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ORIGINAL SCIENTIFIC PAPER

Intersectoral Cooperation in Civil Society Sports Programs for Children Without Parental Care in Serbia

Petar Spaić, Ivana M. Milovanović, Radenko Matić

University of Novi Sad, Faculty of Sport and Physical Education, Novi Sad, Serbia

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Abstract

The social support network of children and adolescents without parental care in residential institutions extends beyond the institutional framework to include civil society activities, community based services, and alternative support programs. This trend highlights the need for research on multisectoral approaches within the social protection system. The present study examines sports and recreational support programs delivered by civil society organizations in residential institutions for children and adolescents without parental care. A qualitative approach was employed, based on interviews with representatives of the social protection system.

The results indicate that sports activities represent the most accessible and frequently implemented form of support, provided by both professional staff and external collaborators. At the same time, the findings reveal a certain inconsistency in the quality of program implementation, which is influenced by differences in the expertise of civil society representatives, their understanding of the target group, and their level of preparedness for working within an institutional context. Furthermore, the findings emphasize that the continuity and long-term sustainability of sports and recreational programs are essential for establishing emotional support and maintaining stable relationships with beneficiaries.

Overall, the results suggest that sports and recreational programs may serve as an important instrument of social inclusion and psychosocial support for children and adolescents in residential care within the context of expanding community services and the evolving role of the civil sector.

Keywords: civil society organizations · sport-recreational programs · children without parental care · intersectoral cooperation

✉ Correspondence:
Petar Spaić
petar.spaic1992@gmail.com

Introduction

In the broadest sense, social support can be understood as the availability of significant others on whom an individual can rely and who provide a sense of acceptance and care (Sarason et al., 1983). Building upon this conceptual definition, Tardy (1985) further elaborates the concept of social support through several dimensions, including the direction of support (provided or received), its availability, the mode of evaluation, its content, and the network of sources from which the support originates (Ferreira et al., 2020).

Contemporary findings indicate that sport can serve as an effective means of enhancing social support, with positive effects on physical and mental health among both adults and children and adolescents (Wang et al., 2003; Demaray & Malecki, 2014). Nevertheless, when it comes to particularly vulnerable social groups-such as children and adolescents in the child welfare or juvenile justice systems-scientific literature remains relatively limited (Derluyn & Broekaert, 2008; Huemer et al., 2009; Magalhães et al., 2016).

Children and adolescents without parental care in the child welfare system frequently face multiple developmental risks, including separation from their family of origin, residence in an institutional environment, and challenges associated with the transition to independent living (Bravo & Del Valle, 2003).

The decision to place a child or adolescent in institutional care within the child welfare system carries significant social responsibility, entailing the protection of the child's best interests and safeguarding against a harmful family environment. Although institutional care cannot fully replicate a family environment, it constitutes an organized form of protection when the removal of the child from the family is necessary. However, it is of fundamental importance that the institutional environment does not cause additional harm (Attar-Schwartz & Khoury-Kassabri, 2015; UNICEF, 1989). Indeed, children and adolescents placed in institutional care represent a particularly vulnerable population, in which there is a risk that institutional care may prove ineffective, that better alternatives may exist, or even that the intervention itself may be harmful to the child's or young person's mental health (Barter, 2003; Ståhlberg et al., 2017).

The core ethical question is whether the effects of institutional placement are sufficiently beneficial to justify removal from the family in situations where, with adequate preventive family support programs, the child or young person could remain in their family environment. An additional cause for concern is the limited and predominantly negative scientific knowledge regarding the effects of institutional care (De Swart et al., 2012; Ståhlberg et al., 2017). Specifically, children and adolescents in institutional care exhibit more pronounced emotional and behavioral problems compared to their peers growing up in normative development contexts (Connor et al., 2004). At the same time, outcomes are not uniform and depend on factors such as age at placement, reasons for placement, length of stay, and characteristics of the institution (Mendes & Snow, 2016).

The results of meta-analyses indicate that the quality of the relationship between professionals in institutional care and children and adolescents is one of the key factors associated with treatment outcome (Shirk & Karver, 2003). Nevertheless, a relatively small number of studies analyze this relationship from the perspective of the adolescents themselves and the professional staff (institution directors and caregivers), while research addressing the desirable characteristics or virtues of service providers in the institutional placement system remains limited (Henriksen et al., 2008; Ungar & Ikeda, 2017).

Relationships between children and professional staff in residential institutions occur within a structural asymmetry of power, described as dispositional power, whereby both parties are aware of its existence regardless of whether it is explicitly manifested (Scott, 2008). In a qualitative study, Ungar and Ikeda (2017, pp. 259–267) identified three roles of support providers in institutional care: "informal supporters," "administrators," and "caregivers." While administrators emphasize rules and caregivers emphasize structure and expectations, children and adolescents evaluate "informal supporters" most positively; these are characterized by empathy, flexibility, and a relationship based on trust. In line with this, the role of the civil sector, in contrast to institutional professional staff, exhibits characteristics of "informal supporters," which enables a more flexible and less hierarchical relationship with service users. A Swedish study (Henriksen et al., 2008) identified three types of service provider involvement-negative, instrumental, and positive-whereby representatives of the civil sector were classified in the positive category. The key obstacles in these relationships were identified as lack of trust, collective punishment by professional staff, and lack of continuity in external collaborators' programs.

Research on the desirable characteristics of service providers is scarce, which points to a lack of studies that examine the issue from an ethical perspective. The ethical perspective on social support, framed

within the Dual Care Model, focuses on balancing institutional requirements with the needs of children and adolescents. Structured sports activities, grounded in socio-cognitive theories of learning (Vygotsky, 1978; Bandura, 2001), further contribute to the development of social competencies through peer interaction and observational learning, thereby supporting a shift toward a relational rather than an authoritarian form of support (Alizadeh et al., 2020).

Drawing on the ethical and relational aspects of institutional care, the perspective of caregivers and managerial staff is crucial for understanding the implementation of social support programs delivered by the civil sector in the domain of sports and recreational activities. The aim of the study is to analyze the collaboration between child welfare institutions and civil society organizations in the realization of these programs for children and adolescents without parental care.

Method

The analysis of the obtained results is based on semi-structured interviews with professionals from the child welfare system, thereby providing insight into the practice and perceived effects of the programs.

Research design

A qualitative research approach was employed in this study, with the aim of gaining a deeper understanding of the experiences and perspectives of the actors involved in the implementation of sports and recreational programs within an institutional context. A deductive-inductive approach was used, combining theory-driven inquiry with participants' contributions to the identification and definition of themes. The analysis was based on thematic analysis (Braun & Clarke, 2006).

Sample of participants

A total of 11 representatives from child welfare institutions participated in the study: three residential care institution managers, two professional associates (a psychologist and a head of the housing and care program), and six residential care workers. All participants represent different professional profiles within institutional staff employed in child welfare residential care settings. The sample consisted of four male and seven female participants. The average length of professional experience among the participants was 18.9 years, indicating extensive professional expertise in working with children and adolescents in an institutional setting. To preserve confidentiality, all participants were assigned anonymized identification codes (I1-I11), where "I" denotes interviewee. These codes are used throughout the Results section when reporting quotations.

Data collection

Data were collected through semi-structured interviews conducted at child welfare institutions: the Center for the Protection of Infants, Children and Youth "Zvečanska" in Belgrade and the Social Welfare Institution Children's Village "Dr Milorad Pavlović" in Sremska Kamenica. The interviews were carried out by one of the authors (P.S.). Their duration ranged from 31 to 50 minutes (average 42 minutes). Prior to the interviews, participants were informed about the aims of the study and the manner of data processing.

Data analysis

Data analysis was performed using thematic analysis following the steps outlined by Braun and Clarke (2006): familiarization with the data, generation of initial codes, identification and review of themes, as well as their definition and naming. Coding was guided by the research interests but remained open to new insights emerging from the data. The analysis resulted in the identification of initial codes that were grouped into thematic units presented in the Results section.

Ethical Considerations and Trustworthiness

Approval for the conduct of the study was obtained from the relevant institutions and committees. Participants were informed about the objectives of the research and provided informed consent for participation. To ensure the accuracy and confirmability of the findings, I.M. and P.S. independently listened to all recordings and compared them with the transcripts. The transcripts were then read multiple times to identify patterns and nuances. I.M. proposed preliminary codes, which were independently analyzed and checked for consistency with the thematic framework by R.M. and P.S. Finally, all authors (I.M., P.S., R.M.) discussed the findings until consensus was reached, after which the codes and representative quotations were systematized into the final analytical categories.

Results

Interviews with professional staff provided valuable insight into the functioning of the institutional

environment and the daily practices of working with children and adolescents without parental care. The analysis identified three main thematic categories: the institutional context of work, collaboration with the civil sector, and psychosocial effects of sports activities among children and adolescents in institutional care. The structure of the identified thematic categories and their corresponding codes is presented in Table 1.

Table 1. Thematic units/categories and codes

Thematic Unit/Category	Codes
Institutional context of work	Roles of institutional staff; Independent activities; Staff constraints
Collaboration with the civil sector	Collaboration with CSOs; Implementation issues; Program continuity
Psychosocial effects of sports activities among children and adolescents in institutional care	Community and support; Self-confidence development

Institutional context of work

The findings indicate that the institutional environment is characterized by a complex system of organizational practices and resource constraints that directly influence the daily lives of children and the availability of sports activities. The role of institutional staff as key actors in organizing and encouraging physical activity was particularly emphasized, along with the importance of the young people's own initiative in situations where institutional resources are limited. At the same time, respondents highlighted various organizational and staffing constraints that affect the scope and quality of support. Within this framework, caregivers assume an expanded role that extends beyond formal professional duties and includes acting as intermediaries between the child and various support systems.

As one participant stated:

"it is very important that we know who we are. We are like parents… we are the providers of direct care for the child, but we still provide professional support, which should be free of certain emotions" (I1, psychologist).

An important aspect of institutional staff roles is understanding the life circumstances that led to a child's institutional placement.

"I often emphasize that there are objective reasons for placement. When we talk about illnesses and specific mental states, it is necessary to have understanding for such parents" (I2, residential care institution manager).

This role also includes daily coordination with various institutions:

"The caregiver is often at school, often at the health center, at psychiatric check-ups, or at counseling sessions at the court…" (I3, residential care institution manager).

At the same time, work in such institutions involves a high level of emotional and professional burden:

"In institutions like these, not just anyone can work… we are here 24 hours a day, working in shifts, and we are constantly, as I like to say, in a house without a key" (I4, residential care institution manager).

In addition to formal professional relationships, the interviews revealed long-term bonds between institutional staff (particularly residential care workers) and children that often continue even after the child leaves the institution. The experience of shared living and support during their stay creates relationships based on trust and emotional closeness that frequently persist into adulthood of former beneficiaries.

"Users who leave the institution have no obligation to contact us, but when you spend years with someone who supports you, it is quite normal for the relationship to continue" (I5, residential care worker).

"We consider this our greatest success, that trust. Each of us has at least several former users with whom we remain in constant contact and who we permanently remain part of their lives" (I6, residential care worker).

In addition to institutionally organized activities, children often spontaneously organize sports activities themselves:

"We have sports fields… and they often use them on their own, without anyone leading them" (I7, head of the housing and care program).

"One of the foundations of our functioning in the residential home is that we strive to implement sports activities on a daily basis, and in about 90% of cases we manage to carry out the planned 45 minutes. There is also a personal preference among the staff and a long-standing passion for sport in this facility. Three male educators in the team are very important,

all are active basketball players and participate in workers' sports games" (I2, residential care institution manager).

However, staff workload influences work prioritization, with urgent situations frequently taking precedence:

"We sometimes neglect those who are successful… from all this firefighting, you don't get around to it" (I1, psychologist).

Collaboration with the civil sector

Collaboration with civil society organizations is recognized as an important supplementary resource that enriches institutional programs through various socio-educational activities and contributes to more flexible forms of support for children.

"…it is important, it seems useful that the civil sector somehow fills what the state does not have…"

"…volunteers come and most often organize sports activities, strength exercises, and other training sessions with our children…" (I8, residential care worker).

Respondents emphasized that the civil sector contributes to raising the quality of services through additional programs and activities:

"…the civil sector and donors raise that standard and provide an extra effect compared to the average what is allocated and planned from the budget" (I3, residential care institution manager).

Nevertheless, certain challenges arise in the implementation of programs, primarily related to insufficient knowledge of the target population:

"Of course, we do not have the opportunity to educate all the people who come…" "There have been cases where someone comes and asks something inappropriate" (I9, residential care worker).

For this reason, it is necessary to familiarize external collaborators in advance with the specificities of the children and the institutional environment:

"Anyone who enters the home must know what problems the children face and how not to hurt them further" (I10, residential care worker).

Respondents also noted that representatives of the civil sector often experience a decline in motivation:

"It seems to me that their motivation, but also their expectations, differ, and that the greatest drop in their interest actually occurs at the moment when they try to cooperate more closely with our youth and children" (I11, residential care worker).

The continuity of projects implemented by civil society organizations was highlighted as a particularly crucial factor:

"It is important that it is not once and never again. Children become attached" (I1, psychologist).

Respondents pointed out that one-off activities, donations, or gift packages, although beneficial, do not meet the essential and long-term needs of children:

"*Children in social welfare institutions, like any other child, look forward to holidays and gifts, which allows them to connect with emotions that remind them of a family environment"* (I9, residential care worker).

In contrast, long-term collaborations produce a pronounced positive effect:

"We had one organization that was with us for three years. Those children looked like completely different people with them - a serious change" (I5, residential care worker).

Psychosocial effects of sports activities among children and adolescents in institutional care

Sports activities are recognized as an important mechanism for social integration, strengthening a sense of belonging, and developing self-confidence. Their role in creating a safe space for expression, developing personal capacities, and building positive behavioral patterns is particularly emphasized. This category also encompasses the ways in which children experience and respond to sports activities in the institutional environment.

Through sport, children develop a sense of community and mutual support:

"Through these sports activities, they started to function as a team… and now, when one falls, another approaches him" (I7, head of the housing and care program).

When we go to tournaments, they say:

"That is our team…" and they say it with pride. We often let them go outside and just watch them; they make teams themselves, make their own rules, play football or some game of their own" (I5, residential care worker).

The development of self-confidence is recognized as one of the key effects of involving children in sports activities, especially for those facing psychological and emotional barriers:

"When they see that they can do something, whether it is a jump, a dribble, or scoring a goal, it raises their belief in themselves. Some received applause for the first time for something they achieved on their own" (I6, residential care worker).

"Look, in sport, the better you are, the more confident you are, and sport is a skill like any other skill, you are more confident when you master it" (I1, psychologist).

"Martial arts are a miracle… when he mastered the technique, how much his self-confidence improved… they radiate somehow differently and have the feeling that others perceive them differently" (I5, residential care worker).

Mastering sports skills enables children to recognize their own abilities, which contributes to strengthening personal security and positive self-evaluation, with these effects transferring to other areas of life as well.

Discussion

The results of this field study indicate that practices of collaboration between child welfare institutions and civil society organizations represent an important yet insufficiently standardized mechanism of support for children and adolescents without parental care. The standardization of such practices is called into question due to differences in the expertise of external collaborators, their knowledge of the target population, and the level of preparedness for working within an institutional context. The findings further suggest that sports and recreational programs constitute one of the most accessible and recognizable forms of support provided by external actors, regardless of the beneficiaries' age.

The obtained results show that institutional care operates under conditions of structural overload, whereby the professional roles of caregivers spontaneously expand and assume functions that more appropriately belong to the family context. At the same time, the results indicate that institutional care cannot be viewed as the sole framework of support, since the social network of children and adolescents extends well beyond the residential institution. This finding contrasts with earlier research that emphasized the dominant role of the institutional environment as the primary source of support. While Franz (2004) argued that the institutional environment dominates as the primary source of social support for children and adolescents in social welfare institutions, the question arises whether the same assertion can still be applied nearly two decades later. This is considered in the context of contemporary institutional practices and a broader understanding of social support. The results of the present study demonstrate that the social network of children and adolescents significantly transcends the boundaries of the institution, encompassing civil society organizations, various community services, and alternative support programs. This confirms the multidimensional nature of support within the modern institutional environment. These findings are consistent with studies reporting the significant role of informal sources of support in the lives of young people in institutional care (Dinisman et al., 2013; Bravo & del Valle, 2003).

The study findings indicate that discontinuous and short-term programs, although beneficial, do not lead to stable developmental outcomes. This suggests that the effects of these interventions on the psychosocial and physical well-being of children and adolescents depend primarily on continuity and the quality of relationships rather than on the content of activities alone. In this regard, the key problems identified-apart from the limited duration of program activities-include insufficient knowledge of the target population's specificities and inadequate preparation of external collaborators for working in an institutional environment. Identifying continuing gaps between need and available services requires distinguishing among children's circumstances, so as to identify their distinct vulnerabilities and provide the right mix of targeted interventions (Goldberg & Short, 2016).

The diversity of circumstances among children in residential care is shaped by factors such as age at placement, reasons for removal from the primary family, and length of stay in the institution (Li et al., 2017).

Children and adolescents in institutional care particularly value the voluntary context of support due to its accessibility (Erol et al., 2010), with sports activities emerging in this study as the most common form of support provided by external actors. This finding is further deepened when considering age-related differences in the perception of support: younger children express greater satisfaction with the available support, whereas adolescents tend to adopt a more critical stance (Franz, 2004; Ferreira et al., 2020). Sports activities receive a particularly affirmative evaluation as a form of support, with professionals in institutional care recognizing their contribution to the development of self-confidence and a sense of community. These findings align with research demonstrating that sport contributes to the reduction of risk behaviors and the improvement of psychosocial development among children in institutional care, especially male adolescents (Akhmetshin et al., 2019).

In accordance with Tardy's model of social support (Tardy, 1985), the findings indicate that children in institutional care differentiate between emotional, instrumental, and informational support and clearly recognize their respective sources or providers.

Sports and recreational activities particularly stand out as important carriers of instrumental support and, to a certain extent, emotional support, while institutional staff are primarily associated with formalized forms of protection. Although sport can serve as a framework for the development of emotional support, such support does not arise automatically from the activity itself but from the continuity and quality of the relationships established during it. Emotional support is reflected through shared experiences with external actors, including former users of the system, as well as through the long-term relationships that caregivers maintain with beneficiaries. Consequently, the most significant contribution of sport lies in strengthening instrumental support, while long-term and stable programs are a prerequisite for extending this support to emotional security of children. Furthermore, findings from previous studies (Ferreira et al., 2020) show that children recognize the importance of social support and its sources, with peer relationships occupying a prominent place. Close peer relationships are associated with lower levels of depression and posttraumatic stress (Gearing et al., 2015), as well as higher levels of subjective well-being (Dinisman et al., 2013). In line with this, the results of the present study demonstrate that such relationships are concretely manifested through self-organized sports activities, in which children spontaneously form teams, establish rules of play, and mutually empower one another without direct supervision from caregivers.

Empirical research indicates that boredom, lack of predictability, and conflicts within institutions are associated with resignation and emotional difficulties, while the absence of organized physical activities and prolonged confinement indoors further contribute to the development of anxiety (Engstrom et al., 2020). In contrast, a higher level of sports activity is associated with fewer emotional and behavioral problems, with sport acting as a protective factor for mental health (Ismiyanov & Rubina, 2023; Lazareva & Pristinski, 2008; Bendikova & Nemček, 2017; Ngoc & Thu, 2020; Akhmetshin et al., 2019). Moreover, interventions in institutional care are most often conceptualized in the literature through the lens of basic necessary protection, while they are less frequently viewed as potential drivers of personal development and psychophysical functioning (Tamozhanska et al., 2020; Bello & Pillay, 2019; Chimdessa & Cheire, 2018). In contrast, empirical approaches highlight the importance of socio-educational programs in enhancing social inclusion, reducing the perception of life events as threatening, and strengthening the sense of belonging (Wills & Shinar, 2000; Ornelas, 2008). The need to shift the theoretical focus from exclusively problem-oriented models toward models that incorporate developmental potentials can be partially addressed through sport, as a bridge between the domains of physical health and social inclusion, contributing not only to physical development but also to psychosocial empowerment and the integration of children and adolescents without parental care (Spaić et al., 2025). Nevertheless, it is important to acknowledge certain limitations of the study, primarily concerning the structure of the sample. Although the number of participants is adequate for a qualitative approach, future research would benefit from a more balanced gender representation, given the predominance of female participants. Despite this limitation, the results allow for the identification of important implications for practice and future research.

Practical Implications

The practical implications point to the need to overcome the short-term nature of existing interventions by moving away from one-off projects toward long-term, continuous support programs. It is essential to improve the education and preparation of external collaborators working with children in institutional care in order to ensure a sensitive and adequate approach to the target group. Furthermore, sports and recreational activities should be systematically integrated into the regular daily routines of institutions, rather than being implemented sporadically. The findings also indicate the need to support caregivers in preventing professional burnout.

Of particular importance is the inclusion of professionals from the institutional care system-at both managerial and executive levels-as key actors who, through their direct work with children and adolescents, possess relevant insights for improving practice and future research approaches.

In the broader systemic context, the process of adolescents' transition out of institutional care (deinstitutionalization) carries significant socio-political implications related to the redefinition of the state's role in the social welfare system, the strengthening of community-based services, and greater reliance on the civil sector and family-based forms of care (Žegarac, 2014). Such changes would directly affect the availability of developmental and socio-educational content, including sports and recreational programs, which, under conditions of an expanded network of community services,

acquire the role of an important instrument of social inclusion and psychosocial support.

Conclusion

This study highlights the importance of intersectoral cooperation between child welfare institutions and civil society organizations in the implementation of sports and recreational programs for children and adolescents without parental care in Serbia. The findings indicate that these programs represent an accessible form of support that may contribute to social inclusion, a sense of belonging, and the development of self-confidence. However, their potential benefits depend largely on program continuity, the preparedness of external collaborators, and the quality of relationships established with beneficiaries. Strengthening long-term cooperation between institutional staff and civil society organizations, while integrating sports and recreational activities more systematically into everyday institutional practice, may therefore enhance the developmental and psychosocial value of such programs.

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