

EuSARF2025

TRANSFORMATION, TRANSITION AND INNOVATION IN CHILD WELFARE

Date

**8-12 September
2025**

Preconferences

**8-9 September
2025**

Main conference

**10-12 September
2025**

**University of Zagreb Faculty of Education
and Rehabilitation Sciences
Zagreb, Croatia**

Organizers: European Scientific Association on residential
and Family Care for Children and Adolescents (EuSARF) and
University of Zagreb Faculty of Education and Rehabilitation Sciences
EUSARF2025 is under the auspices of the University of Zagreb



EuSARF

EUROPEAN SCIENTIFIC ASSOCIATION
ON RESIDENTIAL AND FAMILY CARE
FOR CHILDREN AND ADOLESCENTS



What do care workers do?

- analysis of the professional competencies
and training needs in substitute care

Eeva Timonen-Kallio, Principal Lecturer, PhD,

Turku University of Applied Sciences, Department of Health and Well-Being

Tuija Eronen, PhD, Tampere University

Finland

Introduction

- The international research in 18 countries indicates that the requirements and qualifications for residential care workers is directly related to the quality of service and utilisation of residential care for children and youth (Whittaker et al. 2023).
- In Finland difficulties in conceptualizing good treatment and acceptable methods of education and care, as well as lack of knowledge about what restrictions entail from a legal perspective, and inability to document a specific and reasoned decision when restrictive measures are applied (Parliamentary Ombudsman of Finland)
- Demand on targeted foundational training to guarantee that residential facilities have permanent, competent and safe workers (Statement, network of residential service providers, 2020)
- Third of the residential care workers report that foundation training does not secure a sense of competency to work in residential care (Tiili & Kuokkanen 2021).
- Questioning the concepts as 'child centeredness', 'everydayness', 'homealike' as frame of reference in substitute care (Timonen-Kallio & Hämäläinen 2018).
- Anticipated outcomes of residential care complicates understanding of interventions and poses challenges in determining effectiveness (Eriksson et al. 2024).

Number of children in OOHC	17,100 (Dec 2024), of whom 11,300 taken into care
% of children in any form of RC vs. foster care (incl. Kinship care) /other forms of OOHC	<ul style="list-style-type: none"> - 42% in RC facilities - 8.3% in professional family homes - 42.7% family foster care (all <6 years); - 14.2% kinship care - 7% other
Average number of children per RC unit/program	In a residential unit max. 7 accommodated, max. 24 children in one building.
Agency types (private, public)	<ul style="list-style-type: none"> - 90% private, of which nonprofit NGOs 10% - Specialist-level demanding RC in two private and five state-owned reform schools

Case Finland

Case Finland

Competency requirements for workers

Substitute Care	Competency Requirements
Child's key social worker	MA in social work
Social educator in residential facility	BA in social services/nurse/occupational therapy, 3,5 yrs
Residential care worker	Vocational care assistant
Team leader in residential child care	BA, MA
Professional family carer (couple)	One of the two must have BA
Family foster carer	No vocational requirements

CASE Finland

Substitute Care for Children and Youth

- Rapid growth of the private sector (90 %) in providing placements with a variety of “competing” programs
- Lack of consensus about basic professionalism in RC and who should be responsible for training, Survey: 64 competency areas/skills listed (Union of Professional Social Workers)
- Contradictory national monitoring system with constant readjustments and many actors
- Lack of nationally comparable information on the total number of RC units
- Constant question of integrated residential care: accessibility in psychiatric and substance abuse service
- Significantly varying costs of different forms of substitute care services
- Lack of community-based services and youth work to decrease the emergency placements of teenagers

Research aim

- 1) clarify, structure, and concretize the professional **competencies, skill requirements, and educational needs**
- 2) based on this knowledge develop digital **online learning materials for on-the-job training** for organisations in substitute care

Respondents

- Total 130
- Women 83%
- MA social workers (n=68), BA educators (70) , managers (25), residential care workers/assistants, foster carers (19)
- 60% working in public sector and 40% in private
- 82% had over 6 years work experience in substitute care
- BA level training, general education, only some studies in substitute care.
- Respondents from 5/22 welfare counties in Finland

Research design

Questionnaire: Conceptualising the competency areas in substitute care

Workers were ask to evaluate their personal and organization's skills in given competency areas

Competency Area	Description
Background Information	General background details of respondents
Competence in client work / working with children and youth	Skills related to working directly with children and young people
Working with children's networks and communication skills	Ability to collaborate with the networks surrounding children and demonstrate effective communication
Service system expertise	Knowledge of and ability to navigate the service system
Work community and leadership skills	Competence in teamwork and leadership within the work community
Research and development competence	Capacity for research activities and development work
Ethical and value-based competence	Understanding and applying ethical principles and values
Utilization of competence	Ability to put one's skills and knowledge into practice

Results I - professional competencies and training needs in substitute care

Several competence gaps, need for (further) training were identified :

- Special skills in supporting children's needs: **Although core skills such as assessing the child's service needs, building trust, and individual guidance are strong**, there are gaps in trauma and crisis work, mental health competence, and neuropsychiatric expertise.
- Client processes and transitions: Skills related to the legal, social, and emotional management of client processes and transitions are not fully developed.
- Community work: Strengthen competence of building and maintaining growth communities, crowing environment.
- Parental support: shortages in assessing parental well-being and service needs, supporting parenthood, and building trust with parents.

Results I– ... continues

- Multicultural work, working with clients with other languages, using interpreters.
- Service system competence: Understanding the totality service system, knowing the possibilities for help and support, related legislation, and guiding clients in services
- Work community skills: gaps in self-leadership, creating psychological safety, providing feedback, and quality assessment of work.
- RDI competence: less importance to improve skills in utilizing and producing knowledge to develop work methods and innovations.

RESULT II

What educators should do.

Several adoption features:

- Interactive: stimulate to reflect challenges of RCC work and the workers' own professional development in multiple areas
- easy to integrate to variety of degrees as well as continuing training
- can be utilise as reflection material for professional teams
- useful as introduction material for newcomers in RCC work

MOOC - is a repository of over 100 learning activities: short lectures, case studies, video interviews, readings and reflection exercises .

Societal task to
protect children
5 cr

Individual work
with a child
5 cr

Community work
with children and
youth 5 cr

Working with
families and
parents 5 cr

Me as workmate,
working in
care community
5 cr

If you are interested, material available in English
<https://ercci.turkuamk.fi/arkisto/en/mooc/index.html>

Conclusion- professional mastery, agreed professional intentions?

Context:

- Finnish comprehensive child protection sector, with its spectrum of services, expertise (MA and BA-level training) and developed practices provide a particular context for developing substitute care.
- Diversity of residential care: 90% private service providers, variety of 'competing programs'

Remarks:

- Sense of competence in substitute care is achieved by *learning by doing* at work.
- There is a need for opportunities for developing one's professional mastery at work.
- Supporting co-working between key social worker and key care worker must be strengthened.
- Better use of research in developing residential care practices, doing research by themselves.

References

- **Eriksson, P., Aaltio, E. & Laajasalo, T.** (2024). Short-Term Effectiveness of Residential Out-of-Home Care for Children and Youth - A Scoping Review, *The British Journal of Social Work*, 54 (7), 3135–3157
<https://doi.org/10.1093/bjsw/bcae084>
- **Timonen-Kallio, E. & Hämäläinen, J.** (2018). Social Pedagogy informed residential child care. *International Journal of Social Pedagogy*. 7(1): 10. DOI.10.14324/111.444.ijsp.2019.v7.1.010
- **Timonen-Kallio, E.** (2019). Professional Residential Child Care Practice - empirical investigations and theoretical conceptualization as social pedagogy informed expertise. Publications of the University of Eastern Finland. Dissertations in Social Sciences and Business Studies, no 207.
<http://urn.fi/URN:ISBN:978-952-61-3227-3>
- **Whittaker, J., Holmes, L., Valle, J.C.F. & James, S.** (2023). Revitalizing Residential Care for Children and Youth. Cross-national trends and challenges. New York: Oxford University Press Academic US.

A photograph of three people in a meeting. A woman with glasses and a white hoodie is sitting at a table, looking at a laptop. A man in a grey hoodie is sitting next to her, looking at the laptop. A woman in a white sweater is sitting across from them, looking at the laptop. The background shows a whiteboard and shelves.

Thank you for your attention!

eeva.timonen-Kallio@turkuamk.fi