

Article

Pedagogical Resocialization of Children and Youth with Behavioral Problems

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Abstract: Deinstitutionalization of care and transformation of homes represent changes and improvement in the Croatian social welfare system's work with children and young people. In the context of the deinstitutionalization processes in this article, we consider the resocialization process of children and youth with behavioral problems, and we are focused on pedagogical resocialization as one of the main prerequisites for its successful operationalization. Therefore, this research subject is considered from the point of view of an interdisciplinary approach. The aim of the qualitative research is to analyze opinions and experiences of educational specialists and educators of the Community-based Service Center in Zadar, by conducting semi-structural interviews about the implementation of the pedagogical resocialization of children and youth with behavioral problems in the above-mentioned institution. According to the obtained results, it is possible to recognize their affirmative attitude towards resocialization processes within the framework of deinstitutionalization, whose implementation they consider as a successful simulation of family life. They also mention some shortcomings within the social welfare system; but, at the same time, the results imply that deinstitutionalization, as a kind of progress within the social welfare system, can also represent an incentive for the progress of all other factors and systems cooperating in this matter, such as the educational system.

Keywords: behavioral problems; deinstitutionalization of care; educational institutions; family; resocialization



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1. Introduction

The modern work of educational institutions is primarily characterized by an inclusive approach to children and students with specific educational needs and mental, social, and cultural developmental issues [1]. Children and young people are a specific group, whose care may partially or fully be the responsibility of workers within the social welfare system. At the same time, they remain part of the educational system, and attend kindergartens and schools whose environment represents one of the indispensable factors of their socialization. In this work, socialization means the impact of social conditions on the development and shaping of human personality, while, in this sense, upbringing is a subordinate concept that implies “making social” [2] (p. 147). The primary factor in the socialization of children and youth is their parents, more precisely, their mutual relationship, which has been proven by research in the context of studying behavioral disorders from the angle of Bowlby's attachment theory [3,4]. The quality of children's attachment determines the level of security with which they will explore the world around them, which will ultimately shape the models based on which the child will perceive and build interpersonal relationships in the periods of adolescence and adulthood (Bowlby, 1969 according to [5]), and is also reflected in development of socially acceptable forms of behavior.

Bowlby's theory, along with other etiological theories of behavioral problems such as action theory, functionalist theory, and the theory of meaning, undoubtedly proves the multicausality of this phenomenon. And the theoretical constructs of these theories were united by Bronfenbrenner into an ecological systems theory [3]. According to this

theory, the child is in the center of the model, surrounded by four levels of its ecological system: microsystem, mesosystem, exosystem and macrosystem, and each level has a certain impact on the child's development. According to Bronfenbrenner, the microsystem involves the immediate environment in which the child (person) interacts. The meeting places of interaction are the classroom, playground, recreation center, home, or any kind of institution [6]. In that context, the individual becomes the *in medias res* subject for qualitative interaction and communication. That points to the fact that the individuals are the main subject for providing any kind of way of rise in the quality of living. In the context of this research, the young users of social service institutions are active participants in the communication process.

The second level is called the mesosystem, and represents connections among two or more settings (e.g., relations between family and school, school and workplace); in short, it is a system of microsystems. The exosystem also refers to connections of social settings, whose factors influence the child's microsystem (e.g., social institutions, the quality of schools, health care facilities, social services, and parental employment), but not the individual directly [7]. The macrosystem represents the most comprehensive level of the child's ecological system, and involves the larger cultural context with the associated values, identity and heritage (community, educational policy, etc.) [6]. Bronfenbrenner's earliest professional writings (e.g., 1945) were on the measurement of sociometric status, and emphasized the necessity of objective and detailed measurement of social context to understand the development of individuals, which makes this theory applicable to the interpretation of behavioral problems, as well [6,8].

In general, here we point out the relevance of social inclusion for society as a whole, which is primarily manifested through the choice of the research topic and the selected participants. The institutions that we refer to in the framework of this research are primarily focused on the promotion of social inclusion, both at the micro and macro level of the society [9]. This rethinking is connected to Ferdman's description (2017) of inclusion as a multi-dimensional process of great importance for the entire society.

The main part of this article presents the results of research on the pedagogical resocialization of children and youth with behavioral problems, which is understood as a phenomenon that requires an interdisciplinary approach, whereby this research places emphasis on the pedagogical perspective of the process. The research subject is investigated from the perspective of employees of one of the social welfare institutions involved in the context of the process.

2. Pedagogical Resocialization

In this article, the authors use the term *pedagogical resocialization*, which Hrvatić [10] associates with pedagogical prevention, that is, with the meaning of tertiary prevention. The latter is applied to children and youth with already developed and recognized behavioral problems. Tertiary prevention is achieved through treatment and rehabilitation procedures. Furthermore, the same author presents pedagogical prevention and resocialization in the form of a continuum, which extends from preventive and curative to therapeutic approaches to behavioral problems. The term *re-education* has appeared in the pedagogical literature, and it can be included as part of the resocialization processes, since it "represents a pedagogically designed procedure for correcting deficiencies that appeared during the upbringing of a child or an adult, in order to remove negative or undesirable behavioral models, and adopt a common and desirable behavior." [11] (p. 229).

The ultimate goal is to re-engage and teach children and youth to function within the community, through upbringing [12]. Education, professional training, and employment programs are extremely important for successful resocialization and a better future for minors [13]. However, one of the numerous studies points to the absence of professional interventions by educational institutions and social institutions on manifested behavioral problems during schooling. Namely, more than half of juvenile delinquents did not finish high school, which was preceded by difficulties during school time, such as repeating

classes and running away from school, along with other disorders such as vagrancy, running away from home, hanging out with people with antisocial behavior, etc. [14].

The term *behavioral problems* in children and youth represent a collective name for various forms of behavior conditioned by psychological, social, economic, and other factors, by which a child or a young person deviates from behavior appropriate for his age, situation, and social norms, and which have a harmful or dangerous effect on himself and/or other individuals or social systems. Accordingly, the term implies a continuum of behavior patterns, divided into three main groups of behavior: a person endangers himself and others with risky behavior, which can represent the basis for negative consequences in the future (for example, unjustified absence from classes, staying out late without approval, experimentation with cigarettes and drugs, and occasional alcohol consumption). Behavioral difficulties refer to behaviors by which a person has violated social and/or legal norms on one occasion or during a certain period of time, and which consequently require professional help (for example, theft, running away from home, dropping out of school, self-injury, driving without a license, individual violent outbursts, and major disciplinary offenses at school). Behavioral disorders are behaviors that require immediate action by specialized experts and institutions, often simultaneously from several sectors, because a person, over a long period of time, endangers himself and/or other persons/property (for example, serious criminal offenses and misdemeanors such as burglary, violence, drug dealing and various types of addiction, and suicide attempt) [15].

Here, we will single out the often-cited division of behavioral disorders in children and youth according to the authors Bouillet and Uzelac [3]: externalized and internalized behavioral disorders. Externalized disorders refer to insufficiently controlled and other-oriented behaviors (e.g., disobedience, aggressiveness, destructiveness, delinquency, etc.), while internalized disorders are reflected through excessive control of behavior and self-directedness (e.g., withdrawal, timidity, and carelessness). In accordance with the aforementioned and with the new *Social Welfare Act* [16], the term *behavioral problems* will be used in the following work. In this article, we will not particularly highlight behavioral problems that children and young people may experience in combination with other types of difficulties. In the same legal act, the Social Welfare Center has been restructured into the Croatian Social Welfare Institute. Since the research had been conducted before the amendment of the Act, the term *Social Welfare Center* will be used. In accordance with the Act, social services are divided into non-institutional and institutional ones. Here, we single out services related to the work of children and youth with behavioral problems: psychosocial support for families (mobile expert team), accommodation (half-day or full-day), organized housing, and counseling. They were introduced following the implementation of the deinstitutionalization of care and the transformation of homes on a global scale.

The main goal is to reduce the institutional placement of children in institutions and encourage the development of other forms of care that are more similar to a family environment. Significantly, a series of studies have proven negative consequences for children who spent time in residential care. The consequences are more harmful, the younger the child is. Browne [17] initially points out the negative consequences on the child's physical development, such as the possibility of delays in motor development, physical underdevelopment in terms of height and weight, and a weaker immune system, and emphasizes the possibility of developing intellectual difficulties and the fact that children raised in homes often have weaker emotional and social intelligence than those growing up in the family environment. Tarullo and Gunnar [18] and McCall et al. [19] also point out shortcomings of institutional placement, such as too-large groups of children for the existing number of special educators in the center, poorly resolved spatial conditions, stigmatization of the children placed in the institution, and the needs of the group coming before the individual needs of children. All this leads to significant psycho-physical difficulties, which can result in inappropriate ways of expressing emotions and difficulty in social interactions in their subsequent independent life.

In Croatia, users of social services are traditionally placed in state social welfare homes/residential facilities. But, at the same time, the processes of deinstitutionalization of care began in 1997, with the adoption of the Social Welfare Act, and here we will single out a document from 2011 called *Plan deinstitutionalizacije i transformacije domova socijalne skrbi i drugih pravnih osoba koje obavljaju djelatnost socijalne skrbi u Republici Hrvatskoj 2011–2016* (English: Plan for the deinstitutionalization and transformation of social care homes and other legal entities that perform social care activities in the Republic of Croatia), issued with the aim of the reduction of users' entry into institutions and encouragement of other forms of non-institutional care. The Ministry of Health and Social Welfare in Croatia presented the ultimate goal of halving the current 80% to 40% of those children without adequate parental care and those with developmental disorders and behavioral problems who were placed in institutions, and finding some other forms of non-institutional care [20]. In the Croatian context, deinstitutionalization of care refers to four priority groups: children with developmental difficulties, persons with disabilities, children without adequate parental care, and children and youth with behavioral problems.

In accordance with the action plan on deinstitutionalisation, *Deinstitutionalisation, Transformation and Prevention of Institutionalisation 2018–2020*, published in 2018 by the Croatian Ministry of Demography, Family, Youth and Social Policy, an example of the implementation of a deinstitutionalization process at the local level began in July of 2021, specifically in Zadar County. In cooperation with Krapina-Zagorje County, this represented the implementation of a project financed by the European Fund. Some of the results of this are new social services: organized housing, and psychosocial support for individuals and families through services of a mobile expert team. In each unit, special educators in organized housing work three days and two nights; two educators in two groups work in the institution's half-day stay facilities, but the Center also offers extended stay services in three different elementary schools in the city, where two educators work in groups. Educators are supported in their work by the Center's expert team, which consists of a psychologist, a social pedagogue, and a social worker [21].

3. Research Methodology

The following is a description of the research, whose participants are employees of the social welfare institution in Zadar called the Community-based Service Center (hereinafter: the Center), intended for children and youth with behavioral problems and those without adequate parental care. The above-mentioned groups of children and youth are referred to in the article by the unified form of the term user, while the focus of the research is on the group of children and youth with behavioral problems.

3.1. Research Aim

The research subject refers to the process of pedagogical resocialization and the success of this process in working with children and youth with behavioral problems. The aim of the research is to the presentation and analysis of the opinions and experiences of the Center's employees with respect to the forms of implementation and the success of the process of pedagogical resocialization of children and youth with behavioral problems, in their institution. Based on the aim, further operationalization is defined through the qualitative research tasks:

1. Examine the opinions of the Center's employees of the forms of implementation of pedagogical resocialization in their institution.
2. Identify treatment and rehabilitation procedures that the Center's employees apply in work with users.
3. Describe and analyze the opinions and experiences of employees with regard to the quality of the Center's cooperation with other institutions such as the Social Welfare Center and schools, and with the wider community and the users' parents/caregivers.

4. Identify and present the method of preparing users who will soon leave the current form of support and move to another form of reintegration into the community, and the subsequent monitoring of their progress.
5. Examine and analyze the opinions of the Center's employees of the success of the pedagogical resocialization process.

3.2. Research Method and Instrument

It was assessed that the qualitative approach using the semi-structured interview method is appropriate and in accordance with the stated research aim. Namely, as a non-standardized interview, it includes, on the one hand, sufficiently structured questions for the sake of collection of comparable answers and, on the other hand, sufficiently flexible questions [22], whose answers enable in-depth information to be gained about the work of the institution responsible for the implementation of the process of pedagogical resocialization, which is a sensitive topic. Also, and especially, because by answering the questions of a semi-structured interview, the participant is given quite lot of freedom and the opportunity to highlight specifics that may differ from user to user, with respect to those with whom she or he comes into contact.

Based on the thematic areas defined by the research subject and research tasks, an original interview protocol was created, and contains a total of 13 questions (Table 1). The interviews with the research participants were conducted during June 2022, in the Center's premises in Zadar. The average duration of interviews with each participant was 45 min. The research participants were guaranteed anonymity. Informed consent was obtained from all subjects involved in the study. According to this framework, for conducting research on the chronological age of our participants, their verbal consent is sufficient, and this was obtained before the actual research. The interviews were recorded with a voice recorder and the answers transcribed afterwards. The research was conducted in accordance with the national Ethics Code of the Ethics Committee in Science and Higher Education [23].

Table 1. Sample items from the semi-structured interview protocol.

Research Tasks	Sample Questions
1. Examine the opinions of the Center's employees about the forms of implementation of pedagogical resocialization in their institution.	"How is the process of pedagogical resocialization carried out in the Community-based Service Center in Zadar? What programs, treatment and rehabilitation procedures, methods and work techniques do you use when working with children and youth?"
2. Identify treatment and rehabilitation procedures that the Center's employees apply in work with users.	"Do group or individual treatments prevail in the work with users? What does individual therapy and counseling look like, and what does work in resocialization groups look like?"
3. Describe and analyze the opinions and experiences of employees about the quality of the Center's cooperation with other institutions such as the Social Welfare Center and schools, and the wider community and the users' parents/caregivers.	"How involved are the schools that the users attend in their resocialization process?"
4. Identify and present the method of preparing users who will soon leave the current form of support and move to another form of reintegration into the community, and subsequent monitoring of their progress.	"When it comes to residents who will soon finish the resocialization program, how do you prepare them for leaving the accommodation and easier reintegration into the community?"
5. Examine and analyze the opinions of the Center's employees about the success of the pedagogical resocialization process.	"In your opinion, when do you consider that the resocialization process was successful?"

In the wording of the questions presented above, the focus is primarily on gathering the opinions and experiences of the participants regarding certain procedures and ways of

working related to resocialization. This approach was used with the intention of achieving the highest possible level of objectivity and the lowest possible level of bias of the researchers in conducting the interview.

3.3. Research Participants

The sample of the research is defined and chosen in the general context, meaning that all employees of the Center included in the resocialization processes are included in the process of interviewing. Therefore, the research included a convenience sample [22], with seven employees of the Center, in total: five female and two male participants. Three employees are between the ages of 25 and 40, three are between 40 and 50 years of age, and one employee is over 50 years old. In terms of length of service, four employees have been working for up to 10 years, two employees between 10 and 20 years, and one employee for over 20 years. Two employees are part of the expert team, and they are psychologists and social pedagogues by profession, and four employees work as educators: two are educators in an organized housing unit for children without adequate parental care and one is in an organized housing unit, while one educator works in the half-day stay facility. One employee works in a mobile expert team. The aforementioned educators are pedagogues, psychologists, social pedagogues, and a physical education teacher, by profession, while the employee in the mobile expert team is a social pedagogue by profession (Table 2). When presenting the answers and interpreting the research results, abbreviations of the term participant will be used, together with the number that indicates the individual research participant; for example, for Participant 1, the designation P1, etc.

Table 2. Characteristics of research participants.

Profession	Job within the Center	Years of Work Experience
psychologist	expert team	15
social pedagogue	expert team	6
physical education teacher	educator in the half-day stay facility	31
pedagogue	educator in an organized housing unit for children without adequate parental care	8
social pedagogue	educator in an organized housing unit for children with behavioral problems	15
social pedagogue	mobile expert team	10
psychologist	educator in an organized housing unit for children without adequate parental care	1

3.4. Qualitative Data Analysis

Qualitative data analysis was carried out as a content analysis that began with gaining insight using the transcribed data and their coding. The coding process consisted of identifying potential features and behaviors, and distinguishing them with labels. Using a deductive approach, we generated criteria for classification of participants' answers according to categories related to the research subject and related tasks. The categories by which statements are classified are based on selected theoretical constructs related to the research subject. After observation and classification of data through a deductive approach, conclusions were made and connected with earlier mentioned theoretical reflections and research results related to this topic. Briefly, the content analysis represents an examination of what a given communication exchange may be intended to achieve in a given social setting [22,24].

In the following section, the results and discussion are considered as a whole, since the discussion is a review of the analyzed results that make up the content structure of the research tasks. Although this could be considered as a limitation of the study, the analysis was approached in such a way because the research included participants

specific to a particular institution in a local context, with a small number of employees. Therefore, below, for each category, those answers and their corresponding examples that the participants expressed most often, are highlighted. In addition, those answers that served as a complement to the previously highlighted ones, were also listed and interpreted. As a contribution to the discussion, research results of similar topic were added.

3.5. Research Results and Discussion

Regarding the presentation of the results that this qualitative research presents, in the further text we define the qualitative categories where the answers of the participants are divided. In Table 3, key findings from the answers for each category represent the main conclusions of the research tasks, divided into different areas in the field of social inclusion. The obtained results of the participants, according to the highlighted key findings in the table, refer all participants in the social inclusion process to the relevance of reflecting on this research subject, as well as to the relevance of creating quality parameters that can contribute to the improvement of the educational system and the social welfare system.

Table 3. Classification of participants' answers.

Thematic Units/Categories According to Research Tasks	Key Findings for Each Category
1. Forms of Implementation of Pedagogical Resocialization in the Center	<ul style="list-style-type: none"> - Working in organized housing units (deinstitutionalization) - Warmer relationship and family atmosphere
2. Treatment and Rehabilitation Procedures that the Center's employees apply in work with users	<ul style="list-style-type: none"> - Diagnostic procedure in form of observation process - Periodic re-evaluation of the work plan - Half-day stay service in schools - Free activities - Simulation of family life - Group (with educators), individual (with psychotherapist) and combined treatment
3. The Quality of the Center's Cooperation with other institutions, the wider community, and the users' parents/caregivers	<ul style="list-style-type: none"> - Common cooperation with the Social Welfare Center - Associations that occasionally organize humanitarian activities - Educational institution as a important factor in detecting problems - Overload for teachers, their insufficient level of competence for the work - Low expectations towards change in the family environment of the young user (insufficient involvement of parents in the resocialization process)
4. Ways of Preparing Users who will soon leave the current form of support and move to another form of reintegration into the community, and subsequent monitoring of their progress	<ul style="list-style-type: none"> - Gaining good life habits during the stay in the housing unit - Lack of regulations and guidelines for post-penal treatment for users after leaving the house unit - Informal contact with the users
5. The Success of the Pedagogical Resocialization Process	<ul style="list-style-type: none"> - Demonstration of socially acceptable behaviour - Success should take account of external and internal factors

In accordance with the theoretical basis of this article, and referring to the research results, we confirm the following identified key components of a quality pedagogical resocialization, which are also visible in Table 3.

After the presentation of the key qualitative elements and categories, in the text bellow, the results and the interpretation are presented in a further way. In each subsection, the results are presented in a sentence, given as the participant answered in the original form. Due to the methodology of qualitative research [25], after the clearly presented results from participants in quotation marks, the discussion of each one is given simultaneously, through the text.

Namely, the purpose of this research is to gain insight into the employees' views of the existing ways of achieving resocialization prescribed by national legislation, as well as the way it is described and researched in the scientific and professional literature. Since employees base their work on the mentioned regulations, consistency of their answers is expected, in this regard. Therefore, the analysis, among other things, in addition to the stated results, also includes prescribed procedures, as well as knowledge acquired so far from scientific and professional sources, in order to achieve a more coherent insight and understanding of the expressed opinions and experiences of employees regarding resocialization. Bearing in mind the dilemmas in the reporting of interviews [24], the authors opted for a unified presentation of results and discussion.

3.5.1. Forms of Implementation of Pedagogical Resocialization in the Center

With the aim of deinstitutionalization of the process of resocialization, the Home for the Education of Children and Youth in Zadar was recently transformed into the Community-based Service Center in Zadar. The services offered by the Center are counseling and accommodation for children without adequate parental care and for children with behavioral problems, as well as increased care and supervision, in addition to day care or half-day care in the institution. In understanding the starting point of pedagogical resocialization, it is emphasized that it concerns users who are in accommodation and are not housed in an institution, but in organized housing units; that is, in a house or apartment with 24-h care from an educator. It was already mentioned what negative consequences the institutional form of care can have on children's development. In this research, all participants express an extremely positive attitude towards the new form of social service, considering it to be of much better quality and more effective than the previous one, because the creation of warmer relationships and a family atmosphere is exactly what their users need. This helps them create better life habits, recognize true values, and remove the stigma of *domac* (author's note: a derogative term used to describe a child housed in a social welfare institution); at the end of the treatment, the users are more prepared and capable of living independently.

"(...) Before, when there was this institutional way of working, there was this barrier. It was not advisable to create deeper emotional connections with the users, while now we live in this apartment as a family. (...) It delights me because these are children who lack that warmth, and we can provide it to them more easily this way." (P4)

"(...) Firstly, they don't have that stigma of children from the home. Secondly, through that kind of family life in the apartment, they prepare more easily for everything that awaits them later, they learn some obligations, cleaning, cooking..." (P5)

They are located in the administrative building, where they provide counseling services to parents and users, conduct various workshops on psychological topics, and also visit users in housing units. Employees point out that good interpersonal relations among themselves, team spirit, and willingness to cooperate and help colleagues contribute to more successful resocialization. They say that deinstitutionalization has contributed to a warmer and more relaxed relationship with children, and to the relationships between educators. "We have a WhatsApp group where we talk to each other all the time, everything is somehow warmer. We decide everything together, we discuss everything." (P4).

It is not at all easy to work with children who are either neglected and abused by their families, or have developed behavioral problems and ended up in the employees' care, due to, for example, absenteeism from class, delinquency, violence, theft, vagrancy, consumption of intoxicants, and similar factors. This is why the employees indicate the fact that, in addition to professional competence for working with children, emotional intelligence, love, and a genuine desire to help them are also extremely important, and that is why they do not consider this an ordinary job, but a calling.

“I love this job, even though it is quite emotionally draining. (...) There is a much larger number of these children who need accommodation than those with behavioral problems. Especially in the last two, three years since this crisis, the corona virus, etc. People are left without work, greater social deprivation, physical abuse of children. There are six children from the same family on the list, terrible. The Nazor Children’s Home in Zagreb is also at full capacity. So, when you see all that, you can’t help but get emotionally involved in that work. It’s not really a job, it’s a calling. In working with children, that emotion is the most important factor.” (P4)

The only thing that currently makes it difficult for employees to work organizationally is the lack of vehicles and temporary spatial dislocation: while the administration, expert team and half-day care are in one location, children without proper parental care and boys with behavioral problems are located in other parts of the city. As for official vehicles, they have a van and a car, which all groups need, which sometimes complicates the organization, whereby the mobile expert team has priority. Although all rooms are nicely decorated, the main disadvantage of the accommodation units and the administration building itself, where the half-day stay services are provided, is the lack of a yard for outdoor activities. However, the employees point out that the described situation is temporary, since the relocation of the administration and the half-day residence is expected, as well as the construction of a building with two units of organized housing.

The processes of deinstitutionalization and transformation brought great changes in the previous work of the Center, which the employees wholeheartedly accepted, considering them extremely positive. They perceive newly created circumstances as support for their strong dedication to working with children and youth, which they do not perceive as a job, but as a calling.

3.5.2. Treatment and Rehabilitation Procedures That the Center’s Employees Apply in Work with Users

The half-day stay service, that is, an educational measure of increased care and supervision in addition to daytime stay in an educational institution, which we associate with a semi-institutional approach to the process of resocialization [26], is used by primary and secondary school students in the area of the city of Zadar, who are not necessarily excluded from their primary environment. However, in some areas of upbringing and education, they need the help and supervision of special educators and other experts. “Family relations, social welfare, problems at school—these are the main reasons why children come to half-day care.” (P3).

Children usually come to half-day care when the professional associates of a school they attend detect that a child needs the provision of this service, through the decision of the Social Welfare Center, when the Center reacts on its own, or even when parents submit a request to the Center on their own initiative. “We have two groups in the half-day care. They stay with us in the opposite of their school shift. They come in the morning around 9 a.m. They have a meal, after which there is a study lasting about two hours. Then it’s time for free activities such as an art workshop, pottery, etc. At Christmas time, for example, we have a stand somewhere in town where we sell our handmade works. From that income, we go on a trip or celebrate the end of the semester, order pizzas and so on.” (P3).

The implementation of smaller treatment programs, which, according to Blažeka Kokorić et al. [27], immeasurably contribute to more successful resocialization, is a daily occurrence in the half-day care center.

“So, we have a cooking section and an art section, a pottery section, a computer section (...) But we have a small gym where we have table tennis, table football. . . (P1) As a social pedagogue, I often do psychological workshops with them.” (P2)

Before starting the resocialization process itself, it is necessary to determine the child’s social profile; that is, to study his character traits, previous attitudes, habits, values, the environment he comes from, the conditions of his upbringing, etc., in order to determine

what led the young person to this place of e need for resocialization treatment [28]. The placement of children with behavioral problems in an organized housing unit is preceded by diagnostic procedures, more precisely a four-week observation process, with the aim of determining whether the Center is suitable for what a particular child needs at a given moment. If it is, then, based on the same observation, an individual work plan is drawn up for the child during his stay in the organized housing unit. "The child is monitored by educators and team who at the end write their findings, their opinion. And that's kind of great, because during that month you see what kind of problems the child comes with, what are his abilities, what are his positive strengths, what are his negative sides. (. . .) Our expert team always meets once a week where we discuss each child individually, consider which direction to go in, set short-term and long-term goals." (P1).

"And based on all that, if we decide that we can provide the child with what he needs, we make an individual work plan with that child. Every three months there is a reevaluation of that plan, to see how we are doing, what needs to be changed, improved." (P5)

Regarding the implementation of the process of pedagogical resocialization within organized housing units, participant 7, who is an educator in an organized housing unit for children without adequate parental care, says their treatment is based on the simulation of family life, in order for these children to receive attention, love and structure, which they did not have in their primary family and environment. "We take care of them, sometimes we cook together, they have study time, they also go to trainings and some extracurricular activities, so their day is quite full. (. . .) And that's how we somehow create days according to ongoing obligations, just like family life. We also cooperate with the expert team, mostly a psychologist, and I believe that conversations with her also help the children." (P7).

While in that unit all children attend classes regularly, in the unit of organized housing for children with behavioral problems, the situation is slightly different: "(. . .) these boys with behavioral disorders often have problems with this. It happens that they are excluded, suspended from classes with the right to take class exams. . . Some succeed, some don't, so maybe later they enroll in some courses, further education. When they enter this system only somewhere around the age of 17, it's too late. If you have a boy who hasn't been attending classes regularly for two or three years, it's hard to get him back on that path." (P4). If they do not go to classes regularly, they have more free time, so boys with behavior problems prepare all meals by themselves every day, while children in an organized housing unit without proper parental care receive lunch from the kitchen in the Center's administration building; they often prepare dinner with educators, because then they are mostly all together at that time.

According to the structure of the relationship between the persons in the treatment, we distinguish among group, combined, and individual treatment [29]. Given that the so-called simulation of family life is the basis of the pedagogical resocialization of children in residential care, it is clear that group work prevails in the work with these users, through daily activities with educators. However, this does not exclude the individual work of the users, either with the educators or with the expert team (psychologist and social pedagogue), where the children come once a week for discussion, counseling, support, and similar. "And the individual approach always gets through. If a child has a problem, you as an educator will be the first to be contacted, but we have great cooperation with our psychologist at the institution, who does psychotherapy with all our children once a week. With us, mostly everything goes through some kind of upbringing, like in the family. You have a problem, let's see what it is and how we can solve it. (. . .)" (P4).

"(. . .) But mostly it's about group work with educators who are there 0–24 with them, and then the expert team jumps in with occasional individual work and conducting some workshops related to self-confidence, social skills training and similar." (P2)

In the half-day stay facility, there is also an emphasis on conducting group activities: “Well, the emphasis is on group work due to socialization, socializing. The goal is for those children who have inadequate parental care to have quality free time (. . .). We direct them more than their parents. Parents also need help, so we offer them counseling services from our expert team.” (P3).

In addition to the services of a half-day stay and two units of organized housing, the Center also has a mobile expert team that provides counseling and assistance and psychosocial support to families in the rural area of Zadar. Most often, these are socio-economically vulnerable families who do not have the means or opportunity to come from the Zadar area to the Center’s administration building for counseling every week. In the context of the establishment of a mobile expert team at the beginning of the implementation of the project on deinstitutionalization in Zadar in October 2021, the employees say that they had doubts about the operation of the mobile expert team and its reception among the families themselves. But now, they express their satisfaction with the work of this counseling service, thus far. Importantly, this is not a legal decision, and everything depends on the willingness of the users themselves to cooperate. The Social Welfare Center sends a request for services for the family or services for an individual, and it goes to the Center’s commission for consideration. The mobile expert team is currently working with ten families.

“(. . .) Three of us colleagues are in this team and for example we visit families in their homes, one colleague takes one child, the other colleague the other child and I talk to the parents. For children, it is usually about some psychological problems or problems with school, while for parents it is about problems with setting boundaries, permissive upbringing, poor communication between them and the children. Therefore, our job is counseling and psychosocial support, it is not psychotherapy as some parents think, because these are simply not the conditions or possibilities for carrying out a psychotherapy process. If a child has problems at school and some minor behavior problems, what I can do is direct him to the right behavior with some guidelines, social and communication skills, but I don’t go into any depth. That is more the work of a psychologist or psychiatrist, if the child also cooperates with them.” (P6)

If the mobile expert team receives a decision from the Social Welfare Center for the entire family, group work with everyone is then planned; if the decision is related only to one individual and it is about a minor, then the parents are included in the process, while other children, if parents have them, are not necessarily involved in the process.

3.5.3. The Quality of the Center’s Cooperation with Other Institutions, the Wider Community, and the Users’ Parents/Caregivers

Due to the nature of the work and the users themselves, it is clear that the Center cooperates the most with the Social Welfare Center, both with the one in Zadar and elsewhere, depending on where the specific user comes from, and with the police and the court. Although all the interviewed employees claim that they are generally satisfied with the cooperation with the Social Welfare Center, we still draw conclusions from their answers indicating that they resent their insufficient involvement in some cases, and that they do not do enough with the families of their beneficiaries. Namely, if the child returns to the primary environment that was also the cause of his problems, where no positive changes have occurred in the meantime, there is a possibility of recidivism in behavior. In carrying out the treatment procedures of the resocialization process, in addition to the minor’s personality, it is important to focus on the factors that surround him and that have led to behavioral problems. Therefore, it is important to work on improving relationships within the family [13]. “We try to involve our centers more, but they simply have too much workload. They send us a child, we are in contact regarding that plan and going home, we send them reports on what is happening with the children, sometimes we meet at meetings, but it’s not like we cooperate on a daily basis. They should be more focused on work with

families, so that the child can one day return to that environment, which is often not the case." (P5).

Participant 6, who is part of the mobile expert team and cooperates with the Centers in Zadar, Benkovac and Obrovac, is the most satisfied with the cooperation with the Social Welfare Center, saying that the new service has been extremely well received by the Centers themselves, since they also benefit from the work of the mobile expert team that goes out into the field and works with families. That is why they receive many requests from them, and are very active in their cooperation.

All employees state that the Center tries to include the wider community in its work; for example, through the inclusion of volunteers in the half-day care center, cooperation with the Zadar association Porat, which deals with the prevention of addiction, peer violence, resocialization of recovering addicts, etc. It also organizes various humanitarian actions during the Christmas holidays, when gifts are collected for children, and then the turnout is truly great. In addition, there is the occasional sale of handmade works by users of half-day stays at stands in the city, the inclusion of children living in accommodation in extracurricular activities, for example training in sports clubs, learning foreign languages, and, in accordance with this, the cooperation of educators with coaches, leaders of sports clubs, schools, and associations for the purpose of monitoring the progress of their users.

The participants express satisfaction with the cooperation with other institutions, and at the same time they consider the cooperation with the wider community to be of high quality. "As far as the general wider community is concerned, we are really working hard there. We have good cooperation with associations. The Porat association often conducts some workshops here and the boys go to their association. In the half-day stay, we include various volunteers in our work, and so on." (P5).

Very often, teachers and professional associates in schools are the ones who first notice certain problems, such as educational neglect by parents or problems in the behavior of students, and they inform the Center about it. The cooperation of the Center with the schools attended by the users is simply indispensable in the resocialization process of the users and in the monitoring of their progress. "(. . .) We communicate with all class teachers, professional associates so, without this cooperation, they would hardly have passed their high school education. And the school reacts differently when it sees that someone cares, calls, is interested." (P1).

Educational institutions are an extremely important factor in the formation of a child's personality and social skills. A negative school environment, failure to understand the child's needs, and poor partnership between family and school are all phenomena that can lead to risky and problematic behavior in children [30]. Schools, as institutions of upbringing and education, are obliged to prevent unacceptable forms of behavior by giving advice and help to students in solving difficulties and the problems they face. Schools are also obliged to monitor social problems among students and to take measures to eliminate their causes and consequences, in cooperation with family, the social welfare system and other competent authorities [31]. This confirms that the topic is relevant in the context of contemporary considerations of the quality of the education system as a whole.

While the educators from the unit of organized housing for children without adequate parental care are very satisfied with the cooperation with the schools of their users, emphasizing that they are often in contact and that the teachers and professional associates of the schools are familiar with the situation of their users and are understanding, the educator from the unit of organized housing for children with behavioral problems expresses dissatisfaction with cooperation with schools, because currently all four boys, who are in residential care, are excluded from classes with the possibility of taking class exams. Although children with behavioral problems are often the ones who cause problems in class, the educator believes that teachers should still show more understanding for them and give them a chance, and not exclude such students from classes right at the beginning of the school year. The participants attributed the above to the overload for educational

staff of work obligations, but also to the incompetence of certain teachers to work with children with behavioral problems.

“Sometimes I have the feeling that maybe these schools just want to remove the problem from themselves, let’s put it that way. I know that these are difficult children, they are often the ones who cause problems in class, they have educational deficits, they don’t have the habit of attending classes regularly, that’s why they came here and, of course, sitting for 45 min in class is an extraordinary effort. I understand that teachers also have too many obligations and everything, but we should also be more understanding towards these children.” (P5). One participant points out that the employees of the mobile expert team are not obliged to cooperate with the schools that the users attend, but they can contact the professional associates of the schools, if necessary. The importance of the work of teachers and schools is also emphasized by Bouillet and Bijedić [32], who refer to a number of authors who confirm the importance of a positive experience of school as a possible factor in the prevention of harmful behavior for students and society in general. This conclusion is also linked to their own research, the results of which confirmed a significant connection between the experience of the quality of the classroom atmosphere and the level of risky behavior. The authors found that students who exhibit high-risk behaviors perceive the classroom atmosphere to be of lower quality, and call for reflection on the contribution of educational staff to the better social integration of students with risky behaviors into the school environment, through better communication. Another study was conducted by Kyriacou and his associates [33] in schools in England and Norway. In this study, from the perspective of student teachers ($n = 542$), the role of the school in dealing with anti-social behavior, amongst other roles, was examined. In short, based on the answers collected using the questionnaire, the authors came to the conclusion that, for a quality implementation of inclusive education, it is necessary to invest effort in programs of initial teacher education.

As for the cooperation of the Center with the users’ families, all employees claim that it is difficult to give a general statement on this matter, as it is always an individual case. There are parents who accept the problem and, within the limits of their abilities, want to be involved in the resocialization treatment of their child, while there are also those who never even call their child during his entire stay at the accommodation, let alone anything else. Employees say that one should not have too-high expectations when working with the users’ parents, but look forward to even small advances, because, in the end, if these were ideal families, these children would not even end up being in the Centre for their accommodation and stay. “It is not easy to work with them either, because if the situation in the family was good, these children would not even be here. These are people burdened with financial and social problems, they are often addicts. . .” (P2).

“There is always a parent who is specific, causes problems, and with whom cooperation is more difficult. We cooperate as much as we can, although it often happens that a child stays with us for two or three years, some changes happen and then the child returns to that family which no one worked with because the centers do not have time, due to their workload, and so you return the child to the environment that got him into trouble. But well, most call them, they are interested, children visit them during the holidays. (. . .) In my opinion, cooperation is good, because we are used to the fact that no significant changes will happen with these parents, we have lower expectations. (. . .) We are trying, especially the social worker, who cooperates with the family the most. There will be progress, I can’t say no, but then again, we can’t expect any miracles either, the fact that everything will be ideal after returning to the family.” (P1)

The educator from the half-day stay facility is not satisfied with the involvement of the parents in the process of resocialization of the children in their group, considering that one of the reasons for their insufficient involvement is living in a small community; this carries the fear of stigmatization and condemnation from people in that community, if they notice that someone has contact with the social welfare system. In cases where only

the child needs counseling services, the educator from the mobile expert team describes the cooperation with the parents as “surprisingly good”. He believes that going to their family, to their home, is more efficient than providing counseling services at the Center itself, because both the child and the parents are more relaxed and ready to cooperate.

“Well, surprisingly good. There will be some friction, difficulties, but they themselves agree to this service and when they realize that we are not some kind of repression, that we are here for them, they relax. I even prefer this to having them come to our Center for counseling, because there you see them in their home, in natural circumstances, the true dynamic of relationships. The first two or three times they may be able to pretend to be something they are not, but when you come to their home for five or six weeks in a row, whether they want to or not, they show how they actually function.” (P6)

Family is the center of the individual and social life of every child, and experiences gained in interaction with parents and other family members form the basis of children’s socio-emotional development. Authoritarian, permissive, or neglectful parenting styles very often lead to development of antisocial patterns of behavior in children [34].

Based on the responses of the participants, it can be concluded that all the aforementioned factors are, in their specific way, crucial for the implementation of pedagogical resocialization, which is why systematic support and quality cooperation between the Center and users’ families, schools, and the wider community are extremely important.

3.5.4. Ways of Preparing Users Who Will Soon Leave the Current Form of Support and Move to Another Form of Reintegration into the Community and Subsequent Monitoring of Their Progress

The duration of the resocialization program is determined individually for each user, depending at what age they became users of certain services, the problem they had, family situation, etc. Users placed in organized housing units by the decision of the Social Welfare Center can remain there up to 21 years of age, but at the age of 18, as adult citizens, they can make the decision to leave the accommodation themselves. Children with behavioral problems who came to be accommodated by a court decision, due to a criminal offense, can stay in housing units for a maximum of two years [26].

Based on the report by the Social Welfare Center, the court decides when the beneficiary is ready for discharge. The user can use the services of a half-day stay facility during the entire period of education, while the counseling and psychosocial support service of the mobile expert team can be carried out for a duration of three months to a year, with the additional fact that the Center’s expert team can decide to extend this service, depending on the needs of the user. “In my opinion, a year is a period in which you can assess whether your work is yielding any results and what can be done further. Some from the half-day stay spend their entire schooling with us. They stay at the accommodation for about two years on average. We had users stay from six months to six years, that is again individual.” (P5).

Until recently, with the institutional approach to resocialization, when the beneficiaries had to leave the accommodation soon, they would be transferred to a residential community with occasional supervision by educators, and thus would only start learning about independent living at the end of secondary school education [35]. As a result of the initiated deinstitutionalization process, during the stay in organized housing units and coexistence with educators and other users, the young person continuously learns and acquires good life habits and various skills and abilities for leading an independent life, which include self-care, taking care of their living space, responsibility for carrying out daily obligations, etc. According to the interviews, the current approach is confirmed as a significantly better solution. “As far as I can see from the stories from before, when the children were placed in the institution, that exit from the institution rarely went smoothly. They didn’t finish school, they didn’t acquire some basic competencies for an independent life and so often they slip up again, commit a crime, theft, drugs, end up in prison. . . That’s why I think that organized housing outside the institution is much better. This way, throughout their life

with us, they constantly learn something, acquire various skills, and it will certainly be easier for them one day when they are independent.” (P7).

When asked about the existence of post-penal treatment, follow-up supervision and counseling of users who have left organized housing units, all employees confirm that there are no regulations, guidelines, or instructions in this regard, nor are they obligated to take any action in this regard. However, the participants state that, in working with users who will soon leave the unit of organized housing, they are additionally engaged, in order to teach them how to find employment, an apartment and everything else necessary for an independent life after leaving. This is a disappointing fact, and from the answer of the social worker from the Center’s expert team, we learn that this is not only a problem of the Center, but of the entire social care system at the national level.

Although there is no official post-penal treatment of users after leaving the accommodation, the educators point out that the deinstitutionalization of the resocialization process and coexistence in organized housing led to closer and warmer relations with the users themselves—which was difficult in the earlier institutional approach—and that is why, even after leaving, many users remain in informal contact. “Officially, this is not done, but you get very close to them and stay in touch, so you know where they are and what they are doing. What used to be absolutely unacceptable in an inpatient facility is that you have such a close relationship with a resident and that he calls you outside of working hours.” (P7).

According to the statements of the participants, the deinstitutionalization of the resocialization process and living in organized housing units brought numerous positive changes, which, among other things, are reflected in more effective preparation and adaptation of users to the challenges of independent living. Despite the above, there is still a need for carrying out post-penal treatments with the user after termination of the use of the Center’s services. Forms of post-institutional protection in the form of mentoring, counseling, training, and supervision are also necessary for the ultimate success of the resocialization process itself [36].

3.5.5. The Success of the Pedagogical Resocialization Process

When leaving the institution, users are expected to demonstrate socially acceptable behavior, in the form of continuing regular school attendance or fulfilling work obligations, cultivating correct relationships with people in their environment, not consuming any illegal intoxicants, not committing criminal acts, etc. [35]. When assessing the success of the resocialization process, the Center’s employees are mainly guided by the aforementioned factors, and the resocialization process is considered successful if the user achieves them by the end of the resocialization program.

“There are no statistics and official information for that, but only some information that you hear from the center, some acquaintances, or themselves if they come to visit us. We are satisfied if they finish school or a course, have a trade, work, do not come forward as perpetrators of criminal acts, are functional citizens of our society.” (P5)

The participants point out that, when assessing the success of the resocialization process, one should not have too-high and unrealistic expectations, but rather look forward to even the smallest positive changes in users’ behavior. They believe that such changes are most easily observed in children from half-day care, while in the case of users from organized housing units, it is still a little more difficult. “Resocialization, these advances with children with behavioral disorders are slow and small. Out of the eight, maybe only one will work for you, but even that one is valuable. (. . .) He came to you in handcuffs, and then when he comes out and visits us for a year or so, he has a family, and we are overjoyed. And there are boys that you simply can’t reach, and they end up in the Turopolje Correctional Institution.” (P4).

Participant 3, who is an educator in a half-day care center, is of the opinion that, when assessing the success of the resocialization process, one should not only be guided by external factors, for example, finishing school or the level of the average grade or finding

a job, but should also take into account those things which are more difficult to measure, but which are equally significant changes, such as positive changes in the character and behavior of the child, the acquisition of good life habits, etc.; in this case, too, the process of resocialization should be considered successful. Kovačević [37] agrees with this, arguing that the repetition of a criminal offense or employment does not necessarily imply failure or success of treatment, since the behavior of minors could be influenced by external factors, such as coercion or incentives. The same author points out that a univariate approach to the evaluation of resocialization should be avoided, and that it is preferable to talk about the relative success or failure of the resocialization itself. "In schools, they have the wrong perception that everything is about grades. It's not. To me, it is more significant when I see some change in a child in the sense that before he did not manage in his environment, and now he goes to school regularly, he prefers studying, makes some friends, behaves more politely and similar. The point is in these small steps and shifts. There are also parents who have some unrealistic expectations of their child, which is why they consider him a failure, but that is not the case." (P3).

One of the employees in the mobile expert team also points out that one should not have unrealistic expectations, and considers their service successful if there have been even the smallest positive changes in behavior and relationships in the family they work with.

We can conclude that, when assessing the success of the resocialization process for users, as for all other people, the focus is primarily on external success criteria such as finishing school and finding a job. However, the participants also agreed that progress in personality development, desirable forms of behavior, a positive attitude towards oneself, other people, obligations, and various life situations are equally important.

4. Conclusions

Growing up in certain social circumstances that directly or indirectly influence the development of the individual through family life and other social factors (school, peers, the media, etc.), make the problem of children and youth with behavioral problems complex and layered. The responsibility for dealing with and solving such problems is therefore spread over several systems and institutions that a society establishes: the educational system, the social welfare system, the judicial system, etc.

4.1. Future Research

From the above, it follows that, at the level of scientific research, several fields within social sciences can deal with this topic as their research subject (pedagogy, sociology, psychology, educational-rehabilitation sciences, law, etc.). Based on this, and the presented research results, it is concluded that, for the sake of the well-being of children and youth, it is important to consider achieving a comprehensive approach to this issue through cooperation between the aforementioned systems, and through interdisciplinarity in scientific and research activities.

Dealing with this topic, the authors come across a small number of research studies conducted from a pedagogical point of view, but also from an interdisciplinary point of view in general. A conclusion is also imposed: more precisely, the need for dealing with educational and social inclusion in general presupposes the inclusion, interconnection and networking of numerous systems in contemporary societies. That is where we recognize the significance of the study and its contribution to monitoring, examining and recognizing the need for improving the way of implementing pedagogical resocialization, as well as an inclusive approach, at the international level.

Although the responsibility for the implementation of pedagogical resocialization primarily lies in the hands of the social welfare system, its cooperation with other institutions in the community indicates the need to share a certain level of responsibility with other factors of socialization. In this sense, for example, Hrvatić [10] sees school as a place where attention is paid to educational values and interpersonal relationships, and to providing equal opportunities to all its students. It is to be expected that a school with an

inclusive approach to a way of learning and working will also be successful in fulfilling its role in primary pedagogical prevention. In the framework of pedagogical prevention, the emphasis is placed both on the creation of new, and the maintenance of existing, effective forms of cooperation between educational institutions and social welfare institutions, such as the Community-based Service Center.

It is precisely the importance of cooperation between different systems that points to the complexity of the topic, which ultimately opens up a wide research field.

4.2. Implication for Practice

As seen from the pedagogical aspect, in the care of such young individuals, the component of upbringing cannot be ignored, since the actions of responsible persons in working with them are, among other things, actions of upbringing, regardless of whether they are manifested in their relationships with the user on a conscious or unconscious level. These same children and young people are also students in schools; therefore, it is up to the educational staff, just like with any other students, to monitor their development and guide them, not only towards achieving the best possible results in learning, but also in adopting positive patterns of behavior. According to the research results, although the teachers show cooperation, they are presented with great challenges, because, besides the overload of regular duties, they are expected to focus specifically on students with behavioral problems. Therefore, it becomes obvious that, for their teaching and more successful participation in the processes of pedagogical resocialization, the strengthening of teacher competencies is needed, either through initial teacher training and/or continuous professional development. This reflects the link between the educational system and the social welfare system, as well as when we deal with this topic in the spirit of realizing the principles of equality and democracy in education; more precisely, the implementation of social inclusion and *integrated education*. According to Hrvatić [10], the latter term would primarily imply continuous implementation of school-based prevention programs (primary pedagogical prevention) for employees in educational institutions, but also work with children and youth with already developed and identified behavioral problems (tertiary prevention).

The comprehensiveness of this topic finds its theoretical basis in Bronfenbrenner's ecological systems theory, in which all systems are in mutual interaction, as well as individual elements within each system. In addition to the mentioned social elements, it simultaneously takes into account the biological-psychological ones [3]. In the conducted research, this is particularly reflected in the participants' responses related to the cooperation of the Center with other institutions: the Social Welfare Center, associations, and educational institutions (especially schools). This also includes their referral to higher legal instances, i.e., competent institutions that regulate work with users, where the Center's employees agree and express the need to devise procedures for monitoring users after the end of the use of the social service, more precisely after leaving the organized housing unit. The statements also mention the need for work with parents, i.e., family members, who make up the microsystem to which the young user will be returned.

Consequently, the last but not the least important factor of the Center's cooperation is that of the parents/caregivers of the users, which particularly comes to the fore in Bowlby's theory. Namely, the child's first contact with the outside world is represented by his parents, on a daily basis. They influence all his developmental stages, in every respect, and form the basis of his acquaintance and establishment of relations with the outside world in his future life. Therefore, the participants agreed on the advantages of the deinstitutionalization processes, especially the service in the form of organized housing units, because they provide conditions in which a family atmosphere is created by establishing and maintaining warm and intimate interpersonal relationships. In such a way, users can experience a sense of belonging and safety, which was difficult to do in the earlier exclusively institutionalized approach. This new approach in providing social services can result in very positive outcomes for the users and their preparation for an independent assumption of care and responsibility for their own life. Good and healthy life

habits, as well as desirable behavior patterns, are acquired, which each individual primarily acquires from their parents. Unfortunately, with regard to the cooperation between the Center and the parents, most of the participants, based on previous experiences, express low expectations towards parents and their willingness to cooperate and to improve their family life in general.

The implementation of the process of deinstitutionalization of care within the aforementioned project, and its contribution to the improvement in non-institutional services, was evaluated from the perspective of the employees involved in the research as a process that brings positive changes in the work with the users and improves the work of special educators and the Center's expert team. However, the research participants agree that, after leaving the system, users should continue to have systematic support at their disposal, so that favorable processes of social integration are not interrupted. It should be kept in mind that satisfaction with the new trend in the provision of social services is expressed by those who implement them in their daily professional practice.

4.3. Research Limitations

The authors are aware of the limitations of the study, since the presented research is not representative, and it is possible to interpret it only at the local level. Another limitation refers to participants, because the research into pedagogical resocialization was conducted only from the perspective of the employees from the social welfare system.

It is justified to assume that the processes of deinstitutionalization of care, as a kind of progress within the social care system, can also represent an incentive for the progress of all other factors and systems that are directed to cooperate in this matter. The consistent and dedicated work of all individuals who are, in their professional work, fully or partially concerned with the upbringing and education of children and youth, and imbued with a systematic and structured approach, can contribute to creating and maintaining their sense of security and stability as a primary human need. This enables a more complete approach to this problem and a holistic approach to solving the social problems of children and youth.

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