Considering Family and Child Welfare in Lithuania in Terms of Social Sustainability Pursuant to Observations of Everyday Professional Practice

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Abstract: This article investigates the family and child welfare system in Lithuania in terms of social sustainability, with an emphasis on children’s rights. The conceptual framework of Gilbert et al. (2011a) on child welfare was used as the substance of the research, identifying the problem frame, aim and mode of intervention, and parent–state relationship as the main dimensions for analyzing configurations of the child welfare systems. The analysis in this article focuses on how the family and child welfare system is observed in everyday professional practice in Lithuania by linking it with the social sustainability concept. The quantitative research sample comprised 501 respondents from Lithuania, representing different professionals of the family and child welfare system. An online questionnaire was distributed across regional municipal social services departments and to the national service of the State Child Rights Protection and Adoption Service. Explorative factor analysis and multidimensional scaling were used for data analysis. The research demonstrated that family and child welfare dimensions are meaningfully related to the social sustainability concept through the rights of a child such as the child’s best interests, accessibility to services, the right to be heard, protection against violence, child identity, development assurance, and so forth. The research indicates the need for awareness raising, including education and training for professional actors regarding child and family welfare, as an integral part of the concept of social sustainability.

Keywords: child welfare; children’s rights; child protection orientations

1. Introduction

In Western societies, two ideologies of child welfare, namely, family support and child protection, have shaped social work practices with children and their families [1–3]. Family support can be seen as services and interventions that strengthen parents’ abilities to care for their children, whereas child protection interventions aim to identify and protect children from abuse and neglect [2]. Gilbert et al. also identified a third “child-focused” orientation, which contains features of child protection and family support but concentrates on the child as an agent who has an independent relation to the state [4] (p. 252).

In this paper, we highlight the child welfare system in Lithuania as a post-Soviet country with a relatively young, thirty-year history of developing child and family services. The research is grounded on Gilbert and the international research team’s child welfare study [2], which substantiates the problem frame, the aim and the mode of intervention, and the parent–state relationship as the main dimensions for analyzing configurations of a child welfare system. The Lithuanian context provides a unique setting for analyzing configurations of the child welfare systems. The analysis in this article focuses on how the family and child welfare dimensions are meaningfully related to the social sustainability concept through the rights of a child such as the child’s best interests, accessibility to services, the right to be heard, protection against violence, child identity, development assurance, and so forth. The research indicates the need for awareness raising, including education and training for professional actors regarding child and family welfare, as an integral part of the concept of social sustainability.
In this paper, we aim to link the concept of child welfare used by Gilbert et al. [2] with the concept of social sustainability to discuss child rights as a bridge between child welfare and social sustainability concepts. Concerning the social sustainability concept, we refer to the concept of Hämäläinen, Pihlainen, and Vornanen that “social sustainability can be linked to the alleviation of poverty and promoting participation, inclusion, cultural identity, institutional stability, and social cohesion” (p. 2), and also that “child welfare is an essential element of sustainable social development, even sustainable development in general” [8] (p. 15). In our paper, we adhere to the authors’ idea that “social sustainability ultimately refers to recognizing the children’s rights” [8] (p. 15).

It is broadly recognized that individual actors can offer a front-line perspective on how child welfare problems are perceived and handled in daily practice [5–7]. The authors of the present paper considered the remark of Biesel et al. that the analysis of regulatory frameworks has “not necessarily . . . been evident in practice” [9] (pp. 18–19). The link between conceptual frameworks and empirical observations of child welfare practice enabled the researchers to portray the configuration of the child welfare system in Lithuania, which integrates child protection, family services, and child-focused orientations of child welfare, around child welfare dimensions such as the problem frame, the aim and the mode of intervention, and the relationship between the state and parents, as proposed by Gilbert et al. [2].

In this paper, we present research findings on how the child welfare system, with reference to the problem frame, the aim and the mode of intervention, and the parent–state relationship, is observed in everyday professional practice in Lithuania by linking it with the social sustainability concept. The analysis provides meaningful empirical grounds for a link between the social sustainability of child and family welfare policy and practice in Lithuania. Our discussion provides input for research “on child protection systems and child and family policy promoting social sustainability” [8] (p. 15) that considers the national context. Schoch et al. noted that the development of sustainable child protection “provides effective support for children and parents, guaranteeing their integrity by allowing for the interaction of mutual recognition and making sufficient information available to the persons concerned for full participation in the child protection system” [10] (p. 15).

1.1. Orientations to Child and Family Welfare

Numerous studies have been interested in how the child welfare system aims to tackle child abuse and promote families’ well-being [1,2,5,11,12]. Child welfare is connected to the broader societal and political settings and includes areas such as material situation, housing, health, subjective well-being of the child and family, education, child relationships, civic participation, risk, and safety. What lies behind child welfare outcomes is the interaction between resources and risk factors operating in the child’s personal life, in his or her family, school, or the wider society [13]. International treaties, such as the Convention of the Rights of the Child (CRC) of the United Nations, the Millennium Development Goals (MDGs) and subsequently the 2030 Agenda for Sustainable Development (SDG), national policy programs, and laws affect the composition of the child welfare system and the professional practices it contains. Countries have different approaches to addressing the needs of parents and children in vulnerable situations through policies, legislation, and services [9,11,12,14].

Gilbert [1,2,11] could be named as a pioneer in this area in the USA, and Parton [15–17] as a European scholar who has analyzed child protection policies and practices in England and internationally over the last thirty years. The first comparative study led by Gilbert [1] analyzed child protection systems in nine countries (Belgium, Canada, Denmark, England, Finland, Germany, the Netherlands, Sweden, and the USA). The mentioned research revealed the two ideological orientations: family support and child protection. This comparative research was repeated later [2]. In addition to all original countries, it included Norway. The researchers described the basic features of child protection systems based on Esping-Andersen’s [18] conventional typology of welfare state regimes.
and outlined the legislative reforms related to child abuse. Additionally, they defined policy developments and their implications for reorienting child protection systems and promoting child welfare. The research showed that child welfare systems had expanded during the 15 years after the original comparison in all countries. Moreover, the approaches to how children are protected from abuse and maltreatment had become more complex, hence the two original orientations—child protection and family service—did not cover the multifaceted reality, and they conceptualized a new child-focused orientation. The authors provided a table summarizing the findings of orientations—Child Protection, Family Service, Child-Focused—and their transpiring dimensions, namely the driver for intervention, the role of the state, the problem frame, the mode of intervention, the aim of intervention, state–parent relationship, and the balance of rights. They point out that orientations can be seen as a continuum and as a three-dimensional framework when countries do not portray pure orientations but “fall within a framework—closer to some planes than others” [4] (pp. 255–256).

From the international research group, Parton [17] has continued theoretical, system-level analysis and developed a typology based on two value dimensions—Individualism and Collectivism, and Authoritarianism and Permissiveness. Authoritative Individualism is very similar to Gilbert, Parton, and Skivenes' child protection orientation, and Permissive Individualism is close to family service orientation [4]. Authoritarian Collectivism focuses on intervening in and regulating collective societal behavior toward children and young people and the role of the state is focused on regulating communities and organizations. Permissive Collectivism emphasizes the support of communities to improve children’s well-being; it also downplays the role of the state. As Connolly et al. point out, developing typologies of child protection systems is important because it may “facilitate discussion about the objectives and performance of such systems; and . . . inform choices about the way in which a particular system will develop” [14] (p. 1).

Overall, as previous research shows, states have come a long way in designing and developing child welfare systems. Kahn [19] and Ben-Arieh [20] termed this development as a path from the desire to save the child’s life by seeking to ensure the child’s development of “here and now”. The modern concept of child welfare is defined by the implementation of the principles embedded in the Convention on the Rights of the Child.

1.2. The Convention on the Rights of the Child of the United Nations

The development of family and child welfare systems has been strongly inspired by the adoption of The Convention on the Rights of the Child (herein after the CRC) in 1989 by the General Assembly of the United Nations [21]. The CRC heralded a new epoch about how the state’s parties of the CRC should consider the matter of a child’s rights throughout their child and family’s policies, laws, and implementations. The state’s obligations under the CRC, as emphasized by Gilbert [11], had introduced a new approach on the state’s role in promoting the development of children within the policy orientations attempting to achieve a constructive balance between serving families and protecting children. As stressed by Gilbert, the CRC has prompted the “changing objectives of modern welfare states from social protection against the vagaries of the market economy toward social activation and inclusion, which sought to enable citizens to be productive workers in part by investing in human capital” [11] (p. 553).

It should be emphasized that the CRC is primarily laid on human rights and extends Gilbert’s insights. As it was expressed by the CRC Committee, “when a State ratifies the Convention on the Rights of the Child, it takes on obligations under international law to implement it. Implementation is the process whereby [a] State’s parties take action to ensure the realization of all rights in the Convention for all children in their jurisdiction” [22]. The CRC provides for all human rights such as political, civil, economic, social, and cultural rights for all children. The CRC seeks to promote positive as well as negative rights.

Child protection is a human right and a pillar of the CRC provisions. Child protection is a negative human right. Negative rights cover the child’s right to be free of the state’s...
intrusions, including rights to freedom of expression (art. 13), to express one’s views in all matters affecting the child and to participate in all decision-making that affect them (art. 12), freedom of thought (art. 14). Article 19 promulgate the state’s obligation to “take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation”, including by “the child’s parents, legal guardians or family members” (art. 2.2.).

Child development is the positive human right, which is in conjunction with a family of a child. Positive rights provide for the state’s obligations to protect and to promote child’s rights to the development of the child (art. 6), protection and care as is necessary for his or her well-being (art. 3.2.), including rights to education (art. 28), health (art. 24), and many others. Family, as defined in the Preamble of the CRC, is considered as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, and it should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. As a general principle and a main provision, the CRC stipulates that every child should grow up in a family environment, in an atmosphere of happiness, love, and understanding (CRC preamble). For this purpose, the CRC provides for the obligations of the states “to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child . . . shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children. (art. 18). Thus, the CRC explicitly provides for the child’s protection against any forms of discrimination and violence, and equally, for the support of parents and family for the full and harmonious development of the child. Herewith, the child’s best interests shall be a primary consideration (art. 3.1., see also General comment No. 14 (2013) by the CRC Committee) [23]. Numerous studies demonstrate substantial implications that the CRS raises for child and family’s policies, including for social work, in all states’ parties of the CRC. Heimer and Palme [24] observe the weak imprint of the CRC on Swedish legislation when the lawmaker recognizes parents’ rather than children’s participatory rights. The authors suggest to recognize the children’s agency through the reconceptualization of child welfare to unlock the stalemate in child policy development in Sweden, as well as to dissolve the tension between children as ‘beings’ and ‘becomings’. James [25], when analyzing Family Law in England and Wales, identifies that, although the rhetoric of children’s rights is widely accepted, welfare practitioners, the willingness and ability to make these real in the context of family proceedings is, for a variety of reasons, less in evidence. Discourse about parental rights becomes more and more evident in the context of an increasingly influential fathers’ rights lobby. Research on children’s involvement in decision making regarding involuntary child removal by Berricka et al. [26], using a welfare-state frame in England, Finland, Norway, USA, reveals the wide range in practices, and the wide space for professional discretion in this regard. This research did not identify differences between the family service systems and child protection systems included in this study. McCafferty [27] argues for a more empowering approach to children’s involvement in social work decision making whilst simultaneously keeping children safe, in relation to the implementation of article 12 of the CRC on the involvement of children in decisions that affect them; the role of the social worker is in representing and reporting the needs, rights, wishes, and views of children for the purpose of representing their “best interests” to the court is highlighted.

Bartholet [28] discusses about the possible positive impact of the CRC of the United States of America, which is not a CRC State Party, to develop its domestic law in dramatically new directions that would empower children, provide important benefits to them, including health, support, and education, also rights to protection against maltreatment, and rights to nurturing parental care. Scherrer [29] recommends to the National Association
of Social Workers of the US to oversee implementation of the CRC once it is ratified at the US and use the CRC as a basis for all child welfare policy statements.

1.3. Child Welfare and Protection in Lithuania

In Lithuania, the UN Convention on the Rights of the Child was ratified on 3 July 1995. The Law on the Protection of the Rights of the Child of the Republic of Lithuania (No. 60-1501) [30] states that the protection of the rights of the child in the Republic of Lithuania is guaranteed by the state and its institutions, local government institutions, and public organizations, whose activities relate to the protection of the rights of the child. National legislation puts emphasis on family autonomy and the rights of biological parents. The system is divided into two levels: child protection service (CPS) operates at the state level by employing specialists (mainly those coming from law), and family and child welfare services by employing case managers and family social workers at the municipal level.

In Lithuania, the main actor in the child protection system is the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labor (hereinafter referred to as the ‘State Protection’) that implements the Children Rights Protection Policy in the territories of the municipalities and participates in the process of the state policy making in the field of Children Rights Protection itself or through its territorial structural divisions (https://vaikoteises.lt/protection-of-children/the-lithuanian-child-rights-protection-system/- accesses on 12 March 2021). The State Protection was established in 2000 as the “Adoption service”. From 2005 up to now, the State Protection, in collaboration with other international, state, and municipal institutions, as well as with non-governmental organizations, has implemented national and international measures for the protection of children’s rights. Since 1 July 2018, the State Protection has been reorganized, and several updated and new laws and orders have been settled. Currently, there are 12 Child Rights Protection Divisions of Lithuanian Municipalities (hereinafter referred to as the ‘Divisions’) operating in Lithuania under the governance of the State Protection. The essence of this reorganization was to create a single and coherent system that would facilitate a prompt and professional response to reports of child neglect and violence. The divisions work according to the same standards, unifying values and goals; the same practice of the application of the law is formed; and united, clear, and concrete actions are taken in order to represent and protect the interests of children throughout the country (https://vaikoteises.lt/apie-tarnyba/ accesses on 10 March 2021). Child protection has become a universal service, not particularly designed for low-income “risk families” as before. Reporting is mandatory for all institutions and other persons who have data on violations of the rights of the child [30] (Article 35). Since 1 July 2018, the State Protection has responded to reports of violations of the child’s rights, has identified the need for child protection, and has made decisions on the child’s displacement from the family and return to the family. Specialists of CPS in case of possible violation of the rights of the child assesses the situation of the child, initiates the examination of the case, makes decisions regarding individual cases of protection of the rights of the child (Order No. 293 of the Government of the Republic of Lithuania (2005) “On the approval of the regulations of the state service for the protection of the rights of the child and adoption under the Ministry of social security and labor”. (Version 28/03/2018 accesses on 10 March 2021). In a case of child rights violation, CPS refers the case to a case manager working in the family and child welfare services system. According to national legislation, CPS specialists are not considered social workers and are not social services providers.

Public and non-governmental organizations provide social services to a family in the particular territory of the municipality or in a part thereof. Case management of child protection cases is designated to municipal institutions as well to family social workers at the municipal level. Case management was introduced from July 1, 2018. Based on legislation [31], the aim of case management is to ensure the coordinated provision of social support, education, health care services, community, and legal counselling for
families at the municipal level to strengthen the responsibility, abilities, and opportunities of families to solve their issues independently and overcome social exclusion. While in practice, the main responsibilities of case managers include setting up a care plan for families and following up its implementation. Family social workers are the main actors—professionals who support and empower families by establishing a working alliance with them. Comprehensive and preventive services for families and children are provided for by legislation, while in reality, the extreme lack of such services is observed.

Lithuania can be located among the Central and Eastern European (CEE) countries. In the arena of child welfare, these countries, including Lithuania, share similarities, but each of them has its own different cultural, historical, political, social, and economic backgrounds that were strongly influenced by the Soviet ideology. Anghel, Herczog, and Dima [32] highlight that the CEE countries are culturally very different, but some similarities are identified in child protection legislation and policy implementation. In order to meet the EU policy and in order to be a member of the EU family, the CEE countries have made strong efforts to meet all the requirements provided for by the EU policy legislation. Child welfare protection has been a part of those actions. In all the CEE countries, significant influences have been initiated by the ratification of the UNCRC in the 1990s, which has, according to Melton et al. [33], universalized demands for democracy and challenged the belief that even the smallest and most vulnerable ones, such as children, could be justifiably denied full recognition as persons entitled to human rights. The UNCRC has been a key document bringing about changes in the CEE countries. Such features as a person-centered approach, child empowerment, alternative services, foster care practice implementation, family participation, and community involvement have become discourses revealed in the documentation and in the rhetoric of the policy makers. Anghel et al. [32] argue that the gap between policy and practice have become extremely visible, whilst children have become invisible or have been named as a group of “children left behind”. After the Communist regime collapsed, the CEE countries started deinstitutionalization processes. The period from 1989 to 2020 has revealed that each of the CEE countries is at a different stage when comparing the beginnings of the implementation of new practices that take into consideration the child’s best interests, appropriate practices, and attitudes to vulnerability. These are the consequences of the Soviet understanding of child care. The CEE countries have been dealing with problems such as a minimal financial investment into child welfare, a lack of professionalization, and accountability. What is more, child welfare systems have followed the research data at a minimum, and research proposals on this topic tend not to be popular. The practice of child welfare has been built mainly on political documents without the investment into the analysis and evaluation of the services and need [32].

After the ratification of the CRC, the CEE countries have been involved in new different reform initiatives regarding child welfare. The CRC [21] states that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment”, which has given the CEE countries an incentive to understand the negative impact of institutional care. As Partskhaladze [34] highlights, such reform as the deinstitutionalization of residential institutions was started, and later on, two strategic ways such as child care system reform and family strengthening were developed. Family strengthening was started with the focus on preventative social work practice and programs at local and national levels, especially in the medical sector. For example, in some of the CEE countries, in Georgia, early intervention and prevention programs have significantly reduced the relinquishment and abandonment of children. Moreover, the role of the social work profession and the importance of social work practitioners have increased [34].

2. Methodology

2.1. Instrument

The study is part of a mixed methodology research project “Designing the systemic model of child welfare moving from child protection to development of psychosocial support for family” (No. MIP-19-17) funded by the Research Council of Lithuania. This
article discusses the quantitative data of the research. A structured questionnaire was
developed on the grounds of the theorization of Gilbert et al. regarding child protection ori-
tentations [2]. The conceptual definitions were utilized for defining the research dimensions
generating corresponding items. The Scales of Problem Frame (17 items), Aim of Inte-
vention (7 items), Mode of Intervention (24 items), and State–Parent Relationship (5 items)
were built in relation to the three orientations to child welfare: child protection, family
services, and a child-focused orientation. Through the Scales of Problem Frame, Aim of In-
tervention, and Mode of Intervention, respondents were invited to designate the observed
frequency of the defined items in their professional child welfare practice. Seven types of
ranked responses from 1 = never, 2 = once, 3 = several times in total, 4 = rarely, time to time,
5 = regularly, 6 = frequently, 7 = almost every day were presented to the respondents. An
online questionnaire was distributed to regional municipal social services departments of
Lithuania as well as to the State Child Rights Protection and Adoption Service.

2.2. Sample
Cluster random sampling was used for collecting observations of everyday profes-
sional practice of the actors of the child welfare system in Lithuania that is comprised with
more than 3000 family social workers, child rights professionals, and other social service
providers. The online questionnaire was endorsed by top managers of these organizations
and the link to the online questionnaire was distributed to the managers of all 60 regional
municipal social services departments of Lithuania as well as to the national service of the
Child Rights’ Agency with the aim of sharing the link to the online questionnaires among
all actors of the child welfare system in Lithuania. Around 17% of the total number of actors
of the child welfare system in Lithuania responded to the questionnaire. The research sam-
ple was comprised of 501 respondents across Lithuania, representing different actors of the
family and the child welfare system (Table 1). Three types of professionals were involved
in the sampling: Social service providers, which included staff from the management level,
case managers, social pedagogues, psychologists, social workers, and care workers of
children residential care; Family social workers, which included exclusively social workers
working with families at the municipal level; and Child Rights Service professionals, which
included staff from the State Child Rights Protection and Adoption Service.

Table 1. Structure of the sample.

| Type of Respondents                  | n  | %  |
|--------------------------------------|----|----|
| Social service providers             | 207| 38 |
| Family social workers                | 192| 35 |
| Child Rights Service professionals   | 95 | 17 |
| Did not specify                      | 7  | 1  |
| Total                                | 501| 100|

2.3. Analysis

Explorative factor analysis was used for data analysis applying the Alpha Factoring
method and Varimax rotation. Factors were interpreted and labeled on the basis of the
items and their correlations to the factors. The non-parametric Kruskal–Wallis H test
($p < 0.05$) was used to identify the differences between the respondents’ observations.
Multidimensional scaling (MDS) was applied for developing the spatial representations of
cognitive stimuli about the respondents’ observations. The objects are represented as points
in a multidimensional vector space. The greater the similarity of two objects, the closer
they are constrained to be to each other in the multidimensional space; the more dissimilar,
the farther apart they are. Dimensions were interpreted as underlying cognitive factors,
which were presumed to account for the observations of everyday professional practice.
3. Findings

3.1. Observations of the Problem Frame in Everyday Professional Practice

The Problem Frame is the most significant and silent dimension that makes distinctions between different orientations in the child welfare system: child protection, family services, and a child-focused orientation [2,11]. Three factors were extracted from the Problem Frame scale that have been interpreted and labeled as “Child abuse and maltreatment” (Factor 1), “Maltreating parents” (Factor 2), and “Lack of accessibility to services for children” (Factor 3) (Table 2).

Table 2. Problem Frame. Results of explorative factorial analysis (KMO = 0.92, n = 501).

| Question and Items                                                                 | Factors' Numbers, Cronbach-α and Loadings |
|-----------------------------------------------------------------------------------|-------------------------------------------|
| How Often at Your Professional Activities You and Your Colleagues Are Dealing with the Cases Whose Main Causes Are (Factor’s Number): | 1          | 2          | 3          |           |
| Psychological violence against child (1)                                          | 0.65 0.42 0.19                            |
| Exploitation of a child, including sexual abuse (1)                               | 0.65 0.03 0.24                            |
| Child humiliation, degrading punishment (1)                                       | 0.61 0.27 0.30                            |
| Physical violence against a child, rude or cruel behaviour of parents/guardians (1) | 0.59 0.18 0.16                            |
| Disregard for the interests of the child (1)                                     | 0.58 0.42 0.20                            |
| Child’s addictions (1)                                                           | 0.55 0.17 0.19                            |
| Disability of a child (1)                                                        | 0.51 0.21 0.22                            |
| Poor family relationships, or the absence of an extended family (2)               | 0.47 0.37 0.19                            |
| Disregard the UN Convention on the Rights of the Child (2)                        | 0.46 0.37 0.27                            |
| Lack of parental paternity skills (2)                                            | 0.14 0.84 0.07                            |
| Socio-economic stress (unemployment, poverty, etc.) experienced by parents (2)    | 0.16 0.74 0.17                            |
| Parental addictions (2)                                                          | 0.23 0.74 0.03                            |
| Absence of childcare, carelessness of parents/caregivers (2)                      | 0.37 0.55 0.20                            |
| Physical, intellectual disability, or psychosocial or physical health problems of parents/caregivers (2) | 0.42 0.47 0.12 |
| Unsecured child development opportunities due to the lack of accessibility of family social services (3) | 0.25 0.13 0.82 |
| Unsecured child development potential due to the lack of accessibility of health services (3) | 0.34 0.10 0.72 |
| Unsecured child development, due to lack of accessibility of educational services (3) | 0.23 0.14 0.66 |

The values of all factors were evaluated. “Maltreating parents” were identified as the most concerning factor observed by child welfare professionals frequently in their practice, and “Lack of accessibility to services” was the factor least observed by the respondents (Figure 1).

Figure 1. Values of the factors of Problem Frame (n = 501, M).
Values of the factors of the Problem Frame by type of the respondents revealed that all types of respondents mostly observed cases when the problem was defined as “Maltreating parents”. Looking at the differences between the actors, it was identified that “Child abuse and maltreatment” and “Lack of accessibility to services” were the factors most observed by Child Rights Service professionals; however, these variables were least observed by social workers (Table 3).

### Table 3. Values of the factors (M) of the Problem Frame by type of the respondents (n = 501, M, the Kruskal–Wallis test).

| Factors of the Problem Frame | Social Service Providers (n = 207) | Family Social Workers (n = 192) | Child Rights Service Professionals (n = 95) |
|-----------------------------|-----------------------------------|---------------------------------|--------------------------------------------|
| Child abuse and maltreatment (p = 0.001) | 3.88                             | 3.67                            | 4.38                                       |
| Maltreating parents (p = 0.15) | 5.28                             | 5.17                            | 5.60                                       |
| Lack of accessibility to services (p = 0.001) | 3.35                             | 3.02                            | 3.81                                       |

### 3.2. Observation of the Mode of Intervention in Everyday Professional Practice

In the Mode of Intervention, the emphasis varies from early intervention to therapeutic and legalistic interventions according to Gilbert et al. [2,11]. Four factors were extracted from the Mode of Intervention scale that were interpreted and named as the following factors: “Assessment of parenting risk and needs” (Factor 1), “Empowerment of parents” (Factor 2), “Provision of preventive services” (Factor 3), and “Consideration of the child’s best interests” (Factor 4) (Table 4).

### Table 4. Modes of intervention. Results of explorative factorial analysis (KMO = 0.89, n = 501).

| Question and Items (Number of a Factor). How Often at Your Professional Activities You and Your Colleagues Are Dealing with the Cases Whose Modes of Interventions Are: | Factors’ Numbers, Cronbach-α and Loadings |
|-------------------------------------------------------------------------------------------------|------------------------------------------|
| The family risk is assessed (1)                                                               | 0.81                                     |
| The need for emergency intervention is assessed (1)                                           | –0.03                                    |
| In cooperation with the family, there is an assessment of the need for support (1)              | 0.71                                     |
| Parents/caregivers (or one of the parents/guardians) have problems with addictions. (1)       | 0.12                                     |
| Parents/caregivers (or one of the parents/guardians) visit a counsellor for addicted persons (1) | 0.07                                     |
| Parents/caregivers (or one parent/guardian) are required for family counselling or psychotherapy (1) | 0.10                                     |
| Children are left in the family, even if there is a threat to the further development of the child (1) | –0.48                                    |
| Parents/caregivers (or one of the parents/guardians) visit a family consultant or psychotherapist (1) | 0.43                                     |
| Healthcare institutions are provided with advice on how to work with a child (2)               | 0.00                                     |
| Educational institutions are provided with advice on how to work with a child (2)               | –0.04                                    |
| Social service bodies provide advice on how to work with a child (2)                          | 0.75                                     |
| Community-based support resources (including neighbors) are involved (2)                      | 0.11                                     |
| Children are provided with access to/receive support at any time of the day (2)               | 0.17                                     |
| The child is prescribed to psychotherapy (2)                                                  | 0.03                                     |
| Administrative penalties are imposed on parents for neglect of the child (2)                  | 0.23                                     |
| A parent’s understanding of the rights of the child is developed and contributes to their parenthood oriented toward promoting child health and positive development (3) | 0.27                                     |
| Parents/guardians receive support, advice, and other support they need (3)                    | 0.24                                     |
Table 4. Cont.

| Question and Items (Number of a Factor). | Factors’ Numbers, Cronbach-α and Loadings |
|------------------------------------------|------------------------------------------|
| How Often at Your Professional Activities You and Your Colleagues Are Dealing with the Cases Whose Modes of Interventions Are: | | |
| Foster the relationship between children and parents/caregivers (3) | 0.11 | 0.22 | 0.73 | 0.17 |
| The parents are provided with psychosocial support (3) | 0.43 | 0.14 | 0.48 | 0.24 |
| The opinion of the child shall be heard (4) | −0.02 | 0.14 | 0.16 | 0.72 |
| The child’s best interests are implemented (4) | 0.25 | 0.15 | 0.17 | 0.62 |
| The opinion of the child shall be heard before deciding on further action (4) | 0.05 | 0.17 | 0.13 | 0.61 |
| Risk assessment of the child’s development (4) | 0.39 | 0.17 | 0.17 | 0.48 |
| Early intervention (prevention) is applied (4) | 0.31 | 0.34 | 0.25 | 0.43 |

“Empowerment of parents” was identified as the most concerning factor repeatedly observed by child welfare professionals in their practice, and “Provision of preventive services” was least observed by the respondents (Figure 2).

![Figure 2. Values of the factors of the Mode of Intervention (n = 501, M).](image)

Values of the factors of the Mode of Intervention by type of the respondents revealed some differences between professionals. “Consideration of the child’s best interests” was the factor most observed by Child Rights Service professionals, and “Empowerment of parents” was the factor most observed by family social workers and social service providers. “Provision of preventive services” was the factor least observed by all types of the respondents (Table 5).

Table 5. Values of the factors (M) of the Mode of Intervention by type of the respondents (n = 501, M, the Kruskal–Wallis test).

| Factors of the Mode of Intervention | Social Service Providers (n = 207) | Family Social Workers (n = 192) | Child Rights Service Professionals (n = 95) |
|------------------------------------|-----------------------------------|---------------------------------|---------------------------------------------|
| Assessment of parenting risk and needs (p = 0.001) | 5.06 | 5.17 | 5.74 |
| Provision of preventive services (p = 0.13) | 3.82 | 3.84 | 4.11 |
| Empowerment of parents (p = 0.21) | 5.53 | 5.65 | 5.79 |
| Consideration of the child’s best interests (p = 0.001) | 5.33 | 5.30 | 6.34 |

3.3. Observations of the Aim of Intervention in Everyday Professional Practice

Gilbert et al. [2] point out that the aim of the intervention can vary from promotion of well-being via social investment and/or equal opportunity to prevention/social bonding and protection/harm reduction. Three factors were extracted from the Aim of Intervention scale that were interpreted and named as the factor “Child protection from abuse and
maltreatment” (Factor 1), the factor “Support of parenting” (Factor 2), and the factor “Assurance of the child’s development and identity” (Factor 3) (Table 6).

Table 6. Aim of Intervention. Results of explorative factorial analysis (KMO = 0.80, n = 501).

| Question and Items                                                                 | Factors’ Numbers, Cronbach-α and Loadings |
|-----------------------------------------------------------------------------------|-----------------------------------------|
| How Often at Your Professional Activities You and Your Colleagues Are Dealing with the Cases Whose Aims of Interventions Are (Number of a Factor): |                                         |
| Protect children from physical harm to them (1)                                   | 0.77 0.17 0.23                           |
| Protect children from sexual violence (1)                                         | 0.70 0.07 0.08                           |
| Protect children from psychological harm (1)                                      | 0.52 0.35 0.50                           |
| Allow the child to develop self-awareness and positive perception of individuality (3) | 0.49 0.21 0.36                           |
| Support parents/caregivers or other family members by developing their paternity capacity (2) | 0.11 0.83 0.33                           |
| To decrease socio-economic stress (unemployment, poverty, etc.) that parents experience (2) | 0.20 0.75 0.14                           |
| Ensure the child’s full prosperity, taking into account his/her age (3)            | 0.24 0.31 0.85                           |

“Assurance of the child’s development and identity” was identified as the most concerning factor repeatedly observed by child welfare professionals in their practice, and “Child protection from abuse and maltreatment” was least observed by the respondents (Figure 3).

Values of the factors of the Aim of Intervention by type of the respondents revealed that cases when the aim of intervention is defined as “Assurance of the child’s development and identity” were the most observed by all types of the respondents. Looking at the differences between the actors, it can be noted that “Support of parenting” was the factor most observed by family social workers, and the factor “Child protection from abuse and maltreatment” was most observed by Child Rights Service professionals (Table 7).

3.4. Observation of the State–Parent Relationship in Everyday Professional Practice

The State–Parent Relationship is one of the significant dimensions in the analysis of Gilbert et al. [2]. In this research, three factors were extracted from the State–Parent Relationship scale that were interpreted and named as the following factors: “Partnership between the state and parents” (Factor 1), “Family resistance against the state’s interference” (Factor 2), and “Immediate relationship between the state and the child” (Factor 3). To note, Factors 2 and 3 are one-item factors (Table 8).
Table 7. Values of the factor (M) of the Aim of Intervention by type of the respondents (n = 501, M, the Kruskal–Wallis test).

| Factors of the Aim of Intervention                                      | Social Service Providers (n = 207) | Family Social Workers (n = 192) | Child Rights Service Professionals (n = 95) |
|-------------------------------------------------------------------------|-----------------------------------|---------------------------------|-------------------------------------------|
| Support of parenting (p = 0.002)                                        | 5.30                              | 5.68                            | 5.33                                      |
| Assurance of the child’s development and identity (p = 0.001)           | 5.71                              | 5.95                            | 5.53                                      |
| Child protection from abuse and maltreatment (p = 0.002)                | 4.52                              | 4.69                            | 5.16                                      |

Table 8. State–Parent Relations. Results of explorative factorial analysis (KMO = 0.50, n = 501).

| Question and Items (Number of a Factor) Do You Agree with the Statement: | Factors’ Numbers, Cronbach-α and Loadings |
|-------------------------------------------------------------------------|-------------------------------------------|
| The state supports commitments of parents to ensure favorable conditions to their child development | 0.83                                      |
| The state guarantees the educational and occupational services for children whose parents/caregivers work. | 0.83                                      |
| Family resistance against the state’s interference (item: families refuse and resist to cooperate with the state’s institutions) | -                                         |
| Immediate relationship between the state and the child (item: the state offers immediate legal, psychological, or other support to a child without a family consent. | -                                         |

The factor “Partnership between the state and parents” was identified as the most concerning factor repeatedly observed by child welfare professionals in their practice, and the factor “Immediate relationship between the state and the child” was least observed by the respondents (Figure 4).

![Figure 4. Values of the factors of State–Parent Relationship (n = 501, M).](image)

Values of the factors of State–Parent Relationship by type of the respondents brought to light the fact that all types of the respondents mostly observed those cases in which the aim of intervention was defined as “Partnership between the state and parents”; however, “Immediate relationship between the state and the child” was the factor least observed by the respondents (Table 9).
Table 9. Values of the factors (M) of the State–Parent Relationship by type of the respondents (n = 501, M, the Kruskal–Wallis test).

| Factors of State–Parent Relationship | Social Service Providers (n = 207) | Family Social Workers (n = 192) | Child Rights Service Professionals (n = 95) |
|-------------------------------------|-----------------------------------|---------------------------------|------------------------------------------|
| Partnership between the state and parents (p = 0.61) | 5.17 | 5.28 | 5.33 |
| Family resistance against the state’s interference (p = 0.45) | 4.50 | 4.67 | 4.72 |
| Immediate relationship between the state and the child (p = 0.01) | 2.69 | 2.73 | 3.38 |

3.5. Identification of the Child Welfare Configuration in Lithuania

According to the scholars [4,11], by the mid-1990s, child protection and family services orientations “had begun to converge” [11] (p. 532), and the third—child-development orientation—emerged. As the authors argue, “By 2010 it was no longer possible to sharply differentiate among the countries—they all included some mix of the service, protective, and developmental orientations as they grappled with the complexities and tensions of balancing practice objectives in the realm of child welfare” [11] (p. 533). Based on this notion, it was assumed that the Lithuanian configuration of child welfare could demonstrate this convergence of the three orientations in the Problem Frame, the Aim of Intervention, the Mode of Intervention, and the State–Parent Relationship. Correlation analysis and multidimensional scaling were applied for the identification of the child welfare configuration in Lithuania. Strong and moderate correlations were found between almost all the factors (Table 10).

Table 10. Relations between the factors (Spearman’s correlation, n = 501, p < 0.05).

| Factors 1 2 3 4 5 6 7 8 9 10 11 12 13 |
|------------------------------------------------|
| 1. Child abuse and maltreatment | 1.0 | 0.67 | 0.55 | 0.29 | 0.40 | 0.25 | 0.31 | 0.24 | 0.26 | 0.53 | 0.08 | 0.38 | 0.16 |
| 2. Maltreating parents | 0.67 | 1.0 | 0.36 | 0.42 | 0.32 | 0.38 | 0.30 | 0.44 | 0.25 | 0.39 | 0.15 | 0.37 | −0.02 |
| 3. Lack of accessibility to services | 0.55 | 0.36 | 1.0 | 0.17 | 0.36 | 0.07 | 0.19 | 0.15 | 0.13 | 0.38 | −0.05 | 0.20 | 0.16 |

The following four vectors, in the present paper referred to as child welfare orientations, were identified in Lithuania (Figure 5): “Parent-focused orientation” group factors
that reflect parents-related issues; “Child rights orientation” group factors that reflect the UN CRC provisions; “Laissez-faire orientation”; and “Child-focused orientation”. Each of these orientations is based on far-distant and single factors, with the first orientation reflecting the lack of accessibility to services and the second one reflecting the immediate relationship between the state and the child. It is assumed that all four vectors of the multidimensional model, which can be named as orientations, display the configuration of the child welfare system in Lithuania.

**Figure 5.** Subjective configuration of child welfare orientations in Lithuania (multidimensional Euclidean distance model, stress = 0.07, RSQ = 0.99, n = 501).

4. Discussion

Connolly et al. [14] noted that the analysis of Gilbert et al. [2] allows us to understand the expression of the fundamental structures within welfare regimes and has significantly influenced the ways in which professionals understand the complex nature of service systems to support the care and protection of children. The analytical rationale of the child welfare systems developed by Gilbert, Parton, Skivenes, and other scholars [2] is a powerful conceptual tool for analyzing child welfare systems in different countries. We supposed that the social sustainability approach could inform family and child welfare policy and practice about the human rights perspective, including the Sustainable Development Goals and the UN Convention on the Rights of the Child (UN CRC).

In the research presented in this article, the authors used the approach of Gilbert et al. [2] to identify the configurations of the child welfare system in Lithuania. Instead of analyzing national statistics, laws, and system characteristics, the present research was based on quantitative empirical data. The observations by child welfare professional actors of their everyday professional practice offered an analytical standpoint for creating an initial broad picture of the child welfare system in Lithuania. The substantial provisions of child rights, such as protection, provision, and participation, have been included, following the proposed framework by Hämäläinen et al. [8]. Child rights such as the child’s best interests, accessibility to services, the right to be heard, protection against violence, child identity, development assurance, and so forth were included in the data collection instrument.
Regarding the typification of child welfare dimensions, the issue of maltreating parenting was accentuated by the child welfare actors as the prevalent feature of the problem frame in Lithuanian child welfare. The issue of maltreating parents is an attribute of the child protection orientation and, as argued by Gilbert, it is characterized by “deviant behavior and dysfunctional parenting” [11] (p. 533). Connolly et al. [14] also related the child protection orientation to neglectful and abusive parental behavior toward their children. In that sense, the problem frame is individualistic and moralistic within the child welfare system, as stressed by Gilbert et al. [4] (p. 255). The research revealed that when specifying the problem frame, child welfare actors highlighted parental dysfunction rather than child abuse and maltreatment. Thus, it can be assumed that the child is poorly visible in the system. Furthermore, the structural grounds of the problem, such as a lack of accessibility to services, are also not considered enough. The focus of professionals on the dysfunctionality of parents means that the problem of individualization reflects a rather neoliberal-based professional’s attitude to social welfare rather than an attitude based on child rights either in the sense of the UN CRC or in the sense of social sustainability. Additionally, the finding that the lack of accessibility to services was not problematized by professionals also indicates the laissez-faire attitude of professionals due to a deficit of awareness concerning child rights and social sustainability.

The results showed that the parental role was highlighted in the mode of intervention. Empowerment of parents and the assessment of parenting risk and needs were accentuated as the prevalent features of the mode of intervention. From a social sustainability perspective, the empowerment of children is seen as an ambition [8]. Meanwhile, the empowerment of parents is an attribute of a family services orientation and is characterized by a “therapeutic response to a family’s needs, in which the initial focus involved the assessment of need” [2] (p. 3). The consideration of the child’s best interests was equally observed by the child welfare actors in their professional practice. Even though the child’s poor visibility may be an issue in the problem frame, it is apparent that the consideration of the child’s opinion was observed in the mode of intervention. Child rights appear as part of the modes of intervention, thus indicating that social sustainability intrinsically lies within the professional role and mission. The fact that the provision of preventive services was much less observed by the child welfare professional actors confirms the above-mentioned observation about the lack of accessibility to services and indicates the residual laissez-faire nature of child welfare services in Lithuania. Ignoring the problem of provision on a societal level casts doubt on the system’s capabilities to support families and children and resounds with “the principle of protection . . . that is implemented in a minimal way” [8] (p. 4).

Regarding the aim of intervention, an advanced finding of child welfare in Lithuania was observed. The balance between focusing on the assurance of the child’s development and identity, support of parenting, and child protection from abuse and maltreatment was observed by child welfare professionals in Lithuania. This finding explicitly echoes the insights of Gilbert et al. [4] about the mix of the three orientations of child welfare, that is, child protection, family services, and a child-focused orientation, and “rather than trying to place countries somewhere on the line of a continuum from child focus to family service to child protection, we might think of where they might fall within a three-dimensional framework—closer to some planes than others” [4] (pp. 255–256). The aims of intervention align well with the sustainability concept, as “from the perspective of sustainability, the questions are how to support families with children, make such investments in child and family policy so that families feel secure, and ensure children’s resources for the future” [8] (p. 1).

The fourth child welfare dimension, namely, the state–parent relationship, as observed by the child welfare actors, revealed tensions between the state and parents. The prevalent partnership observed between the state and parents assumed that the state had an obligation to support parents in ensuring favorable conditions for the child’s development. However, family resistance to the state’s interference was also observed as the prevalent factor. This suggests the tension between the child protection system and the “normative
context” [35]. As Wulczyn et al. noted, “Child protection systems work best when symmetry exists between the system’s goals, its structures, functions, and capacities and the normative context in which it operates” [35] (p. 3) for enhancing the social sustainability within the child and family welfare system. Family members are anxious about the state’s interference in relation to child protection, although the immediate relationship between the state and the child was rarely observed by child welfare professionals. This tension arises from the issues stressed by Friis [12], who argued that mediation between legal and social norms is possible only from a service-oriented position through the state’s collaboration with the family, while from a child protection-oriented position, collaboration is problematic. Legal norms alone cannot forcibly keep children and parents together or change the nature of their damaged relations, while, as noted by Friis [12], a collaboration between the state and parents makes mediation between social and legal norms possible. The concept of social sustainability would be particularly relevant to enforcing the need for state and family collaboration through providing a systematic and holistic approach to family and child welfare. The participation of a child through the implementation of the right to be heard as one of the main child rights provisions would be particularly constructive for developing state and family collaboration within a social sustainability perspective.

Wulczyn et al. noted that “children are effectively protected by such systems when both the system and the normative context in which it is embedded places the highest priority on assuring children are free from violence, abuse, exploitation, and other forms of maltreatment” [35] (p. 18). Emphasizing parental dysfunction, orientation to meeting needs of parents in intervention mode, not observing the problem of lack of services, including preventive services, resounds with an unsustainable child protection system in Lithuania. With reference to intervention aims, integrating focus on the assurance of the child’s development and identity, support of parenting, and child protection from abuse and maltreatment suggests future investments for the sustainable development of child protection system.

The configuration of the child welfare system in Lithuania as well as four prominent orientations were identified, as observed by the child welfare actors. A parent-focused orientation could be characterized as a mixture of a child protection and family services orientation to child welfare. A child rights orientation could be characterized as a mixture of a family services orientation and a child-focused orientation. As observed by the social welfare actors in their everyday professional practice, the child welfare system in Lithuania functions according to two main orientations: a parent-focused orientation and a child rights orientation. The mixture of these two is at the core of the child welfare system and resounds with the concept of social sustainability.

A laissez-faire child welfare orientation, similar to a child-focused orientation, is a far distance from child rights and parent-focused orientations and from each other as well. A laissez-faire child welfare orientation reflects the problem of a lack of accessibility to services. A child-focused orientation reflects the immediate relationship between the state and the child. A laissez-faire orientation represents an undesirable relict in the residual child welfare system, whereas a child-focused orientation reflects professionals’ concern about the consequences of the intervention that arise from the lack of accessibility to services, including their quality and variety. If the proximity between child rights and parent-focused orientations is a sign of a well-balanced standard of the system, the laissez-faire and child-focused orientations demonstrate divergent elements of the child welfare system, which, if not addressed, can jeopardize the child welfare system in the sense of social sustainability.

The issue of different professional groups has been touched upon in the research. Two professional groups may be viewed as the main actors in the child welfare system in Lithuania: professional social workers and child rights professionals. Both of them function under different jurisdictions, have different professional educational backgrounds, social work in case of social service providers and family social workers, and law in case of
child rights professionals. Further studies are needed to analyze the relation between two different groups in the system for a sustainable child and welfare system.

The research strongly indicates the need for awareness raising, including education and training for social workers and other professional actors regarding child and family welfare, as an integral part of the concept of social sustainability. Further studies are needed to explore the links between family and child welfare and social sustainability. Relying on the findings of our research, we also assume that the child welfare concept is to be reconsidered and explicitly reframed in terms of human rights and social sustainability in order to respond to the challenges emerging in children’s and families lives.

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