



List of recommendations by the Austrian Ombudsman Board and its commissions

I. INSTITUTIONS AND FACILITIES

Infrastructural fixtures and fittings

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- The configuration of the space and the organisational procedures in psychiatric institutions can contribute significantly to the prevention of violence and aggression.

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- Facilities operated by child and youth welfare organisations must be fully accessible.

POLICE DETENTION CENTRES / POLICE STATIONS

- The toilet areas in the cells for multiple inmates must be structurally separated.
- Cells for multiple inmates without (fully) walled-in toilet areas may not house more than one inmate until they have been renovated.
- Social areas must be created for inmates serving an administrative penalty.
- Police detention centres must be cleaned regularly and at proper intervals.
- The showers must be checked regularly (particularly the direction in which the shower water sprays) and repaired, if necessary (replacement of shower heads).

- Inmates must be given daily access to restroom sinks with warm water connections.
- Police stations must be hygienic, well-kept and equipped with functioning heating systems.
- A permanently activated call bell system must be provided so that persons in police custody can always contact the guards.
- Police stations should be accessible barrier-free; the existing staged plan under the Federal Act on the Equal Treatment of Persons with Disabilities (*Bundes-Behindertengleichstellungsgesetz*) must be complied with. The approximately 300 police stations not contained in this plan must be relocated by 31 December 2019, or another organisational solution must be found.

BARRACKS

- When barracks are retrofitted or when new barracks are built, military detention areas should be equipped with separate sanitary facilities in future.

CORRECTIONAL INSTITUTIONS

- Structural adaptations so that correctional institutions are equipped to accommodate persons with disabilities should take priority.
- Forensic ward/psychiatric institutions: If six-person rooms cannot be separated structurally, setting up mobile partitions can increase privacy.
- Furnishing a three-person inmate cell with two bunk beds should be avoided due to the possible overcrowding of the cell.
- Specially secured cells, which are not in use due to their equipment and furnishings, should be rendered unusable. Finally, the room should be removed from the cell layout plan.
- In multiple inmate cells, inmates must be provided with storage lockers that can be locked.

Living conditions

RETIREMENT AND NURSING HOMES

- Retirement and nursing homes are not an adequate living environment for young persons with disabilities.
- Unusual mealtimes and early bedtimes are an expression of structural violence and should be avoided. Evening activities for residents with dementia who suffer from insomnia and are restless are necessary.
- The wishes of the residents should be taken into consideration when mealtimes are scheduled; nutritional recommendations should be followed. According to these recommendations, when meals are being provided to a residential community, three main meals and two snacks are ideal. The time between meals should not be longer than five hours and the time between supper and breakfast should not be longer than twelve hours.
- Access to the outdoors once a day has to be ensured, in particular for residents with mobility impairments.
- The right to privacy must be maintained, both when providing care-related assistance and when configuring rooms with multiple occupants (visual barriers by way of screens, etc.).
- Comprehensive barrier-free accessibility has to be ensured.

INSTITUTIONS AND FACILITIES FOR PERSONS WITH DISABILITIES

- Persons with disabilities have to be enabled to plan their everyday life according to their own personal needs and to participate in society. The concept of social space orientation (*Sozialraumorientierung*) should be used.
- For persons being cared for in institutions and facilities, self-advocacy must be ensured regardless of the kind of disability. Suitable support measures are necessary. Peer-to-peer sharing of information should be promoted.

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- Children and juveniles may not be housed and treated in adult psychiatric wards; according to the CPT, this is a violation of preventive human rights and professional standards.

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- Placement of minors should be in close proximity to the parents' residence unless this is inadvisable for pedagogical reasons.
- House and group rules must be developed in a participatory process with the minors; children's parliaments and the like must be established in all institutions and facilities.
- Individual privacy must be enabled for minors as well; while staff should be able to open doors, it should be possible to lock them from the inside.

CORRECTIONAL INSTITUTIONS

- Time and exercise outdoors makes inmates healthier and should be made possible for at least one hour each day, weather permitting. Especially older, fragile or sick persons must be enabled to spend time in the fresh air at regular intervals to maintain their health or promote recovery.
- To the extent possible, the religion of the inmates should be taken into consideration with regard to the selection of food.

Contact with the outside

CORRECTIONAL INSTITUTIONS

- Tables that are too large prevent touching during visits and should therefore be replaced.

Educational, work-related and occupational activities

INSTITUTIONS AND FACILITIES FOR PERSONS WITH DISABILITIES

- Integration into normal jobs should be adequately promoted and wages in day-care centres/occupational workshops must guarantee acquisition of entitlements under social insurance law.

CORRECTIONAL INSTITUTIONS

- Inmates should not have to choose between work and the rights to which they are entitled, such as outdoor exercise.
- The expansion of employment opportunities for women must be accelerated. Women should have equal access to leisure-time activities.
- In particular, women should not be financially disadvantaged by the lack of employment opportunities
- The current practice of a learning platform, as offered in twelve correctional institutions, should be evaluated in the near future.
- A total ban on Internet access and computer use is inadmissible. Permanent steps must be taken to provide abuse-proof access to the Internet for continuing educational purposes.
- Correctional institutions must ensure that inmates who lack a primary school education receive the necessary instruction at the primary school level. In any case, an instruction opportunity should be provided if there is a large number of inmates to whom this applies.

Access to information within the facility

POLICE DETENTION CENTRES / POLICE STATIONS

- Repatriation counsellors cannot replace professional interpreters. Repatriation counselling and interpreting services must be provided by different persons.
- Prompt translation into 27 languages of the information in the “Infomat” for detainees awaiting forced returns in police detention centres and in the Vordernberg detention centre is necessary.

CORRECTIONAL INSTITUTIONS

- Inmates should know the punishment they can expect for various forms of disruptive and abnormal behaviour. Providing this data to inmates is preventive in nature. This data should provide decision-makers with a background for establishing a uniform ruling practice.
- Information notices must be revised as soon as possible if there is a change in the law.

- Access to information does not only mean that information is provided. Information should be provided to the inmates in a language and vocabulary they can understand.

Complaint management

INSTITUTIONS AND FACILITIES FOR PERSONS WITH DISABILITIES

- In all institutions and facilities, persons with disabilities must have an adequate opportunity to submit complaints.

CORRECTIONAL INSTITUTIONS

- The establishment of a complaint register must be vigorously pursued.

Measures that restrict freedom

RETIREMENT AND NURSING HOMES

- Care that is based on human dignity and human rights is unthinkable without the active protection of personal freedom. Therefore, this right to respect calls for institutions and facilities to rethink the use of measures that restrict freedom in their own practice and examine them self-critically on a regular basis.
- Measures that restrict freedom often become unnecessary after psychosocial interventions, personal attention and consideration of individual needs.
- Equipment with the necessary materials for care in accordance with current standards as an alternative to measures that restrict freedom (low-profile beds, beds equipped with split side guards, bed alarm systems, sensor mats, etc.) have to be ensured.
- Any coercive measure is excessive if a suitable and more mild directive is sufficient to achieve the desired level of success. Interference with the right to personal freedom and other personal rights may not be more dramatic than is necessary with regard to substance, space, time and personnel.
- Restrictions of freedom by way of drugs are subject to control by the courts and must be reported by facility management to residents' representatives as part of enforcement of the rights of the individual.

INSTITUTIONS AND FACILITIES FOR PERSONS WITH DISABILITIES

- Measures that restrict freedom, which are used to compensate a lack of barrier-free accessibility or space and personnel shortages, are without exception inadmissible and are an expression of structural violence.
- Psychosocial interventions and individual care are always preferable to isolation and measures that restrict freedom. Measures that restrict freedom ordered because patients are a threat to themselves or others must be both the least severe means of control and the last resort.
- Minors with learning disabilities or who are mentally ill may not be subjected to any age-atypical measures that restrict freedom. Just like adults, they are entitled to a review of these measures by the court.
- When measures that restrict freedom are used allegedly to protect patients against being a threat to themselves or others, particular care and a review of the alternatives is always necessary.
- The use of time-out rooms may not be the result of inadequate care, insufficient medical or psychiatric care or unsuitable settings and presumes a crisis intervention plan and de-escalation training for the staff; it is solely for the temporary protection of the person in question or other persons in the event of acute aggression against third parties and is not a permissible measure to discipline or sanction other abnormal behaviour; it should be as brief as possible, with constant observation and the opportunity for calming conversations; it must occur in an environment that is free of fear, stimulus-free and with no risk of injury; it must be documented and reported to the representative(s) of the residents as a measure to restrict freedom; it must be accompanied by observations and analyses of interaction that can show the interplay between the behaviour of the persons involved and actions/reactions of staff or other residents.

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- Operators of hospitals and psychiatric institutions must ensure – as far as personnel, concept and organisation are concerned – that there be as many graduated response possibilities with regard to intervention intensity as possible before coercive measures are used.
- De-escalation management and work on the prevention of multi-dimensional violence and falling help to prevent measures that restrict freedom.

- Consensus-based treatment agreements can reduce the frequency and duration of coercive measures.
- Restraints and isolation are not therapeutic interventions but purely security measures that are used when a therapeutic approach is not possible. If their use appears to be unavoidable, it is necessary to maintain human dignity and guarantee legal certainty. Interventions must be kept as short and as non-intrusive as possible.
- Any coercive measure is excessive if a suitable and more mild directive is sufficient to achieve the desired level of success. Interference with the right to personal freedom and other personal rights may not be more dramatic than is necessary with regard to substance, space, time and personnel.
- If restraints are used as a last resort, they may not be perceived by the persons affected as a threat, nor may the way that the restraint process was undertaken increase feelings of powerlessness and fear.
- Placement of patients in beds set up in hallways accompanied by the use of restraints is an unacceptable violation of their human dignity and their fundamental personal rights. Restraint of patients must take place out of sight of third parties; use of restraints can be used only with constant and direct supervision in the form of a watch by an attendant. Restraining straps on beds may not be constantly visible.
- After they have been restrained, patients must be supervised 1:1 “constantly, directly and personally” as the CPT has been demanding for years.
- In implementation of a recommendation by the CPT, a central register must be set up in all psychiatric hospitals and wards to record the cases when measures to restrict freedom of movement were used in order to be able to evaluate their use and frequency without consulting patient records.
- Restraint persisting over several days is extremely alarming from a human rights perspective and should fundamentally be avoided. In special cases, seamless documentation and monitoring must be ensured.

POLICE DETENTION CENTRES / POLICE STATIONS

- A stay in a lockable inmate cell is only voluntary if there is no doubt that the affected person is aware that his stay is voluntary.
- Detention at police stations must be seamlessly documented to ensure that the deprivation of liberty is verifiable.
- Under the detention regulations, the reason for placing an inmate in a specially secured cell must be documented in each individual case.

CORRECTIONAL INSTITUTIONS

- Task force trainings may not cause longer lock-up times.
- Forensic ward/psychiatric institutions: Strapping a patient to a hospital bed is only permitted when it is absolutely necessary due to the progression of the disease. The external conditions accompanying the restraint may not be frightening to the person affected. During the period of restraint, this type of detention must be continually questioned. The form on “Restrictions on the freedom of movement”, recommended by the NPM, must be prepared.
- A potentially suicidal inmate may not be housed in a single cell. Video monitoring does not rule out suicide by the persons at risk during an unobserved moment.

Security measures

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- Upbringing that is free of violence must be fully ensured for all minors.
- The imposition of group punishment is inadmissible.
- Pedagogical consequences as a reaction to disruptive or abnormal behaviour should not be excessive or humiliating.

CORRECTIONAL INSTITUTIONS

- Saliva tests should replace urine tests because they are less intrusive by nature. All institutions should make saliva tests available as soon as possible.
- If the Federal Ministry of Justice assigns persons in detention to a public psychiatric facility, the Ministry is responsible for deficits in their infrastructure. If the Federal Ministry of Justice cannot ensure that these deficits are remedied, the persons affected must be housed in a facility run by the Federal Ministry of Justice itself.
- A condescending and insulting tone is an affront to human dignity.

Health care

RETIREMENT AND NURSING HOMES

- Orientation training, exercises, investing in low-profile beds, bed, chair and floor mat alarms, individually adjusted hip protectors, visual aids, grab bars in hallways, etc. contribute to the prevention of falls.
- It must be ensured that persons in facilities for the elderly can freely choose their doctors.
- Care by specialists must be ensured without restrictions.
- Before medications are prescribed, the type, extent, implementation, expected consequences/side effects and risks of the drug treatment must be explained to the persons affected and their informed consent must be obtained. It is not admissible to administer medications unobtrusively with food without obtaining informed consent from the persons affected.
- Administering medicines/drugs is fundamentally the job of doctors that can be delegated to qualified nursing staff within the scope of a field of activity for which they are jointly responsible, provided that the amount, dose, and type and time of administration is noted in written form in the patients' charts by the doctors authorised to issue prescriptions.
- PRN medication is permitted in individual cases if the criteria for the assessment of timing and dose of the medication to be administered is unambiguous, beyond any doubt and verifiable according to the doctor's instructions, without the nursing staff making inadmissible diagnostic or therapeutic decisions at their own discretion that exceed their competence.

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- Prevention of falls: When being admitted to hospital, all patients should be observed and questioned with regard to fall risk factors. There should be regular analyses in each ward with regard to frequent reasons for falls in order to minimise risks (damp or slippery floors, poor lighting, lack of grab bars, high steps, etc.). A multi-professional team should plan measures, distribute information and implement therapeutic interventions.
- Orientation training, exercises, investing in low-profile beds, bed, chair and floor mat alarms, individually adjusted hip protectors, visual aids, grab bars in hallways, etc. contribute to the prevention of falls.

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- Particular caution is necessary with regard to drugs being used off-label.
- PRN medication may not be administered by pedagogic staff.

POLICE DETENTION CENTRES / POLICE STATIONS

- An interpreter or a bilingual person must be deployed when conducting a medical examination of a non-German-speaking detainee.
- Information regarding the deployment of an interpreter or a bilingual person must be documented in the detention logs.
- Every inmate must be provided with the medical case history sheet in his or her native language regardless of any knowledge of German.
- A guideline must be developed, which takes the healthcare of inebriated, substance-impaired, mentally ill persons and persons who are a danger to themselves into account.
- Medical examinations must be verifiably documented without any contradictions.
- Medications may only be administered by trained personnel under a doctor's supervision.

CORRECTIONAL INSTITUTIONS

- Preventive examinations are part of standard medical care.
- Psychiatric and psychological care is part of health care and, as such, must be ensured by the institutions.
- Regular visits, in particular, should help prevent the physical and emotional neglect of long-time inmates.
- A provision on who can dispense and administer what medicines to inmates and when must be developed.
- Anomalies in the prescription of psychiatric drugs can be quickly detected with the aid of the "Medication Management" control module. The monthly reports are to be screened for prescription practices.
- Inmates are entitled to the same level of medical care as persons at liberty. Deploying an interpreter during medical care is absolutely necessary.

Personnel

RETIREMENT AND NURSING HOMES

- Staff resources, especially during the night shift, must be adequate enough to guarantee the safety of the residents. Care personnel must be able to undertake unforeseen assistance and care promptly, recognise emergencies early on and hear calls for help.
- In order to maintain and improve the working capability of personnel, it is necessary to have professional psychological supervision that takes place during working hours with external supervisors who can select the care teams. This improves psychological hygiene and helps to prevent burnout, bullying/harassment and violence.

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- Inclusion and participation of private security personnel in patient care is inadmissible and may not occur. Concomitant arrangements are necessary to maintain patients' personal rights and to enable measures to ensure staff safety.

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- In addition to basic training, socio-pedagogic staff must have special competence in dealing with violence in crisis situations. Mandatory training and continuing education on this subject, the inclusion of violence prevention in institutional models and codes of practice, as well as the appointment of a violence protection specialist are absolutely necessary preventive measures to prevent violence.

POLICE DETENTION CENTRES / POLICE STATIONS

- All activities engaged in and measures taken by private security personnel at the Vorderberg detention centre should be documented.

CORRECTIONAL INSTITUTIONS

- Efforts to find an amicable solution with respect to personnel matters may not be so protracted that there is an adverse impact on the interests of inmates.
- The night shift in the juvenile department should only be staffed with juvenile department employees.
- The judiciary administration should make a targeted search for suitable employees for the detention of juvenile offenders. Such employees should be offered attractive working conditions after completing the relevant training.
- Having to deal with suicides often leads to stress disorders long afterwards, which should be minimised through measures taken by the employer.
- The judiciary administration must make every effort to ensure that seeking psychotherapeutic care is not viewed as a weakness.
- Sexual harassment is an affront to human dignity. Derogatory or hurtful statements and depictions are also unacceptable and therefore must be avoided.
- The employer must ensure that the sexual autonomy, sexual integrity and privacy of employees are not endangered. Therefore, the employer must ensure that no pictures of naked women are hung in staff rooms.

II. RETURNS AND RELEASE OF DETAINEES

FORCED RETURNS / RETURNS

- Separating families during (forced) returns should be avoided.
- It is helpful to deploy additional female officials when deporting families with children.
- In the case of women who are pregnant, this official act should not take place in the period between eight weeks prior to the expected date of delivery and eight weeks after childbirth.
- A psychiatric report and/or psychological preparation can prevent difficult situations.
- If a person is fearful of flying, there should be a medical report, including the prescribed medicines.
- A sufficient amount of baby food must be made available. It must be made possible for the mother to breastfeed the baby without disruptions.
- Good conduct of interviews with due regard for the situation should be standardised.

- Professional interpreters should be used during (forced) returns.
- Requests for voluntary departure should always be given priority so that coercive measures can be avoided.
- Release after termination of detention pending forced return and – if intended – placement with a support organisation should be made without delay.

III. EXERCISE OF DIRECT ADMINISTRATIVE POWER AND COMPULSION

- Demonstrations: When the police encircle a crowd, the persons in the crowd must be given clearly audible information.
- Demonstrations: Encirclement should be for as short a time as possible.
- Demonstrations: Identifications must be processed as quickly as possible. An adequate number of computers is necessary for this.
- Demonstrations: The successful “3 D strategy” (Dialogue – De-escalation – Drastic Measures) should be retained and further developed.
- Compensatory measures in border areas: Interpreters must always be available.
- Compensatory measures in border areas: The initial questioning of traumatised persons, who are often picked up during compensatory measures (asylum seekers, victims of human trafficking) must be done by professionals.
- Compensatory measures in border areas: Quick clarification regarding the reason for and the sequence of the official act is absolutely necessary to avoid uncertainty.

IV. GENERAL RECOMMENDATIONS

RETIREMENT AND NURSING HOMES

- Implementation of insights based on health care science and the application of important assessment instruments, including from the perspective of preventive and human rights monitoring – e.g. for risk assessment in connection with fall prevention, pain, hygiene, malnutrition, skin damage – requires a reorientation and professionalisation of care.

- More specific education of doctors with regard to treatment of elderly patients with drugs is necessary.
- Research is needed with regard to drug safety for the very elderly both in and outside of stationary long-term care.
- When safe and humane care cannot be guaranteed, the residents must be transferred to another facility. Supervisory authorities are called upon to act quickly.

INSTITUTIONS AND FACILITIES FOR PERSONS WITH DISABILITIES

- After the official country review of Austria within the scope of the UN Convention on the Rights of Persons with Disabilities, the UN Committee on the Rights of Persons with Disabilities recommended that Austria should undertake additional measures to “protect women, men, girls and boys with disabilities against exploitation, violence and abuse”. The NPM also calls for this.
- Dismantling large-scale institutions and a consistent reorientation toward aid in the form of personal assistance and offerings within the socio-spatial sphere is the core piece of disability policies that conform to human rights principles.
- Employment of persons with disabilities in sheltered workshops in their current legal and factual configuration does not comply with the provisions of UN CRPD, especially with Section 27 “Work and employment”, specifically but not exclusively because the persons with disabilities who work in these workshops are – without exception – not considered employees under labour law by the Austrian legal system and are not covered by any independent social insurance from this employment (except for statutory accident insurance). The ability of all persons with disabilities, who are currently employed in (sheltered) workshops, of earning a living should be guaranteed regardless of their individual performance capability and apart from the current social welfare or minimum benefit system.
- More complex conditions and multiple disabilities often require specially optimised care. This must not be a question of resources. The development of the personality in children and juveniles with major mental or physical disabilities depends in large part on whether and how they are supported in perceiving their environment, grasping it in the truest sense of the word and being able to explore it themselves.
- When persons with disabilities are limited by structural inadequacies, a lack of comprehensive accessibility, inadequate staffing during day or night shifts, poorly adjusted aids or insufficient advancement of mental or practical capabilities, the social development of these persons is hampered in an inadmissible way.

- It is an intrinsic quality of large-scale institutions that the basic attitude vis-à-vis persons with disabilities is primarily protective rather than an attitude that is based on resources and strengths. But also personal contacts and supportive relationships that might be possible in the vicinity are – at the very least – made more difficult when residents are transferred to homes that are further away. As a result of the size of the facilities, the way that individual needs and wishes are addressed becomes inferior. Increased efforts to drive deinstitutionalisation forward are necessary. Comprehensive overall concepts are lacking and must be developed.
- Care home agreements in written form for persons with disabilities are obligatory. Agreements must be simply and comprehensibly worded. The persons involved must be able to understand and follow the content.

HOSPITALS / PSYCHIATRIC INSTITUTIONS AND FACILITIES

- The guiding criteria for professional action must be the principles of voluntary action, (assisted) self-determination, participative decision-making and intensive care and occupational activity – if necessary during acute crises at a ratio of 1:1. This requires resources, patience and personal attention, equal footing between staff and patient, respectful attitude vis-à-vis individual life patterns, as well as ongoing qualification of staff in dealing with crisis situations, violence and aggression.
- Aspects such as communication, information and transparency of action while maintaining privacy and self-determination are highly important, especially vis-à-vis people who are ill. Gender-specific issues and vulnerabilities always require particular attention.
- De-escalation can take place at various different levels. It begins with prevention of aggression, in a conversation that seeks to calm an agitated patient and then ranging from conflict resolution without losers to restraints, which must be used with the least invasive impact on the patient while maintaining the patient's dignity.
- When the use of net beds is discontinued, alternatives to measures restricting freedom must be considered and realised.
- Availability of psychiatric care must be planned in a forward-looking way and flexibly adjusted to the regional conditions.
- Residential and rehabilitation possibilities for persons with chronic mental disorders must be expanded; they would prevent some effects requiring hospitalisation.
- More training possibilities for specialists in the child and adolescent psychiatry speciality field are urgently needed.

INSTITUTIONS AND FACILITIES OPERATED BY CHILD AND YOUTH WELFARE AUTHORITIES

- Assistance opportunities must be individualised, including within the framework of full residential care (*Volle Erziehung*) in institutions and facilities.
- Scientifically-based plans to assist children and juveniles by the *Laender* must include care deficits and measures to remedy them.
- Laws governing occupations and professions and the training of social pedagogues should be standardised Austria-wide (agreement under Section 15a of the Austrian Federal Constitution)
- Sex education and prevention of violence and sexual assault are indispensable. Effective prevention must teach the different types of boundary violations and encourage children and juveniles to get help, to insist on their right to physical and sexual self-determination and to critically question gender role stereotypes.
- The legal entitlement to assistance by young adults should be embedded in legislation and case management should be improved.
- The differentiation between children and juveniles under full residential care both under and outside of reception conditions under the Basic Provision Agreement contradicts the UN Convention on the Rights of the Child and must therefore be rejected. Unaccompanied minor refugees (UMRs) are subject to the full protection of the operator of child and youth welfare organisations and are entitled to care that is appropriate to their needs and is based on the latest developments in pedagogy. Occupation and recreational opportunities in UMR facilities must be expanded. More budget resources from funds provided under the reception conditions are needed to make psychosocial care and integration easier. Uniform minimum standards across Austria for UMR care are necessary.
- All *Laender* must fulfil their care responsibilities themselves by way of suitable institutions and facilities, in order to avoid breakdowns of relationships that do not support the welfare of the children.
- The structures in homes hamper work in accordance with the insights that social pedagogy provides. The effect of negative group dynamics can be much stronger than that of pedagogical and therapeutic social and conflict training or additional mechanisms that are supposed to support development of the personality, behavioural changes, as well as school and occupational integration. Smaller regional “family-style” care facilities should replace large homes.