

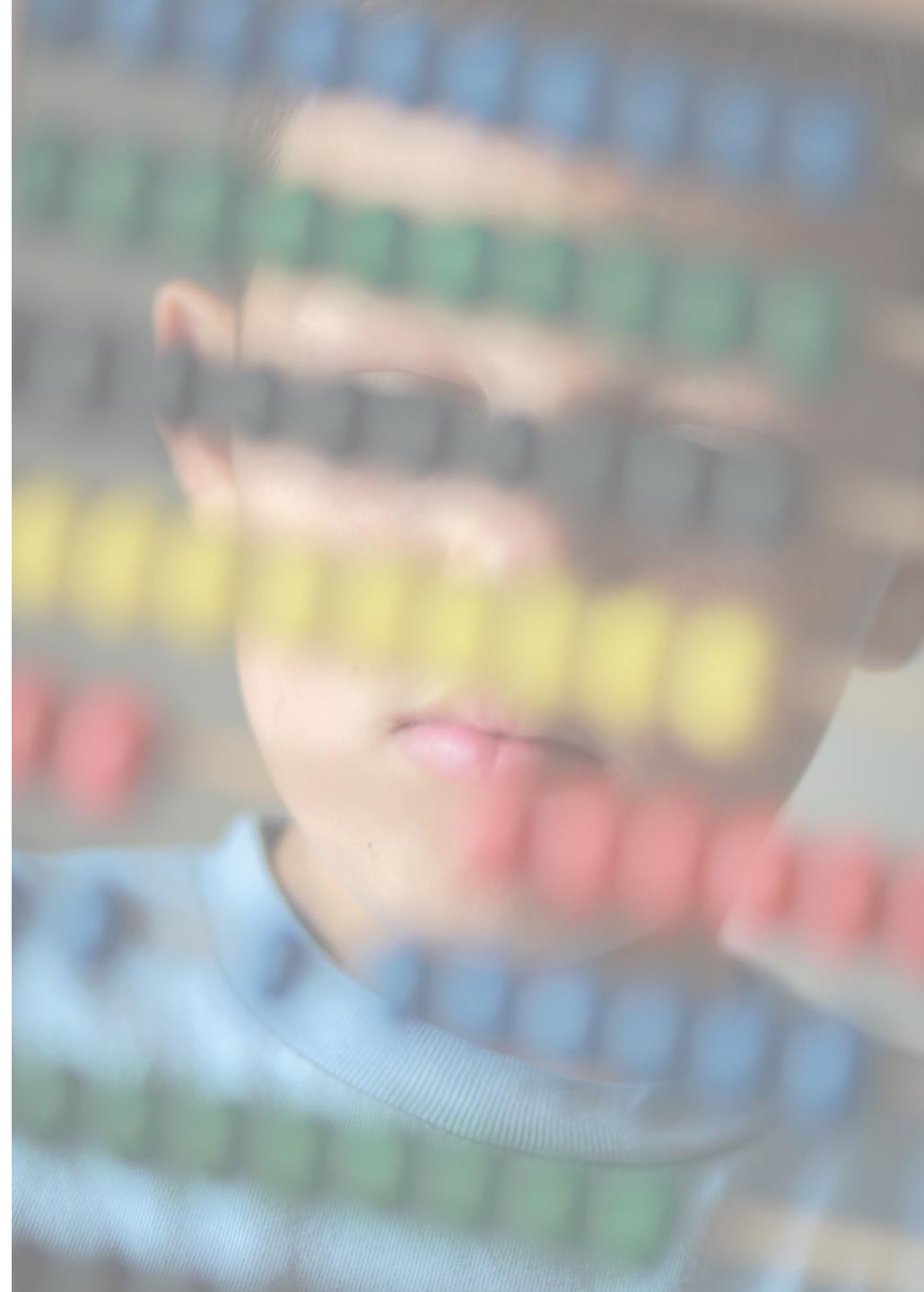


Continuum of Services and care for Children with Complex Social, Emotional and Behavioral Needs

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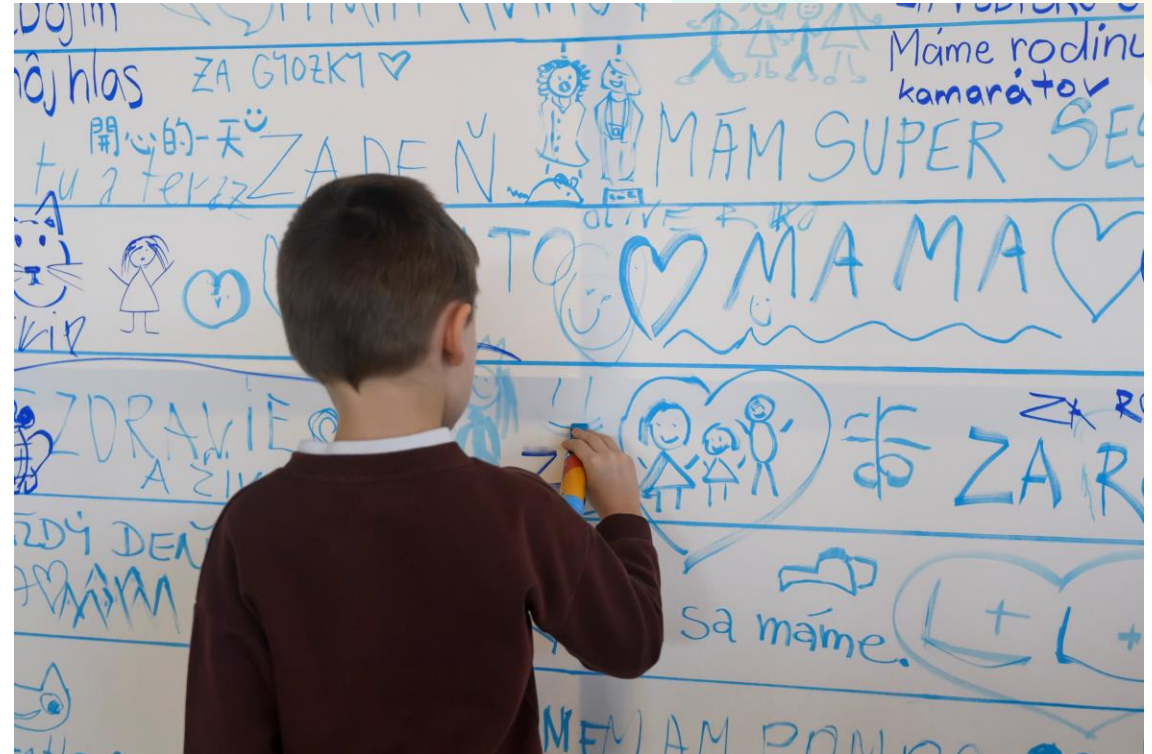
UNICEF Regional Office for Europe and Central Asia



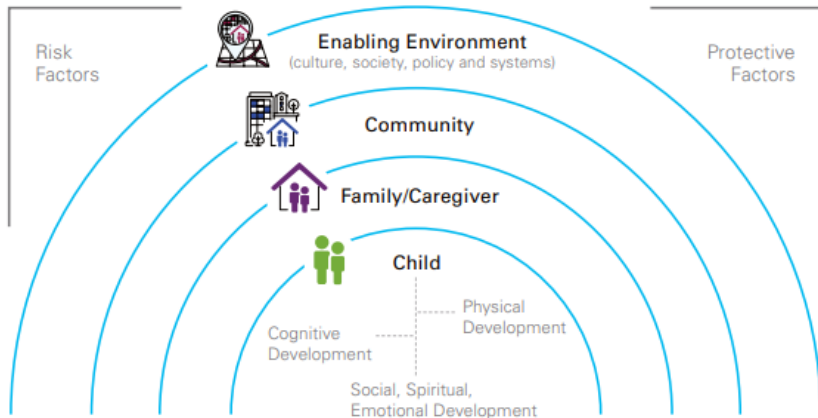
Children at risk of offending

Children (up to 18)

- Who experience significant **social, emotional, and behavioural problems**
- Who **Externalize behaviors** that are “deviant” from the norm – anti-social behaviors
 - Externalising behaviours: impulsive, disruptive, aggressive, rule-breaking
 - Externalising behaviours include crime/delinquency and problematic or harmful sexual behaviours.
- Under the **Minimum Age of Criminal Responsibility** (MACR) who commit a criminal act (i.e. acts which would be considered a criminal offence, had the child been above the MACR at the time of the incident)



Socio-Ecological Model for Risk and Protective Factors



	Risk Factors	Protective factors
Societal	<ul style="list-style-type: none"> <input type="checkbox"/> Socioeconomic disadvantages (e.g., poverty, unemployment) <input type="checkbox"/> Inequities in access to services <input type="checkbox"/> social and gender norms that condone violence; 	<ul style="list-style-type: none"> <input type="checkbox"/> Policies that ensure equitable access to mental health services <input type="checkbox"/> Social support systems and safety nets
Community	<ul style="list-style-type: none"> <input type="checkbox"/> Limited access to quality education and healthcare <input type="checkbox"/> Exposure to community violence <input type="checkbox"/> Exposure to substance abuse 	<ul style="list-style-type: none"> <input type="checkbox"/> Engagement in education and extracurricular activities <input type="checkbox"/> Safe and supportive community environments
Family/Peers	<ul style="list-style-type: none"> <input type="checkbox"/> Dysfunctional family dynamics <input type="checkbox"/> Parental neglect/abuse <input type="checkbox"/> Domestic violence <input type="checkbox"/> Association with criminal peers, peer pressure, rejection, bullying, and the desire to fit into social circles 	<ul style="list-style-type: none"> <input type="checkbox"/> Strong, supportive family relationships - characterized by affection, stability, and proper guidance. <input type="checkbox"/> Positive peer influences
Individual	<ul style="list-style-type: none"> <input type="checkbox"/> Mental health challenges & disorders (e.g., anxiety, depression, ADHD) <input type="checkbox"/> History of involvement with crime <input type="checkbox"/> Early substance use <input type="checkbox"/> Exposure to ACE in childhood – incl. sexual abuse, violence 	<ul style="list-style-type: none"> <input type="checkbox"/> Access to early mental health interventions <input type="checkbox"/> Personal resilience and coping skills

The Impact of Adverse Childhood Experiences (ACEs)

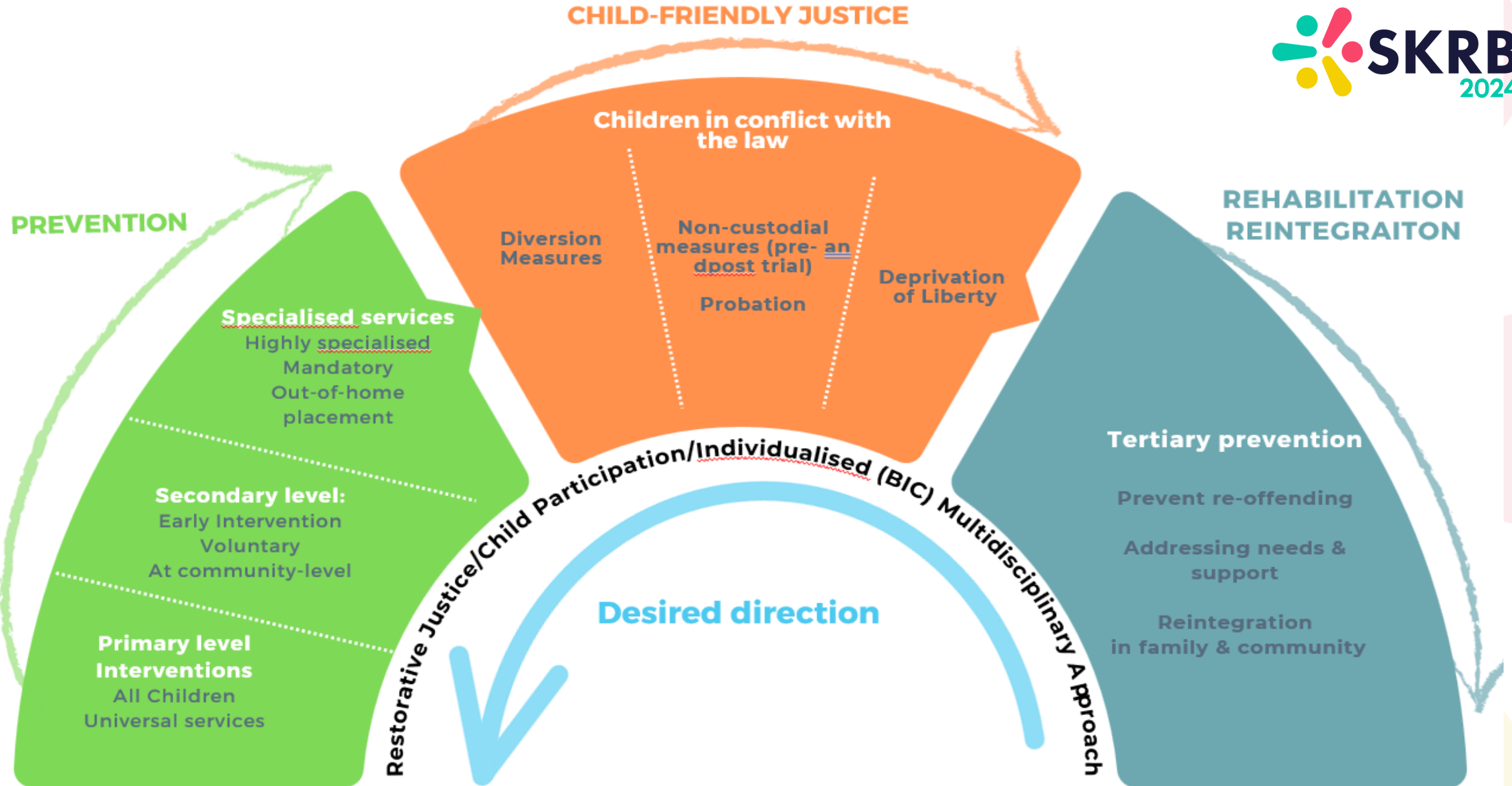
ACEs are potentially traumatic events that occur in childhood. They include physical, emotional, or sexual **abuse, neglect, and household dysfunction.**

Long-term effects include:

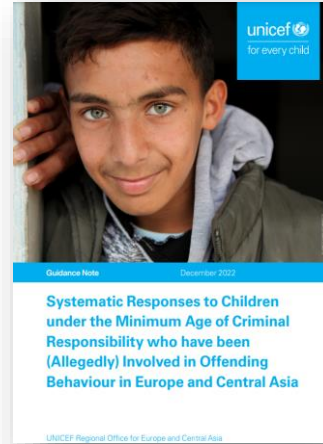
- ❑ **Brain development** - Chronic exposure to ACEs can affect areas of the brain responsible for emotion regulation, impulse control, and decision-making.
- ❑ **Behavioural outcomes** - increased likelihood of engaging in risky behaviours, including criminal activity, substance abuse, defiance, and aggression.
- ❑ **Health and social impacts** - Cause higher rates of mental health disorders, lower educational achievement, and greater difficulties in forming stable relationships.



Continuum of Justice for Children



Child Development & Minimum Age of Criminal Responsibility



Neuroscience and brain development:

Pre-frontal cortex not fully developed in Adolescence → prone to risky, impulsive -
> prioritise **short-term rewards** over long-term consequences.

Neurodevelopmental Science:

Neurodevelopmental Disorders (NDDs) contribute to poor impulse control, impaired judgment, and difficulties in emotional regulation, **increasing the risk** of offending. Children with NDDs (e.g. ADHD, Autism) are **overrepresented** in the criminal justice system

CRC Committee calls for setting the MACR at a minimum of **14 years**

Responding through Social Welfare

- Focus on **vulnerabilities** and addresses the **root causes** of behavioural issues
- Starting with a comprehensive **multi-disciplinary assessment**:
 - *that considers their familial, educational, and social circumstances and their support system*
 - *motivations behind their behaviour*
 - *special characteristics and needs – including mental health needs*
 - *potential or actual risks they face*
- Offering **individualised protection and services** based on the **comprehensive assessments** of the child's needs – and **best interest** of the child.

Norway's Child Welfare Act 2023:

The Child Welfare Service **leading investigation and provision of tailored support**. It places an emphasis on providing **community-based care**, avoiding **unnecessary institutionalisation** and promoting long-term positive outcomes for children.

Continuum of services and care for children with social, emotional and behavioural challenges

Mandatory intensive therapy, structured day programs, or family support measures
Intensive home-based treatments: e.g. Multi-systemic Therapy (MST)
Specialised /therapeutic Foster Care
Specialised /therapeutic small-scale residential care

Tertiary level
Specialised & Mandatory services for children with complex emotional and behavioural needs

School-based counselling
Family support services
Early intervention services
Peer mentoring
Restorative practices
Life skills and competency development
Anger management

Secondary level:
Targeted (voluntary) services for children and their families/caregivers or groups with one or risk factors associated with challenging or offending behavioural needs

Primary level:
Universal services and social and behavioural change strategies to prevent child offending

Schools: Promoting youth and staff wellbeing and positive peer dynamics.
Universal Home visiting programmes.
Social behavioural change strategies that promote positive behaviours and address harmful social norms

Tertiary level: Home-based services as alternatives to out-of home placements

The example of **MULTI-SYSTEMIC THERAPY**

Multi-Systemic Therapy: intensive home-based treatment program that focuses on addressing the several factors associated with serious antisocial behaviour or chronic adolescent offending.

It involves working with the entire family and social network to improve parenting skills, family relationships, and peer interactions.

Aims to improve the youth's real-world functioning by changing their natural settings in ways that promote prosocial behaviour within their family and community contexts, preventing out-of-home placements.

It has been implemented in multiple European countries, including the **UK**, **Spain**, and **Sweden**, and has been shown to **reduce recidivism** and **improve family relations**.

'Out-of-Home' Alternatives

- **Out-of-home placements** only in **exceptional cases** as a measure of **last resort**, with the ultimate aim of **reintegrating** the child.
- Priority to **family-based alternatives** such as in supported kinship care, and specialised foster care.

Good examples of **specialised foster care**

Multidimensional Treatment Foster Care (MTFC):
for children with complex needs

Therapeutic Foster Care: for children with significant
mental health issues

Remand Foster Care: alternative to pre-trial
detention

Small-scale residential care

For children who **require more intensive support,**
when family-based options are not possible

**Specialised, individual-focused care in a home-
like environment.**

Aim is to **rehabilitate and reintegrate** the child

Correctional Residential Institutions

- The most typical response is to set up **Large residential facilities:**
 - Correctional facilities/ Educational special institutions/ Special Residential centers.
 - Under Ministry of Education / Social Affairs / Justice
- **Closed/ semi closed** – children are often not free to leave at will – **hidden detention**
- **One blanket solution for all children-** adapting children to the available services in each institution – and NOT services to the needs of the child.
- **Diverse eligibility:** minor crimes, poor school attendance, children under the MACR, children with deviant/difficult/antisocial behaviour;
- **Decision-making is also diverse:** courts, social workers, parents etc.
- Poor or **scarce revision** of the placement decisions and individual plans.

Deprivation Vs. Restriction of Liberty

Deprivation of Liberty:

Detaining a child in a setting where they cannot leave at will, e.g., correctional facilities, psychiatric institutions.

UN Convention on the Rights of the Child (CRC):

Deprivation should be a last resort and used for the shortest possible time.

Impact on Children: Deprivation has harmful effects on development, mental health, and social reintegration.



Growing advocacy for abolishing child detention, especially for non-criminal behaviors, and promoting alternative, supportive approaches.

→ **UNICEF REIMAGINE JUSTICE AGENDA**

Prioritizing child-centered responses that address the root causes of behavior rather than punishment.

Exceptional Use of Restrictions:

- Only for High-Risk Cases
- Based on Individualized Assessment

Key recommendations

- **Legal framework** to prioritize children's development and rehabilitation over punishment.
- **Ensure placements are only used when necessary, with judicial oversight and regular reviews.**
- **Reform policies to eliminate correctional or educational institutionalization** of children.
- Develop and fund **gatekeeping, family support,** inclusive education, and health services to prevent crises.
- **Train social workers, caregivers, and professionals** in mental health and managing complex needs.
- Develop **services tailored to the unique needs** of children with emotional and behavioral challenges.
- Establish **foster care programs** with skilled carers and support staff for children with high needs.
- Create **small-scale facilities** for short-term care focused on reintegration into family settings.



Questions for discussion

1. Data and Terminology:

- What data exists on children with complex emotional and behavioral needs at risk of offending?
- How are these children referred to in your country's legal and policy frameworks (e.g., 'problematic,' 'deviant,' 'delinquent')?

2. Institutional Measures:

- What types of institutions (e.g., correctional facilities, special residential institutions) exist, and what services do they provide?
- How are decisions made to place children in these settings, and who reviews these placements?

3. Community-Based and Preventive Services:

- What prevention and support services are available in the community?
- Under which systems (e.g., education, social services) are these services provided?

4. Challenges and Good Practices:

- What are the main challenges in deinstitutionalizing services for these children?
- Are there any good practices or alternative services developed in your country?



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Thank you.

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