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IMPLEMENTATION OF THE SLOVENIAN ACT ON THE TREATMENT OF CHILDREN AND ADOLESCENTS WITH EMOTIONAL AND BEHAVIOURAL PROBLEMS OR DISORDERS IN EDUCATION

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Abstract: In 2020, Slovenia implemented the Act on the Treatment of Children and Adolescents With Emotional and Behavioural Problems or Disorders in Education. Using a mixed-methods approach, we investigated how professionals in expert centres[1] and social work centres, youth judges, and paedopsychiatrists, as key stakeholders responsible and competent for the professional and lawful treatment of such youth, seek and implement the most appropriate forms of assistance for them, and how they assess the implementation of the Act and the cooperation amongst them. Data were collected through four tailored questionnaires, as well as focus groups and semi-structured interviews. The research is part of a larger Slovenian study entitled *Phenomenological and aetiological analysis of emotional and behavioural problems and disorders and the development of didactic approaches for specific subtypes of problems and disorders*, not yet published. Based on the opinions of these experts from various fields, we identified shortcomings in the system of support, including what should be eliminated or changed, and what new forms of support and cooperation among stakeholders would be reasonable and necessary to introduce. The results of the survey are also important for understanding the competences, responsibilities, and cooperation among social work centres, expert centres, paedopsychiatrists, and youth judges.

Keywords: deinstitutionalisation, children and adolescents, emotional problems, behavioural challenges, collaboration, legislation implementation

[1] In Slovenia, after the implementation of the Act on the Treatment of Children and Adolescents With Emotional and Behavioural Problems or Disorders in Education in 2020, children and adolescents with emotional and behavioural problems or disorders have been transferred from traditional residential care institutions to residential groups and, in some cases, to boarding schools. Institutions have been transformed into "expert centres" with various programmes designed to cover the problems and needs of children and adolescents on a regional basis, along the whole continuum of support from prevention through to accommodating the most severe cases.

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The process of deinstitutionalisation of Slovenian residential care institutions has started, but it is in a phase of the process where the development is often not linear. A major shift in the treatment of children and adolescents with emotional and behavioural problems or disorders (EBPD) took place in Slovenia in 2017 with the launch of a project under the provisional name Integrated Treatment of Children and Adolescents With EBPD across the continuum of support in expert centres (EC); the project puts the child or adolescent, with his or her own needs and problems, at the centre of attention (Vukovič et al., 2024). Another shift took place in 2020 with the restructuring of residential care institutions into ECs, which were given a legal basis in the Act on the Treatment of Children and Adolescents with Emotional and Behavioural Problems or Disorders in Education (ZOOMTVI; Zakon o obravnavi otrok in mladostnikov …, 2020). ZOOMTVI mandated the operation of holistic assistance along the entire continuum of assistance, from prevention through to treatment of the most severe cases, along with the adoption of an educational programme in 2022.

ZOOMTVI provides for the comprehensive treatment of children with EBPD who are enrolled in kindergartens, schools, or ECs for children with special needs. Institutions operating as ECs provide help, education, and training in accordance with a single educational programme for this target group. Based on the existing network of residential care institutions, a regional network of ECs has been established for the comprehensive treatment of children and adolescents with EBPD (Košnik et al., 2022). In Slovenia, work with children and adolescents with EBPD is divided among four ministries (Justice, Social Affairs, Education, and Health).

A multidisciplinary approach is used to support comprehensive diagnosis and treatment for children and adolescents with EBPD, whose difficulties are manifested in truancy, lack of motivation, unresponsiveness, insensitivity, unauthorised absences, violent behaviour, various addictions, and mental disorders. Their holistic development is supported by a team of professionals, including experts from the EC, representatives of the competent social work centres (SWCs), professionals from the schools attended by the child and, if necessary, experts from the regional centres for child and adolescent mental health (CDZOM); the team may also include experts from the courts (family or criminal) and the police (Košnik et al., 2022, p. 10).

All the innovations that have been introduced in each of the programmes need further expert analysis and support at the conceptual level regarding the logic of integrated support, as well as regional coverage and network support. In this context, it is necessary to define the roles, tasks, and protocols for all institutional actors in education, mental health (especially adolescent psychiatry), SWCs, and family courts, as well as to guide with appropriate sensitivity the regional forms of assistance that are oriented towards the individual's lifeworld. It seems that children and adolescents with EBPD often receive inadequate help, or receive it too late, and then have to be referred to specialised institutions. Early detection, appropriate and timely guidance, and quality

professional treatment are the building blocks for reducing institutionalisation and these should be available based on the child's basic right to adequate assistance and help.

The professional preference is for children and adolescents with EBPD to remain in their local environment for as long as possible, with appropriate help and support, and for some of those currently in institutions to return to their home or local environment as soon as possible (Vukovič & Krajnčan, 2019). In this context, it is essential to liaise with other educational institutions, other services dealing with the target group, SWCs, and the families of the children or adolescents, and possibly other stakeholders (Vukovič & Krajnčan, 2019).

Method

This research[2] examined how key professionals in Slovenia — those from ECs, SWCs, the judiciary, and paedopsychiatry — approach the support and treatment of children and adolescents with EBPD, particularly in the context of implementing ZOOMTVI. The study aimed to assess their perceptions of existing practices, identify system shortcomings, and explore needed improvements and opportunities for collaborative approaches. By gathering expert insights, we sought to understand the strengths of and gaps in current interventions, the degree of interinstitutional cooperation, and what new forms of assistance might better serve this population.

To collect data, four tailored questionnaires were administered to professionals from ECs, SWCs, paedopsychiatric services, and youth judges. These instruments were designed to provide a comprehensive picture of stakeholder experiences and the functioning of the support system. In addition to the survey, focus groups were also conducted in nearly all ECs, and five semi-structured interviews were carried out with various professionals. This mixed-methods approach enabled a rich understanding of the systemic and legal dimensions of the treatment of children and adolescents with EBPD.

The qualitative data from interviews and focus groups were transcribed, coded, and analysed to identify recurring themes and interpret responses in line with the study's objectives. The same coding process was applied to the survey data. This mixed-methods strategy allowed for a nuanced and multidimensional analysis of professional perspectives on the implementation of ZOOMTVI and the adequacy of the support system. The findings offer insights into institutional roles and interprofessional collaboration, and actionable recommendations for improving care for children and adolescents with EBPD.

[2] The research is part of a larger Slovenian study entitled *Phenomenological and aetiological analysis of emotional and behavioural problems and disorders and the development of didactic approaches for specific subtypes of problems and disorders*, not yet published.

Results

Implementation of ZOOMTVI and the Adequacy of the Treatment of Children and Adolescents with EBPD According to the EC Practitioners

Based on the answers of the EC practitioners, some effective approaches and methods for working with children and adolescents with EBPD in ECs have been identified. These are listed below, followed by a series of suggestions for the upgrading of existing legislation, regulations, programmes, protocols, and recommendations:

1. Multidisciplinary approach: (a) Holistic treatment of children and adolescents. (b) Give more emphasis to the mobile service. (c) Regular interdisciplinary teams to coordinate individualised treatment plans.

2. Individualisation of treatment: (a) Adapt programmes to the specific needs of the child or adolescent (e.g., work on emotional stability for depressed children, or social skills for socially isolated children). (b) Stricter, more closed systems for very aggressive children and adolescents. (c) Use of methods (assertiveness, behavioural-cognitive therapy, emotional regulation), and specific interventions to reduce impulsivity. (d) Post-incident follow-up of the child or adolescent.

3. Family support: (a) Strengthen parenting skills, counselling, and guidance towards more positive parenting. (b) Mandatory involvement of parents of children and adolescents. (c) Support for families in the form of foster care, financial assistance, or therapy for parents with mental health problems or addictions. (d) Self-help groups and individual approach. (e) Restoring competence to incompetent parents.

4. Development of social skills: (a) Workshops to enable children or adolescents to acquire empathy, conflict resolution skills, and understanding of norms. (b) Use of social–pedagogical methods for integration into the group and society.

5. Prevention and control of risky behaviours: (a) Prevention programmes addressing crime, substance use, excessive use of digital devices, and violence. (b) Support and assistance targeted in the social space of the child or adolescent. (c) Involving children in structured activities such as sport, art, and music. (d) Adapting to the new generations of children and adolescents.

6. Support in education and guidance: (a) Individualised plans and adaptations in the school environment for children or adolescents with learning difficulties or attention disorders. (b) Introduction of new internal secondary schools or linking with mainstream schools. (c) Specific learning techniques: multisensory learning, or techniques to enhance concentration and relaxation.

7. Introducing stability: (a) Reducing frequent changes of placement and establishing long-term placement solutions. (b) Permanence in foster carers, including through the professionalisation of foster families.

8. Mental health care: (a) Access to paedopsychiatric services, especially for children and adolescents with serious mental health problems, such as self-harm, anxiety, or suicidal ideation. (b) Forensics, a social–pedagogical diagnostic centre. (c) Ongoing emotional support for children and adolescents through therapeutic programmes. (d) Professional help, especially from paedopsychiatry.

9. Involving children in the community: (a) Linking with children or young people's local communities where children or young people participate. (b) Increasing the role of local communities. (c) Promoting a sense of belonging and social responsibility.

10. Systemic improvements: (a) Developing better systemic solutions for children with lower intellectual abilities or serious behavioural disorders. (b) Strengthening cooperation between SWCs, paedopsychiatrists, judges, kindergartens, schools, and ECs with clear competences (standardisation of rules across all relevant ministries). (c) The whole system of support for children and adolescents with special needs must be analysed and better structured. (d) Critical review of laws dealing with children and adolescents with special needs: for example, the Penal Code for adolescents under 14 years of age is not functioning. (e) Detailed and periodic evaluation of the implementation of ZOOMTVI. (f) Establishment of an intervisory or supervisory body in charge of this population.

Summary

From the responses of EC professionals, we conclude that effective work with children and adolescents with EBPD requires a holistic approach that includes individualised treatment, family and community involvement, and broader systemic changes. Establishing a stable environment with clear structures, therapeutic support if needed, and prevention programmes is crucial for their long-term integration and development. We have developed proposals for interdisciplinary cooperation protocols involving educational, social, medical, and legal professionals. The protocols are based on the challenges raised by the EC professionals, and their suggestions for improvement. In the following, we present only the general objectives of the interdisciplinary protocols and recommendations for improving cooperation:

- To enable comprehensive treatment of children and adolescents with EBPD.
- To promote effective communication and coordination among all professionals.
- To reduce the workload of individual professional services by clearly defining responsibilities.

- To provide a comprehensive support system including preventive and curative interventions and post-therapeutic follow-up.

Recommendations to improve collaboration:

- Establish standardised protocols: Clear instructions for each institution, and definition of responsibilities.
- Establish a single system for sharing data and reports between institutions.
- Regular multidisciplinary meetings: Involve all stakeholders to coordinate treatment.
- Capacity building: Recruitment of additional professional staff (paedopsychiatrists, counsellors, social worker, social pedagogues, etc.) to reduce waiting times and improve the quality of services.
- Monitoring and evaluation: Regular monitoring and evaluation of the effectiveness of the cooperation and of the implementation of the recommendations.

Implementation of ZOOMTVI and the Adequacy of the Treatment of Children and Adolescents with EBPD According to the SWC Professionals

An SWC representative actively participates in the treatment and placement of a child or adolescent with EBPD in an EC as a member of the expert group (Košnik et al., 2022). ZOOMTVI (2020) prescribes the participation of the competent SWC in preparing a proposal for placement in an EC, which is presented to the competent court. To prepare the family for the placement, the SWC prepares a family and child support plan in accordance with the Family Code. For the duration of the measure, the competent SWC monitors its implementation by providing assistance to the family, participating in the expert group, participating in the implementation of the child or adolescent's individualised programme, and preparing the family for the child or adolescent's return to the home environment.

The answers of the SWC professionals showed that, while there are different opinions on the adequacy of the treatment of children and adolescents with EBPD, there is a general dissatisfaction with the current treatment system, mainly due to lack of resources and staff, and long waiting lists. Many practitioners felt that current treatments are not sufficiently effective or appropriately targeted to the specific needs of these children and adolescents. They pointed out that there is often a lack of regular and accessible professional help, such as psychological and paedopsychiatric support, which results in children and adolescents having to wait too long for appropriate treatment. They also noted that SWCs are overloaded with other tasks, which reduces their capacity to focus on direct treatment of children and adolescents.

Some of the SWC experts pointed out that the current treatment system often operates in a reactive manner, focusing on "fire-fighting" instead of preventive measures and long-term solutions. Treatment often starts only when problems have already escalated, further complicating the process of assistance. In addition, they pointed to difficulties in coordination between different

institutions, such as schools, health services (paedopsychiatrists), ECs, and SWCs, that affect the holistic approach.

However, some practitioners reported positive experiences, especially where there are mobile EC services or when the whole family is involved. These allow for a more holistic approach and increase the chances of success. However, these practices remain limited due to a lack of resources and programmes at the local level, which reduces their impact.

Another important finding is that practitioners highlighted the need for systemic changes, including strengthening health support, expanding capacities to treat children and adolescents with EBPD, and establishing prevention activities in local communities. In particular, they stressed the need for greater family involvement in the treatment process and better access to services such as psychological and psychiatric help and support.

To summarise: SWC practitioners identified a number of challenges and limitations of the current system for children and adolescents with EBPD. Although they try to provide support, their efforts are often limited by structural and resource constraints. There is a need for a more integrated and prevention-oriented approach that would allow quicker access to professional help and better coordination between different services.

An analysis of how SWCs respond to the problems and needs of children and adolescents with EBPD reveals several key challenges and patterns of action. According to practitioners, one of the biggest problems is the late involvement of SWCs in cases where the consequences of problems are already deeply rooted. In this context, professionals often noted that the primary problems of children and adolescents have been ignored or inadequately addressed at earlier stages. Experts pointed to the need for more prevention, especially in early childhood and in school-age children, and for more effective integration of institutions such as schools, health services, and families.

The responses of professionals showed a high level of commitment and professionalism within their competences, but it is often pointed out that staff shortages and overload among SWCs limit the possibilities for in-depth and continuous treatment. Long waiting lists for access to services (e.g., psychological and paedopsychiatric) further hinder adequate support to children and adolescents with EBPD. In addition, a lack of appropriate programmes and resources in local communities contributes to SWCs resorting to more severe measures, an outcome that could have been prevented if earlier intervention had been available.

Professionals stressed the need to involve the whole family in the treatment of children and adolescents with EBPD, as problems are often the result of dysfunctional family relationships. However, they are often confronted with parents who are uncooperative or do not recognise the seriousness of the problems.

There was frequent criticism of systemic shortcomings, such as inadequate numbers of professionals, insufficient programmes for parents and adolescents, and the lack of a

multidisciplinary approach. Cooperation among different institutions (schools, health, SWC) was felt to be good in some cases, but still insufficient to tackle the complex problems of children and adolescents with EBPD.

Professionals advocated for strengthening preventive measures, earlier intervention, and better organisation and accessibility of services. More emphasis on parent training, developing local support programmes, and reducing waiting times for psychological and paedopsychiatric services could significantly improve the efficiency of the SWC response to the needs of children and adolescents with EBPD.

Based on the answers of the SWC professionals, we believe that the involvement of children or adolescents and their parents or guardians in the process of assistance and treatment is of central importance. Involvement can take place at several levels and is highly dependent on the specific circumstances of each case.

Children and adolescents with EBPD are often actively involved in the process from the outset, being interviewed both individually and in the presence of their parents or other caregivers. Involvement also includes joint discussions with all parties involved, including practitioners. When children are placed in an institution or an EC, professionals monitor their integration and progress and attend team meetings. In certain cases, individual plans are drawn up that include concrete steps to improve their situation. Parents or guardians play a key role in the process.

The SWCs' role in the EC classification process focuses on data collection, advice, and coordination. Although they have only a limited role in the final decision-making, they play a key role in preparing a comprehensive case analysis and in linking different institutions. In order to deal with these responsibilities more effectively, it is necessary to upgrade system capacities, improve multidisciplinary cooperation, and provide more flexible and accessible forms of assistance and help.

The SWC professionals highlighted a number of challenges in the treatment of children and adolescents with EBPD, along with suggestions for how it could be improved. A key problem is the lack of staff and capacity, which means that there are not enough specialists, such as paedopsychiatrists and psychologists, and not enough accommodation units for children with specific problems. The current system of regional classification of adolescents in EC limits flexibility and the possibility to adapt to the needs of each child.

Long waiting lists for psychological and therapeutic services are also a major problem, preventing timely and effective treatment. The experts noted that the system is often geared towards intervening only when problems are already acute, neglecting preventive work. They suggested strengthening prevention programmes to involve children, adolescents, and their families at an early stage and to support them in coping with challenges.

There is also a need for better integration between institutions such as schools, health, and justice. Multidisciplinary cooperation is crucial, but is often hampered by a lack of clear protocols or inconsistent implementation. The professionals suggested that cooperation between stakeholders could be deepened through regular meetings, better information, and coordinated approaches.

The experts believed that the system should include specialised units designed to provide comprehensive support for children and adolescents dealing with such problems as aggression, suicidality, or addictions. Parent training programmes should also be developed and working techniques adapted to the specific needs of new generations of children and their families.

A key problem of the system, as perceived by the SWC practitioners, is the lack of resources and related support for children and adolescents with EBPD and their families, which makes it difficult to provide timely and effective treatment. The professionals wanted to see a system that provides timely treatment and comprehensive support, putting the best interests of children and adolescents with EBPD at the forefront and enabling better cooperation between all institutions. The vision for the future included systemic changes to improve access to therapeutic services, increase EC capacity, and strengthen prevention programmes. Without these changes, children and adolescents' problems will continue to increase, bringing greater challenges for society as a whole in the long term.

Summary

Based on the analysis of the SWC practitioners' opinions, we find that, despite their importance, protocols for cooperation between stakeholders are often poorly known, rarely formalised, and even less often consistently followed. There is a need for better coordination, knowledge, and implementation of these procedures, as they are a key element of effective treatment of children and adolescents with EBPD.

Implementation of ZOOMTVI and the Adequacy of Treatment of Children and Adolescents with EBPD in Light of Judges' Opinions

Since 2019, the Family Code (Družinski zakonik, 2017) has been applicable in Slovenia. It introduced some new features in the field of placement of children and adolescents in out-of-family care (EC). It also regulates measures for the protection of the best interests of the child, by which the state protects the child at risk. When a longer-term arrangement is in the best interests of the child, placement in a specialised centre is available. The procedure for placing a young person in an EC is conducted by the family or criminal court, and the placement process is carried out in cooperation with an SWC. The court decides on the placement of the child in the EC.

Judges play a key role in the legal system in deciding the fate of individuals, including juvenile offenders, and children and adolescents with significant EBPD. Their role is not only to judge guilt or responsibility, but also to provide appropriate assistance when a child or young person needs professional treatment. In cases where there are serious behavioural or emotional problems, judges

often decide on the possibility of placing children in ECs where they can receive the necessary therapeutic and educational support. In making these decisions, it is important that judges take into account the professional assessments, past experiences, and individual needs of each child, as such decisions can have a significant impact on their future and development.

Key Decision-Making Criteria Highlighted by Judges in the Survey

The judges in our survey referred to the legal provisions that allow for the placement of a child or young person for psychosocial problems when he or she, or other children or young people, are at risk. The key principle is to safeguard the best interests of the child or young person when placement is the only effective solution. Judges have discretion in evaluating evidence such as expert opinions, reports, and testimonies.

The decision to place a child or young person in an EC is based on a holistic assessment of the child's risk, covering his or her behavioural, emotional, and learning difficulties, as well as the ability of the family of origin to provide adequate care. Other key criteria include the severity of the child's condition, the recurrent nature of the problems, and the failure of less severe measures. The principle of the best interests of the child and that of the least restrictive measure are central to the assessment, upholding the aim of ensuring a safe and stimulating environment for the child's development.

The opinions and reports of professional institutions such as SWCs, schools, and health services, as well as expert opinions, play an important role in the decision-making process. Family dynamics, such as parental powerlessness, weak parental capacities, or even lack of interest in the child's welfare, often present risk factors requiring intervention. The judges explained that they take into account both the legal framework and the specific needs of the individual child or young person, as well as compliance with the placement conditions of the institutions.

The aim of these judicial decisions is to protect children and young people, and to create conditions that allow them to develop as a person, to integrate into society, and to prevent further harm to themselves or others. Placement is thus a measure to be used only in extreme cases, when it is the only means of effectively safeguarding the best interests of the child.

The judges reported that the placement decision is based on a comprehensive assessment of the child's risk, the results of previous measures, and the best interests of the child. Key factors include the child's condition, the family environment, and the availability of appropriate institutions. The court's assessment often involves experts whose opinions provide the knowledge needed to understand complex cases. In the most difficult or controversial cases, the involvement of experts is crucial to ensure a fair and appropriate solution that is consistent with the principle of the best interests of the child.

The existing system for children and adolescents with EBPD is basically well conceived, but suffers from some serious shortcomings that hamper its effectiveness. Key problems are a lack of

capacity, professionals, and staff, and excessively long waiting lists for key services. While the EC and multidisciplinary approaches are functional, their usefulness is limited due to systemic problems, space constraints, uneven geographical coverage, and insufficient support for parents. For faster and more comprehensive treatment, systemic improvements are urgently needed in terms of capacity, staffing, and interinstitutional coordination.

The system of classifying children after placement in an EC is designed to be carried out by the EC on the basis of expert assessments; the judges in our survey considered this to be an appropriate approach. However, limited capacity and the lack of specialised facilities severely constrain the flexibility of the system. Judges have limited influence on classification, which means that they rely on suggestions from SWCs and ECs. Key improvements would include the development of specialised facilities and an increase in capacity, which would allow for more targeted triage according to the needs of each child.

Involving children and young people with EBPD in decision-making is an important aspect of protecting their rights and ensuring that their needs, wishes, and interests are properly taken into account. The judges considered that the role of children in these proceedings is well adapted to their age and maturity, and their ability to understand the meaning and consequences of judicial decisions. Although some children participate directly in the proceedings, through informal discussions with either the judge or experts from the SWC, others express their views indirectly through advocates or conflict guardians[3].

It is important that children and adolescents with EBPD, as long as they are able to understand the proceedings, are accorded the right to express their views, thus enabling them to participate in the decisions that affect their lives. Involvement is particularly important for older children, and adolescents over the age of 15 are often given the opportunity to participate actively in the proceedings. However, the degree of involvement can vary according to the specific circumstances: children with more serious problems or younger children often participate less directly.

The judges provided examples of good practice that highlighted the importance of teamwork, speed of action, and involving the child in decision-making processes. Cooperation among stakeholders, and support for the child and the family, lead to positive results. On the other hand, their examples of poor practice highlighted the problems of organisational barriers, lack of respect for the child's voice, and lack of adequate capacity, all of which jeopardise children's well-being. Increasing system coherence and consistently taking into account the needs and rights of children and adolescents remain key challenges.

The role of the court in the placement process is limited to deciding on the basis of a proposal made by an SWC, which takes into account the opinions of experts and the law: the placement of

[3] A conflict guardian may be appointed by a Social Work Center or the court when the interests of the child are in conflict with the interests of parents or guardians.

children in ECs is left to the judgement of SWC professionals and is independent of the court. The success of the whole process depends on close cooperation among the court, the SWC, the EC, and other stakeholders, with the SWC playing a key role in preparing and coordinating placement proposals.

While cooperation among courts, SWCs, and ECs is mostly effective on the basis of legislation and informal agreements, the lack of formalised protocols limits consistency and efficiency in complex cases. The introduction of standardised protocols, better involvement of guidance commissions[4], and improved capacity of judges to engage with stakeholders could contribute significantly to improving processes and protecting the interests of children. Courts monitor the appropriateness of children's placement mainly through regular SWC and EC reports. Active monitoring, such as interviews with children and parents or visits to institutions, is less frequent and is carried out on an as-needed basis. SWCs and ECs play a key role in checking and assessing the child's situation after placement on an ongoing basis.

Implementation of ZOOMTVI and the Appropriateness of the Treatment of Children and Adolescents with EBPD According to the Opinions of Paedopsychiatrists

Most children and adolescents placed in an EC have EBPD. According to the opinions of paedopsychiatrists, more than half of them — and in some units significantly more — receive treatment in the paedopsychiatric health services. If a child or adolescent is in need of mental health services, the competent Centre for Child and Adolescent Mental Health (CDZOM) participates in the preparation of an individualised programme. Even before placement, CDZOM specialists who treat children and adolescents cooperate by exchanging information, participating in a multidisciplinary team when preparing the individualised programme (Šoln Vrbinc et al., 2021).

Paedopsychiatry plays a central role in the treatment of children and adolescents with EBPD, integrating medical, psychological, educational, and therapeutic aspects of treatment. Experts in child and adolescent psychiatry and clinical psychology working in the CDZOM, developmental clinics, and other institutions provide support in the diagnosis, treatment, and rehabilitation of children. The educational and professional diversity of the health care workforce working with children and adolescents allows for a multidisciplinary approach to the treatment of EBPD. Individual staff have specific skills and experience that are key to the holistic treatment of children, with CDZOM facilities, clinical and developmental clinics, and psychiatric services being key.

[4] Guidance is intended for children with special needs who need appropriate adjustments and assistance to achieve goals and standards of knowledge and to develop their potential. The proposal for the guidance of a child with special needs is prepared by the first-level guidance commissions operating within the National Institute of Education of the Republic of Slovenia, and the second-level commission operating within the Ministry of Education, Science and Sport. Children with emotional and behavioral disorders are included in the most suitable program for them with a decision on guidance and also receive other appropriate assistance.

The paedopsychiatrists regarded appropriate treatment for children and adolescents with EBPD as crucial to addressing their needs and problems. While individual approaches often adequately address specific challenges, shortcomings remain at the system level, such as limited resources and accessibility. The involvement of children in the treatment process is focused on diagnosis and individual interviews, but there is a need for more involvement of adolescents to empower them and enable better participation.

The adequacy of treatment of children and adolescents with EBPD was positively assessed by the paedopsychiatrists with regard to the individual level, but at the system level, shortcomings were perceived that limit the accessibility and effectiveness of support. The involvement of children and adolescents in the treatment process focuses on individual interviews and diagnosis, but they should be given more opportunities for active participation. Greater involvement and empowerment of adolescents would help to better tailor treatment to their real needs.

Challenges in the Current Support System for Children and Adolescents

- Systemic and organisational issues: (a) Long waiting periods and limited time for families. (b) Emphasis on quantity over quality of care.
- Insufficient psychosocial support: (a) Overburdened paedopsychiatric services. (b) Inadequate support from social care, family services, and school counsellors. (c) Lack of preventive focus and family-based support.
- Transitional gaps: (a) Disruption in support between primary and secondary education, and from kindergarten to primary school. (b) Weak continuity in care due to institutional misalignment.

Effective Practices

- Team-based approaches: When present, multidisciplinary collaboration yields more comprehensive care.
- Emerging CDZOM centres: These developing mental health centres show promise for better management of emotional and behavioural issues.
- Responsive institutions: Certain departments establish effective relationships with families and deliver satisfactory support.

Underserved Areas

- Severe psychiatric disorders: Critical shortage of specialists and treatment capacity for serious mental health conditions.
- Aggressive behaviour: Children with extreme behavioural issues often lack tailored educational and therapeutic programmes.

Key Recommendations

- Strengthen prevention: Prioritise early intervention and family support to prevent escalation of issues.
- Improve institutional transitions: Ensure continuous support across educational phases.
- Expand psychosocial services: Enhance roles of school counsellors and social services to reduce health sector strain.
- Create specialised programmes: Address needs related to aggression, addiction, and severe psychiatric challenges.

Missing Forms of Assistance

- Parenting support: Expand parent education and early counselling to reduce risks of disorder progression.
- Addiction treatment: Improve services for alcohol and drug dependency.
- Professional resources: Address the overall shortage of available support services and qualified staff.

Optimal Support Models

- Institutional cooperation: Enhance interagency collaboration, including with NGOs.
- Parental involvement: Strengthen parent engagement as part of the treatment process.
- System flexibility: Allow for more dynamic, responsive approaches by reducing bureaucratic rigidity and improving staff training.

Vision for Future Support

- Preventive focus: Promote parenting skills, early screening (e.g., for postnatal depression), and support to foster families.
- Shift in educational approach: Emphasise emotional understanding over behavioural discipline in schools.
- Support for practitioners: Encourage empathetic care and address staff burnout through adequate support.
- Staffing and capacity building: Boost psychological services in schools and increase staffing at ECs and SWCs.
- Ongoing evaluation: Regularly assess and upgrade ZOOMTVI implementation to align with evolving needs.

Summary

When dealing with children and adolescents with EBPD, good practice is key to understanding successful approaches that deliver positive outcomes. At the same time, analyses of poor practices

highlight challenges such as lack of coordination and parental unresponsiveness that hinder effective help.

Good examples noted by the paedopsychiatrists show the importance of targeted individualised treatment, correct diagnosis, and the integrated cooperation of professionals, parents, and institutions to achieve positive outcomes. Poor practices highlighted were problems that often lead to ineffective treatment, such as parental unresponsiveness, lack of coordination between stakeholders, and limited access to support. Clear protocols and an active role for parents and professional services were key to improving the treatment of children and adolescents with EBPD.

The paedopsychiatrists generally assessed the qualifications of the professional staff to work with children and adolescents with EBPD as good, with the exception of shortcomings in some SWCs. They identified key challenges, including lack of knowledge of psychopathology, unclear division of tasks between institutions, and differences in the quality of work between ECs. They also saw key opportunities for improvement, including standardisation of training, increasing the role of schools, and further strengthening of ECs.

The existing system for children and adolescents with EBPD faces a number of challenges that affect the quality and accessibility of assistance. While certain aspects such as the team approach and the development of the CDZOM are well established, long waiting times, lack of coordination between institutions, and inadequate coverage of transitions between educational levels remain key obstacles.

Discussion

Our research highlights the need for a more holistic and preventive system to support children and adolescents with EBPD. Effective treatment requires coordinated action from institutions, active parental involvement, and strong prevention programs. The participants' vision for the future emphasises empathy, flexibility, early intervention, and better system organisation to ensure timely and effective support. One major barrier is the unclear distribution of responsibilities among institutions, which leads to inefficient collaboration. To create a functional support system, it will be crucial to clarify roles, involve parents more actively, and strengthen support networks.

The stakeholders who responded to our survey agreed on several critical areas for improvement. There is a clear need for specialised institutions tailored to different disorders such as autism spectrum disorder, ADHD, aggressive behaviour, and psychiatric issues. The current standardised structure of educational centres does not sufficiently accommodate individual needs, resulting in less effective treatment. Closer collaboration among professionals from courts, SWCs, ECs, and paedopsychiatric services would help strengthen the system. However, effective cooperation depends not only on protocols and legislation but also on the dedication and coordination of the professionals involved.

Staff shortages and inadequate space frequently hinder the quality and timeliness of care. Increasing material and human resources is essential for improving service delivery and overall system efficiency. Joint training for judges, SWC professionals, and EC staff could also improve interprofessional understanding and case handling. Reducing the burden on these professionals would allow for more in-depth and personalized treatment, ultimately enhancing the quality of decisions and interventions.

Prevention is a vital area of focus for future development, particularly in addressing issues stemming from adverse family environments. Greater attention should be given to working with parents, which is often overlooked despite its importance in improving outcomes for children. Moreover, increasing access to regular treatment from psychologists, paedopsychiatrists, and other specialists is crucial. Long waiting times remain a significant obstacle to timely care and often contribute to the worsening of conditions. Systematic improvements in access to professional services would meaningfully enhance mental health outcomes for young people with EBPD.

In addition, it is crucial to develop programmes that strengthen the life skills of adolescents. Such programmes would include training in social skills, assertiveness, constructive problem solving and conflict resolution, financial literacy, practical skills, and the promotion of responsibility to equip young people for independent living. Multidisciplinary approaches would combine leisure activities, sports, reading clubs, and the teaching of everyday skills, while promoting greater community involvement. For example, the EQUIP programme is designed for individuals with “antisocial” behavioural problems to teach them to think and act more responsibly and to help each other to achieve change (Gibbs et al., 1995). EQUIP combines cognitive behavioural therapy and a peer group approach. The following criteria define the programme: target group and programme objectives, conceptual framework, delivery methods, effectiveness, and programme integrity (monitoring the quality of treatment delivery; Weisz et al., 2005). The supportive skills component of EQUIP is based on Aggression Replacement Training (ART; Goldstein & Glick, 2011); the peer support component of the programme is based on the Positive Peer Culture (PPC; Vorrath & Brendtro, 2011) model.

To achieve a higher level of quality in work with young people, drawing on experience and knowledge from successful practices abroad is recommended. Increased funding for EC equipment and housing, and the introduction of proven foreign models, would enable progress in this area and better results in youth work. Multidisciplinarity and the provision of a sufficient number of professionals are key factors for achieving a comprehensive and effective treatment of children and adolescents with EBPD. Only a systematic approach, adequately staffed and bringing together different areas of expertise, will make it possible to effectively address the challenges these young people face and so improve their quality of life.

Based on the analysis of ZOOMTVI and the existing system of care for children and adolescents with EBPD, it was concluded that a focus on preventive measures and strengthening cooperation with parents is crucial. Targeting resources towards prevention programmes and

providing adequate support to families can significantly reduce the need for crisis interventions. Research confirms that early interventions have a positive impact on children's development and reduce the incidence of EBPD. Countries such as Sweden and Denmark regularly increase funding for inclusive education and early interventions, allowing for better coordination between schools, social services, and health institutions (Røn-Larsen, 2019).

To improve access to professional help, it is essential to ensure regular and timely psychological and paedopsychiatric treatment. Increasing the capacity and optimising the organisation of specialist services could make a significant contribution to improving therapeutic outcomes and reducing the long-term consequences of mental health problems. It is also important to create a network of multidisciplinary teams in the CDZOM. These teams should work in collaboration with paediatric dispensaries, developmental–ambulatory teams, local SWCs, ECs, kindergartens, and schools, and include professionals from the public health network for children's mental health in the local environment (Resolucija o Nacionalnem Programu Duševnega Zdravja 2018–2028, 2018).

The efficiency of the system would also be improved if institutions were to specialise according to the specific needs of the young people they serve. Tailoring treatment would reduce the risk of inappropriate placements and allow for more targeted interventions. Angel and Eshun (2023) argued that relational reliability is essential for building successful relationships with children and adolescents who are classified as "system-breakers". In order to prevent attachment breaks, it is recommended that permanent case monitors be introduced to continuously monitor and support adolescents during placements in different institutions. It would also make sense to introduce a "case management" system, whereby staff members accompany the adolescents even in the event of a change of jurisdiction. Such an approach helps to build trust between adolescents and professionals and reduces the frequency of relationship breakdowns.

A differentiated, specialised, approach would thus contribute to better development outcomes and more comprehensive support for individuals. Krajnčan and Šoln Vrbinc (2015) argued that differentiation, which is adapted to the individual, is characteristic of an institution that recognises diversity and individuality, and that bases its work on democracy, solidarity, and the child's positive self-image while taking into account knowledge of diversity in terms of gender, age, temperament, and ways of thinking and reacting.

In addition, strengthening support to institutions and professional staff is key to improving the quality of services. Increased capacity, additional financial resources, and systematic training of professionals would allow for better interinstitutional cooperation and better treatment of children and adolescents with EBPD. Supervision programmes and continuous training could further contribute to increased professional competence and improved effectiveness of interventions.

As part of the further development of systemic approaches, special attention should also be paid to the design of new programmes for adolescents based on the acquisition of key life skills.

Such programmes can play an important role in empowering adolescents, promoting their social integration, and preventing recurrent problems. This could improve both the mental health and social inclusion of young people in the long term. Employment programmes for marginalised young people — such as Job Corps in the United States, Youth-Can-Do-It in Great Britain, and YouthFull in New Zealand — are designed to meet young people's needs for employment, life skills, and life stabilisation through a holistic approach (Youmans et al., 2024).

Hamberger and Peters (2020) argued that the concept of integrated and flexible support requires avoiding the exclusion of children and adolescents from the support system; this can be achieved if there is sufficient flexibility in the support and the organisational structures. It is necessary to adapt to their individual needs, to start from livelihood resources, to settle into the users' living space/world, and to strive for the quickest possible integration into mainstream provision using available resources. For example, Wraparound, a national U.S. initiative, provides an integrated, holistic, child- and family-centred response when children or adolescents face serious mental health or behavioural challenges: Wraparound puts the child or adolescent and the family at the centre (National Wraparound Initiative, 2019).

These guidelines point to the need for a comprehensive and coordinated approach to provide more support to children and young people with EBPD, and their families, and to improve the effectiveness of the system as a whole.

"It takes a village to raise a child." (African proverb)

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