop the framework conditions - for example through a children's and youth council or parents' council - the help is not only more strongly shaped according to their needs, but also creates a greater identification with the institution and promotes the self-efficacy of young individuals and parents. Peer-to-peer counselling and support - for example: which legal rights can be claimed and how? - play a special role in self-advocacy and can support young individuals in coping with everyday life, especially in the case of drastic crisis experiences.

### **Self-advocacy as a future driver of residential care**

Future-oriented residential care must realise the rights of children, young individuals and parents and develop concepts for self-advocacy for receivers of family support services. It cannot do without the participation of young individuals, also for the development of quality in the institutions and residential care as a whole (cf. Strahl 2020), but must not reduce itself to this or functionalise it. Self-representation is not only important for the further development of the institutions, but can also be understood as a building block for strengthening young individuals and their parents towards state institutions.

The „Round Tables on Residential Care in the 1950s and 1960s“ in Germany were set up on the initiative of those affected by violence and abuse of power in residential care. The current reappraisal of child abuse in German state and church institutions - as by ECKIGER TISCH e.V. - shows how important the

strengthening of fundamental rights is for the recognition and reappraisal of the abuse of power, but also for those affected themselves. These reappraisals have given important impulses for the implementation of protection concepts in residential care. At the moment, the mentioned self-advocacy groups of young individuals in Careleaver e.V., in the residential councils or MOMO - The Voice of Disconnected Youth also provide important impulses for further development. They point out gaps in the realisation of their basic rights with the aim of the state and practice reacting to them - this can be seen in the Child and Youth Strengthening Act in §§ 36b, 41, 41a SGB VIII-Reg-E, for example.

The further development of child and youth welfare or residential care can only be shaped together with young individuals. It depends on the views and experiences of young individuals and parents in order to design the services according to their needs (BMFSFJ 2020a). Children and young individuals can and must be able to represent their own interests and express their needs. Furthermore, parents who are able to contribute to the institution of residential care provide important impulses on how the institutions can open up and how a sustainable place of support and living can be created for children and young individuals and their parents (cf. Knuth 2020; Strahl 2020).

Associations of interest groups must be promoted beyond the institution and included in superordinate structures - such as the youth welfare committees and the home supervisory authority. Future-oriented child and youth welfare planning, which sees itself as part of the social infrastructure for the realisation of the basic rights of citizens, cannot do without the views and needs of the addressees of the assistance. Here, the self-governments at the municipal and state level must also be structurally included. The further development of the service and organisational structure of residential care as part of the municipal landscape needs these civil society „experts from their own experience“ also at the higher structural level and within the design of home supervision functions.

## 6 Emphasising the social responsibility of organisational and service structures!

### **Making the structure of services and organisation transparent and accessible**

If children or adolescents are placed outside their parents' home for a shorter or longer period of time, free and public providers - in cooperation with the parents - assume a special obligation for the young individuals to grow up in public responsibility. To this end, it is essential that the service and organisational structures and their development, which provide the framework for the socio-pedagogical arrangements and assistance, are transparent, accessible and easily understandable. The participatory workshops with young individuals and parents in particular pointed out that service and organisational structures must be open and accessible (cf. Knuth 2020; Krause/Druba 2020; Möller 2021). Among other things, the participatory workshops called for service structures that are close to home and accessible, and for an organisational structure in youth welfare offices that ensures better accessibility and staff continuity.

Furthermore, it must be possible for the state community to develop assessments of the realisation of basic rights and participation opportunities at federal, state and local level on the basis of collected data, concepts as well as through direct feedback and legally safeguarded participation opportunities from young individuals and parents, and thus also to be able to track and assess the fit of organisational and service structures.

Enabling discrimination-free, self-determined participation of young individuals and their parents - with and without disabilities - also requires more transparency about the forms and structures of residential care. However, the development of services and organisation in this field can hardly be reflected in the official child and youth welfare statistics, as they are only statistics on the number of cases and cannot show, for example, the number of multiple placements of young individuals or the succession and juxtaposition of assis-

tance and support services in connection with services. If this is to be improved, process-generated data of the youth welfare offices and the Land youth welfare offices (and other things, such as agencies issuing operating licences) must be included and qualified within the framework of their legally prescribed tasks to record service offers and organisational models, as well as existing federal state reports as a link between social and youth welfare reporting. The development of a more comprehensive data infrastructure on residential care would be a step towards making transparent service development for which the state is responsible reflexively accessible and empirically secure (cf. chapter 6). In the future, research and transparent quality development with the close involvement of young individuals must focus more on the connection between concept development and the development of organisational and operational structures in order to make the development of an inclusive service structure more comprehensible and discussable.

### **Cooperatively shaping municipal infrastructure**

Residential care is part of a communal infrastructure and is in turn dependent on differentiated infrastructures for the further development of child and youth welfare. The interrelationships and dependencies between state organisation and the pedagogical design of residential care as well as the realisation of individual legal rights must be made more visible and comprehensible. „The development of the organisational field, including the structure of services, differentiation and the emergence of new types of providers“ must be a stronger component of federal, state and municipal reporting, so that transparency is created for those professionally and politically responsible and for the citizens who receive help. In this way, indications can be gained about how the field of residential care will be shaped in the coming years and what effects this will have on the provision of services (cf. Pluto et al. 2020: 17). It would be more than necessary to carry out a systematic analysis and evaluation of residential care profiles, concepts and forms of organisation and financing in cooperation with the agencies responsible for home supervision in the Federal states, in order to be able to describe current residential care and its forms of provision. In this way, possible selection and exclusion dynamics, of which educational



assistance itself is not free, could become more transparent and the subject of a reflexive discourse. This can be seen, for example, in the growing number of special groups within the structure of residential care and the (inadequate) transitional arrangements at the end of care for older adolescents and young adults. The German Federal Government's 14th Children and Youth Report already stresses the fact that youth welfare offices are increasingly responding to the increase in cases and the growing workload in the general social work services (German "ASD") by outsourcing activities and increasing specialisation (cf. BMFSFJ 2013: 293). The official child and youth welfare statistics do not yet provide any nationwide data on such differentiated developments and their (side) effects.

Transparent information is needed for citizens, young individuals, parents and those politically and professionally responsible, where the actors involved agree on what residential care is able to achieve in which cooperation, based on which concepts and in which organisational and service forms. This information should be made available at the municipal and (federal) state level.

### **The digital nature of childhood and youth in the organisational and service structure**

During the participatory workshop with over 30 children and young individuals, it was emphasised that all residential groups must have Wi-Fi access. Children and young individuals should also definitely have the necessary terminal devices, according to the demand from the workshop entitled „How do we want to live? (Krause/Druba 2020). From the young individuals' points of view - according to the workshop - maintaining social relationships via the internet is not only contemporary, but indispensable (cf. also Möller 2021).

With a view to the nationwide expert public in Germany, a „DigitalPakt Kinder- und Jugendhilfe“ (Digital Pact for Child and Youth Welfare) is currently being called for (cf. Bundesjugendkuratorium 2021). For residential care - and especially for non-discriminatory social participation of young individuals and their parents - a digital strategy for the organisational and service structure is essen-

tial. Poor equipment and digital illiteracy of young individuals and professionals also means more social disadvantage for young individuals. A differentiated digital strategy is also necessary for „inclusive residential care“ in order to break down barriers in the digital space as well as in access to different forms of social and public life. Furthermore, the work and cooperation with parents in the development of the digital infrastructure must also be reflected.

### **Participatory design of child and youth welfare planning**

In order to design the service and organisational structures in the diversity of residential care, also against the background of inclusive opening, in such a way that the reference points to the goal of a better self-determined participation of young individuals and their parents remain visible, there is also a need for inclusive child and youth welfare planning which considers residential care in its network relations and infrastructures.

To this end, the mandatory inclusion of associations of young individuals‘ and parents‘ self-advocacy organisations in child and youth welfare planning and in the youth welfare committees of the municipalities as well as in the advisory bodies of the federal states and the federal government is indispensable. The development of services in residential care cannot be left to the market alone, but needs the participatory involvement of young individuals and their self-advocacy organisations. The care leaver movement in Germany and other countries shows how the knowledge and concrete experiences in the support system of those affected in residential care and in foster care can critically accompany the development of services. At a care leaver participatory workshop within the framework of the Future Forum on Residential Care, the young individuals summarised this in the documentation as follows: „The care leavers formulate a demand for dialogue with the youth welfare system, which the latter should urgently accept. Care leavers are ready, as we experienced in the participatory workshop, to work on changes with great interest. They have very concrete proposals for changes (Merkel et al. 2020: 35).

On the other hand, there is a need for cooperative management of the development of service structures by public and private providers, which must always show how service and organisational impulses promote the basic rights of young individuals and improve participation in concrete terms. At the same time, there must be nationwide and regional monitoring that shows how young individuals integrate the services of residential care into their social and personal lives in the long term and which participation processes in relation to living, education, work and social life could be realised with and after residential care. From this, conclusions could be drawn for the development of residential care as a component of a communal infrastructure and it would become clearer on which forms and characteristics of the infrastructure of growing up residential care is dependent.

### **Not leaving the organisational and service development to the market alone**

In addition, there is a need to create greater social transparency for citizens on the economic and socio-political development of residential care. This also includes gaining clues to the question: Which forms of operation and forms of employment have an impact on the design of „inclusive residential care“? The connection between fiscal resources and support for forms of provision, perceived possibilities for action and development potential was also addressed several times in the participatory workshops with professionals and young individuals as well as parents. Social diversity must also be recognised as a resource. Of course, this also presupposes the need for different service and organisational structures in residential care. However, their development must not be determined solely by the principles of market economy control. The financing of the forms of residential care that are intended to realise the fundamental rights of young individuals and provide a place for non-discriminatory participation is a task for society as a whole that must not be left solely to the municipal and regional financial situation.

As can be seen in the pandemic times in the infrastructure of health care (understaffing of health authorities, flat rates for hospitals), an infrastructure for young individuals who cannot (temporarily) live with their parents is also a pu-

blic task that must be guaranteed financially by society as a whole. New forms of financing are necessary, which on the one hand enable integrated and flexible support and on the other hand provide binding security for the everyday work and support of young individuals in the forms of residential care, in order to better and more sustainably fulfil the government's responsibility in this particular field of action.

# 7 Identifying the development of skilled professionals as a field of action for sectoral policymaking!

## **Developing residential care as a recognised workplace**

At the beginning of 2017, 836,000 employees (654,736 full-time equivalents) were involved in child and youth welfare in the Federal Republic of Germany. The Working Group for Child and Youth Welfare (AGJ 2018: 3 f.) states: „For the mid-2020s, it can be assumed that the need for professionals in child-raising assistance will be an additional 102,500 employees. (...) However, it must be taken into account that between now and the mid-2020s, around 16,000 professionals will retire due to age. This means that there will also be a shortage of skilled workers in this field. Residential care needs well-trained professionals in order to be able to meet the specific complex challenges.

The future of residential care depends on the quality of the organisational and service structures, but cannot be achieved without paying attention to the working and training situation of staff in residential care: Their working conditions, their resources and professional role perceptions are decisive for the question of whether residential care succeeds in shaping a practice that meets the demands and rights of young individuals and their families. However, such responsibility for the conditions of good practice cannot and must not lie solely with the respective independent providers: rather, state and societal responsibility is needed that makes it its task to further develop residential care as a recognised workplace. The improvement of working conditions, the job description and the training of staff can only be decided socially and through state action - after all, it is about the question of how the rights of young individuals are realised in public responsibility. As a suggestion, it should also be pointed out here that professionals who are involved in shaping their organisations find more favourable starting conditions for the participation of addressees (cf. Krause 2019).

Overall, it should be noted that „human resource development and organisational development belong together. Human resource development in the sense of (re)recruiting, (further) qualifying and retaining skilled workers is successful if it is designed in a forward-looking and sustainable manner and is not only geared to the individual support of individual staff members“ (AGJ 2018: 21 f.). In order to be able to attract young individuals to the field of work in the course of their career orientation, residential care must become visible in its diversity and as a potential provider of employment in various forms, as well as highlight the attractiveness and perspectives of the professional field and also be able to redeem them in its personnel development. In order to retain professionals in the field of residential care in the long term, new forms of personnel development are needed that are adapted to the task in residential care, but also allow for more flexibility between working and living time; for example, working time accounts are suitable to enable flexibility in work times for a longer period. For this, however, providers need secure funding for their services.

### **Professionalising residential care in education and training**

A transparent and compulsory system of further training for the field is also needed, which will enable professional perspectives and better remuneration. At the same time, the strong focus on day care centres must be supplemented within the training of educators with a view to professional work in residential care, in which complex social pedagogical expertise is required (parental work, escape, trauma, participatory needs assessment, political education, multi-professional cooperation, etc., to name just a few contexts that require specific professional knowledge). This also applies to the generalist Bachelor's degree programmes in social work. In addition, a campaign for in-depth, in-service training and further education - especially in the context of inclusion - is necessary, which benefits residential care in its entire scope.

A professional promotion is therefore necessary in order to develop inclusive support for young individuals and families and to implement it in a multi-professional way. In addition, the design of everyday life (with young individuals in the facilities) also requires increased professional-methodical attention in

order to enable biographical understanding, relationships, participation, protection and education in such a way that discrimination-free, self-determined social participation is sustainably opened up for the young individuals. This depends on the further development of socio-educational methods and innovative concepts (e.g., case understanding, group pedagogy, inclusion, promotion of educational pathways), with which professionals can prepare themselves for the current challenges of the field of action in a contemporary manner (cf. in more detail the evaluation of the participatory workshop with experts in Behnisch 2020).

### **Orientation and self-image (approach) of experts**

Last but not least, the participatory workshop of children and young individuals within the framework of German initiative Future Forum on Residential Care made it clear how young individuals would like the attitude of those who assist them in the context of inpatient care to be. It became clear that the young individuals can say very precisely what they expect from the professionals. And not only continuity in relationships, but especially supportive attention, interest and authenticity. They expect a sense of humour and *joie de vivre*, trust and the ability to act helpfully in conflicts. They expect respect and inventiveness when it comes to sport and culture. Professionals who „hide“ behind their knowledge and learned methods, on the other hand, are viewed critically. On the other hand, they should really know what they are doing - also and especially when it comes to parents and the development of young individuals (cf. Krause/Druba 2020).

### **Destigmatising residential care - also to enhance the vocational profile**

Professionals also need a positively formulated, recognised professional profile as well as co-determination and room for manoeuvre in order to be able to implement the welfare state tasks of residential care in the long term and with motivation. In addition to promoting in-service training in social pedagogy, this goal can be achieved by giving professionals a stake in the further development and design of their workplaces. At the same time, social recognition and lobbying for residential care urgently need to be increased so that professionals can carry out their work against the backdrop of a positively connoted professional

field that is recognised as highly significant by the social state. Such a de-stigmatization of residential care contributes immediately to a positive enhancement of the vocational profile of specialists.

This also includes better remuneration as an expression of social recognition of their work, but also improved staffing and an increase in time resources. Finally, transparent staff development and extensive support (supervision, further training) contribute to ensuring that the professionally and personally demanding activities can be appropriately designed with a view to the needs and requirements of young individuals and their families.



## 8 Systematically improving knowledge and data on residential care!

### **Residential care requires ongoing research**

„In a democratic and socially constitutionalised country, public action must generally be legitimised, controlled and further developed through transparent and comprehensible forms of knowledge development. Both the public responsibility towards the personal rights of young individuals and their parents and the responsibility towards society to be able to provide well-founded information about residential care require a scientific approach to the developments, effects and potentials of education within out-of-home settings“. (Pluto et al. 2020: 5). If this fundamental statement is taken up, the question arises not only as to how a science-based further development of residential care can be successful and which infrastructures as well as new research focuses are required, but also how the transfer between research and practice is organised and which are likewise linked to the various vocational training forms.

It is important to emphasise that especially in research, it is overdue to deal not only with the term residential care, but also with the attribution and stigmatisation processes that are also reproduced by research itself and are sometimes introduced as technical terms. Especially approaches of participatory research (cf. Strahl 2020), which have so far been slow to establish themselves in research on residential care, can make an important contribution here to reaching a new terminology as well as new concepts.

### **Fragmented research and knowledge transfer**

Overall, research on residential care in Germany (but also in other, not-only-european countries) is very differentiated (Nüsken/Böttcher 2018; Strahl 2020; Pluto et al. 2020). Moreover, research does not only take place at universities, but a number of research institutes have established themselves, many of which cooperate with professional associations and institutions from residential care and provide important transfer services here, among other things. In

addition, central impulses for research in out-of-home care are repeatedly given by various forms of „citizen science“. This includes, for example, research by counselling centres against sexualised violence, research from different contexts of the women’s movement, historical documentations and reappraisals by academically committed persons, and - not least - analyses and reports initiated or compiled by those affected.

However, the research is very scattered and there are only a few meta-analyses in which the results are summarised, evaluated in relation to specific questions or prepared for transfer. In addition, a more intensive expert dialogue is needed on what is understood as transfer and how it is organised between research, education and practice. In a knowledge society, transfer cannot be understood as a linear process of implementation, but rather as a separate space of knowledge development in which the different actors in research, education and practice have to negotiate focal points with each other, agree on science-based standards and develop different formats.

### **Future subject development calls for new research priorities**

In addition to data infrastructure, which would be further-reaching in view of the quantities of data and also in view of data protection requirements, the future challenges of residential care need to be put more into the focus of research and be systematically promoted. Thus, the future project „inclusion“ has so far not been able to connect to systematic research, both in terms of the data infrastructure and in the thematic focus of studies and conceptual expert discussions on residential care. An inclusive opening of research at all levels is overdue. In addition, further research gaps can be identified that relate to the future development of the field (cf. for the following: Pluto et al. 2020: 23 ff.).

#### **1. Rights-based approaches - realising the rights of young individuals in and by residential care**

Considering young individuals as holders of fundamental rights also means for residential care to align its concepts, procedures and organisational forms accordingly. „If one disregards some studies, e.g., on protection con-

cepts, forms of participation and complaints procedures, there are hardly any studies that examine this paradigmatic development for residential care, both in terms of public responsibility and in terms of its empirical sustainability“ (ibid.: 22). In this context, research on the history of residential care as well as on sexual violence and assaults must be integrated more strongly into the development of the discipline and intensified so that the rights of young individuals can be realised.

## **2. Social participation trajectories of young individuals**

If the right to non-discriminatory participation of young individuals in residential care is understood as a mission, research is necessary that asks „how does residential care enable social participation in the „regular“ institutional structure of growing up in the long term. There is still a lack of differentiated findings on how young individuals integrate the experience of growing up out-of-home in residential settings into their personal lives and which social participation processes (education, work, social life) are shaped by them with and after residential education. How can young individuals realise their social rights to social participation sustainably with and after residential education, and how can residential education strengthen the perception and realisation of their social rights?“ (ibid.: 23)

## **3. Organisational and conceptual development; significance of economic structures**

„Moreover, empirical research on the economic and welfare policy development of residential care in the context of inclusive opening is largely lacking. There is little evidence of a research-driven and critically accompanied development of concepts and organisational and operational structures in the field of action (e.g., how do inclusive (help) centres develop? What are the inclusive (help plan) procedures in the youth welfare office? What does inclusive home supervision, inclusive controlling and statistics mean? How do large or small residences or complex providers implement inclusive requirements? (ibid.: 24).

#### 4. Residential care as an infrastructure

There is still a lack of „research that understands residential care as an element of an inclusive infrastructure, considers the realisation of individual legal rights in this context and analyses the interconnections of the actors as well as the connections and dependencies between state organisations, e.g., with regard to assistance planning or guardianship, and the pedagogical design of residential care. The (active and passive) share of the respective institution in the infrastructure of residential care including basic cooperation partners - such as psychiatry, etc. - has hardly been systematically researched so far“ (ibid.: 24).

#### **Data infrastructure: Establishing a research, development and transfer facility**

There are also many data and statistics on residential care that go far beyond the federal statistics. In recent years, the Working Group on Child and Youth Welfare Statistics (AKJStat) in Germany has systematically processed data from the federal statistics. In the future, however, it will be necessary to broaden the focus and to prepare the very different data for the development of the field, as they are produced e.g., in the youth welfare offices of the Federal States, but also in general research. Ultimately, every data collection is also responsible to the participants and must deal with the data in such a way that it can be used for professional development and to check whether existing data can already answer the respective questions.

Data infrastructure on residential care should not only be designed as a digital platform, but also as a research, development and transfer centre. It should cooperate with a recognised data centre. In the field of child and youth welfare, this is the German Youth Institute. The data infrastructure could also take on the task of „elaborating data protection issues and research ethics standards transparently with the various participants. It must work towards ensuring that appropriate quality standards apply in the field and involve the participants in a process of developing standards. Data infrastructure should include the following services:

- Gathering publicly funded data and process for secondary use
- Developing standards for the collection, protection and evaluation of data
- Counselling on data protection issues
- Providing workshops on secondary analysis and data use

Residential care is part of a communal infrastructure and is in turn dependent on differentiated infrastructures for the further development of child and youth welfare. Thus, connections and dependencies between state organisation and the pedagogical design of residential care and, above all, the degree of implementation of individual legal claims, which is often related to this, could also be made more visible and comprehensible through the development of such data infrastructures“ (Future Forum Residential Care 2020: 6).

## 9 Demanding social recognition of residential care!

### **Counteracting stigmatisation: Encouraging participation and raising the public profile of residential care**

In order to enable young individuals and their parents to participate in society without discrimination, residential care needs to be recognised in society. Residential care will only be accepted and can only realise its task if free and public providers not only work together to gain acceptance and recognition, but are also supported by a quality-oriented infrastructure policy of the welfare state. This includes, among other things, the targeted promotion of young individuals' success at school, participation in cultural and political educational processes and a skilled labour initiative. The public responsibility lies in raising the social status of residential care and counteracting stigmatisation through concrete promotion and realisation of discrimination-free, self-determined participation. In the participatory workshop with care leavers as part of the Future Forum on Residential Care, the young individuals formulate: „Many of us care leavers encounter limitations when looking for a job and a flat, because youth welfare can have a stigmatising effect“ (Merkel et al. 2020: 31 f.) And in the context of the participatory workshop with parents and professionals, it is stated: „Despite a long-standing debate about the naturalisation of residential care [...], family-of-origin research concludes that lifestyles such as residences and foster families continue to have an exclusionary character“ (Knuth 2020: 26).

In the summarising evaluation of four participatory workshops with young individuals living in residential institutions, with care leavers, parents and professionals, the reduction of stigmatisation through residential care was finally claimed, on the one hand through the promotion of basic rights and opportunities for participation and involvement, and on the other hand through a positive media presence as well as education and information opportunities on the topic of „living in residential groups“ (Möller 2021: 7). In the conclusion of the evaluation of the participatory workshops, it became clear that residential

care must continue to develop into a recognised and acknowledged place of growing up within the framework of public responsibility. The young individuals, parents and professionals make it clear in the workshops from their respective specific approaches that residential care often has a stigmatising effect and therefore enjoys less acceptance in society and among families and young individuals“ (Möller 2021: 19).

### **Promotion and realisation of fundamental rights as a prerequisite for recognition**

In addition to public and social recognition, the decisive factor is whether the forms of residential care are recognised by the young individuals themselves, the parents, but also the professionals, as places of successful, opportunity-rich growing up. For this to happen, the young individuals must experience living together and the offers of residential care as a realisation and promotion of their needs and goals (cf. Krause/Druba 2020). The young individuals must be tangibly supported in their participation, for example in analogue and digital youth culture, their school education and cultural and political education (cf. BMFSFJ 2020b).

The evaluation of the participatory workshops with young individuals and parents concludes: „Young individuals will recognise the place where they themselves are recognised in their individuality, with their current needs, their biography/past as well as their ideas of the future and where they experience pedagogical support in order to be able to develop into independent and socially competent personalities. Parents will recognise the place for themselves and their child if they witness this development, if they experience that the child is doing well there. In order to be able to experience this, they must be taken seriously and given the opportunity to participate in their children’s lives and to be involved on an equal basis with them“ (Möller 2021: 18).

If residential care promotes and realises the basic rights and needs of young individuals and if parents are actively involved in the assistance process and above all in the daily routine of educational assistance, this supports an ac-

ceptance of the assistance by the parents (cf. Knuth 2020). Parents have a legal entitlement to assistance according to § 34 of Book VIII of the Social Code. They should also receive independent supplementary offers of help. An attitude in youth welfare offices that the professionals in public responsibility realise this legal entitlement contributes to a clear acceptance of help in the family system. Recognition is reciprocally established by professionals recognising parents and young individuals in residential care and those professionals who work in residential care (cf. e.g., Krause/Druba 2020).

### **Recognition of residential care in the municipal infrastructure**

The municipal infrastructure provides assistance for families, children, adolescents and young adults. The state has a public responsibility to provide assistance such as residential care in such a way that the fundamental rights and social rights of young individuals are realised and non-discriminatory social participation can be made possible. This is also shown, for example, by how quickly residential care can react to current developments such as enabling digital participation. All in all, residential care is dependent on the design of the municipal infrastructure and a corresponding recognition in the local cooperation structures and among the professionals in the multi-professional cooperation. This strengthens cooperation with the general social services, the economic youth welfare, child and youth psychiatry, schools, etc. and is a prerequisite for shaping the public responsibility of residential care (cf. Behnisch 2020: 22 ff.).



# A call to action: Future impulses for residential care!

The nine impulses for the future that emerged from the discussions in the Future Forum on Residential Care are intended as a call to shape the professional discussions and developments along these lines. They can only be effective and become the starting point for a future residential care if they are taken up by young individuals, service providers, associations, responsible authorities and political bodies as well as decision-makers. Ultimately, each impulse can be re-phrased as a call for the further development of residential care:

1. Ensuring the fundamental rights of young individuals and the social rights of young individuals and their parents!
2. Shaping residential care as a place for enabling non-discriminatory participation of young individuals in the social and institutional environment of growing up!
3. Conceptualising residential care as a facility for enabling educational and developmental processes!
4. Enforcing „inclusive residential care“ for young individuals with disabilities!
5. Empowering self-advocacies in residential care!
6. Emphasising the social responsibility of organisational and service structures!
7. Identifying the development of skilled professionals as a field of action for sectoral policymaking!
8. Systematically improving knowledge and data on residential care!
9. Demanding social recognition of residential care!

The future of residential care will then have to be oriented towards the coordinates of rights - participation - recognition - sustainability. The basis of their actions must be the question of how they realise their basic rights and social rights in our society for and with young individuals. It will be crucial to establish services that are characterized by inclusive organisational forms and procedures that acknowledge the clients' needs and enable non-discriminatory

social participation for all young individuals in a residential care setting as well as for their parents family support. In doing so, it will have to be measured by how sustainably the young individuals can shape a self-determined life with its services and the „residential care „ recognises the social relationships in the social environment of the young individuals and creates social resources and perspectives that also strengthen a self-determined life beyond the time in the residential care.

The realisation of non-discriminatory social participation depends on a strong local social policy that reduces social inequalities and barriers. It should be linked to research on residential care that involves children, young individuals and parents more in the future in order to identify social barriers and develop appropriate policies. Residential care must assume its socio-political voice, municipally and nationwide and then dismantle its own repeating mechanisms of exclusion and obstacles.

Residential care must therefore be integrated more strongly into the municipal infrastructure - schools, education, health services, leisure facilities, etc. - and develop socio-spatial services with and for young individuals - with and without disabilities. Multi-professional approaches and specialised support concepts and provisions must be oriented towards strengthening the non-discriminatory social participation of young individuals.

Shaping the future of residential care is a mission for all members of society. The future also begins with the idea that we are currently looking for a new term for residential care, with the help of young individuals!

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# Members of the guiding expert group

## **Educational guidance specialist associations**

Peter Baumeister	Bundesverband katholischer Einrichtungen und Dienste der Erziehungshilfen e.V. (Federal Association of Catholic Educational Facilities and Services) (BVkE)
Björn Hagen	Evangelischer Erziehungsverband e.V. (Evangelical Educational Association) (EREV)
Claudia Langholz	AFET Bundesverband für Erziehungshilfen e.V. (Federal Association for Family Support)
Werner Schipmann	VPK – Bundesverband privater Träger der freien Kinder-, Jugend- und Sozialhilfe e.V. (Federal Association of Private Child, Youth and Social Welfare Organisations)

## **Contact persons-Organisations**

André Neupert	MOMO – The Voice Of Disconnected Youth
Dominik Engel	MOMO – The Voice Of Disconnected Youth
Alexandra van Driesten	Careleaver e.V.
Alain Lukianoff	Federal State Residential Care Council of Hesse

## **Science & Research**

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Mechthild Wolff	Landshut University of Applied Sciences
Luise Hartwig	Münster University of Applied Sciences
Christian Schrapper	University Koblenz-Landau
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## **Institutions**

Heinz Müller	Institut für Sozialpädagogische Forschung Mainz (ISM) (Institute for Social Pedagogical Research Mainz)
Mike Seckinger	Deutsches Jugendinstitut (DJI) (German Youth Institute)
Kristin Teuber	Sozialpädagogisches Institut des SOS-Kinderdorf e.V. (Social Pedagogical Institute of the SOS Children's Village e.V.)

## **Federal, regional and municipal level**

Heike Schmid-Obkirchner	Federal Ministry for Families, Senior Citizens, Women and Youth
Anne Dahlbüding	Federal Ministry for Families, Senior Citizens, Women and Youth
Viola Laux	Working Group of the Supreme Youth and Family Autho- rities of the Federal States
Thomas Friedrich	Working Group of the Supreme Youth and Family Autho- rities of the Federal States
Johannes Horn	Conference of the Chairpersons of the Urban Youth Of- fices of the German Association of Cities and Towns
Barbara Liß	National association of federal state youth welfare offices

## **Other professional organisations**

Dieter Meyer	IGfH-expert group residential care
Monique Sturm	Working Group for Children and Youth Welfare Services (AGJ)
Sabine Gallep	German Association for Public and Private Welfare
Nerea González Méndez de Vigo	Federal Association for unaccompanied minor refugees (B-UMF)

## **Organisational panel**

Josef Koch	Director IGfH
Tabea Möller	Scientific assistant Future Forum Residential Care
Stefan Wedermann	Educational expert IGfH
Hans-Ullrich Krause	German branch of the Fédération Internationale des Communautés Educatives (FICE) (IGfH)
Lucas-Johannes Herzog	Youth welfare office Stuttgart
Nicole Knuth	Dortmund University of Applied Sciences
Wolfgang Schröer	University Hildesheim
Lydia Schönecker	SOCLES International Centre for Socio-Legal Studies
Tanja Redlich	Competence Centre for child and youth participation Brandenburg

# (Participatory) workshops during the Future Forum Residential Care

Within the framework of the Future Forum on Residential Care, several (participative) formats took place. In these (participative) workshops, questions and topics for the further development of residential care were discussed and elaborated with young individuals and parents as well as professionals in residential care. Conceptually, the (participative) workshops for residents and professionals in residential care were a cooperative and constructive forum in which the participants were able to exchange views on various positions and topics for the further development of residential care. The professional knowledge was not of central importance this time, but the overall perspectives on residential care. The positions and topics for the further development of residential care were supposed to be revealed from the respective „role“ (young individuals, parents, professionals). The results of the (participative) workshops were comprehensively documented and incorporated into the work of the expert panel of the Future Forum on Residential Care.



## **Participatory workshop with parents and specialists**

*November 8-9 2019 in Duisburg*

The participatory workshop with parents and professionals aimed to capture the perspective of the parents themselves as well as the professionals' perceptions and to formulate these in precise demands. Parents and professionals were invited to discuss issues of parents in residential care separately as well as in joint formats and to elaborate positions.

*Hosts: Prof. Dr. Nicole Knuth and Martin Gies*



### **Workshop with experts from public and private institutions**

*December 5th 2019 in Frankfurt/Main*

The workshop with experts from public and private institutions aimed to gather and discuss the expertise of professionals. The workshop for professionals is a format in which residential care experts (youth welfare offices and independent providers) were to be involved in identifying and describing the need for further development of residential care. At the same time, the professionals were informed about the background of the Future Forum on Residential Care initiative.

*Hosts: Prof. Dr. Michael Behnisch, Lucas-Johannes Herzog and Stefan Wedermann*



### **Participatory workshop: „How do we want to live?“ – Children and young individuals and their residential groups**

*March 6-8 2020 in Berlin*

The aim of the participatory workshop with young individuals living in residential groups in child and youth welfare was to jointly elaborate the views and demands of young individuals on residential care. The focus of the participatory workshop was on the questions: How would they like to live in residential groups and what do the young individuals understand by a good carer or social pedagogue?

*Host: Prof. Dr. Hans-Ullrich Krause*



### **Participatory workshop Care Leavers ... because youth welfare can do so much more!**

*September 25- 27 2020 in Dresden*

The participatory workshop „Care leavers shape the future” pursued the goal of jointly elaborating and documenting the perspectives of care leavers on the further development needs in residential care and collecting them in a comprehensive report.

*Hosts: Alexander Merkel, Björn Redmann, Elsa Thurm and Ulrike von Wölfel*



# Publications Overview

available in German only, titles translated for reference

All publications may be ordered at [www.igfh.de](http://www.igfh.de) (in German only)



Alexandra van Driesten, Thomas Friedrich, Sabine Gallep, André Neupert, Tanja Redlich, Mechthild Wolff

## **Recognising and securing inalienable rights of young individuals in residential family support!**

As part of the initiative „Future Forum Residential Care“

Frankfurt 2021, 22 pages

ISBN 978-3-947704-16-3



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