SW&S | Social Work and Society
International Online Journal

(Anti-)Fragile Residential Education during a Pandemic: A Review of Facility Size, Openness and Closeness

Vinzenz Thalheim, University of Kassel

Mark Schrödter, University of Kassel

1   Introduction

To combat the spread of pandemics, strong non-pharmaceutical interventions may be put in place. These include restrictions on gathering size and on movement in public, social distancing measures, school closures, the requirement to stay at home, and quarantine. These containment and lockdown measures are meant[1] to slow down the spread of the virus in the general population and at the same time protect the most vulnerable.

Residential care settings are of special concern in a pandemic. They serve as protective environments for the most vulnerable ("cocooning"), but may equally turn into hotspots if an individual within the institution is infected. So far, the academic and public discourse has mainly examined residential institutions for elderly people; care homes and nursing homes (Lorenz-Dant, 2020). Residential institutions for children have not been in the focus of attention. Although the current Covid-19 pandemic does not seem to affect children strongly, future pandemics might affect children disproportionately compared to adults (Klein et al., 2020). Residential children's homes must be prepared to fulfill their mandate even in the adverse conditions of the current or future pandemics.

Residential institutions housing not the medically most vulnerable, but children, such as children's homes, are always of special concern in a pandemic. Children are developmentally most vulnerable, and pandemic containment and lockdown measures may impede their development (Brooks et al., 2020; Fegert et al., 2020). Immediate response measures have been developed for residential institutions caring for looked-after children (e.g. UNICEF, 2020). However, the longer that containment, lockdown and physical distancing measures are in place, the more these institutions are required to restructure institutional life to meet the children's needs for care and education. How these processes work has not yet been considered. This paper focuses on safety and educational needs, which are of main concern in residential childcare. Maintaining a high level of safety and education has been seen as imperative for fulfilling the obligation, enshrined in the United Nations Convention on the Rights of the Child, to give priority to the best interests of the child in all measures affecting children (DGfE et al., 2020).

In the following assessment of the possible consequences for residential child care during and after a pandemic, we review evidence from general research on residential care and early

---

[1] A recent study shows no significant benefits for COVID-19 case growth from more restrictive non-pharmaceutical interventions such as lockdowns (Bendavid et al., 2021).

findings of studies on how the Covid-19 pandemic affects children. Further on we consider ethnographic interviews taken with four representatives of the German states' youth welfare departments (Landesjugendämter) and with 11 managers of residential care facilities in Germany.[2] We use three sets of concepts to describe the structure of current research on residential care. These concepts are: (1) fragility, resilience and antifragility, capturing the notion of residential care institutions trying to fulfill their functions although they may prove susceptible to the pandemic crisis to different degrees (they may break down in the crisis, remain the same or even gain from it); (2) openness and closeness, which pose a major challenge for residential institutions in general and during a pandemic in particular; and (3) safety and education, comprising the functions of residential child care which have to be sustained or even transformed during and after a pandemic.

2   Fragility, resilience and antifragility of residential childcare

For organizations, pandemics can be disruptive events that jeopardize their functioning. However, even in "normal times," organizations such as residential care facilities have to deal with various external and internal events that challenge their structure and processes. Hence, the concept of "resilience" has become prominent in organizational theory. A broadly accepted definition applying to social-ecological systems describes resilience as "the capacity of a system to absorb disturbance and reorganize while undergoing change so as to still retain essentially the same function, structure, identity, and feedbacks" (Walker et al., 2004). Equally, in organization theory organizational resilience has been conceptualized as "the ability of an element or system to return to a stable state after a disruption" (Burnard, & Bhamra, 2011: 5583).

Recent discussions have shifted the focus from stability to dynamic change. This change in focus is related to the problem of forecasting extremely unlikely events with serious consequences, so-called "black swan" events with a "fat tail" distribution (Makridakis, & Taleb, 2009; Taleb, 2020).[3] Events such as environmental disasters, world economic crises, reactor disasters or volcanic eruptions have all spurred the debate on the (un-)predictability of rare events – a debate that is being vehemently fought out again in the course of Covid-19 forecast modeling (Cirillo, & Taleb, 2020; Ioannidis et al., 2020). One approach for tackling (seemingly?) unpredictable events is to shift the focus from trying to predict disastrous events to analyzing "how systems can handle disorder – in other words, to study how fragile they are" (Taleb, & Treverton, 2015: 88). This corresponds to a shift from risk prediction to risk management (Aven, 2020). Rather than focusing on predicting rare events such as pandemics and taking organizational precautions at short notice, this approach places organizations on a continuum of fragile – resilient or robust – and antifragile. "Antifragility" describes things that get even better when confronted with disorder (Aven, 2015, 2020; Taleb, & Douady, 2013). The aim is to examine what makes an organization fragile, resilient or antifragile in

---

[2] The interview partners were selected according to theoretical sampling criteria (Corbin, & Strauss, 2015: 146), e.g. interviewees were known to the authors from previous studies or representatives of relevant positions in youth welfare offices and in charge of managing pandemic based measures. The ethnographic interviews (Breidenstein et al., 2020: 93) were carried out by telephone in July 2020. Interviewees were asked how they perceived the challenges in meeting the measures to address the pandemic and about narratives they had heard from colleagues.

[3] It is controversial, if the Covid-19-Pandemic constitutes a black swan or not. Insofar as it was clear that a global pandemic was bound to happen at some point, Taleb believes this is not a black but a white swan (Taleb, & Spitznagel, 2020).

order to identify fragility in organizations and to prepare them to be robust against or even benefit from future disruptions.

The concept of antifragility has been applied in such diverse research fields as architecture and planning (Blečić, & Cecchini, 2020), the design of large information and communications technology systems (Hole, 2016), biology (Kaempf et al., 2017), business (Ansar et al., 2017) or nation states (Taleb, & Treverton, 2015). In the general research on risk management and organization, it has been related to concepts such as "post-traumatic" or "stress-related" growth (Aven, 2015; for the current pandemic: Olson et al., 2020; Ruiz-Martin et al., 2018).

Fragility is a vague thick concept. It is not possible to determine fully in advance what makes an organization fragile. Rather, it can serve as a heuristic for analyzing the structures or processes of an organization. In the following account, the heuristics of fragility (degrading with stress) and resilience (unchanged by stress) are used in particular, and that of antifragility (improving with stress) to a lesser extent, to scan the research on residential child care for clues indicating how residential care institutions may be susceptible to failure due to pandemics such as Covid-19. Two important factors are the size of a facility and the degree to which it is open or closed to the environment.

3   Openness and closeness of residential childcare

The measures introduced due to Covid-19 impose restrictions on all kinds of interactions with actors outside the residential care institution, i.e. no external schooling, no out-of-home activities or visiting peers, sport coaches or music teachers. Thus, the institutions have to reorganize all academic and leisure activities for the children. However, residential institutions may be affected differently by pandemics and the measures to deal with them. Facility size may be an important factor here. In Germany, 8,494 residential care institutions offer 106,963 places to about 91,000 children and young people, who live there for an average of 27 months (Statistisches Bundesamt, 2019). The institutions range from large facilities with small group homes on a campus (n=2.223), to small groups tightly integrated into the community (n=1.101) (Statistisches Bundesamt, 2020).

Naturally, large institutions are almost self-sufficient, whereas smaller institutions are more interconnected with the environment. For example, some large-scale residential care facilities in Germany provide on-site school programs (Heimschulen) which most of the residential children attend, they offer vocational training in special workshops, they have their own kitchen serving all the children lunch and dinner, and they offer a broad range of extra-curricular activities such as sports, music or crafts. In contrast, the small institutions rely on mainstream schools and social, therapeutic and educational services in the community. The ethnographic interviews with representatives of the states' youth welfare departments point out that the size of residential care institutions has played a major role in their ability to provide safety and education in the pandemic. It is believed that smaller facilities are more fragile with regard to external shocks, for example staff having to stay at home due to a positive Covid-19 test result or children with positive test results being required to stay in their bedroom. Large institutions may have more resources to reallocate staff from different units and they may even reorganize special units for infected individuals, to keep a larger internal outbreak under control.

In contrast, smaller institutions may have to reorganize their service provision more thoroughly, from providing meals for the children to managing homeschooling and ensuring the continuity of learning in quarantine. The ethnographic interviews draw attention on two

aspects: On the one hand institutions may embrace these challenges in antifragile ways as opportunities for learning – cooking meals and learning math with the children. On the other hand, they may become fragile with these additional tasks, especially when the usual staff-to-child ratio decreases. There is early evidence internationally that fragile institutions responded diffusely e.g. placements have been terminated prematurely and children were sent home to their parents because of the pandemic (Goldman, van Ijzendoorn, et al., 2020; Mairhofer et al., 2020; UNICEF, 2020). However, it has not been established whether this is due to the failure of the institutions or whether planned discharges were only brought forward slightly. Either ways the question remains: What makes residential child care homes fragile and how can these types of organizations handle disorder?

Against this background the extent to which future reorganization is necessary may depend on the particular balance at the residential facility between internal totality and community orientation (Dror, 1995). This is the fundamental concern of every educational institution, as there has to be a decision on what aspects of the world are to be "represented" (Mollenhauer, 1983: 50f.) that "determine" the world of the child ("educational determination" Benner, 2010: 106). For all aspects of residential life, the degree of restrictiveness in maintaining relationships with the outside has to be established (Cameron et al., 2016; Schrödter, 2017). Research has shown that residential care facilities can be analyzed in terms of activity restrictions (limits on what a person can do), movement restrictions (limits on where a person can go) and social restrictions (limits on whom a person can see and spend time with) (Rauktis et al., 2009). Thus, from an analytical perspective on residential care, the restrictions introduced due to pandemics are a special example of the restrictions which residential care institutions generally have to deal with – imposed dramatically and rapidly. The current pandemic may therefore shed some light on the conditions under which residential institutions can continue to provide or even improve safety and education in times of crisis and beyond.

Generally, large institutions are considered detrimental to children's well-being (Goldman, Bakermans-Kranenburg, et al., 2020; Whittaker et al., 2016). There have been studies – following Goffman's approach – of "total institutions" that control all aspects of life for the residents (Lorenz, & Kessl, 2018; Palmer, & Feldman, 2017; Wästerfors, 2012). They are said to be strict, rigid, authoritarian, rule-following structures, where organization takes precedence over individuals (Backes, 2012; Bauer, 2010). They may appear very robust from an outside perspective, because they get lots of admissions from youth welfare offices that do not have alternative resources to place young people in out-of-home care. But sometimes the internal processes of safety and education have already collapsed. The fragility of the strict, rigid, authoritarian structure often only becomes apparent when the organization is exposed to an external stressor: when maltreatment, physical and sexual violence become public due to either alumni filing charges or audits by a supervisory authority. Recent examples of institutions collapsing include boarding schools and residential care facilities (e.g. Hoffmann et al., 2013; Keupp et al., 2019). Now, residential care institutions prepare for internal safety procedures and practices such as ombudspersons or complaints management (Rusack et al., 2019) that can be referred as strategies to strengthen the resilience or antifragility of care homes.

Although children in very small family-like group homes or even in foster care also experience physical and sexual abuse (Euser et al., 2013, 2014) and are thus also fragile in terms of the provision of safety and education, in addition, small institutions may be quite fragile for very different reasons. They usually do not permit the full-time employment of therapeutic specialists, they cannot provide a variety of role models in the form of social

pedagogues and they cannot easily compensate for high staff turnover as a consequence of their size (Ainsworth, & Hansen, 2018).

However, in the empirical research on residential care, size has not been studied thoroughly (van Ijzendoorn et al., 2020). Most studies reporting negative effects and low-quality caregiving are on institutions in low-income countries that have poorly paid staff, who often have little training, and an unfavorable staff-to-child ratio of about 1:8 (ibid.). Thus, they sometimes offer better educational alternatives for neglected young people, so children may prefer these facilities to a placement with relatives, where they are exposed to additional abuse or prolonged child labor (Gray et al., 2017; see the orphanage debate: McKenzie, 2010; McKenzie, 1999; Ramaswamy, & Seshadri, 2020). The few studies on the quality of children's upbringing in large institutions in high-income countries are either historical, i.e. on institutions in the 1950s to 1980s, or apply to facilities such as orphanages, which are considered outdated (e.g. Nho et al., 2016). In contrast, since the deinstitutionalization movement in the 1970s, large facilities in Germany have been internally differentiated into small family-like units of up to 9 children with a staff-to-child ratio of 1:2, or 1:1.3 for intensive educational groups (Intensivpädagogik). One quantitative study in Germany systematically controlling for size (Witt et al., 2014) found that children in larger institutions are more resilient and have more positive character traits such as self-regulation and cooperation. Larger institutions may be better adjusted to children's needs by having the capacity to assign children to those units that best meet their needs. The authors conclude that "future studies should rather focus on the quality of the educational programs in the institutions" (Witt et al., 2014: 125) to explore the mechanism by which institutions of different size impact the formation of children's character. It is difficult to make general statements about the quality of different types of residential institutions unless the micro-processes of everyday life are examined more closely, as quantitative large-scale studies or international comparisons of studies mean different things by the term "residential care." In an influential consensus statement on residential care, the authors conclude: "If residential services have fallen from favor as many of our contributors have noted, at least a partial reason must surely be that the term can mean so many different things in different contexts." (Whittaker et al., 2016: 100). It is a challenge for empirical research to open the "black box" of residential care and analyze how practices of safety and education are put in place in everyday life (Knorth et al., 2014).

4   Safety in residential childcare

It is widely agreed that safety is the first and foremost criteria for good residential childcare, as every intervention into the practices of human life has to follow the *principle of primum non nocere*: first, do no harm (Whittaker et al., 2016). This is especially true of children in out-of-home care, who have often been seriously harmed in the past and suffer from trauma. According to one German study, about 40% of the girls and 7% of the boys report severe sexual assault in their lives prior to admission to residential care (Allroggen et al., 2017). Reviews show that 39–57% of the children in residential care are diagnosed with emotional problems, 40–60% with behavior problems, 30% with attachment problems and 20–50% with problems of cognitive development that impair their school performance that effects life in various ways (Leloux-Opmeer et al., 2016; Wanderer, & Roessner, 2015). About 16–19% of the children report severe sexual assault within residential care facilities, with 2–3% of the incidences being committed by staff (Allroggen et al., 2017; Euser et al., 2013), while about 30% report having experienced physical violence within the care settings (van Santen, 2019).

Reviews of the international research demonstrate that the degree to which an institution is open or closed to the environment plays a major role in the safeguarding of children. The combination of closed environments with the absence of robust safeguarding policies and practices poses a great risk of severe physical or sexual abuse and the violation of other fundamental human rights (Keupp et al., 2019; van Ijzendoorn et al., 2020: 3f.; for Germany e.g.: Witt et al., 2018). Thus, the lockdown of residential care facilities introduced due to Covid-19 – particularly with requirements to stay at home or quarantine measures being introduced – poses particular challenges for the safety of the children, who are generally at greater risk of serious harm. Consequently, apart from immediate response measures to address hygiene issues due to Covid-19 (UNICEF, 2020), residential care institutions have had to update their safeguarding policies to meet the new safety requirements.

Closing institutions to the environment can also increase the internal totality of all social relations and hinder social contacts outside the care facility. Thus, existing pressures of peer culture may intensify, which is a strong risk factor for physical and sexual violence in institutions. Thus, lockdowns eventually may force fragility. There is well-established evidence that a peer culture characterized by a high level of hierarchy and a poor emotional bond between children and staff contributes to bullying and peer violence (Mazzone et al., 2018). Qualitative studies show that it is not so much the factual knowledge and rules, but the constitution of an actively practiced "child-safe culture" – values, attitudes, beliefs, and norms that emphasize the recognition of others' bodily integrity and appreciate trust and open communication with peers and staff – that makes a residential institution less fragile with regard to human rights violations (Kindler et al., 2018; Palmer, & Feldman, 2017; Rusack et al., 2019). Early considerations of how to improve adolescents' adherence to Covid-19 safety precautions point in the same direction. The ethnographic interviews show that some adolescents seemed careless regarding safety precautions as this age is often associated with increased risk-taking, an increased need for social connection and peer acceptance. At the same time, there is some evidence that the imposition of safety rules is not as important as interventions that afford adolescents respect and autonomy, and are sensible to the children's values (Andrews et al., 2020). Their need to develop values, beliefs and attitudes calls for a multidimensional concept of education to capture the levels on which residential care facilities are required to address what is needed for the children and young people's safety and well-being.

5   Education in residential childcare

When safety concerns are met, education is seen as the most important task of general residential childcare (Israel: Beker, & Magnuson, 1996; UK: Cameron et al., 2016; Hast et al., 2009; USA: Jones, & Lansdverk, 2006; Germany: Schrödter, 2017; M. Smith, 2009; Winkler, 1988).[4] Education in a general sense includes all practices of care by the caregivers responsible for the child, as well as the teaching of knowledge and skills, i.e. everything that happens in the family, the school and other educational environments, such as training, supervision, care and measures relating to housekeeping and school regulations as they relate to the child (Müller, 2008: 38f.). In residential childcare, from a social pedagogical

---

[4] In a seminal paper James Anglin and Larry Brendtro (Anglin, & Brendtro, 2017) list belonging (Johann Pestalozzi), mastery (Maria Montessori), power (Janusz Korczak), purpose (Kurt Hahn), adventure (Jane Addams) and safety (John Bowlby) as the fundamental children's needs, concepts of residential childcare have mostly only partially addressed in history. In our view, education has to address the first five needs.

perspective even the organization and management of therapy sessions, psycho-education exercises and psycho-education groups is considered part of education.

Education in a general sense is a multidimensional construct, composed of the three analytically distinct but empirically intertwined notions of (1) moral education, (2) academic education and (3) vocational education. We draw on the analytic tradition (Cuypers, & Martin, 2011; Peters, 1968, 1998) and the neo-Aristotelian tradition of the philosophy of education (MacIntyre, & Dunne, 2002; Müller, 2008; Nussbaum, 1997) to define or enrich these three concepts as follows:[5]

(1) Moral Education involves the formation of a child's character. It aims at the formation of the will or the cultivating of desire by initiating the child into practices of care, provided by a caregiver (Müller, 2008). These caregivers may be the parents or some significant other such as the social pedagogues in residential care. Moral education in the sense of child-rearing, parenting or upbringing does not denote any specific activity, but refers to all the activities which represent responsibility for the child (from the perspective of virtue ethics: Müller, 2008; of care ethics: Noddings, 2002). It consists of being in charge, accountable for the child in the form of a bodily presence, in a caring relationship. Although it is not reducible to "attachment" (M. Smith, Cameron, et al., 2017), in professional settings principles of trauma-informed care come into play (Bailey et al., 2019; Weiß et al., 2016). It mainly works implicitly by role modeling, tacit moral communication and sharing a common practice. It is commonly assessed in terms of some ideal of the "good character" (Peterson, & Seligman, 2004) or the "good person" (Müller, 2008) who can act well autonomously, according to what the primary care-takers value.

(2) Academic Education is the transmission of knowledge by initiation into complex practices with internal standards of excellence such as sports, arts, science, politics or craftsmanship, and thus an initiation into an ethically enhanced and aesthetically enriched way of life (MacIntyre, & Dunne, 2002; Müller, 2002). The pursuit of knowledge empowers the child to carry out critical self-examination. It is commonly assessed in terms of an ideal of the "educated person" or the "cultivated person" (Peters, 1968) and may be conceived as rooted in Socrates' concept of "the examined life," Aristotle's notions of reflective citizenship, and Greek and Roman Stoic notions of a "liberal" education in the sense of liberating the mind from the bondage of pure habit and custom (Nussbaum, 1997). Inculturation in this rich sense is often conceived as one function of formal education in school, but the social pedagogical discourse in Germany also assigns this function to the non-formal and informal educational aspects of residential care institutions (see also Israel: Beker, & Magnuson, 1996; Bildung: Hast et al., 2009; USA: Jones, & Lansdverk, 2006).

---

[5] Not all languages have different terms for these three dimensions of education and not all languages put these dimensions under the umbrella term "education". For example, in English "education" is often conferred to teaching and there is rather a lack of the term "education" or "pedagogy" in the rich sense (Standish, 2019). At the same time, the distinction between "education" and "training" is widespread (e.g. in German: "Bildung" and "Ausbildung") what we refer to here as "academic education" and "vocational education". The concept of education in the rich sense is then often contrasted with something called "parenting" or "upbringing" (German: "Bildung" vs. "Erziehung", Italian: "formazione" vs. "educazione") what we refer to here as "moral education". Regardless of the terms used in particular languages, we think from the perspective of the philosophy of education, there are good reasons to distinguish three aspects for a richer understanding of the task of residential care. In this sense, this furthers a rather social pedagogical concept of residential care in contrast to a rather therapeutical understanding.

(3) Vocational Education or training is the acquisition of skills through instruction in instrumental activities (poiesis), i.e. activities which help achieve a specified aim. It enables the child to act competently (Müller, 2008; Peters, 1968). It is assessed in terms of the "competent" or "skilled" person. It plays an important role in school or residential care settings but is most salient in vocational education and training.

The aim of the conceptual reflection is now to evaluate educational matters in terms of its fragility during pandemic measures in the light of existing research.[6]

During a pandemic there are major educational needs. Even if there are hardly any local outbreaks in the community in which a particular child lives, children are psychologically and socially affected by the coronavirus pandemic due to the restrictions they experience. These are conveyed through public discourse, which must also be addressed educationally. One international study finds that 91% of the children reported feeling emotional distress or facing troubling experiences. 75% reported that it was emotionally challenging to deal with physical distancing measures (World Vision, 2020). In a representative sample in Germany, 30% of the children reported fears of getting infected. More than 60% feared that a family member would get infected, 33% said they were worried they would not be able to finish their school year, 65% had feelings of boredom and isolation (Save the Children, 2020). Another German study shows that calls to helplines for children and young people increased by 20%, while calls to suicide prevention helplines, often mediated by school teachers, went down (Pütz, 2020). Quarantine can be particularly stressful for children. Studies from prior epidemics have shown that there can be increases of anxiety and depression, post-traumatic stress, confusion and anger (Brooks et al., 2020; Crawley et al., 2020; Ghosh et al., 2020; Götz et al., 2020). One comparative study shows that although adults in lockdown less often worried about missing their freedom than did first-time prisoners, they were less engaged in a range of daily activities than were first-time prisoners and even reported feeling more hopeless (Dhami et al., 2020). It thus can be imagined how difficult lockdowns due to Covid-19 have been for children.

On the other hand, the restrictions on movement were perceived by many children as "time out" from the demands of school and extracurricular activities. They experienced a time for deepening relationships to siblings and parents (Andresen et al., 2020; Save the Children, 2020). The analysis of the ethnographic interviews shows that some children in residential care enjoyed the time off school, which gave them the opportunity to think more about themselves and deal with past traumas. Consequently, it has even been suggested, that "the crisis may provide a unique window of opportunity to test long-standing hypotheses on modern life stressors and mental health problems or psychiatric pathogenesis and well-being in developing children and adolescents. At no point in recent history, we have been given a similar chance to evaluate the effects of such a drastic environmental change; not only for the worse, but also for some for the good" (Bruining et al., 2020).

5.1 Moral education during a pandemic

How caregivers react to children's worries in a pandemic, how they install safety precautions in a facility and how they talk and act about the pandemic and the measures they are required to install is part and parcel of bringing up children. The dimension of moral education is

---

[6] We consider research on residential care regardless if it employs a rather psychological, sociological or educational perspective and reread them in the light of the three concepts of education.

sensitizing for habitual effects that social pedagogues have in relations with youngsters. The children experience how the caregiver deals with a large-scale crisis and this can unwittingly serve as a model for coping with future crises in their lives. Hence, the way in which issues such as pandemic measures are conveyed, and their consequences being reflected must be considered as a stand-alone professional educational practice that can contribute to a robust or fragile crisis management process.

One problem which both the children and the staff have to deal with is conflicts. Requirements to stay at home and quarantine measures can exacerbate existing conflicts in the facility. Comparative studies using video analysis (Scherzinger, 2018; Wettstein et al., 2013) demonstrate that children in residential care institutions have more conflicts than their peers living at home with their families. Consequently, educational admonition is given more frequently in residential care by pointing out misconduct and trying to steer behavior. There is even more peer-to-peer admonition at the expense of dialogical modes of conflict resolution, which again fuels conflict. Ultimately, most young people say they have no friends in care facilities. This is explained by the fact that there are fewer opportunities to retreat (Scherzinger, 2018). The way in which caregivers engage in moral education by everyday moral communication is therefore crucial – even more so during a pandemic (ethnography: Böhm, 2017) – as is the way they engage in emotional work to foster social recognition, a sense of self and the experience and expression of feelings (ethnography: Schröder, 2017). What they do will create or transform a particular conflict culture that may counteract the influence of a deviancy culture (ethnographies: Böhle, & Schrödter, 2015; Y. Smith, Colletta, et al., 2017; Wästerfors, 2016). They might convey a new sense of belonging by strengthening practices of family orientation (ethnography: Bittner, & Kessl, 2019; Clark et al., 2014; Eßer, & Köngeter, 2015). One example is initiating children into lunch practices that communicate a sense of community (ethnography: Byrne, 2016; Rose, & Adio-Zimmermann, 2018). This can create a "therapeutic milieu", a context for modeling and practicing desired behaviors and affect, where the children get the feeling of being at home, feeling wanted and cared for (Carter, 2011; Y. Smith, & Spitzmueller, 2016). The ethnographic interviews indicating clearly that in the current crisis caregiver's personalities play a major role for establishing good social climate in the care homes. Therefore, moral education emphasizes need of professional's self- reflections.

5.2 Academic education during a pandemic

The current pandemic poses a special challenge for schooling. The United Nations (2020) state: "The COVID-19 pandemic has caused the largest disruption of education in history" (5). "It is estimated that for the first time since its conception, the Human Development Index, of which the education dimension accounts for a third, will show a striking decline." (5) "In the most fragile education systems, this interruption of the school year will have a disproportionately negative impact on the most vulnerable pupils" (7). It is currently unknown how fragile the education system is for children in out-of-home care.

Generally, formal education is subjectively important for children and young people in residential care. Educational achievement functions as an important means of achieving social recognition, respect, social status and self-efficacy (Strahl, 2019). At the same time, research consistently demonstrates that the staff believes schooling plays only a minor role in residential care institutions. School teachers are held responsible for schooling, while the social pedagogues do not see themselves as playing a part in it (Kliche, & Täubig, 2019; Köngeter et al., 2016; international: McNamara et al., 2019; Strahl, 2019). Social pedagogues

mainly see their responsibility in child-rearing, so focus on everyday routines, as well as organizing therapy sessions and special interventions for coping with traumatic experiences (Canada Hwami, 2019; Strahl, 2019). How that has changed with the requirement of homeschooling in the course of the pandemic is currently unknown. The ethnographic interviews suggest that homeschooling was mostly offered at a basic level while children were also given "time off" from school for recreation and healing. So far, robust online education routines are just on its way to be established. It is not known how residential care institutions will help children catch up with the online school and missing curriculum after the pandemic. It is feared that social inequality will increase (Mairhofer et al. 2020, p. 61). Homeschooling thus becomes another fragility-test for residential care homes.

However, there is also a direct need for education in relation to, but also beyond, health literacy, namely in terms of academic education. An international study demonstrates that children have quite good factual knowledge about Covid-19 (Götz et al., 2020). For example, more than 80% of the children could identify "fake news," such as the belief that Ibuprofen or garlic can cure Covid-19. At the same time, the children who knew less facts tended to describe themselves as more worried about the pandemic. Most interestingly, 50% of the children said that they were scared of and fed up with the news about the coronavirus. However, 65% would like children's television to present more knowledge about the coronavirus (Götz et al., 2020 37142). This corresponds to a German study that found that children feel they have no voice in the public discussion about Covid-19 measures (Andresen et al., 2020; Klundt, 2020). These findings mirror the fact that children in residential care feel the need to participate in their concerns (ten Brummelaar et al., 2018). The pandemic situation can be an appropriate opportunity to academically educate to stand up for one's own interests.

5.3 Training during a pandemic

There is evidence that the aspect of training plays a major role in residential care. During a pandemic, there is a strong need to train children in simple skills related to hygiene measures and safety precautions against Covid-19, although this also has to be mediated by moral communication in the sense of child-rearing. However, it is notable that the research on residential care often highlights the fact that the children receive simple training rather than academic education. Children are said to be inculcated with a simple work ethic via apprenticeship training. They are prepared for simple jobs and trained in secondary virtues such as punctuality, cleanliness and discipline (ethnography: Günes, 2018). Training tends to focus on rule-following and adaptation and subordination to contingent circumstances, rather than on an initiation into complex practices such as arts, politics, sports or craftsmanship (ethnography: Schaffner, & Läber, 2017). It is currently unknown whether this instrumental orientation will be maintained during and after the pandemic, given the fact that the labor market is being readjusted, and a new work ethic may have to be developed in order to promote people's well-being (Otto, 2020). Being actively able to adjust such traditional orientations towards more progressive ideas will reveal the fragility of residential child care homes.

6 Conclusion

The pandemic measures have turned out as an extremely rare so called "black swan" event for residential care homes. Restrictions such as quarantine, homeschooling, social distancing or stay at home requirements have changed the 'normal' of everyday life in out-of-home care for children and youth. In order to research impacts on resident's well-being we introduced

Taleb's (2013) theory that is aiming at the fragility of organizations when being confronted with disorder.

There are good reasons to assume that the size of a residential facility plays a major role in its capability to provide safety and education in these times of high uncertainty and potential lockdown restrictions. Small facilities may respond fragile to forced lockdown under pandemic measures, thus compromising education. Large facilities may respond fragile to introduction of infections by some of the many staff members, thus compromising health. At the same time, large institutions may have sufficient resources to keep a larger internal outbreak under control. However, it can be assumed that institutions of all sizes have to reorganize their service provision thoroughly to meet the children's needs. Empirical research has yet to determine the extent to which residential care facilities have been antifragile in making children embrace these challenges as opportunities for learning – e.g. cooking meals and learning math together – or respond fragile with these additional tasks, especially when the regular staff-to-child ratio decreases. Researching the impact of the Covid-19 pandemic and the measures taken to combat it by analyzing fragility, resilience or antifragility of residential child care facilities has shown to be fruitful. This is because Taleb's heuristic concept examines both: occurred problems and potential solutions of new phenomena. Future studies must also examine how practices of safety and education in residential childcare facilities have broken down, have been maintained or transformed during and after the pandemic as this relation has become crucial. Considering the analytic and Aristotelic tradition of the philosophy of education by breaking education down into the dimensions of moral, academic and vocational education promises additional fundamental insights into the practices of residential childcare facilities in order to meet the multiple needs of the residents. The proposed analytical approaches may translate into antifragile concepts that residential childcare facilities in general can use to prepare for future "black-swan" events.

References:

Ainsworth, F., & Hansen, P. (2018). Group Homes for Children and Young People: The Problem Not the Solution. *Children Australia*, 43(1), 1–5.

Allroggen, M., Rau, T., Ohlert, J., et al. (2017). Lifetime prevalence and incidence of sexual victimization of adolescents in institutional care. *Child Abuse and Neglect*, 66, 23–30.

Andresen, S., Lips, A., Möller, R., et al. (2020). *Erfahrungen und Perspektiven von jungen Menschen während der Corona-Maßnahmen.* Universitätsverlag Hildesheim.

Andrews, J. L., Foulkes, L., & Blakemore, S.-J. (2020). Peer Influence in Adolescence: Public-Health Implications for COVID-19. *Trends in Cognitive Sciences*, 24(8), 585–587.

Anglin, J. P., & Brendtro, L. K. (2017). Enduring Wisdom: Towards a Comprehensive History of Professional Child and Youth Care. *Scottish Journal of Residential Child Care*, 16(3).

Ansar, A., Flyvbjerg, B., Budzier, A., et al. (2017). Big is Fragile: An Attempt at Theorizing Scale. In B. Flyvbjerg (Ed.), *The Oxford Handbook of Megaproject Management* (pp. 60–95). New York: Oxford University Press.

Aven, T. (2015). The Concept of Antifragility and its Implications for the Practice of Risk Analysis. *Risk analysis*, 35(3), 476–483.

Aven, T. (2020). *The science of risk analysis.* New York: Routledge.

Backes, S. (2012). *"Funktionieren musst du wie eine Maschine«. Leben und Überleben in deutschen und österreichischen Kinderheimen der 1950er und 1960er Jahre.* Weinheim: Beltz Juventa.

Bailey, C., Klas, A., Cox, R., et al. (2019). Systematic review of organisation-wide, trauma-informed care models in out-of-home care (OoHC) settings. *Health & Social Care in the Community*, 27(3), e10–e22.

Bauer, P. (2010). Das Heim als lose gekoppeltes System? Governance in Organisationen der Jugendhilfe. *Zeitschrift für Sozialpädagogik*, 8(3), 261–277.

Beker, J., & Magnuson, D. (1996). Residential Education as an Option for At-Risk Youth. Learning from the Israeli experience. *Residential Treatment For Children and Youth*, 13(3), 3–48.

Bendavid, E., Oh, C., Bhattacharya, J., et al. (2021). Assessing Mandatory Stay-at-Home and Business Closure Effects on the Spread of COVID-19. *European Journal of Clinical Investigation*, e13484.

Benner, D. (2010). *Allgemeine Pädagogik. Eine systematisch-problemgeschichtliche Einführung in die Grundstruktur pädagogischen Denkens und Handelns.* Weinheim: Beltz Juventa.

Bittner, M., & Kessl, F. (2019). Zur Institutionalisierung des Pädagogischen am Beispiel familialisierter Vergemeinschaftung. In K. Berdelmann, B. Fritzsche, K. Rabenstein, & J. Scholz (Eds.), *Transformationen von Schule, Unterricht und Profession: Erträge praxistheoretischer Forschung* (pp. 289–305). Wiesbaden: Springer.

Blečić, I., & Cecchini, A. (2020). Antifragile planning. *Planning Theory*, 19(2), 172–192.

Böhle, A., & Schrödter, M. (2015). Fight fire with fire? – Riskante Handlungspraxen im Umgang mit jugendlichen Gewalttätern in der stationären Hilfe zur Erziehung. In B. Dollinger, A. Groenemeyer, & D. Rzepka (Eds.), *Devianz als Risiko* (pp. 287–303). Weinheim: Juventa.

Böhm, T. (2017). (Un-)Ordentliches Benehmen. Moral in der Heimerziehung. In S. Gögercin & K. E. Sauer (Eds.), *Neue Anstöße in der Sozialen Arbeit* (pp. 181–206). Wiesbaden: Springer.

Breidenstein, G., Hirschauer, S., Kalthoff, H., et al. (2020). *Ethnografie. Die Praxis der Feldforschung.* Konstanz: UVK.

Brooks, S. K., Webster, R. K., Smith, L. E., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395(10227), 912–920.

Bruining, H., Bartels, M., Polderman, T. J. C., et al. (2020). COVID-19 and child and adolescent psychiatry: an unexpected blessing for part of our population? *European Child & Adolescent Psychiatry*.

Burnard, K., & Bhamra, R. (2011). Organisational resilience: development of a conceptual framework for organisational responses. *International Journal of Production Research*, 49(18), 5581–5599.

Byrne, D. (2016). Governance of the table: Regulation of food and eating practices in residential care for young people. *Administration*, 64(2), 85–108.

Cameron, C., Reimer, D., & Smith, M. (2016). Towards a theory of upbringing in foster care in Europe. *European Journal of Social Work*, 19(2), 152–170.

Carter, J. (2011). Analysing the impact of living in a large-group therapeutic community as a young person – views of current and ex-residents. A pilot study. *Journal of Social Work Practice*, 25(02), 149–163.

Cirillo, P., & Taleb, N. N. (2020). Tail risk of contagious diseases. *Nature Physics*, 16(6), 606–613.

Clark, A., Cameron, C., & Kleipoedszus, S. (2014). Sense of place and space in children's residential care homes: perceptions of home? *Scottish Journal of Resisdential Child Care*, 13(2), 1–18.

Corbin, J., & Strauss, A. L. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory.* London: Sage.

Crawley, E., Loades, M., Feder, G., et al. (2020). Wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults. *BMJ Paediatrics Open,* 4(1).

Cuypers, S. E., & Martin, C. (Eds.). (2011*). Reading R. S. Peters Today: Analysis, Ethics, and the Aims of Education.* New York: Wiley.

DGfE, DGfKJ, DGfP, et al. (2020). *Für eine kontrollierte Öffnung der Erziehungs-, Bildungs- und Betreuungseinrichtungen im Vorschul- und Schulalter. Gemeinsame Stellungnahme der Deutschen Gesellschaft für Erziehungswissenschaft, Deutschen Gesellschaft für Kinder- und Jugendmedizin, Deutschen Gesellschaft für Psychologie, Gesellschaft für Empirische Bildungsforschung, des Vereins für Socialpolitik und der Stiftung Kindergesundheit.* https://www.dgfe.de/fileadmin/OrdnerRedakteure/Stellungnahmen/2020.07_Kontrollierte_Öffnung.pdf

Dhami, M. K., Weiss-Cohen, L., & Ayton, P. (2020). *Are people experiencing the 'pains of imprisonment' during the Covid-19 lockdown?*

Dror, Y. (1995). An alternative approach to classifying and measuring residential education and group care and treatment programs: Internal totality and community orientation as separate components. *Child and Youth Care Forum*, 24(3), 195–208.

Eßer, F., & Köngeter, S. (2015). Doing and displaying family in der Heimerziehung. In S. Fegter, C. Heite, J. Mierendorff, & M. Richter (Eds.), *Neue Aufmerksamkeiten für Familie. Diskurse, Bilder und Adressierungen in der Sozialen Arbeit* (pp. 88–100). Lahnstein: Verlag Neue Praxis.

Euser, S., Alink, L. R. A., Tharner, A., et al. (2013). The Prevalence of Child Sexual Abuse in Out-of-Home Care: A Comparison Between Abuse in Residential and in Foster Care. *Child Maltreatment*, 18(4), 221–231.

Euser, S., Alink, L. R. A., Tharner, A., et al. (2014). Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review*, 37, 64–70.

Fegert, J. M., Vitiello, B., Plener, P. L., et al. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: a narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health,* 14, 20.

Ghosh, R., Dubey, M. J., Chatterjee, S., et al. (2020). Impact of COVID-19 on children: Special focus on psychosocial aspect. *Minerva Pediatrica*, 72(3), 226-235.

Goldman, P. S., Bakermans-Kranenburg, M. J., Bradford, B., et al. (2020). Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *The Lancet Child & Adolescent Health*, 4(8), 606–633.

Goldman, P. S., van Ijzendoorn, M. H., Sonuga-Barke, E. J. S., et al. (2020). The implications of COVID-19 for the care of children living in residential institutions. *The Lancet Child & Adolescent Health*, 4(6).

Götz, M., Mendel, C., Lemish, D., et al. (2020). Children, COVID-19 and the media. A study on the challenges children are facing in the 2020 coronavirus crisis. *Televizion,* 33(1), 4–9.

Gray, C. L., Ariely, S., Pence, B. W., et al. (2017). Why Institutions Matter: Empirical Data from Five Low- and Middle-Income Countries Indicate the Critical Role of Institutions for Orphans. In A. V. Rus, S. R. Parris, & E. Stativa (Eds.), *Child Maltreatment in Residential Care: History, Research, and Current Practice* (pp. 379–400). Cham: Springer.

Günes, S. C. (2018). Arbeiten heißt Strukturen einhalten. Eine ethnografische Untersuchung in Ausbildungsbetrieben der stationären Jugendhilfe. In U. Unterkofler, R. Streck, K. Aghamiri, & A. Reinecke-Terner (Eds.), *Doing Social Work – Ethnografische Forschung als Theoriebildung* (pp. 217–233). Opladen: Barbara Budrich.

Hast, J., Nüsken, D., Rieken, G., et al. (2009). *Heimerziehung und Bildung: Gegenwart gestalten – auf Ungewissheit vorbereiten.* Frankfurt/M.: IGFH.

Hoffmann, M., Adam, H., Hansen, H., et al. (2013). *Bericht und Empfehlungen der unabhängigen Kommission zur Untersuchung der Einrichtungen der Haasenburg GmbH.* Ministerium für Bildung, Jugend und Sport des Landes Brandenburg

Hole, K. J. (2016). *Anti-fragile ICT Systems*. New York: Springer.

Hwami, M. (2019). The Corporate Parent: Residential Group Homes and the Education of Children and Youth in Care. *Child Care in Practice*(1–20).

Ioannidis, J. P. A., Cripps, S., & Tanner, M. A. (2020). Forecasting for COVID-19 has failed. *International Journal of Forecasting.*

Jones, L. P., & Lansdverk, J. (2006). Residential education: Examining a new approach for improving outcomes for foster youth. *Children and Youth Services Review*, 28(10), 1152–1168.

Kaempf, J. W., Schmidt, N. M., Rogers, S., et al. (2017). The quest for sustained multiple morbidity reduction in very low-birth-weight infants: the Antifragility project. *Journal of Perinatology*, 37(6), 740–746.

Keupp, H., Mosser, P., Busch, B., et al. (2019). Die Odenwaldschule als Leuchtturm der Reformpädagogik und als Ort sexualisierter Gewalt. *Eine sozialpsychologische Perspektive*. Wiesbaden: Springer.

Kindler, H., Nagel, B., Helfferich, C., et al. (2018). Missbrauch und Vertrauen. Pädagogische Prävention einer Re-Viktimisierung bei Mädchen mit sexuellem Missbrauch in der stationären Jugendhilfe. *Zeitschrift für Pädagogik*, 64(1), 125–137.

Klein, J. D., Koletzko, B., El-Shabrawi, M. H., et al. (2020). Promoting and supporting children's health and healthcare during COVID-19 – International Paediatric Association Position Statement. *Archives of Disease in Childhood,* 105(7), 620–624.

Kliche, H., & Täubig, V. (2019). Begleitung schulischer Übergänge in Wohngruppen der Kinder- und Jugendhilfe. *Soziale Passagen*, 11(1), 47–63.

Klundt, M. (2020). *Krisengerechte Kinder statt kindergerechtem Krisenmanagement? Auswirkungen der Corona-Kris auf die Lebensbedingungen junger Menschen.*

Knorth, E. J., Harder, A. T., & Anglin, J. P. (2014). "The black box never sleeps...": Inside perspectives on youth placements in residential care. *International Journal of Child and Family Welfare*, 15(1/2), 2–9.

Köngeter, S., Mangold, K., & Strahl, B. (2016). *Bildung zwischen Heimerziehung und Schule. Ein vergessener Zusammenhang.* Weinheim: Beltz.

Leloux-Opmeer, H., Kuiper, C., Swaab, H., et al. (2016). Characteristics of Children in Foster Care, Family-Style Group Care, and Residential Care: A Scoping Review. *Journal of Child and Family Studies*, 25(8), 2357–2371.

Lorenz, F., & Kessl, F. (2018). »Die totale Verhaltenstherapie« – Der Ansatz »IntraActPlus« als Legitimationsinstrument gewaltförmiger Übergriffe in Kinder- und Jugendwohngruppen. In *Konflikt als Verhältnis – Konflikt als Verhalten – Konflikt als Widerstand* (pp. 295–314). Wiesbaden: VS Verlag.

Lorenz-Dant, K. (2020). *Germany and the COVID-19 long-term care situation.* ltccovid.org

MacIntyre, A., & Dunne, J. (2002). Alasdair MacIntyre on education: In dialogue with Joseph Dunne. *Journal of Philosophy of Education*, 36(1), 1–19.

Mairhofer, A., Peucker, C., Pluto, L., et al. (2020). *Kinder- und Jugendhilfe in Zeiten der Corona-Pandemie*. DJI

Makridakis, S., & Taleb, N. (2009). Living in a world of low levels of predictability. *International Journal of Forecasting*, 25(4), 840–844.

Mazzone, A., Nocentini, A., & Menesini, E. (2018). Bullying and peer violence among children and adolescents in residential care settings: A review of the literature. Aggression and Violent Behavior, 38, 101–112.

McKenzie, R. B. (2010). "*The Best Thing About Orphanages" and "Response to Critics".* Wall Street Journal.

McKenzie, R. B. (Ed.) (1999). Rethinking Orphanages for the 21st Century. Thousand Oaks: Sage.

McNamara, P., Montserrat, C., & Wise, S. (Eds.). (2019). *Education in Out-of-Home Care. International Perspectives on Policy,* Practice and Research. Cham: Springer.

Mollenhauer, K. (1983). *Vergessene Zusammenhänge. Über Kultur und Erziehung.* München: Juventa.

Müller, A. W. (2002). Der Beitrag der Wissenschaft zur Bildung – 16 Thesen. In J.-D. Gauger (Ed.), *Bildung, Kultur, Wissenschaft. Eine versäumte Grundsatzdebatte* (pp. 15–48). St. Augustin: Konrad Adenauer-Stiftung.

Müller, A. W. (2008). *Produktion oder Praxis? Philosophie des Handelns am Beispiel der Erziehung.* Heusenstamm: Ontos.

Nho, C. R., Woo, S., Kang, H., et al. (2016). Does Size Matter? Comparing Medium-Term Cost-Effectiveness of Group Homes with Institutional Care in South Korea. *Asian Social Work and Policy Review*, 10(2), 248–263.

Noddings, N. (2002). *Educating moral people. A caring alternative to character education.* New York: Teachers College, Columbia University.

Nussbaum, M. C. (1997). *Cultivating Humanity. A Classical Defense of Reform in Liberal Education.* Cambridge: Harvard University Press.

Olson, K., Shanafelt, T., & Southwick, S. (2020). *Pandemic-Driven Posttraumatic Growth for Organizations and Individuals*. JAMA.

Otto, H.-U. (Ed.) (2020). *Soziale Arbeit im Kapitalismus. Gesellschaftstheoretische Verortungen – Professionspolitische Positionen – Politische Herausforderungen.* Weinheim: Beltz Juventa.

Palmer, D., & Feldman, V. (2017). Toward a more comprehensive analysis of the role of organizational culture in child sexual abuse in institutional contexts. *Child Abuse & Neglect*, 74, 23–34.

Peters, R. S. (1968). *Ethics and Education*. London: Allen & Unwin.

Peters, R. S. (1998). The justification of education. In P. H. Hirst & P. White (Eds.), *Philosophy of Education. Major Themes in the Analytic Tradition* (pp. 207–230). London: Routledge.

Peterson, C., & Seligman, M. E. P. (2004). *Character strengths and virtues. A handbook and classification.* Oxford: Oxford University Press.

Pütz, A. (2020). Schutzlosigkeit in der Schutzsituation. Sorgentelefone für Kinder und Jugendliche in Zeiten von Corona. *Televizion*, 33(1), 19–21.

Ramaswamy, S., & Seshadri, S. (2020). The deinstitutionalisation debate in India: Throwing the baby out with the bathwater? *Scottish Journal of Residential Child Care*, 19(2), 8–31.

Rauktis, M. E., Huefner, J. C., O'Brien, K., et al. (2009). Measuring the Restrictiveness of Living Environments for Children and Youth: Reconceptualizing Restriction. *Journal of Emotional and Behavioral Disorders*, 17(3), 147–163.

Rose, L., & Adio-Zimmermann, N. (2018). Ethnografie des Essens in der Heimerziehung. Annäherungen an ein übersehenes ›Tagesgeschäft‹ der stationären Jugendhilfe. In U. Unterkofler, R. Streck, K. Aghamiri, & A. Reinecke-Terner (Eds.), *Doing Social Work – Ethnografische Forschung als Theoriebildung* (pp. 193–216). Opladen: Barbara Budrich.

Ruiz-Martin, C., Lopez-Paredes, A., & Wainer, G. (2018). What we know and do not know about organizational resilience. *International Journal of Production Management and Engineering*, 6(1), 11–28.

Rusack, T., Eßer, F., Allroggen, M., et al. (2019). Die Organisation von Schutz als alltägliche Praxis. In M. Wazlawik, H.-J. Voß, A. Retkowski, A. Henningsen, & A. Dekker (Eds.), *Sexuelle Gewalt in pädagogischen Kontexten: Aktuelle Forschungen und Reflexionen* (pp. 9–24). Wiesbaden: Springer.

Save the Children (2020). *Corona in Deutschland: Was Kindern und Eltern Sorgen macht.* www.savethechildren.de

Schaffner, D., & Läber, M. (2017). Es muss mehr sein als Erziehung zur Anpassung und Unterordnung. *Zeitschrift für Sozialpädagogik*, 15(4), 415–433.

Scherzinger, M. (2018). *Konflikte zwischen verhaltensauffälligen Heimjugendlichen und ihren Interaktionspartnerinnen und -partnern. Einzelfallstudien zum Konfliktverhalten in der stationären Erziehungshilfe.* Weinheim: Beltz Juventa.

Schröder, C. (2017). *Emotionen und professionelles Handeln in der Sozialen Arbeit: Eine Ethnographie der Emotionsarbeit im Handlungsfeld der Heimerziehung.* Wiesbaden: Springer VS.

Schrödter, M. (2017). Das Ideal von Heimerziehung. Plädoyer für eine sozialpädagogische Neuorientierung. *Zeitschrift für Sozialpädagogik*, 15(4), 343–374.

Smith, M. (2009). *Rethinking residential child care. Positive perspectives.*

Smith, M., Cameron, C., & Reimer, D. (2017). From Attachment to Recognition for Children in Care. *The British Journal of Social Work*, 47(6), 1606–1623.

Smith, Y., Colletta, L., & Bender, A. E. (2017). Client Violence Against Youth Care Workers: Findings of an Exploratory Study of Workforce Issues in Residential Treatment. *Journal of Interpersonal Violence*.

Smith, Y., & Spitzmueller, M. C. (2016). Worker Perspectives on Contemporary Milieu Therapy: A Cross-Site Ethnographic Study of Mental Health Practice. *Social Work Research*, 40(2), 105–116.

Standish, P. (2019). Disciplining thought: Between ideology and anything goes. *European Educational Research Journal*, 18(5), 546–558.

Statistisches Bundesamt (2019). *Statistiken der Kinder- und Jugendhilfe. Erzieherische Hilfe, Eingliederungshilfe für seelisch behinderte junge Menschen, Hilfe für junge Volljährige.* Statistisches Bundesamt

Statistisches Bundesamt (2020). *Statistiken der Kinder- und Jugendhilfe. Einrichtungen und tätige Personen (ohne Tageseinrichtungen für Kinder) 2018*. Statistisches Bundesamt

Strahl, B. (2019). *Heimerziehung als Chance? Erfolgreiche Schulverläufe im Kontext von stationären Erziehungshilfen*. Weinheim: Beltz Juventa.

Taleb, N. N. (2020). On the statistical differences between binary forecasts and real-world payoffs. *International Journal of Forecasting*.

Taleb, N. N., & Douady, R. (2013). Mathematical Definition, Mapping, and Detection of (Anti)Fragility. *Quantitative Finance*, 13(11), 1677–1689.

Taleb, N. N., & Spitznagel, M. (2020). *Die Corona-Pandemie ist kein schwarzer Schwan*. Neue Zürcher Zeitung.

Taleb, N. N., & Treverton, G. F. (2015). The Calm Before the Storm: Why Volatility Signals Stability, and Vice Versa. *Foreign Affairs*, 94(1), 86–95.

ten Brummelaar, M. D. C., Harder, A. T., Kalverboer, M. E., et al. (2018). Participation of youth in decision-making procedures during residential care: A narrative review. *Child & Family Social Work*, 23(1), 33–44.

UN (2020). *Education during COVID-19 and beyond*. United Nations

UNICEF (2020). *Protection of Children during the COVID-19 Pandemic: Children and Alternative Care. Immediate Response Measures*. www.unicef.org

van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., Duschinsky, R., et al. (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, 7(8), 703–720.

van Santen, E. (2019). Kindeswohlgefährdungen in stationären Einrichtungen der Hilfen zur Erziehung – Empirische Ergebnisse. Forum Erziehungshilfen, 25(2), 114–121.

Walker, B., Holling, C. S., Carpenter, S. R., et al. (2004). Resilience, Adaptability and Transformability in Social-Ecological Systems. *Ecology and Society*, 9(2).

Wanderer, S., & Roessner, V. (2015). Psychosoziale Entwicklung von Kindern und Jugendlichen in stationären Einrichtungen der Jugendhilfe. *Public Health Forum*, 23(4), 237–239.

Wästerfors, D. (2012). Analyzing social ties in total institutions. *Qualitative Sociology Review*, 8(2), 12–27.

Wästerfors, D. (2016). Playfights as Trouble and Respite. *Journal of Contemporary Ethnography*, 45(2), 168–197.

Weiß, W., Kessler, T., & Gahleitner, S. B. (Eds.). (2016). *Handbuch Traumapädagogik*. Weinheim: Beltz.

Wettstein, A., Scherzinger, M., Meier, J., et al. (2013). *Leben im Erziehungsheim. Eine Kamerabrillenstudie*. Weinheim: Beltz Juventa.

Whittaker, J. K., Holmes, L., del Valle, J. F., et al. (2016). Therapeutic Residential Care for Children and Youth: A Consensus Statement of the International Work Group on Therapeutic Residential Care. *Residential Treatment for Children and Youth*, 33(2), 89–106.

Winkler, M. (1988). Eine pädagogische Betrachtung der Heimerziehung. In F. Peters (Ed.), *Jenseits von Familie und Anstalt. Entwicklungsperspektiven in der Heimerziehung* (pp. 67–93). Bielefeld: KT-Verlag.

Witt, A., Rassenhofer, M., Allroggen, M., et al. (2018). The Prevalence of Sexual Abuse in Institutions: Results From a Representative Population-Based Sample in Germany. *Sexual Abuse*, 31(6), 643–661.

Witt, A., Schmid, M., Fegert, J. M., et al. (2014). Temperament und Charaktereigenschaften als protektive Faktoren bei Jugendlichen in stationären Jugendhilfeeinrichtungen. *Praxis der Kinderpsychologie und Kinderpsychiatrie*, 63, 114–129.

World Vision (2020). *Children's voices in the time of COVID-19. Continued child activism in the face of personal challenges*. World Vision International

Author´s Address:
Vinzenz Thalheim
University of Kassel, fb1 Humanwissenschaften
Arnold-Bode-Str. 10, 34109 Kassel, Germany
+49 (0)561 804-3191
vthalheim@uni-kassel.de

Author´s Address:
Mark Schrödter
University of Kassel, fb1 Humanwissenschaften
Arnold-Bode-Str. 10, 34109 Kassel, Germany
+49 (0)561 804- 2956
mark.schroedter@uni-kassel.de