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Kick Off Meeting

FACT FOR MINORS

„Fostering Alternative Care for Troubled Minors “

CJD Hamburg

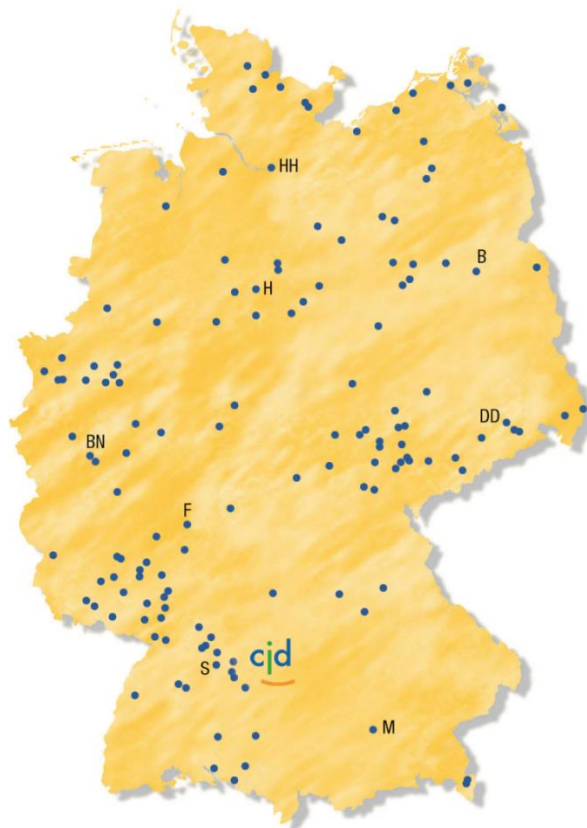
***** Rome, December 2, 2016*****



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CJD Germany - General Overview



- ❖ Educational, youth and social service provider since 1947
- ❖ 9.500 employees
- ❖ 150 locations
- ❖ 155.000 people served per year

Array of Services :

- ❖ Education and professional development
- ❖ Child and youth welfare services
- ❖ Residential care facilities
- ❖ Health and rehabilitation



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CJD Hamburg and Schleswig-Holstein

❖ Direct Services:

- ❖ Educational/social counseling for migrants
- ❖ Integration courses for young refugees
- ❖ Residential facilities for youth and adults (with mental health disorders)



❖ Applied Social Research:

- ❖ Migration, integration, diversity
- ❖ Restorative Justice
- ❖ Family involvement
- ❖ Family Group Conferencing





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Children and Youth with Mental Health Disorders

- About 20% of all children and youth have „psychological problems“- (7-9%) in need of treatment (*Robert Koch Institute*)
- More than 50 % of children and youth in residential care facilities have at least one type of mental health disorder (*Ulmer Heimkinderstudie*)
- Depending on the sources between 40% and 90% of youth offenders have a psychological disorder (impacting the severity of the offense)



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Interventions by Child Protection System

- New Child and Youth Welfare Act in the early 1990ies
- Transfer of responsibility for youth with mental disorder from social welfare system to child and youth welfare system
- § 35a SGB VIII - Integration assistance for mentally disabled youth
- 1. Evaluation and screening by child and youth psychiatrists
 2. Description of limitations in social participation by child and youth welfare services
 3. Development of intervention plan by child and youth welfare services
- „Psychiatrists and social workers are condemned to cooperation“
(law maker)



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Interventions by Youth Justice System

- Youth Court Law (JGG): Educational paradigm is paramount
- Referral to alternatives to incarceration:
 - Residential care facilities with socio-educational focus (§ 10 JGG)
 - ❖ *(limited psychological care)*
 - Forensic psychiatric clinic or substance abuse treatment (§ 63, 64 StGB)
 - ❖ *(limited capacities, no separation from adult population, limited focus on socio-educational integration)*
 - Closed institutions if youth are a „hazard to self and others“ (§ 71, 2 JGG, 1631b BGB)
 - ❖ *(controversial in public debate)*



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Perceptions of Residential Care Communities

- Expensive, excluding, ineffective
- Youth develop history of „institution hopping“
- Youth welfare institutional careers
- Experience of disruptive socio-emotional ties

BUT: Abt.100.000 children and youth are in institutional care in Germany (Hamburg 5.000)

- Closed residential facilities (abt. 370)
- Forensic Clinic (abt. 300)
- Open residential care communities (majority)



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Development of Care Communities

- Decline in residential/ in-patient care (only 20%): „ultima ratio“ according to government
- Increase in ambulant/decentralized treatment – lower costs and flexibility of care
- Smaller decentralized residential groups as opposed to larger institutional care facilities – community centered approaches
- Growing relevance of including social and family network
- New challenge: custodial care of unaccompanied refugees with psychological disorders



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Challenges for Key Stakeholders

Stakeholders: (Youth) justice system; Child and youth psychiatry, Child and youth welfare system (state and non-state)

Challenge 1: Cooperation and Infrastructure

No clear understanding of common goal/agenda

Child and youth psychiatry no replacement for forensic treatment

„Revolving door“ principle

One system perceives itself as gap filler for the other

Struggle over (financial) responsibilities leads to long waiting periods

Transition from psychiatry into programs of child and youth welfare services

Lack of inpatient facilities for young offenders with psychological disorders



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Challenge 2: Qualifications

Need for professional development in child and youth welfare services to understand clinical picture, effects of psychiatric drugs, etc.

Child and youth psychiatry needs to become familiar with structural and organizational parameter of child and youth welfare system

Challenge 3: Screening

Insufficient screening of mental health disorders amongst offenders

Lack of standardized diagnostic tools to develop targeted treatment plans

Challenge 4: Follow-up and Evaluation

Insufficient evaluation of intervention measures



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Project Partner - BASFI

- BASFI: Ministry of Labor, Social Affairs, Family and Integration of the City State of Hamburg
- Ministry combines relevant stakeholders in charge of youth in alternative care:
 - Child and youth welfare services
 - Youth probation
 - Family Intervention Team (FIT)
 - Official guardians (also for unaccompanied minors)
 - Residential care facilities



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Thank you for your attention!

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