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## Synthetic, comparative report

Based on National Reports from Austria, Belgium and Croatia

(Workpackage 3)

May 2024



*Child-centered and Accessible crisis-Response for an  
Effective protection System*

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## 1. Introduction

### 1.1. Background

In 2020, the spread of a new virus, SARS-CoV-2 coronavirus, started a pandemic, which affected basically all countries across the globe. Triggering the COVID-19 disease, it led to infections of more than 775 million persons in more than 220 countries and territories, causing the death of some seven million people.<sup>1</sup> Emergency measures of unprecedented scale were taken by governments to contain the further expansion of the virus, including “lockdowns”, which severely restricted free movement of persons, disrupting family, social life and the economy. Not only public health care was placed under enormous stress, but also several other public services, including those targeting and relevant to children and families. At crucial stages of their personal developments, children were among those most severely affected by the COVID-19 pandemic. According to data from UNICEF and UNESCO, it’s considered “the largest education crisis ever”, which concerned 90 % of all young learners worldwide at peak times, including full school closures for children for over 40 weeks in 1 in 10 countries within two years.<sup>2</sup>

While in May 2023 the WHO declared an end to COVID-19 as a public health emergency, not least thanks to the rapid development of vaccines effectively reducing the health risks and spread of the disease, its longer-term impact can still be felt across many segments of society. At the same time, partly parallel developments took place leading to what is now often called a polycrisis situation, especially in the European region, including the Russian war on Ukraine in February 2022, the high rise of energy costs and further inflation, with the impact of climate change further exacerbating challenges.

With co-funding support from the European Commission CERV-Programme, project partners<sup>3</sup> from Belgium (Defence for Children International/lead and DCI World Service Foundation as well as General Administration of Youth Welfare of the French-speaking community of Belgium), Croatia (Brave Phone) and Austria (Ludwig Boltzmann Institute of Fundamental and Human Rights), undertook research to assess the consequences of the COVID-19 pandemic and ensuing crisis situations for the provision of child protection services for children and their families, in particular for children in vulnerable situations. This project, called CARES (*Child-centered and Accessible crisis-Response for an Effective protection System*), aims to

- **analyse the impact** on children and families as well as **responses of child protection services** (including institutional care and cross-sectoral collaboration) to the challenges raised by the COVID-19 pandemic and further crisis situations,
- draw **lessons learned**, identify **good practices** and **recommendations** for policy makers and stakeholders from this experience, with particular attention to assessing and raising child rights awareness both of children and professionals engaged in child protection services and means for child participation,
- contribute to further **capacity-building on child rights and child participation**, based on the lessons learned from the research, and
- ensure **dissemination** of the outputs of the project at domestic and European levels, in order to further strengthen **access to justice for children**.

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<sup>1</sup> WHO COVID-19 Dashboard, <https://data.who.int/dashboards/covid19/>; with still 220.000 COVID-19 reported cases in April 2024 (all internet links last checked on 9 May 2024).

<sup>2</sup> UNICEF, Where are we on education recovery, 2022, 7 and 8.

<sup>3</sup> All of them being members of the Child-Friendly Justice – European Network, see <https://www.cfjnetwork.eu>.



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Following extensive consultations with children<sup>4</sup> and adult professionals from the child protection sector, national country reports have been prepared by the partner research teams. Building on those domestic assessments, this final synthetic report was drafted to offer comparative perspectives and lessons learned for policy-makers and professionals. In this context, the report and the outcomes of the CARES project aim to contribute also to the implementation of the recent 2024 EC Recommendation calling on all EU Member States to “take effective, appropriate and proportionate measures to further develop and strengthen integrated child protection systems with the objective of protecting children from any form of violence”.<sup>5</sup>

## 1.2. Methodology and overview of the structure of the synthetic report

The CARES project uses a mixed methods approach for the consultation with the various stakeholders, including workshops with children, an online survey for adult professionals in the child protection field, expert interviews and focus groups. For both target groups – children and adults – inception reports were prepared by project partners (Brave Phone for the consultation with children/Work package 2; LBI-GMR for the adult consultations/Work package 3), to ensure consistency in research questions and approaches.<sup>6</sup> All project partners applied dedicated child safeguarding policies in the implementation of the project.

As a consequence, three national reports on findings in Austria, Belgium and Croatia have been prepared, which were used as a foundation for the current “synthetic”, comparative report with common lessons learned and recommendations for follow-up action, at both national and European level.

In the following the report first provides an overview of the three country situations (chapter 2), including background on COVID-19 developments, some major findings from pre-existing research on children in national crisis situations as well as main results from the CARES project. The main part (chapter 3) offers a comparative analysis along the main areas of research, including an assessment of the impact of the pandemic and ensuing crisis developments on child protection service providers, on children and their families, on child participation and on cooperation, followed by common lessons learned, examples of good practices and innovative participation tools as well as recommendations for follow-up.<sup>7</sup> Country-specific findings are given in alphabetical order (Austria – Belgium – Croatia); as a starting point for discussion, and in order to avoid repetitions, the presentation typically provides some more elaborate results from Austria, indicative for commonly relevant issues from a cross-country perspective, complemented by specific highlights and data from further partner countries. All tables presented are taken directly from the three CARES National reports, respectively.

As a preliminary note on terminology: in the context of the CARES project, the notion “crisis situation” refers to a collective dimension of crisis, affecting the society at large (like the pandemic, or higher costs of living), not to an individual crisis situation (e.g., risk situation in one given family). Similarly, “crisis response” relates to the capacities of the child protection system as such, not to individual support service (e.g., for one given family). Furthermore, in terms of professional target groups, key stakeholders of the child protection system include not only social workers/social pedagogues/psychologists (under state and private regimes), who provide frontline services to children in alternative care settings, but also refer

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<sup>4</sup> Considered as persons under the age of 18 years, as defined in Art 1 of the UN Convention on the Rights of the Child, while including also some young people up to 22 years, taking into account the importance to pay attention also to the transitional phase of child protection support beyond formally reaching the age of majority.

<sup>5</sup> European Commission, Commission Recommendation Of 23.4.2024 on developing and strengthening integrated child protection systems in the best interests of the child, C(2024) 2680 final, 1.

<sup>6</sup> Brave Phone, Work package 2 inception report: How to conduct workshops on children’s rights with the children, 2023; LBI-GMR, Work package 3 inception report: How to conduct consultations with professionals, 2023.

<sup>7</sup> Quotes from children have been anonymized to protect their identity.



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to partners in the system, such as child counselling services (e.g. child helplines), health professionals (including child psychiatrists), teachers, inclusion/disability specialists, legal guardians for unaccompanied child migrants, probation officers and police officers specifically trained to deal with young people, as well as monitoring bodies for institutional care and child rights protection in general (e.g. NPM/OPCAT commissions, Child and Youth Ombudsman institutions).

## 2. Country situations

### 2.1. Austria

#### *Developments in relation to COVID-19 and child protection*

At the end of February 2020, the first cases of COVID-19 were registered and on 16 March 2020, the first lockdown measures entered into force, including the closure of shops, restaurants and other services, travel restrictions and a ban on larger public gatherings; schools and universities were closed already a few days earlier. Following various waves of infections, caused also by mutations of the novel coronavirus, Austria went through a total of four nationwide lockdowns (starting in March 2020, November 2020, December 2020, November 2021) and one regionally limited to Eastern Austria in spring 2021; some secondary education school types remained closed in Austria for a total of almost 200 days – three times higher as, for instance, in Switzerland.<sup>8</sup> Following the availability of vaccines, public support campaigns started, but when a mandatory vaccination scheme was announced at the end of 2021, it became a highly controversial topic, next to several legal challenges of Corona restriction measures before the Constitutional Court. Several expert commissions were established, but mostly focused on health issues only, and comprehensive child-focused assessment and effective coordination of actions across all nine Austrian regions remained a challenge; there was no child rights impact assessment of Corona measures by the government during the pandemic and thereafter.

In June 2023, all remaining COVID-19 measures and associated services ended in Austria after over three years of implementation; as of April 2024, 6.1 million COVID-19 cases were reported in Austria, and 22.500 persons have died of this disease.<sup>9</sup>

Findings from early research initiated already during the pandemic highlighted particular concerns about mental health of children (including increase in sleeping disorders, self-harm and suicidal thoughts), disruption of social life and progress at school and strongly increased use of internet services, corresponding to increased online safety risks.<sup>10</sup> Only the civil society network National Coalition for the Implementation of the UN Convention on the Rights of the Child in Austria managed to compile a report on child rights protection during the pandemic in 2023, which concluded that several rights of children have been violated, including rights of personal liberty of children, right to child-friendly information and participation, right to education, psychosocial health services and non-discrimination of children in particular vulnerable situations (children in poverty, in alternative care, children with disabilities, asylum-seeking and migrant children), as well as calling for independent child rights monitoring in Austria.<sup>11</sup> As far as responses from the child welfare and child protection system are concerned, the situation differed along types of services (institutional care, access to doctors, therapies, access to schools) and the nine regions of Austria, as further discussed in the following chapter.

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<sup>8</sup> Bogner (ed), *Nach Corona: Reflexionen für zukünftige Krisen – Ergebnisse aus dem Corona-Aufarbeitungsprozess*, Austrian Academy of Sciences 2023, 59.

<sup>9</sup> WHO COVID-19 Dashboard, <https://data.who.int/dashboards/covid19/> (last checked on 9 May 2024).

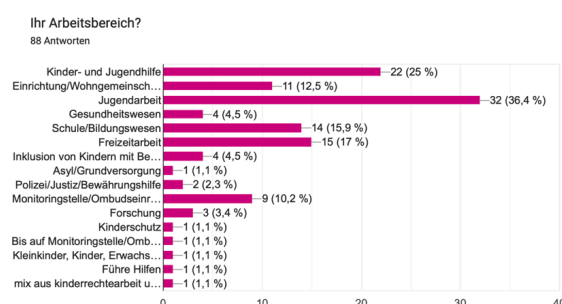
<sup>10</sup> For further results, see CARES, National Report: Austria, 2024, 10.

<sup>11</sup> Netzwerk Kinderrechte Österreich/National Coalition Austria, *Kinderrechte und Corona. Ein Sonderbericht des Netzwerk Kinderrechte Österreich*, 2023, 160.

## Research process

Based on the inception report for consultation with children, three workshops were held in September and October 2023 in Vienna, with a total of 17 participants from 11 to 18 years, with special assistance for participation of younger children. The workshops aimed to reflect on young people’s views on child rights awareness and protection in Austria, their considerations about what constitutes a national crisis situation and their experiences during the pandemic, how they responded to the challenges, and what should be learned for decision-makers. As a first step, with the assistance of the Vienna-based organisation “Human Rights Space”, which created an interactive exhibition on human rights and children’s rights, children engaged on various child rights issues (protection from violence, mental health, education, participation), while the next meetings were held at a secondary technical training school, supported by a teacher offering ethics classes. Workshop participants were offered to conduct interviews with peers to capture also their responses in relation to the same questions. In addition, with some outreach support from institutional care service providers (*Volkshilfe Österreich*, SOS Children’s Villages Austria, including their youth participation council) it was possible to collect further young people’s views through additional interviews and responses from short surveys adapted to children. In the end, the research team gathered a total of 27 child and youth participants interviews, with 12 male respondents and 13 female (2 not identified), at the age from 11 to 18 years, including children with institutional care background. A total of 33 children (workshops and interviews) participated in the project consultations.

Table 1 – work areas of survey participants (Austria)



As for consultation with professionals, the inception report asked for two in-depth expert interviews, a stakeholder round table and an online survey. Consequently, interviews were conducted with the deputy head of the Vienna child protection service and the Child and Youth Ombudsperson from Carinthia. Furthermore, eight stakeholders participated in a focus group discussion in November 2023, including representatives from the Vienna youth probation service, Vienna municipality directorate for youth work, two youth work organizations, one major child care facility service provider (*Volkshilfe*), the Vienna Human Rights Office, the Vienna Child and Youth Ombudsoffice (KIJA Wien) and the Austrian Disability Council. Finally, an extensive questionnaire was prepared for an only survey among child protection stakeholders in Austria, on their experiences before, during and after the pandemic, in terms of lessons learned for further strengthening the protection system – a total of 88 survey results were received, from all nine regions in Austria and a broad variety of work areas (youth work and spare time activities, child social services, schools, residential care, health care, police and asylum procedure and from monitoring bodies, see table 1).

## 2.2. Belgium

### Developments in relation to COVID-19 and child protection



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In March 2020, the novel coronavirus started to spread in Belgium, leading to first lockdown measures, which included the closing of schools. A special crisis coordination body (“National Security Council”) was established, consisting of the Ministries of Justice, Interior and Defence. During the second lockdown in November 2020, schools remained open, but in hybrid mode (including virtual classes); also, during a set of restrictions starting in March 2021, school education could continue. Two years after introducing the restrictions, the measures were lifted again.

According to the WHO COVID-19 Dashboard, 4.9 million COVID-19 cases were reported in Belgium, and 34.300 persons died of it, as of April 2024.<sup>12</sup>

Domestic research findings in Belgium indicate that mental health conditions were severely impacted especially among the age group between 18 to 29 years, showing symptoms of anxiety and depressive disorders during the pandemic twice as high as compared to the age group of 50 to 64 years. Moreover, the restrictions affected strongly access to child protection services, access to justice mechanisms and child participation initiatives; the lack of centralised decision-making also led local professionals and organisations to create networks directly between themselves.<sup>13</sup> Complaints about poor working conditions in the sector, present before the crisis and further exacerbated by it, led to a strike of youth support service professionals in French-speaking Belgium in June/July 2023.<sup>14</sup>

### Research process

Consultations with children took place in Belgium over a series of workshops, with one group aged 12 to 15 years, placed in a psychiatric hospital in Brussels, and another group of slightly older children in “at risk situations” (14 to 21 years), cared by a youth support centre in the Walloon region. In adapting the methodology to the local needs, a higher number of workshops (five for the younger group, six for the older one), with shorter but more intensive work proved successful, involving two to seven young participants (all boys) in each meeting. Altogether, 20 children participated in the project.

The consultations with adult professionals used three methods of engagement: first, a set of five interviews with a total of eight interviewees, including two workers from a SRU (*Service Résidentiel d’Urgence* - emergency residential services), two managers from a psychiatric hospital, one youth judge, one AMO manager (*Service d’Action en Milieu Ouvert* - preventive assistance service), and two psychologists from a mobile team. Second, a focus group meeting was arranged with six participants, including three AMO directors, two directors of youth care and support services and one educator from a youth care institution. Finally, in line with the questions set in the inception report for Work package 3, one far-reaching online questionnaire was shared with child protection stakeholders across Belgium, with 33 responses received (children and youth/social workers, including at NGOs, public authorities).

## 2.3. Croatia

### Developments in relation to COVID-19 and child protection

In Croatia, the COVID-19 epidemic was formally declared on 11 March 2020, lasting until 11 May 2023. A first lockdown was introduced on 19 March 2020, but only three days later, Zagreb and its surrounding areas were affected also by a strong earthquake, further complicating implementation of social distancing rules. Schools and kindergarten remained closed at that time; for the fall season of the 2020/21 school year, schools could choose from three models (live teaching, online only teaching, combination), when a second lockdown was announced in November 2020, followed by another earthquake in December. The Civil Protection Directorate functioned as the main body for coordinating the COVID-19 responses. It was

<sup>12</sup> WHO COVID-19 Dashboard, <https://data.who.int/dashboards/covid19/> (last checked on 9 May 2024).

<sup>13</sup> See CARES, National Report: Belgium, 2024, 4.

<sup>14</sup> Ibid.

noted that early on in Croatia, phone helplines were opened providing psychological support including to children, free of charge.<sup>15</sup>

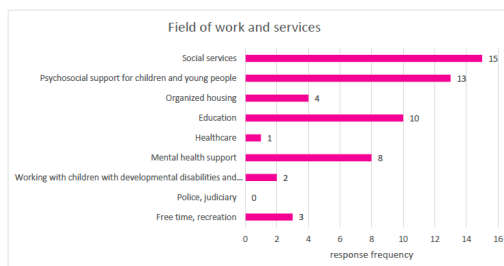
As reported by the WHO COVID-19 Dashboard, 1,3 million persons were infected by the coronavirus in Croatia, and 18.800 died of the disease.<sup>16</sup>

The Ombudsperson for children in Croatia issued a comprehensive report on the impact of the pandemic on children, clearly showing that the disease, in particular, further exacerbated existing challenges for children and families already living in situations of vulnerability.<sup>17</sup>

### Research process

In Croatia, consultations with children consisted of two cycles of four workshops each, starting in April 2023, with two groups of students from a high school dormitory in Zagreb, consisting of nine schoolgirls aged 15 years, and of 10 schoolgirls of 16 to 18 years. Over the course of summer, five peer interviews were conducted (two boys, three girls responding, aged 15 to 18 years).

Table 2 – work areas of survey participants (Croatia)



As regards consultation with professionals, in July/August 2023, four in-depth interviews were held with two psychologists (Zagreb Child and Youth Protection Center, residential care institution), the head of the Department of Juvenile Delinquency from Zagreb, and a teacher from a student dormitory. Moreover, two online focus groups involving a total of seven experts (including social workers, psychologists, youth judge) from five different cities and regions of Croatia took place during that time. In October 2023, the common online questionnaire developed for this project was distributed among key stakeholders, with 30 responses collected from a broad variety of working areas (see Table 2 above), especially from social services, child psychosocial support and education.

## 3. Key findings from a cross-national, synthetic perspective

After reviewing the results from the three national consultations with children and adult professionals about experiences in the child protection sector of Austria, Belgium and Croatia during and after the COVID-19 pandemic and how to make the systems structurally more crisis-resilient, the following sections will discuss the main findings from a comparative perspective.

### 3.1. Child rights understanding

As explained, the EU CARES project follows a child rights-based approach, which is marked by addressing both empowerment of children as holder of fundamental rights and accountability of duty bearers, in terms

<sup>15</sup> CARES, National Report: Croatia, 2024, 10; *Djeca na čekanju – dječja prava u vrijeme pandemije 2020. – 2021.*

<sup>16</sup> WHO COVID-19 Dashboard, <https://data.who.int/dashboards/covid19/> (last checked on 9 May 2024).

<sup>17</sup> See, CARES, National Report: Croatia, 2024, 11, referring to *Pravobraniteljica za Djecu, Djeca na čekanju – dječja prava u vrijeme pandemije 2020 – 2021, 2022.*





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of responsibility to respect, protect and fulfil obligations towards children and ensure their access to justice. Consequently, in the consultations with children and adult stakeholders of the countries' child protection systems, as a first step, awareness and understanding of child rights as a concept was assessed.

In comparison, and with overall due consideration given that these are qualitative, non-representative findings, the results from the three country situations show that – both among children and adult professionals – there is basic awareness about human rights of children, but in many cases less understanding of implications in practice, what claiming child rights would mean for daily life and work routines.

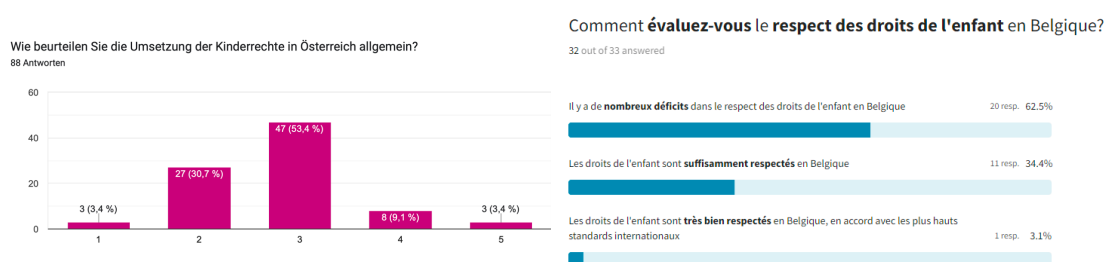
As regards children, the extent of how familiar children are with concepts of “having rights” in general and from a human rights perspective, is still much dependent on individual background and circumstances. For instance, in Austria, 24 of 27 children stated to have heard of children’s rights, naming a quite diverse range of rights, starting with right to education and protection from violence, but also mentioning free speech, non-discrimination, right to health and privacy. Still, their clear main source of information to learn about children’s rights is school (14x, followed by “friends”/5x), and it should be noted that about half of the child interview respondents attended ethics classes with an engaging teacher who discussed such topics before. In contrast, several participating children in Belgium with clear at risk/institutional care background did not have much opportunities yet to get familiar with the topic. Child participants in Croatia had basic understanding of children’s rights, but often referring to it rather in a basic needs’ context, and relying strongly on some adult trusted persons to claim rights. It could be observed, still, that in the course of the workshop series, their understanding of the right to participation evolved significantly, from a feeling of “sufficiently met” at the beginning of the workshops to a much more nuanced realisation that children during crisis situations, especially during the pandemic, actually had less right to participation than usual.

It follows from here that there is a strong need for further sensitisation of children on their human rights and, most importantly, for discussion about what child rights protection means in practice in various contexts – families, institutional care (including psychiatric care settings), schools, leisure time activities (especially in online situations). And there is a particular strong role for schools and associations to play, as a one-time opportunity to reach out to all children irrespective of family background and reflect on the importance of child rights, including the child right to participation.

In relation to adult professionals, it was impressive to see, on the one hand, the overall general awareness and commitment to child rights protection across the three project partner countries. Based on the online survey, in Austria 93,2% of participants claimed good knowledge of child rights, similar to Croatia (29 of 30 experts for the same question), and also in Belgium, 62% of the participants considered themselves familiar, and additional 37% to be “vaguely familiar” with children’s rights. In terms of importance for their own work, three-quarter of respondents considered them indispensable in Austria, as in Belgium (71% essential; 18,8% highly important to their work) and in Croatia (using different grading: on a scale from 1 to 5, the average value is 4.77). On the other hand, as will be seen in the following sections about the impact of the pandemic and further crisis situations on children and the child protection system, the wide gap between principles and practice, being committed to rights and finding ways to actually implement and enforce them, becomes evident. Which not only leads to frustrations among professionals, but, obviously, among children as their clients, as stated by one child participant in Croatia: *“I believe that today social workers and institutions close their eyes too much and do not see what is actually happening. Basically, they see, but they don't want to help, and they should.”*

When asked about general assessment on the level of child rights protection in the respective countries, the findings presented a rather mixed picture, with many challenges remaining. In Austria, on a scale from 1 (excellent implementation) to 5 (no implementation), more than half (53 %) gave it a grading of “3”, followed by a more positive outlook with a further 31 % for grade “2” (but only 3% claiming excellent protection; see table X below). In Belgium, 63 % of online respondents considered several deficits in child rights protection, with only one participant (3 %) finding rights well respected, similar to Croatia, with one participant only expressing very well implementation. Still, 16 of 30 respondents stated fair implementation levels, while 13 of 16 saw major shortcomings in the country.

Tables 3 – professionals’ assessment of child rights implementation in Austria and Belgium



Further child rights awareness should be promoted through training programs for professionals integrating a child rights-based approach into child protection efforts.<sup>18</sup>

### 3.2. Challenges in the child protection system before pandemic

In order to better understand eventual impact and changes for child protection systems in the course of the pandemic and current polycrisis situation, the project sought to explore the situation already before the pandemic started in 2020.

Looking at the five key pre-existing challenges for the child protection system identified in Austria, Belgium and Croatia (see tables below),<sup>19</sup> it turns out that according to the online survey results there are three main issues creating obstacles for effective child protection relevant for all three countries:

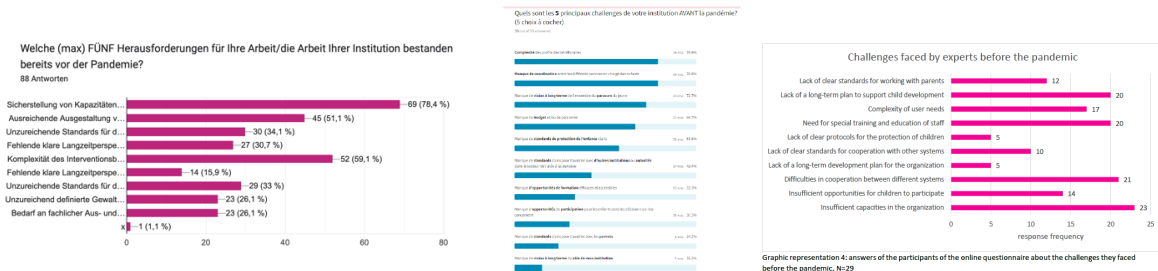
- lack of sufficient capacities (in terms of staff, budget – top issue in Austria and Croatia),
- the complexities of intervention needs on the client side (e.g. multiple risk factors – top issue in Belgium),
- insufficiently clear standards for and effective cooperation between partners of the child protection system.

In addition, lack of sufficient child participation means and consistent standards on how to engage with parents were identified by experts in Austria, the lack of means to develop a clear longer-term perspective for children and the need for clear child safeguarding standards in Belgium, and, again, longer-term perspective issues as well as training needs in Croatia.

Tables 4 – pre-existing child protection challenges in Austria, Belgium and Croatia

<sup>18</sup> See, for instance, initiatives by FICE Austria on providing a comprehensive training program for quality child care experts (including a Handbook addressing children’s rights), <https://www.fice.at/publikationen>.

<sup>19</sup> For the assessment of such structural and institutional aspects of child protection, reference is made only to adult feedback from the consultations.



Furthermore, on a country-specific level and taking into account also the results from the other consultation formats, in Austria, the question of sufficient capacities has long been discussed before the pandemic, further hampered by developments at the legal and organisational level, due to the decentralised legal competences of child social services in Austria. Before 2019, such matters were a joint legal responsibility of the central and regional governments (“Länder”), with the central/federal government legislating on common standards and the Länder being responsible for further implementing legislation and actual provision of services for children and families. However, due to some political move, a “streamlining” of the administration took place and the Austrian constitution was amended in effect of 2019 to make child social services a Länder competence only.<sup>20</sup> Already before that constitutional change, standards for service provision differed significantly (group size in institutional care, staffing ratios and staff qualification etc) as well as for cooperation between stakeholders of the child protection system (schools, health services, services for children with disabilities). After those legal changes, advocating for stronger investments for sufficient child protection resources at national, cross-country level became even more difficult, with the central government lacking sufficient powers. These developments, in combination with pre-existing capacity and cooperation challenges together with the other issues identified in the online survey concerning Austria (lack of sufficient means for child participation, for standards for working with parents) may be interpreted to have contributed to several shortcomings and negative impact for child protection in Austria once the pandemic arrived in the country. Apart from that, issues such as the basic care system for asylum-seeking children and family, with lesser service standards than in the regular child care system, as well as difficulties to ensure an inclusive child protection system also for children with disabilities were reported as challenges prior to the pandemic (and persistent until today, see section 3.8 below).<sup>21</sup>

Similar, as described in the Belgium National Report, already before the outbreak of COVID-19, providing quality support to children and families, especially in poor socioeconomic situation, with multiple risk factors present simultaneously, has created difficulties in social work with children. This situation was further exacerbated by several structural and institutional challenges, not least due to overall lack of sufficient capacities for placement of children at risk. This includes concerns in relation to child protection crisis centres (“emergency residential services”), where children were often placed much longer than actually mandated before being transferred to better qualified services, or the “reserved capacity” system of placement by family judges, which limits needed flexibility for finding best possible places adapted to the individual child.<sup>22</sup> In addition, there were further general, pre-existing child rights concerns about compliance with the child’s rights to personal liberty and protection from violence in relation to the

<sup>20</sup> For critical assessments, see the Alternative Report of the Austrian National Coalition for the CRC, 2019, 27, and Sax, *Schutz mit System? Kinderrechte und Gewaltschutz*, 2020.

<sup>21</sup> CARES, National Report: Austria, 2024, 16ff.

<sup>22</sup> CARES, National Report: Belgium, 2024, 26ff.

situation of children in psychiatric care, including the use of isolation rooms, physical restraints (such as arms and leg straps) and medication.<sup>23</sup>

As far as Croatia is concerned, part of the challenges around capacity shortages in the child protection system is related also to insufficient deinstitutionalisation efforts; it was noted during the consultations with professionals that the placement of children in group homes or with foster parents may depend rather on having relevant personal contacts to such service providers. One particular concern is finding sufficient places for children with disabilities; furthermore, already before the pandemic, sufficient access to psychosocial support and treatment was lacking.<sup>24</sup>

### 3.3. Crisis impact on services

During the COVID-19 pandemic, governments have adopted some of the most far-reaching measures in recent history, in terms of interferences into private and public life, into economy and society at large, with wide implications for the protection of human and children's rights. One particular aspect relates to the question to what extent access to basic services could be maintained, especially under conditions of the repeated lockdowns in the various countries – and more specifically, to what extent was it possible to sustain the child protection system, to ensure for children and families continued access, for instance, to individual counselling, keep open means of information and communication, including home visitation and provide for therapeutic treatment of children. Generally, the feedback from the three country consultations shows that essential services could be mostly maintained, not least through high level of commitment of social workers and social pedagogues both in child social services administration and service provision, as well as through creativity and pragmatic adaptation of practice to ever changing rules and regulations, including by using internet and communication technology (ICT) for increased online provision of services – but it came at a cost.

As in other countries, the introduction of restrictions on free movement and curfews, quarantine regulations and social distancing rules mandated major changes in the internal operation of state and private service providers. In Austria, according to the feedback from professionals received, it was possible to keep up a basic level of services, internally by making possible home office arrangements and turning to online meetings, and externally, in their communication with families and children, through more flexible approaches for using more widely online messaging services, for instance. The online survey indicated that the main means for communication were phone calls (86 %), closely followed by video calls (Zoom, Skype etc, 85 %) and messaging services, including e-mails (WhatsApp, SMS etc, 73 %).<sup>25</sup>

Still, the impact of decentralisation could be felt again, as child protection services were considered part of "critical infrastructure" (similar to health care), with higher priority to maintain activities, in some regions of Austria (like in Vienna), but not in some other regions. Inconsistencies could also be observed in relation to the extent of involvement of child-focused bodies and organisations into crisis management and decision-making panels during the pandemic (child protection authorities, youth work, ombudsservices for children). In Belgium, decentralization is all the more striking as it exists at institutional level (there are major differences between the Brussels, Flemish and Walloon Regions), but also within the same region, since each association adopts its own particular practices. As such, they

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<sup>23</sup> Ibid, 34ff.

<sup>24</sup> CARES, National Report: Croatia, 2024, 13ff.

<sup>25</sup> CARES, National Report: Austria, 2024, 19.

have considerable scope to make their own decisions and create their own tools. As a result, practices vary widely from one association to another.

Generally, children themselves were not involved in the adaptation of regulations and services. Moreover, at least during the first lockdown in 2020, external monitoring of residential care facilities, (through visiting commissions of the Austrian Ombudsman Board, child and youth ombudspersons) came to a halt, and only partly resumed (including through video chat observations) later on. Massive practical challenges were noted for institutional care facilities, which had to deal – sometimes simultaneously – with quarantine situations of children, home-schooling arrangements, prohibition of visits by parents/home visits and particular staff burden, who often had to deal with their own family situations at home as well. The consultations also revealed that vaccination programs were widely accepted among staff of child protection services and in institutional care.

In Belgium, it was observed that the availability especially of prevention activities for children at risk was impacted by the pandemic containment measures; structurally, children in institutional care were most severely affected, in terms of restrictions to visit/meet their parents (with difficulties in particular for small children), but also in terms of placement capacities. It was reported that children had to stay in short-term crisis centres for up to six months. Furthermore, in order to reduce infection risks, a practice called “educator teleworking” was mentioned in one interview, which allowed staff from an institution to take a child to their own private home temporarily.<sup>26</sup>

Consultation participants from Croatia have indicated a range of organisational responses to deal with lockdown restrictions. This includes maintaining contact with clients through phone calls and online meetings (16x of 29 responses), expansion of digital services (15x) and working from home (10x); however, suspension of services involving physical contact was counted 13 times. Negative impact on services was recorded during consultations in respect of more limited access to psychosocial counselling services as well as to support services specifically for parents. Closing of schools also led to the cancellation of programmes providing daily free hot meals to children. As in the other countries, restrictions on family visits affected children in alternative care arrangements. On a positive note, more broadly use of online services was reported, as well as some raised awareness for children’s needs in municipalities.<sup>27</sup>

### 3.4. Crisis impact on children and families

The disruption of societies caused by the pandemic and the measures taken to contain it were widely felt by children in all areas of their life. In the workshops and interviews, children voiced their experiences of lack of social contact, access to public space and isolation during the lockdown measures and feelings of insecurity. A strong burden was placed on families having to deal with home office arrangements of parents, home schooling of children, often difficult socioeconomic conditions and job insecurity, leading also to mental health concerns of parents.

In Austria, when children were asked about where to seek help when feeling depressed, the two most common peer interview responses were seeking help from family/caregivers – or “none”. They also had quite strong views about the question on whether they felt confined or locked-up during the pandemic, which was answered with “yes”/“sometimes” in 16 out of 22 responses. There were mixed results about eventual increase of conflict at home, with a relative majority seeing no increase in arguments, next to

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<sup>26</sup> CARES, National Report: Belgium, 2024, 38 – which was nevertheless an exceptional, isolated initiative.

<sup>27</sup> CARES, National Report: Croatia, 2024, 25.



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responses of “sometimes” and “yes, there was an increase”. Similarly, as reported in earlier studies, in terms of progress at school, home-schooling created mixed feeling as well – it was placed on children’s list of both worst and best experiences during the pandemic. Social media played a key role for children, both as a source of information and for maintaining contact with friends. Also, in terms of leisure time activities, PC gaming and phones were mostly used, but children also referred to sports, reading books, listening to music, sleeping and drawing.<sup>28</sup>

From the professionals’ perspective, the online survey asked them also about perceived impact on children and families along several dimensions (impact on physical, mental health, social life, schools, internet, socioeconomic situation, conflicts, discrimination, use of support services and communication and opportunities for child participation) along a grading scale from 1 (strong positive changes) to 5 (strong negative changes). The expert assessment showed that negative changes dominated all of these categories, with the strongest negative impact expressed in relation to school and child participation opportunities (44 % each, of a total of 88 respondents), followed by strong negative impact on mental health and on social life of children (35 % each). Asked about specific groups of children at particular risk of negative impact during the pandemic, the most common mention (20x) was made of children from socioeconomically disadvantaged families/children in poverty; other risk groups identified include children from dysfunctional families/at risk of violence, children with migrant/refugee background, children with disabilities (including learning difficulties), children already suffering from mental health problems and children with poor technical means available (indicating concern for a growing digital divide). In terms of positive impact of the pandemic, the experts most frequently mentioned children’s stronger digital/social media literacy (32x) as well as strengthened feelings of solidarity, empathy and consideration of others (16x).

In comparison, according to the feedback from consultations in Belgium, children highlighted, in particular, negative impact on their social life, on insufficient respect for their opinions and means of participation, as well as experiences of conflict and deprivation of liberty. Similarly, professionals identified poverty, protection from violence and mental health support (for dealing with eating disorders, anxiety disorders and depression) as key areas of negative change during the pandemic. It was also noted that respect for visiting rights of children and their separated parents created challenges at the beginning of the pandemic; furthermore, babies and small children up to three years became a specific target group for preventive intervention from child social services.

As for the situation in Croatia, increased mental health difficulties have been identified as key negative consequences for children, further aggravated by the experiences of earthquakes hitting the country in 2020. In addition, the issue of conflict and violence got particular attention in Croatia: project partner Brave Phone itself noticed increased numbers of inquiries at their own helpline service during the pandemic, and professionals in the consultations confirmed such assessment.<sup>29</sup> Further findings draw attention to pandemic-related negative effects on living conditions of lower income families and already previously isolated communities, the opportunities and risks created by the strongly increasing usage of internet services by children, social media and online games as well as effects of the pandemic on schools, especially home-schooling and online classes. Also in Croatia, among particular risk groups of children identified were children at risk of poverty and social exclusion, children with pre-existing mental health issues, children with disabilities and children from dysfunctional families in general.

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<sup>28</sup> CARES, National Report: Austria, 2024, 21ff.

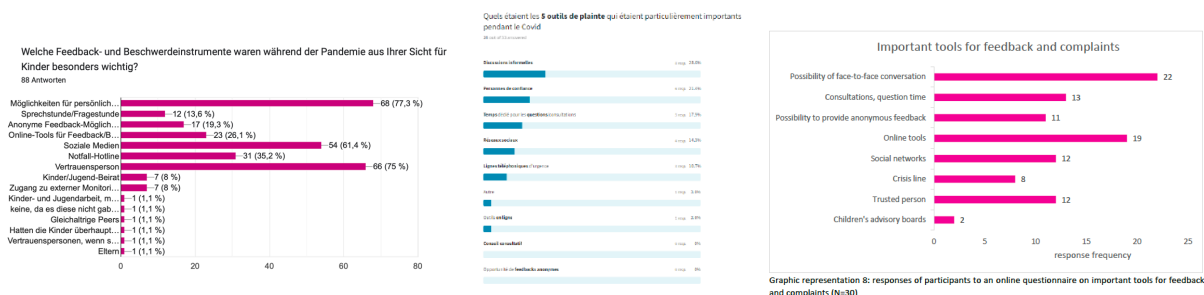
<sup>29</sup> CARES, National Report: Croatia, 2024, 23.

### 3.5. Crisis impact on child participation

One of the key research areas of the CARES project relates to the extent of child participation during such crisis situations. As discussed in the section above, opportunities for engaging in direct consultation with children in the child protection system were assessed to have decreased, but we were also interested in more specific aspects of participation, concerning availability and use of feedback tools and complaint mechanisms. In summary, it could be observed that means of direct, personal feedback, especially to trusted persons of children, would be children’s preferred approach, which exactly turned difficult, however, during times of movement restrictions and social distancing regulations.

In the Austrian context, young participants stated that during such times of public emergency it would be particularly important to ensure their voices being heard, while in reality, the peer interviews revealed quite divided responses, as far as that goal was achieved in practice – about half of them stated an actual lack of such opportunities. One repeated concern was that many children felt quite overwhelmed with constantly changing rules during the pandemic, including closing and opening of schools. And they noted that it was particularly frustrating to see that while young people were expected “as children” to obey to all the rules (or otherwise get fined when violating social distancing rules in public spaces, for instance), many adults did not follow rules and restrictions themselves - next to all the levels of controversy and polarisation in society created by adults (including about mandatory vaccination). As mentioned above, access to child-focused information was poor, while children mostly relied on online news platforms (including social media channels) as a source of information. For feedback, direct personal talk and exchanges with trusted persons (parents, certain caregivers in institutions) ranked highest both among children and among professionals when asked about their perceptions on this matter (see table 5 below).

Tables 5 – important feedback instruments for children in Austria, Belgium and Croatia



Experts – in all three countries – also considered access for children to easily understandable and timely information as a prerequisite for effective participation (while noting that during the pandemic also adult professionals often struggled themselves to get such information in time and feel involved in decision-making processes). Moreover, in terms of target groups, more attention was needed to inclusive participation of children with disabilities, to address more specifically the situation of care leaving children (after turning 18 years) and of children who themselves have caring responsibilities within their own families.

Feedback from Belgian child participants on participation was similarly negative, including for lack of explanations of rules during lockdowns, and quite sceptical about being taken seriously (one child stating: “I was listened to, but what I said was not taken into account in the decisions”).<sup>30</sup> Furthermore, it was

<sup>30</sup> CARES, National Report: Belgium, 2024, 25.



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observed that there are relatively few institutionalised means available for feedback and complaints – as could be seen from the comparison above, preferred tools were similar to the other partner countries.

Considering the responses from Croatia, the consultations with children highlighted further needs to tackle the lack of information and understanding of the concept of participation as a right among young people, including the need for structural, institutionalised support for such engagement. At the same time, it was critically noted by experts, including findings from the child ombudsperson's office, that in other settings, namely schools, formalised participation, e.g., through student councils, has not been effective, "often exist only on paper".<sup>31</sup>

### 3.6. Crisis impact on cooperation

From a child rights perspective, one of the core obligations of States Parties to the UN Convention on the Rights of the Child in relation to child protection from violence and exploitation lies in the establishment of an effective, integrated child protection system for prevention and coordination of responses to risk situations.<sup>32</sup> This has been further developed and operationalised in regional instruments, such as the Council of Europe Policy guidelines on integrated national strategies for the protection of children (2009),<sup>33</sup> and, most recently, the European Commission Recommendation on developing and strengthening integrated child protection systems in the best interests of the child, adopted in April 2024.<sup>34</sup>

For the crisis impact assessment in the CARES project, we addressed the question of intersectoral collaboration mainly to the adult professional stakeholders, asking them about their experiences in terms of changes in cooperation to the better/worse in relation to child protection institutions, but also with schools, healthcare, COVID-19 crisis panels or police. In general, the feedback from the consultations was collaboration was often difficult, but also led to some creative, improvised efforts, as sometimes decisions had to be taken quickly, while applicable rules and interpretation was not fully clear. It appears that sometimes, (pre-existing) lack of established procedures between actors – or new procedures, in relation to freshly created structures, such as COVID-19 crisis panels and commissions – created challenges, but also generally strained resources. Moreover, stress impact from other sectors could apparently be felt in cooperation as well, especially in relation to "fall-out" impact from health care services and schools – all of which culminating in difficulties to effectively engage children and families at home and in institutional care. One recurrent issue, in particular, has been the situation of schools, which – although administered by professionals – was no stabilising factor during the pandemic, rather further contributing to difficulties for children and their homes.

This could be clearly seen in the online survey results in Austria, where an absolute majority of professionals (57 %) stated deterioration in cooperation with schools during the pandemic,<sup>35</sup> followed by

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<sup>31</sup> CARES, National Report: Croatia, 2024, 27.

<sup>32</sup> UN Committee on the Rights of the Child, General comment No. 13 (2011) - The right of the child to freedom from all forms of violence, paras 68ff.

<sup>33</sup> See the CoE website on this topic: <https://www.coe.int/en/web/children/integrated-strategies>.

<sup>34</sup> See the EC website in child protection from violence, [https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/rights-child/combating-violence-against-children-and-ensuring-child-protection\\_en](https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/rights-child/combating-violence-against-children-and-ensuring-child-protection_en).

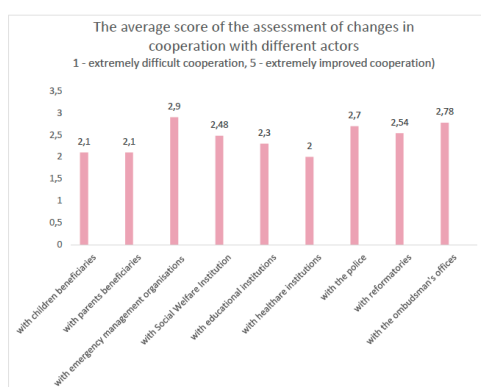
<sup>35</sup> A comprehensive study on reflections from the COVID-19 pandemic in Austria by the Austrian Academy of Sciences described the response from the school administration to the pandemic, at the political level, as a "muddling through" approach, reacting only to everchanging infection numbers and less on impact to children, including their socialization processes, Holtgrewe/Deutschmann/Dworsky/Klingbacher/Lindorfer/Neuhuber, *Zum politischen Umgang mit Zielkonflikten II – Distance learning/Schulschließungen*, in Bogner (ed), *Nach Corona*:



the health sector (47 %) and cooperation with police (33 %).<sup>36</sup> Still, also in the focus group meeting, respondents noted that after all, communication channels with partners could be established, not least through online means. At the same time, it was important to understand and respect different working methods of partners. On the positive side, respondents mentioned also some fairly quickly established initiatives with the health sector, for instance prioritization of vaccination for youth workers and provision of masks and testing kits in Vienna, and the establishment of mental health support programs at schools.

Consultations with professionals in Belgium also showed some creativity for new forms of cooperation (for instance, new platforms for social workers were established to fill capacity gaps in other institutions),<sup>37</sup> but many of them were rather short-lived or only based on individual contacts and networks. Furthermore, insufficiently clear standards for cooperation and lack of dedicated resources for that purpose as well as a lack of common vision for the child social services sector in general (in terms of conditions for returning children back to families) were mentioned.<sup>38</sup>

Table 6 – changes in cooperation (Croatia)



Graphic representation 11: average evaluation score of changes in cooperation with different actors, N=30)

As far as experiences in Croatia are concerned, findings show a trend towards partial worsening of cooperation, but depending on sector – with strongest negative changes (next to difficulties in engaging with children and parents in general) in the fields of health care and educational institutions (see table above – average scores between 2 to 2,9 on a scale of 1/worst to 5/best changes). The highest score for cooperation with emergency bodies was explained by noting that it was also some new, first-time form of cooperation, lacking comparison to previous situations.<sup>39</sup> In addition, experts noted obstacles for cooperation again by lacking information and standards on how to handle exceptional situations in child protection and how to support best particular marginalised groups of children at risk.

### 3.7. Child rights monitoring

One foundational element for a child rights-based approach, including to child protection, constitutes accountability, to ensure mechanism for independent assessment of progress and compliance with child rights standards – or, in the words of the UN Committee on the Rights of the Child: “... *there should be a permanent monitoring mechanism or process aimed at ensuring that all State and non-State service providers*

*Reflexionen für zukünftige Krisen – Ergebnisse aus dem Corona-Aufarbeitungsprozess*, Austrian Academy of Sciences 2023, 56.

<sup>36</sup> CARES, National Report: Austria, 2024, 38f.

<sup>37</sup> CARES, National Report: Belgium, 2024, 41ff.

<sup>38</sup> *Ibid*, 31f.

<sup>39</sup> CARES, National Report: Croatia, 2024, 33f.

*respect the Convention*".<sup>40</sup> On a more specific level, states have developed mechanisms to prevent torture and other maltreatment of persons in places of deprivation of liberty, ranging from prisons to certain forms of institutional care, including of children – activities were usually suspended during the first lockdowns across countries in order to contain the spread of the coronavirus.

As part of the CARES assessment process, professionals were asked about the existence of mechanisms for self-evaluation and reflection in order to draw lessons learned from such exceptional crisis situations as experienced during the COVID-19 pandemic. However, the findings revealed a large gap in such efforts within the child protection sector across the three countries, with only few processes dedicated to lessons learned, next to more routine task as part of discussions at internal team meetings or during quality management activities.

In Austria, external monitoring of institutions, including for institutional care of children, by, for instance, visiting commissions of the Austrian Ombudsman Board/National preventive mechanism or the Child and Youth Ombudspersons in the regions, were temporarily suspended during lockdowns. In the interview with the Carinthian Child and Youth Ombudsperson it was highlighted still, that most of them had already established a mechanism of "trusted persons" (*Kinderanwaltliche Vertrauensperson*), who has direct access to all facilities with children and who is also easily to be reached by children via various direct forms of communication, which made it possible in Carinthia to still stay in contact with children even during lockdown periods. Still, when asked an open question in the online survey about institutional mechanisms to reflect on lessons learned, collect data and document experiences from the pandemic, 12 respondent openly state "none" (with one participant commenting that any internal discussion is made impossible), while 19 participants just mentioned "team meetings"/"jour fixes", followed by "supervision" (14 participants). Further mention was made of various forms of internal quality management instruments (internal feedback and complaint mechanisms, evaluations, retreats, employee surveys, case documentation and internal statistics). Only in one case a major organizational development process was initiated to better respond to general crisis situations; and only two respondents mentioned explicitly regular consultations with children.<sup>41</sup> Apart from that there is no comprehensive, nation-wide and independent child rights monitoring body in Austria.

Feedback from Belgium only confirmed that there were few institutionalised mechanisms available to assess children's rights in a systematic or quantitative way. Instead, reference was made to informal tools and discussions.<sup>42</sup>

Consultations with professionals in Croatia revealed that 2/3 of participants stated wrote that they did not collect information or data for analytical purposes to improve services to prevent future similar crisis situations. Others referred to helpline statistics as well as efforts to implement surveys and contribute to scientific evaluations.<sup>43</sup>

### 3.8. Feedback on the current situation in the child protection sector

When preparations for the CARES project application started in the summer of 2021, the COVID-19 pandemic was still in full swing, while declining one year later at project start in fall 2022. However, already

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<sup>40</sup> UN Committee on the Rights of the Child, General comment No. 5 (2003) – General measures of implementation, paras 44.

<sup>41</sup> CARES, National Report: Austria, 2024, 46.

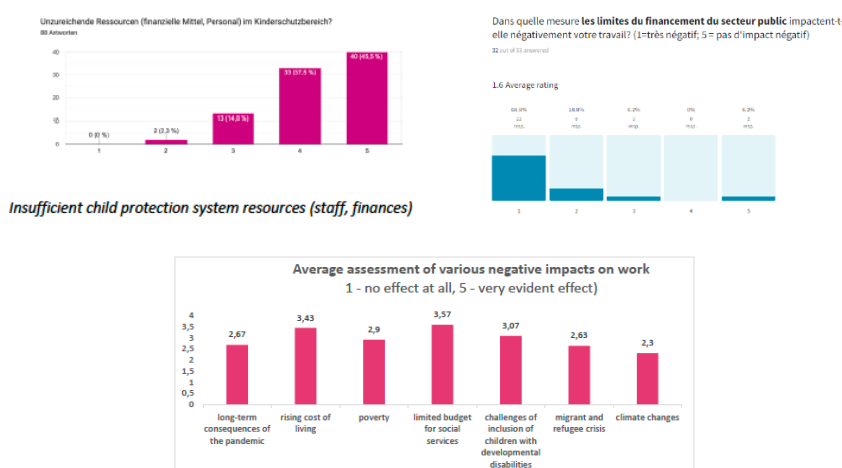
<sup>42</sup> CARES, National Report: Belgium, 2024, 43.

<sup>43</sup> CARES, National Report: Croatia 2024, 36.

in February 2022, the Russian attack on Ukraine triggered large-scale displacement and flight, with millions escaping into other European countries – responding promptly with support programmes addressing the plight of mostly women and children. Nevertheless, energy costs started to rise sharply, followed by general cost of living, peaking in 2023 in some countries, as in Austria, at inflation rates of 10 %. The impact could be felt quickly, especially with families with already strained socioeconomic background – consequently, and as stated at the beginning of the report, even once the restrictions introduced during the COVID-19 pandemic had been lifted, there was no “break” for the child protection sector in terms of dealing with collective crisis situations.

For the CARES project, this was taken into account also, when the consultations started in 2023. The online survey asked specifically also for the impact of long-term effects of the COVID-19 pandemic as well as other more recent developments on the current work situation in the child protection sector. The clearly most dominant two factors in all three project partner countries are – again – resources/capacities and high living costs/(new forms of) poverty.

Tables 7 – current factors negatively impacting child protection work in Austria, Belgium and Croatia



More specifically, while in Austria 66 % of the respondents considered longer-term consequences of the pandemic to still have a strong/very strong negative impact on their work, the combined negative impact of rising living costs was rated at even 88 % (asked separately about poverty: 81 %), closely followed by insufficient resources (84 %). Further challenges (including impact of climate change, inclusion of children with disabilities, ongoing support for refugees from Ukraine) received scores between 58 % and 45 %.

A quite similar picture could be seen in Belgium, with 88 % seeing limited financial resources as a major (strong/very strong) negative impact on the work, followed by new forms of poverty (78 %)/rising living costs at 69 %. This is echoed in findings from Croatia (strongest current negative impact being financial gaps, followed by high living costs); at third place comes inclusion of children with disabilities.

## 4. Good practice examples

The consultations with stakeholders (survey, interviews, focus groups) were used to also identify efforts and measures, which could be considered as good practices to further strengthen child protection systems, from their professional perspective. Two common denominators in all three countries included the development and spread of online services as well as the establishment of programs targeting the mental health of children – both areas considered important also by children consulted themselves.

In Austria, specific mention was made of mental health counselling programs for children launched at schools; further investments in youth work (in public space and online); and of some few direct consultations with children (such as through the Child Ombudsperson in Carinthia). One noteworthy effort of structured self-evaluation of measures taken during the pandemic was initiated by the Vienna Human Rights Office as early as in summer 2020. Vienna had proclaimed itself a Human Rights City already in 2014, and since then, dedicated coordination and exchange working groups had been established, including on child rights. After the first lockdown, the Office and its working group launched a brief questionnaire among key departments within the municipality about responses and adaptations taken so far in relation to children and relevant services, which was analysed and presented in fall 2020.<sup>44</sup>

Professionals in Belgium referred to increased digital, remote working possibilities as a good practice example, as well as programs to address the mental health not only of children, but also of social workers. Moreover, in one specific psychiatric hospital, a “child participation coach” was launched in support of children. However, after review it was deemed ineffective in practice.<sup>45</sup>

In Croatia, respondents highlighted increased availability of online and phone counselling services for children, the establishment of mobile teams for psychosocial support and child mental health literacy programs for educational workers by the Croatian Institute for Public Health. In addition, a general boost for digital tools for children in crisis situations was noted.<sup>46</sup>

## 5. Child participation enhancement tools

As part of the goals of the EU CARES project to contribute to further participation of children in strengthening child protection systems, one specific task set included the development of practical tools to enhance such participation. Project partners took different approaches, based on their domestic needs assessment and in direct consultation with children.

As for Austria, this activity was initiated at the workshops during the consultation phase with children in 2023; one of the efforts included the development of a short extra questionnaire targeting younger age groups of children (below 16 years) to reach out to a larger group of children in alternative care beyond children participating in the workshops. In addition, young participants made suggestions on a variety of possible tools (video channels, workshops for parents, comic strips); these proposals will be further discussed in the course of the capacity-building workshops in 2024.

In Belgium, as part of the consultation workshops, an artistic professional facilitated the development of a board game, which should serve to express rights of children and their views more effectively. The rules of the game, as well as its presentation and general form, were drawn up on the basis of feedback from young people consulted during workshops with children. The aim of the game is to enable young people

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<sup>44</sup> CARES, National Report: Austria, 2024, 48f.

<sup>45</sup> CARES, National Report: Belgium, 2024, 45f.

<sup>46</sup> CARES, National Report: Croatia, 2024, 40f.



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to talk about respecting their rights, as well as learning how children's rights work in general. It presents young people with situations on which they have to make a decision in terms of respect for children's rights. The situations described in the game are largely inspired by real-life situations shared by children and professionals throughout the Cares project. In this way, the game also aims to encourage young people's right to express themselves and to participate.

In order to raise awareness for child participation and better understand its concepts, our project partner in Croatia developed a set of materials for children, led by a fictional character ("Patri"), who uses video clips to explain various forms of child participation, complemented by a brochure (available in printed and online formats) and stickers for promotion. Brochure and stickers, along with information on the project have been distributed to more than 400 secondary schools in Croatia. Schools will use materials as an introduction to the topic and a discussion in classes or extracurricular activities about why the participation of all groups of young people is important, how to extend participation beyond the existing student councils, and how it can influence society as a whole.

## 6. Conclusions



*I started self-harming  
and I had no help*  
C, 14 years old — Austria

*The solitude was exhausting.  
When I am alone, I don't eat*  
S, 16 years old — Belgium

*You don't need to do as I say,  
but you need to hear me out*  
J, 14 years old — Croatia

The European Union and its Member States have shown strong commitment at legal and political level to protect human rights of children. All EU MS have ratified the UN Convention on the Rights of the Child, the EU Fundamental Rights Charter includes a dedicated Article 24 with key child rights provisions, and politically, the 2021 EU Strategy on the Rights of the Child repeatedly refers to the pandemic impact on children and their services and sets priorities all relevant for protection especially during times of national crisis in areas discussed in this report, including child protection from violence, socioeconomic inclusion and child access to justice. Adopted in the same year, the European Child Guarantee requests MS to further prioritise child access to essential services, including free education and healthcare; and the EC Recommendation of April 2024 on developing and strengthening integrated child protection systems in the best interests of the child calls on EU MS, *inter alia*, to "identify children as a priority target group in their national mental health strategies" (para. 14).

As a general background to assessing the pandemic impact and identifying lessons learned, it should be reiterated that in all three countries, the child protection sector still runs in "crisis mode". Structurally, serious constraints in resources for social work with children, insufficient capacities for staffing and placement, especially for groups of children with specific needs (such as children in psychiatric care,



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children with disabilities, trauma care for child refugees, very young children) pre-existed COVID-19, as consistently expressed by experts across the countries.

And from the children's perspective, it could be observed that the two to three years of the pandemic left a mark on their personal development: basically all children in society had to undergo first-hand experiences with never-seen-before restrictions of freedom of movement, quarantine regimes and confinement to one's home, restrictions to meet even closed family members and their friends in person, accompanied by constant needs to follow and adapt to new rules on which they had no influence. Moreover, they had to deal with new forms of teaching and school education, to which neither schools and teachers nor they themselves were adequately prepared (technically and pedagogically) and they observed political controversy and public divide and polarisation about certain policy measures such as mandatory vaccination against the coronavirus, further escalated by social media agitation by some groups. In the worst case, young people were confronted with direct serious health consequences for themselves, their families and friends, sometimes even with death of family members. And current developments in society, including at global level, such as how to address best climate change (including to mobilise action against weak state policies), the impact of situations of war in Ukraine and in the Middle East, and, on a very immediate every-day level, the sharp rise in living costs and its strain on children's own budget and of their families perpetuate perceptions of insecurity and crisis among children themselves. Taken together, with the child protection sector expected to be at the forefront of providing effective assistance to children and families at risk, this creates challenges, which cannot be met through few, isolated efforts to create new programs for mental health at school in one region here and have some training on digital services in social work there. Perhaps more than ever before in recent times, the imperative for rights-based, integrated child protection systems across our societies was stronger and more urgent, if any country seriously would claim to respect fundamental rights of children.

The findings show that, indeed, on a general level, there is broad commitment and overwhelming support from professionals to support the concept of children as holder of rights (next to awareness about many child rights challenges existing in the countries in other areas as well). However, as shown, for instance, in consultations in Belgium, children's rights are often formally supported, but in reality, they are little known in terms of concrete content, by professionals and children alike. Furthermore, starting with the child right to participation, the assessment reveals many restrictions on actual implementation of rights in practice, ranging from insufficient access to "child-friendly" information and formalized feedback and complaint mechanisms to serious infringements of rights, including rights to personal liberty, in some settings such as psychiatric care of children. At the same time, it could be shown that children themselves are aware and quite sensitive about the concept of having rights, but in many cases lack concrete examples of what it means in practice, including how to actually claim them. Schools have a particular role to play here to further sensitise about – and live – children's rights (including effective ways of participation apart from formal processes existing often on paper only), as schools provide for a common ground for children coming together with any family background they might have.

One particular challenge for child protection lies in identifying responses to risks tailored very specifically to the need of the child (and which may also not be easily addressed by simple offering digital services), not least to prevent discrimination of certain groups of children and their families. Clearly, this includes children from socioeconomically disadvantaged families as well as all children in institutional care, ranging from group homes to school dormitories, but also children in psychiatric care, children in conflict with law, children with disabilities, migrant background, children with caring responsibilities, the situation of girls, and of younger and very small children and babies, where capacities for placement in risk situation often are lacking. In such approaches, the child protection system needs to focus more on prevention than cure - a change of perspective is essential for long-term development of the sector.

Digitalization has shown during the COVID-19 to be an asset also for child protection and service provision, but only if sufficient capacities (including technical equipment) and qualified staff is available. The same



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goes for media literacy among children and awareness of opportunities and risks created by online services. Moreover, since social media has taken over as a key means not only for maintaining social contacts but also as a source of information for young people, further child protection content would be needed for use of such channels of communication as well. At the same time, experts consulted also reminded us to not overlook the potential of a “digital divide” between children, due to unequal access of children to such technical means.

The findings have confirmed furthermore what was established in many previous research studies: mental health and psychosocial wellbeing of children should be seen as a core follow-up challenge from the pandemic. At the same time, it offers a one-time opportunity for a more comprehensive understanding about what constitutes “health” beyond absence of bodily harm and disease, and to create new forms of low-threshold accessible and affordable mental health care programs.

Another key message concerns child participation: while it is understandable to some extent that in the context of rapid developments, as when dealing with a massively spreading virus, some decisions might have to be taken quickly and by a few, without proper wider consultation, all the more efforts must still be made to ensure minimum transparency, access to information and feedback. However, since insufficient means and consistent policies for direct involvement of children in child protection measures (e.g., in terms of placement decisions, types of interventions, relations with social pedagogues, visits of parents) were observed already before the outbreak of COVID-19, respect for the right of the child to participation and giving “due weight” (Art 12 CRC) to their views needs to be ensured and placed on agendas in child protection again. This is also because exactly during crisis scenarios, compliance with rules would increase when better explained rather than being simply imposed.

This leads to another main finding of the project, also closely related to accountability. Feedback from professionals in the examined countries showed only limited efforts to engage in comprehensive reflection and review of experiences and measures taken in response to the pandemic. Not only should all service provision be generally based on scrutiny from quality assurance standards and regular monitoring and evaluation, but developments under the COVID-19 pandemic and ongoing stress on the child protection system would warrant, in particular, in-depth assessment for lessons learned processes. But, during the consultations both with children and adult experts, one could get the impression of a feeling of “glad that it’s over”; adding to this ‘Corona fatigue’ have been destructive, populist efforts by some groups in politics and society, including the misuse of even human rights language, which further hamper structured lesson learned processes.

Related to the review of internal experiences and procedures is the question of external cooperation. The consultations revealed significant shortcomings in intersectoral collaboration, most notably in relation to health care and schools, due to insufficiently developed and managed standards and protocols for cooperation. This is particularly of concern in light of child protection issues typically been regulated across the project countries in decentralized manner, with different standards and practices depending on regions, sometimes even between urban and rural districts. Next to that, the COVID-19 pandemic led to the rapid establishment of a flurry of emergency bodies and crisis panels with sometimes far-reaching competences, on top of existing procedures. This not only led to parallel, ineffective approaches, with unclear accountability, but, in relation to children, to additional challenges to ensure child-focused, rights-based impact assessment and regulations and policies sensitive to children – since child-specific expertise (not to speak of child rights-specific expertise) was often missing in such Corona Commissions and similar health and public security-focused mechanisms



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Finally, upon critical self-reflection from the CARES project's experiences on child participation, it should be noted that the project teams had to deal with various challenges to actually make it possible for children to participate in the research process. It was essential to have prepared a methodological framework for the consultations (inception report) outlining research goals and key parameters, while the actual implementation needed to be adapted to different contexts in the countries. While the focus of the project was on children at risk in child protection, it became clear that the teams had to avoid any stigmatization of participants because of some alternative care background. In addition, given the complexity of both the topic and some settings (like psychiatric care in Belgium), attracting children to volunteer for participation and keep them motivated throughout a series of workshops and interviews proved quite difficult tasks. After all, it was also thanks to support from various partners – and the commitment of children themselves, of course – that the teams successfully managed to engage young people and receive their feedback.

## 7. Recommendations

Building on the conclusions taken from the research findings, and in order to truly implement effective, integrated, child rights-based child protection systems resilient to national crisis situations, the following recommendations to stakeholders and decision-makers should be taken into account in further follow-up processes and activities:

To child protection stakeholders:

- Massively strengthen capacities for child protection and child social services, including through mobilization programs for staff recruitment in social work with children and families, reviewing existing schemes and salary model with a view to increase attractiveness and overall prestige of social work in the general public,
- Further diversify capacities and services with regard to certain target groups of children and families, including those partly new segments of population current affected by poverty risks, children in institutional care settings, care leaving children in transitional phases of development (beyond 18 years), children with care responsibilities for others, children with mental health handicaps, children with disabilities and children with refugee background/children in migration,
- Ensure placement of children in institutions as a measure of last resort only, giving priority to family strengthening and support,
- In particular, make sufficiently available affordable support programs for the preventive strengthening of children's mental health as well as for rehabilitation/access to therapies,
- Ensure sufficient resources for the development and implementation of child-safeguarding concepts in all institutional care facilities as well as in schools, and include a gender and identity perspective in such concepts, addressing specifically gender-based violence and violence against girls, and promote an integrated child rights approach to child protection,
- Ensure social work support in early childhood education, including kindergarten, as well as in all schools, starting with primary schools,
- Establish clearly defined and review existing cooperation protocols between child protection services and system partners in social services, education/school, leisure activity/public space, health services and psychiatric care, police and justice sector/children in conflict with the law, for the purpose of prevention and early detection of risk situations for children and their families, with a view to cooperation also with mechanisms and bodies for emergency responses,
- Ensure low-threshold feedback, participation and complaint mechanisms for children as right holders in the child protection system, including consistent policies across institutions and regions and ensure regular external monitoring of institutions by independent bodies,





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- Consistently implement child participation bodies (children's teams, youth councils etc.) in all institutional child care settings,
- Develop and implement workshop programs for awareness-raising on children's rights for all children in child social services and institutional care, and ensure child rights education programs at school, while also engaging parents in such efforts,
- Develop and implement training programs on child rights and child participation in practice for all professionals engaged in child protection (social workers, social pedagogues, youth workers, disability/inclusion specialists, child psychologists, child psychiatrists, teachers, refugee reception centre staff etc) as well as in trainings for foster parents,
- Strengthen digital services and social media skills among professionals, including in youth work, for safe online communication tools for clients, and invest in media literacy and online safety programs for children, especially at schools,
- Ensure development and mainstream the use of child-focused self-reflection tools in crisis management structures and in public administration for systematic documentation and analysis of lessons learned in crisis management,
- Ensure domestic country-wide independent monitoring of children's rights, taking into account findings of COVID-19 evaluation and lessons learned processes.

To stakeholders at EU level:

- Mainstream COVID-19 impact assessments into evaluation processes concerning the European Child Guarantee, including through engagement with child rights civil society organisations,
- Ensure reflection on lessons learned from the pandemic for child protections systems in actions promoting the implementation of the 2024 EC Recommendation on integrated child protection systems, in particular "towards increasingly child-friendly justice" (para 51 of the Recommendation),
- Ensure reflection on pandemic lessons learned in the EU Children's Participation Platform as well as involvement of children and their concerns with institutional care background.

Finally, highlighting some concluding recommendations from children participating in the project:

- To decision-makers: *"Maybe not immediately panic and lose control"* (Austria)
- *"[The right to express yourself] makes you feel better, settles conflicts, let's go of a burden"* (Belgium)
- *"I would promote the awareness that children do not actually belong to their parents, even though they gave birth to them. Children are individuals who need to grow, who need to develop, who need to progress"* (Croatia)