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## Shaping Futures: Unveiling the Impact of Service Models on the Behavioral Health of Vulnerable Children

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## Shaping Futures: Unveiling the Impact of Service Models on the Behavioral Health of Vulnerable Children

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### Abstract

This study examines the association between the boarding protection/care service models offered by the General Directorate of Social Services and Child Protection Agency and the behavioral and emotional problems children and adolescents under protection or care. The relational scanning model guided the preparation of the study sample. The study's scope included an analysis of 296 children and adolescents aged 4 to 18 who needed protection or care. Various service models benefit the kids, including children's homes, orphanages, and nursery schools. Data collection tools included the Personal Information form, the Scale of Child Behavior Checklist for Ages 4–18, and the Scale of Child Behavior Checklist for Ages 6–18. The software program used Mann Whitney and Kruskal Wallis test procedures to examine the study data. It has been noted that the behavioral and emotional disorders of children and adolescents receiving protection or care exhibit notable variations in the number of children in the family ( $p < 0.05$ ), the reasons for placement under protection or care ( $p < 0.05$ ), the kind of service model received ( $p < 0.05$ ), and the length of time the current service model has been assisting ( $p < 0.05$ ). Furthermore, it is noted that the kind of service model used has correlations with age ( $p < 0.05$ ), gender ( $p < 0.05$ ), the reason ( $p < 0.05$ ) for being placed under protection or care, and the length of time ( $p < 0.05$ ) that the person has benefitted from the present service model. The results are evaluated in light of the relevant literature covered.

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### Introduction

Various emotional and behavioral issues profoundly influence the well-being and development of children and adolescents under protection or care. Research indicates a significant link between sleep abnormalities and emotional and behavioral problems in this demographic, with studies pinpointing these issues in abused children and adolescents in residential care institutions (Okada et al., 2018). The high frequency of such issues in preschool-aged children further emphasizes the need for early intervention (Farihatin et al., 2022), while the notable incidence of hospitalization among these children calls for additional attention and resources to address their emotional challenges (Guevara et al., 2003).

Recent research, primarily after 2019, has focused on the prevalence of these issues, the impact of trauma on at-risk populations, and the development of care models and interventions aimed at improving mental health and safety for children and teenagers. Despite the commonality of emotional and behavioral problems among teenagers, a significant number do not receive appropriate mental health treatment (Ilnem, 2022). Studies also highlight the importance of care coordination and service delivery models to reduce healthcare costs and improve outcomes for children and teenagers with high healthcare needs (Oliveira et al., 2023). Integrating healthcare models, especially in addressing chronic diseases in low to middle-income countries, is valuable for improving health outcomes for children and adolescents (Reif et al., 2022).

The detrimental effects of trauma, including neglect and maltreatment, in foster care settings underscore the necessity for interventions that can mitigate these impacts (Bogdanović, 2022). Positive parenting and parental involvement are crucial in reducing emotional and behavioral issues in children with ADHD (Jacob et al., 2021). Research into care models, such as those developed in Ontario, Canada, for comprehensive child services, indicates efforts to secure funding and expand initiatives for adolescent well-being (Henderson et al., 2023). The feasibility of telepsychiatry in improving access to mental health care for vulnerable populations also represents a promising area of exploration (Mundt et al., 2020).

The sociological and empirical backdrop to these issues points to some families' challenges in providing an adequate environment for their children due to socioeconomic barriers (Pelton, 2015). The legal doctrine of "parens patriae" suggests a societal obligation to protect and support children when their families cannot (Goldstein et al., 1979), often leading to state intervention through foster care or child welfare institutes.

The role of child protection services, as seen in Turkey's General Directorate of Social Services and Child Protection Agency, involves identifying and offering services to children in need. Despite ongoing debates about the effectiveness of these institutions in safeguarding children's emotional and behavioral health, the introduction of "Children's Homes" as an alternative to group living arrangements represents an attempt to provide a more nurturing environment for these children.

Addressing the emotional and behavioral issues of children and adolescents under protection or care requires a multifaceted approach that includes early intervention, supportive care models, parental involvement, and policy and governance that prioritize the well-being of these vulnerable groups.

The literature examination finds that no comparative research has been conducted on children receiving care or protection in alternative boarding service models or Children's Homes. To improve their services, a study and analysis of the effects of the new Children's Home Service and institutional boarding care services on kids and teenagers would be necessary. In light of sociodemographic variables and the type of service model that is satisfied, the primary purpose of this study is to investigate and clarify the relationships between the behavioral and emotional disorders of children and adolescents aged 4 to 18 who are receiving care under the provisions of the Law to Protect the Children, number 5395, and the Social Services and Child Protection Law, number 2828, and the service model that benefits from them.

## **Methods**

### **Model of the Research**

A relational scanning model describes the relationship between dependent and independent variables.

### **Space and Sampling**

Children between the ages of 4 and 18 who reside in nursery schools, orphanages, and Children's Homes run by the Social Services and Child Protection Agency make up the study sample. The children in the research group are 4 to 18-year-olds who reside in İzmir's nursery schools, orphanages, Children's Homes of Social Services, and Child Protection Agency and who need protection or care. No other case was addressed, and 296 children needing care or protection were examined as part of the study, which included İzmir as its whole worksite. The youth who benefit from such service models are 4-18. Table 1 displays the demographic details of the kids and teens within the study's purview. The proportion of the children is similar, with 50.3% being males and 49.7% being girls. The following are the service type proportions from which the children benefit: Nursery schools:28, children's homes:58.8, and female orphanages: 13.2. Regarding available service models, children's homes are more prevalent than institutional care services. The average age of the youngsters is 11.52. 60.5% of the youngsters are 4-12 years old, 27.4% are 13-15 and 12.2% are 16-18. The following are the children's ages at the time of their removal for protection or care: 61.1% of the kids were between the ages of 7 and 12, 14.5% were between the ages of 0 and 4, 13.9% were between the ages of 5 and 6 and 10.5% were older than 13 at the time.

Fifty-one percent of children and teenagers come from split households. 68.2% of parents are separated due to divorce, separation, or desertion, whereas 82.8% of parents have both parents still living. For 47 percent of the youngsters, details on the number of children in the household, the parent's educational background, and their employment status are still scarce or nonexistent. Furthermore, 22% of the children and adolescents have been under protection or care for 1-3 years, approximately 3.08 years. The majority of the children and adolescents, 61.1%, were taken under protection or care at 7-12 years old, with an average age of being brought under protection or care being 8.30. The following are some of the reasons someone may be placed under protection or care: death, abandonment, parental conviction, divorce or separation, breakdown of family unity, and, finally, social and economic inabilities. For around 1.25 years, 42.9% of the children had benefited from the same service paradigm for 1-3 years. Finally, 30.7% of the kids have never benefitted from any service model.

### **Data Collecting Instruments**

Checklist of Child Behavior for Ages 4 to 18-CBCL/4-18: Achenbach and Edelbrock (1983) created this measure to identify and characterize the competency areas of children and adolescents aged 4 to 18 as well as to comprehend the problematic behaviors of the kid by gathering information from their parents or other close relatives. Erol and Şimşek (1999a, 2010b) conducted validity and reliability research in Turkey. There are 118 issue items on the scale. The frequency of problematic behaviors during the previous six months determines their grade, which might be 0, 1, or 2. Also, the elements are arranged into several subscales. The measure yielded two

distinct behavior symptom scores: "introversion" and "extroversion." The "Social Introversion, Somatic Complaints, Anxiety / Depression" sub-tests make up the Introvert Group as a whole. The subtests "Behaviors with Criminal Tendency and Aggressive Behaviors" are part of the Extrovert Group. The scale's "Social Disorders, Anxiety Disorders, and Attention Disorders" scores are those that do not fit into any category. The "Total Problem" score is the sum of the subtests. The scale in Total Problem has an inner reliability rate of "0.88" and a Turkish test-retest reliability rating of 0".84." According to test-retest correlation, the findings demonstrate the scale's vital inner dependability, which makes it reliable.

This is the latest version of the 1991 Scale of Child Behavior Checklist for Ages 4-18-CBCL/4-18, commonly known as the 21st Century Edition, the Child Behavior Checklist Scale for Ages 6 to 18, or CBCL/6/18. The revised version altered six seldom-checked items and ignored children ages 4-5 since the original form could not differentiate between children with and without clinical problems. It was found that each item in the eight subscales had a significant factor load value between "0.39" and "0.85" when the factorial load values were recalculated. The confirmatory factor analysis-based validity study can evaluate 99 of the intended symptoms at a critical ( $p < 0.05$ ), positive, and sufficient level.

Form for Personal Information: After the researchers perused relevant literature, they created a questionnaire with 14 questions about the age, family structure, and reasons for placement under the protection or care of children and families, among other demographic and psychological details.

### **Data Collecting Process**

May 2010 and September 2011 saw the completion of the study. The General Directorate of Social Services and Child Protection Agency granted permission to conduct the study at the selected institutions after receiving the Ethics Committee's clearance at Dokuz Eylül University Institute for Educational Sciences. The psychologist, social service expert, and psychosocial service staff were interviewed after obtaining the necessary formal approval from the authorities. The information obtained from the staff was entered into the personal information forms.

The Child and Adolescent Behaviour Checklist scales for Ages 4-18 and 6-18 were communicated to and completed by babysitters, nurses, caretaker moms, etc., the persons in charge of the children and adolescents' care via the intervention of the psychological support staff. The children's names were enumerated rather than written on the scales and forms according to the privacy policy. Following the survey's execution, every piece of data was examined.

### **Statistical Analyses**

Mann Whitney and Kruskal Wallis test procedures and the SPSS software program were used to evaluate the survey data. Furthermore, the data includes descriptive statistics like percentage distributions and frequencies.

The survey used the "Child and Adolescent Behavior Checklist" 1991 form, which included a scale for ages 4 to 18. Ages 6 to 18 utilized the 2001 edition. Six questions out of 118 were examined independently for the children aged 4-5 since they varied between the two formats indicated. Finally, as Neşe and Erol (2010) pointed out, the six previously listed elements were seldom checked.

## **Findings**

### **Sociodemographic Attributes**

Table 1 shows the distribution of 296 children and adolescents receiving protection and care according to their sociodemographic traits: 50.3% of the population is female, and 49.7% is male. Their distribution is comparable. The children's home benefits 58.8% of the population, the kindergarten serves 28%, and the girls' dormitory service models support 13.2%. The average age was determined to be 11.52. Of these, 60.5% were between the ages of 4 and 12, 27.4% were between the ages of 13 and 15, and 12.2% were between the ages of 16 and 18. 61.1% were between the ages of 7 and 12, 14.5% were between the ages of 0 and 4, 13.9% were between the ages of 5 and 6, and 10.5% were between the ages of 13 and above.

Most kids and teenagers (51%) are from broken homes. The single-parent or single-parent plus stepparent demographic makes up 32.8% of the population, whereas the nuclear family makes up 14.2%. Two percent of the youngsters do not know the family structure. For 82.8% of the institutionalized children, both parents are still living, but for 12.8% of them, one or both have died away. In 4.4% of cases, no information was available about the parents. 68.2% of the parents have split because of a divorce or being abandoned, 14.9% are still together, 13.2% are widows owing to a spouse's death, and 3.7% have no information available.

Fourteen percent of the children in the family do not know how many children they have; eleven percent have two; ten percent have five or more; 10.5% have four; and 7.1% have only one child. Seventy-seven percent of the fathers and mothers do not know how many children they have; fourteen percent have not attended any school; eleven percent have dropped out of primary or high school, and eleven percent have completed their education. On the other hand, research has also revealed that although 17.2% of fathers have completed their high school education or primary school, 4.7% have never attended any school or have dropped out of primary school; 51.7% of mothers have no information regarding their employment status, with 28.4% being Not working, 15.2% Working, and 4.7% having passed away. On the other hand, it has been found that 50.3% of the dads have no idea what their work status is, 25% are jobless, 15.5% are Working, and 9.1% have died away.

The majority of children and adolescents (61.1%) who have been placed under protection have been between the ages of 7 and 12, with 14.5%, 5.-6, 13.9%, and 13. and above having received protection. The average age at which a child or teenager has been placed under protection is 8. The data also showed that, with an average Length of Time of 3.08 years, 22% had been under protection for 1-3 years, 20.9% for 3-5 years, 18.9% for six months, 15.5% for less than six months, 11.8% for 5-7 years, and 10.8% for seven years or more.

50.7% of the children placed under protection had their status changed as a result of "social and economic

inadequacies + separation or divorce leading to the disruption of the family order, parent's imprisonment, or death." Subsequently, 18.9% of respondents cited inadequate knowledge regarding emotional and physical abuse, neglect, or psychiatric disorders; 10.8% mentioned parents with developmental disabilities, dependence, or mental illness; 10.5% said abandonment or demands from family members; and 9.1% mentioned both incestuous and non-family sexual abuse.

The results showed that 42.9% of the users of the present service model used it for one to three years, 31.8% for six months to a year, 21.3% for less than six months, and 4.1% for three years or more. The average user Length of Time for the same protection model was one year and four months. Thirty-seven percent of the kids had never used a service model. 27% (n=80) of the sample used alternative service models for three years or more, 20.6% (n=61) for one to three years, 17.2% (n=51) for less than six months, and 4.4% (n=13) for six months to one year. The average age of the children and adolescents is 11.52, with 60.5% falling into the 4–12 age group, 27.4% falling into the 13–15 age group, 12.2% falling into the 16–18 age group, 61.1% falling into the 7–12 age interval, 14.5% falling into the 0–4 age interval, 13.9% falling into the 5–6 age interval, and 10.5% falling into the 13 and above age group.

Table 1. Sociodemographic Attributes of Children and Adolescents

<b>Attributes</b>		<b>n</b>	<b>%</b>
<b>Gender</b>	Girl	149	50.3
	Boy	147	49.7
<b>Age</b>	4-12	179	60.5
	13-15	81	27.4
	16-18	36	12.2
<b>Family Structure</b>	Nuclear Family	42	14.2
	Divided	151	51.0
	One Parent or One Parent + Stepparent	97	32.8
	Unknown	6	2.0
<b>Number of Children in the Family</b>	1	21	7.1
	2	33	11.1
	3	40	13.5
	4	31	10.5
	Five or more	32	10.8
	Unknown	139	47.0
<b>Parents (Dead/Alive)</b>	Both Alive	245	82.8
	One or both parents are dead	38	12.8
	Unknown	13	4.4
<b>Marital Status/Relation of Parents</b>	Together	44	14.9
	Separated because of Divorce/ Separation / Desertion	202	68.2
	Separated because of Death	38	13.2
	Unknown	12	3.7
	Graduate of Primary School or high school	33	11.1
	Unknown	221	74.7

<b>Attributes</b>		<b>n</b>	<b>%</b>
<b>Education Level of Father</b>	No Schooling Experience or Never Graduated from Primary School	14	4.7
	Graduate of Primary School or high school	51	17.2
	Unknown	231	78.0
<b>Mother Working or Not Working</b>	Working	45	15.2
	Not working	84	28.4
	Unknown	153	51.7
	Dead	14	4.7
<b>Father Working or Not Working</b>	Working	74	25.0
	Not working	46	15.5
	Unknown	149	50.3
	Dead	27	9.1
<b>Age When Taken Under Protection/care</b>	0-4	43	14.5
	5-6	41	13.9
	7-12	181	61.1
	13 and over	31	10.5
<b>Reasons for Taking Under Protection/Care</b>	Desertion / Finding / Formal Request of Relatives etc.	31	10.5
	Having No Idea on Childcare (Negligence), Emotional and Physical Abuse	56	18.9
	Sexual Abuse and Incest	27	9.1
	Death / Desertion / Conviction of Parent/s / Separation / Collapse of the Unity of the Family because of separation or divorce and social and economic incapacibilities	150	50.7
	Psychiatrically ill, Addicted / Mentally retarded / Orthopedically Disabled Parent/s	32	10.8
<b>Length of Time of Protection/Care</b>	Less than six months	46	15.5
	6 months-1 year	56	18.9
	1-3 years	65	22.0
	3-5 years	62	20.9
	5-7 years	35	11.8
	Seven years and longer	32	10.8
<b>Service Model</b>	Children's Home	174	58.8
	Nursery School	83	28.0
	Orphanage for Girls	39	13.2
<b>Length of Time of Using the Current Service Model</b>	Less than six months	63	21.3
	Six months - 1 year	94	31.8
	1-3 years	127	42.9
	Three years and longer	12	4.1
<b>Total Length of Time of Using Other Service Models Previously</b>	Never Benefited from Other Service Models Previously	91	30.7
	Less than six months	51	17.2
	6 months-1 year	13	4.4
	1-3 years	61	20.6
	Three years and longer	80	27.0

N=296

Table 2 presents the findings of a quick investigation of the relationships between a few sociodemographic traits and introversion, extroversion, overall problems, social disorders, anxiety disorders, and attention problems of children and adolescents.

Table 2. Brief Analysis Results of the Relation Among the Sociodemographic Attributes of Children/Adolescents and Their Introversion, Extroversion, Total problem, Social, Anxiety and Attention Deficit Disorders

Independent Variables**	Introversion		Extroversion		Total Problem		Social Disorders		Anxiety Disorders		Attention Disorders	
	Z	P	Z	P	Z	P	Z	P	Z	P	Z	P
Gender	-0.830	0.407	-1.269	0.204	-0.418	0.676	0.415	0.678	-1.167	0.243	-0.939	0.348
Independent Variables***	Introversion		Extroversion		Total Problem		Social Disorders		Anxiety Disorders		Attention Disorders	
	X <sup>2</sup>	P	X <sup>2</sup>	P	X <sup>2</sup>	P	X <sup>2</sup>	P	X <sup>2</sup>	P	X <sup>2</sup>	P
Age	2.260	0.323	1.496	0.473	1.621	0.445	1.209	0.546	0.175	0.916	4.895	0.087
Family Structure	5.355	0.148	6.112	0.106	4.321	0.229	3.131	0.372	3.880	0.275	1.328	0.723
Number of Children	13.632	0.018*	30.309	0.000*	28.266	0.000*	29.508	0.000**	7.172	0.208	28.454	0.000*
Parents (Dead/Alive)	4.620	0.099	2.678	0.262	3.631	0.163	3.329	0.189	1.144	0.486	3.125	0.210
Marital Status /Relation of Parents	3.204	0.361	4.496	0.213	4.064	0.255	4.346	0.226	2.144	0.543	3.239	0.356
Mother's Highest Level of Education	0.909	0.635	2.902	0.234	2.350	0.309	5.284	0.071	0.585	0.746	4.996	0.082
Father's Highest Level of Education	0.172	0.917	2.027	0.363	5.539	0.764	0.721	0.697	3.273	0.195	0.874	0.646
Mother Working or Not Working	7.270	0.064	12.382	.006*	12.375	0.006*	11.560	.009**	8.392	.039*	11.114	0.011*
Father Working or Not Working	2.840	0.417	4.392	0.222	3.727	0.293	4.270	0.234	0.743	0.863	3.014	0.389
Age When Taken												
Under Protection/care	11.004	0.012*	0.340	0.952	2.097	0.553	1.557	0.669	3.115	0.374	2.786	0.426
Reasons for Taking												
Under Protection/care	8.404	0.078	10.648	0.031*	10.893	.028*	7.591	0.108	1.360	0.851	15.734	0.003**
Length of Time												
Under Protection/care	3.158	0.676	6.538	0.257	6.296	0.278	6.585	0.253	11.446	.043*	10.372	0.065
Service Model	8.916	.012*	15.576	0.000*	17.858	0.000*	22.317	0.000*	0.176	0.916	31.616	0.000*
Length of Time of												
Using the Current Service Model	6.008	0.111	13.509	0.004*	12.968	.005*	15.277	0.002*	4.365	0.225	15.764	0.001*
Total Length of Time of Using Other Service Models Previously	8.978	0.062	7.186	0.126	7.838	0.098	6.830	0.145	17.606	0.001*	9.309	0.054

\*\*Statistical Analysis: Mann Whitney, U Test

\*\*\* Statistical Analysis: Kruskal Wallis Test

N=296, \*p<0.05

Table 2 illustrates that no statistically significant variation exists in the examination of the relationships between the father's employment status and education level, the gender and age of the children and adolescents, their family structures at the time of their placement under protective or caring custody, their parent's current marital status, and whether or not they are alive. The number of children in the household, the mother's job or unemployment status, the age when the kid was placed under protective custody, and the kind and length of the service model that the family benefitted from are all analyzed differently, however. Analyzing birth order averages reveals that children and adolescents from two-child families have higher rates of problems related to introversion disorders ( $p<0.05$ ), extroversion disorders ( $p<0.05$ ), total behavior disorders ( $p<0.05$ ), social disorders ( $p<0.05$ ), and attention disorders ( $p<0.05$ ). Extrovert disorders ( $p<0.05$ ), total behavior disorders ( $p<0.05$ ), social disorders ( $p<0.05$ ), anxiety disorders ( $p<0.05$ ), and attention disorders ( $p<0.05$ ) are among the most common issues that children and adolescents whose moms work face. Additionally, it has been noted that introversion disorders are more common in children and adolescents who were taken under protection or care at the age of 13 and older ( $p<0.05$ ) and that extroversion disorders, total behavior disorders, and attention disorders are more common in children and adolescents who were taken under protection or care because of sexual abuse and incest ( $p<0.05$ ), as well as more intensely than in other children and adolescents.

Anxiety problems are more common in children and adolescents who have been under protection or care for seven years or more. Teens who get assistance from the orphanage for girls' service model are more likely to suffer from extroversion ( $p<0.05$ ), introversion ( $p<0.05$ ), overall behavior ( $p<0.05$ ), social ( $p<0.05$ ), and attention ( $p<0.05$ ) issues. The present service model has benefitted children and adolescents for three years or longer. During that time, they have had more intense extroversion disorders ( $p<0.05$ ), overall behavior disorders ( $p<0.05$ ), social disorders ( $p<0.05$ ), and attention disorders ( $p<0.05$ ). Researchers have also discovered that children and adolescents who have benefited from various service models for three years or longer have a greater intensity of anxiety disorders ( $p<0.05$ ).

As shown in Table 3, the age of protection of children and adolescents and parental life do not significantly differ. Still, there is a significant relationship between the service model and gender, age, 0.210 ( $p<0.05$ ), protection-related factors, 0.345 ( $p<0.05$ ), and 0.404 ( $p<0.05$ ) with the service model.

## **Discussion**

The goal of this study was to present the behavioral and emotional issues of children aged 4 to 18 who are protected and cared for under the Child Protection Law (number 5395) and the SHÇEK law (number 2828), taking into account certain sociodemographic factors and the service model they are using. 58.8% of children and teenagers residing in child homes, 28% in nurseries, and 13.2% in female orphanages. The child home service model is more common than the institutional care model. A growing number of child home service models around the nation have replaced ward care, often called orphanages. Based on the results obtained, the research sample was reached. Of the children and teenagers participating, 49.7% are boys, and 50.3% are girls. Aykul (2019) studied the Sakarya sample group, whereas Yavuz (2016) studied the same population and sample group in 2016. Consequently, the proportions of male and female offspring were quite close. This suggests that all children,

regardless of gender, need care and protection.

The findings revealed that the majority of children and adolescents (51%) come from fragmented families, that both parents are still alive (82.8%), that the parents are not together because of divorce, separation, or abandonment (68.2%), and that the parent's occupation, education, and number of children in the family are largely unknown (47%). A study by Ajdukovic and Sladovic Franz (2008, p. 167) examined the behavioral and emotional issues that children in Croatia who were receiving non-residential care were experiencing. The study's findings showed that all children had at least one living parent at the time of their placement under protection and that this was more often the case for children residing in child homes. In the case of children living with foster families, the likelihood of both parents being alive was low; however, for children living in child homes, the answer was negative. Similarly, current study findings indicate that both parents were alive for most children and adolescents under protection (Temelli, 2019; Şen Davulcu, 2018; Yavuz, 2016). However, some studies suggest that for the majority of these children and adolescents, one or both parents have passed away (Arslan, 2018; Karaman, 2019). Furthermore, data from other research indicate that there are more separated parents than married parents (Karaman, 2019; Yavuz, 2016). This finding contradicts the widely held belief that children placed under protective and caring custody are mostly the offspring of divorced parents, with the majority of the youngsters having living parents. We assume that the information on the number of children and the parents' educational and job backgrounds was either overlooked or could not be obtained via a social investigation. Examining current research reveals, according to Temelli's (2019) study, that getting these data has been complex, with the majority of these data coming from studies conducted by Karaman (2019) and Arslan (2018). It is believed that these types of analyses and investigations are necessary to create appropriate social policies for children in foster care and protection via more thorough research.

The current research found that the average age for protection is eight years and five months and that most children and adolescents (61.1%) were under protection between the ages of 7 and 12.

Table 3: The Results of the Relationship Analysis between the Service Model of Children and Adolescents and Some Socio-Demographic Attributes

Service Model Independent Variables	Children's Institutional			Pearson $\chi^2$	SD	P	Phi	Phi P		
	Home	Care	Total							
Gender	Girl	Eye Value	79	70	4.114	1	0.043*	-0.12	0.043*	
		Theoretical Value	87.6	61.4						149
		%	53.00%	47.00%						100%
	Boy	Eye Value	95	52						147
		Theoretical Value	86.4	60.6						147
		%	64.60%	34.40%						100%
Age	12-Apr	Eye Value	96	83	13.077	2	0.01*	0.21	0.001*	
		Theoretical Value	105.2	73.8						179

Service Model		Children's	Institutional	Total	Pearson	SD	P	Phi	Phi P	
Independent Variables		Home	Care		$\chi^2$					
		%	53.60%	46.40%	100%					
		Eye Value	61	20	81					
	13-15	Theoretical Value	47.6	33.4	81					
		%	75.30%	24.70%	100%					
		Eye Value	17	19	36					
	16-18	Theoretical Value	21.2	14.8	36					
		%	47.20%	52.80%	100%					
		Eye Value	44	40	84					
	0-6	Theoretical Value	49.4	34.6	84					
		%	52.40%	47.60%	100%	1.985	1	0.159	-0.08	0.159
		Eye Value	130	82	212					
	Seven and over	Theoretical Value	124.6	87.4	212					
		%	61.30%	38.70%	100%					
		Eye Value	14	17	31					
	Desertion /Finding1	Theoretical Value	18.2	12.8	31					
		%	45.00%	54.80%	100%					
		Eye Value	26	30	56					
	Negligence /Emotional-Physical Abuse2	Theoretical Value	32.9	23.1	56					
		%	46.40%	53.60%	100%					
		Eye Value	5	22	27					
	Sexual Abuse3	Theoretical Value	15.9	11.1	27	35.232	4	0.000*	0.345	0.000*
		%	18.50%	81.50%	100%					
		Eye Value	105	45	150					
	Collapse of the unity of the family	Theoretical Value	88.2	61.8	150					
		%	70.00%	30.00%	100%					
		Eye Value	24	8	32					
	Disabled Parent (s)	Theoretical Value	18.8	13.2	32					
		%	75.00%	25.00%	100%					
		Eye Value	14	49	63					
	Length of Time of using the current	Theoretical Value	37	26	63	48.352	2	0.000*	0.404	0.000*
	Less than six months	%	22.20%	77.80%	100%					

Service Model		Children's Institutional			Pearson $\chi^2$	SD	P	Phi	Phi P		
Independent Variables		Home	Care	Total							
service model	Six months-1 year	Eye Value	57	37	94	0.969	2	0.616	0.057	0.616	
		Theoretical	55.3	38.7	94						
		Value	60.60%	39.40%	100%						
	One year and over	Eye Value	103	36	139						
		Theoretical	81.7	57.3	139						
		Value	74.10%	25.90%	100%						
	Parents (dead/alive)	Both alive	Eye Value	142	103						245
			Theoretical	144	101						245
			Value	58.00%	42.00%						100%
One or both parents are dead.		Eye Value	25	13	38						
		Theoretical	22.3	15.7	38						
		Value	65.80%	34.20%	100%						
Unknown		Eye Value	7	6	13						
		Theoretical	7.6	5.4	13						
		Value	53.80%	46.20%	100%						

Statistical Analysis: Pearson Chi-Square Test & Phi and Cramer's V Test

N=296

\*p<0.05

<sup>1</sup>Desertion/Finding/Formal Request of Relatives etc.

<sup>2</sup>Having no idea about childcare (negligence), emotional and physical abuse

<sup>3</sup>Sexual abuse and incest

<sup>4</sup> Death/desertion/conviction of parent (s) /separation/collapse of the unity of the family because of separation or divorce and social and economic incapacibilities

<sup>5</sup>Psychiatrically ill, addicted/mentally retarded/orthopedically disabled parent (s)

Ajdukovic and Sladovic Franz (2005). Şimşek et al. (2008). Similar findings were obtained in investigations conducted by Karaman (2019), Yavuz (2016), and Kaur et al. (2018). Because of the growing financial demands of children, particularly as they approach school age, leads us to believe that families can only care for their children up to a certain age and then must turn to institutions. It was determined that the majority (22.0%) of the children and adolescents have been under protection for 1-3 years; that (50.7%) have been taken under protection due to "death, abandonment, imprisonment of the parent, separation or divorce + social and economic difficulties"; that (42.9%) have been utilizing from the same service model for 1-3 years, and that (30.7%) have not utilized from any other service model previously. Furthermore, the average period spent under protection was 3.08 years, even though children and adolescents used the service model for an average of 1.25 years. Furthermore, the average time to use the present service model, which is one year and four months, is less than that of Finland (4.6 years) and the USA (three years or longer) (Hukkanen et al., 1999, p. 270; Kools & Kennedy, 2003; Cited by (Çetin, 2008, p. 144)). This finding suggests that the children under the study's protection have undergone more

modifications to their service model.

When the related literature is examined, it is observed that similar results have been obtained for the time spent under protection (Karaman, 2019), reasons for being taken under protection (Gür, 2016; Şimşek et al., 2008; Temelli, 2019; Yavuz, 2016) and the Length of Time of utilizing from the current service model (Aykul, 2019; Karaman, 2019). When it is noticed that the average time spent under protection is one year and four months and that care durations of five years and higher are fewer, it can be said that institutional care is regarded as the last choice for children placed under protection and care. After trying to change the circumstances, a kid put under protection is eventually restored to the family. When it comes to children who are unable to return home, foster care families are given priority over boarding care service models. Even if there are more contemporary services like child homes, this might shorten the time spent in institutional care.

When the reasons for placing the children under protection are taken into account, the percentage of children and adolescents placed under protection and care as a result of family dissolution and financial hardships becomes more significant when compared to the divorce rates in our nation. Izmir, the research region, has the highest divorce rate in the nation, even though divorce rates have been rising in our nation. The findings of research on children who need protection because of economic hardships and the breakup of marital unity point to the necessity of social policies to safeguard children to ensure the long-term well-being of married couples.

Table 2 summarizes findings examining the association between individual sociodemographic traits, introversion, extroversion, overall difficulties, social issues, thinking problems, and attention problems in children and adolescents. Table 2 shows that no significant differences were found when comparing the gender, age, family structure at the time of being placed under protection, current parental union status and living conditions, parental education levels, and father's employment status of children and adolescents.

Regarding these findings, a review of the literature reveals that total problems are reported more frequently in boys than in girls in some studies from other countries comparing differences between genders (Bird et al., 1989; Offord et al., 1987; Rutter et al., 1970; Cited by (Erol & Şimşek, 1999, p. 385)); however, in some studies, there is no difference reported (Velez et al., 1989; Cited by (Erol & Şimşek, 1999, p. 385)); in some community sample studies, differences between ages are reported (Yavuzer, 2008; Gander & Gardiner, 2004, pp. 414–420; Edmonson & Bullock, 1998; Cited by (Bauman & Riche, 1997); Cited by (Connors et al., 1997; Savi, 2008); Cited by (Erol & Şimşek, 1999; Kesen et al., 2007; Savi, 2008)).

Several studies assessing the hazards associated with children in boarding care have shown that, compared to men, girls exhibit higher levels of psychopathology and have more challenges (Handwerk et al., 2006); Cited by (Hagaman et al., 2010, p. 525). According to the American Psychiatric Association (1994), men have externalizing disorders at a higher rate than females (Balat et al., 2008, p. 271). According to several research (Duncan et al., 1994; Eiden, 1999; Kaiser et al., 2000; Lavigne et al., 1996; Cited by (Balat et al., 2008, p. 271)), men exhibit more problematic behaviors at a statistically significant level than do females (191). However, gender disparities are mostly connected to the amount of care, according to data from the CWCL American National Data Analysis

System website (CWCL, 2003; Cited by Baker et al., 2005, p. 191). Gender inequalities are not unique globally. Furthermore, studies reveal that a problematic marriage might have an equal or more significant influence on children than a divorce (Özkan, 2010). Put differently, it might be argued that behavioral and emotional aspects of children and adolescents are influenced by how well the family structure functions, not by the family structure per se.

Research on the degree of pessimism among children in orphanages was conducted by Tümkaya (2005). As a result, it was shown that teenagers who visit their family less often than those who see them more regularly had greater levels of despondency. Yaşar (2001) and İçmeli (1989) have achieved a comparable outcome. According to Tümkaya (2005), hopelessness among adolescents in institutions decreases as they continue to live with their parents, meet their parents more frequently, and get older. These factors contribute to the hope of living with their parents again. Anger and aggression levels in teenagers living in orphanages were the subject of another study that looked at the relationship between the two. The findings showed that children in need of protection, regardless of whether their parents are deceased or divorced, display aggressive behaviors like anger, obstinacy, antisocial behavior, and internalized aggression, as well as behaviors associated with dependency on care like feeling inferior, introversion, and aggressive behavior to others (Köknel, 1996; Cited by (Kesen et al., 2007, p. 360)). Because of this, it was thought that a more thorough outcome could be obtained by assessing the frequency of encounters between the parents and children and adolescents under protection and care and the knowledge of conduct connected to the parental condition of the said children and adolescents.

In the research, one of the most often examined factors is the parents' educational attainment (Küntay & Ahtam, 2004; Cited by (Yağmurlu et al., 2008, p. 13)). Furthermore, research has suggested that socioeconomic status is a broad category of variables and that each variable in this category has a unique relationship to parenthood and the behavioral outcomes associated with children (Bornstein et al., 2003; Cited by (Yağmurlu et al., 2008, p. 13)). Brooks-Gunn et al. (1997) put out that it is difficult to evaluate the risk factors linked with behavioral disorders in children owing to the numerous aspects related to low socio-economic level (Cited by (Balat et al., 2008, p. 271)). The literature suggests that several factors, including the fact that parents do not assume responsibility for their child's care, the fact that caregiver personnel have a primary influence over children, the idea that education is a relative concept, and the existence of individual personal efforts, contribute to the finding that behavioral problems among children and adolescents receiving protection and care do not differ based on the educational attainment of their parents. Nevertheless, it was decided that it would be more appropriate to evaluate this result because information regarding the educational attainment of approximately 75% of the parents should be assessed within these parameters. As a result, it would be better to reevaluate the awareness of behavioral problems in

Examining more recent research, it has been suggested that while age and happiness and satisfaction, behavior and harmony, parent education status, and happiness and satisfaction have all been found to differ statistically significantly, gender and happiness and satisfaction, anxiety, behavior and accordance, mental health, and school status have not. This is due to a study by Karaman (2019) with a similar sample group. In a survey conducted by Gür (2016), a statistically significant difference was found between gender and antisocial behaviors, fear-anxiety, helping others, hyperactivity, exclusion, and aggression; however, no statistically significant difference was found

regarding family states. The meta-analytical comparison of the long-term child home and foster family care models conducted by Li et al. (2019) concluded that gender and age are effective for externalizing behavior. Research by Kaur et al. (2018) in India et al. (2019) in Portugal found statistically significant connections between emotional and behavioral disorders and gender and age.

Significant differences have been observed in the number of children in the families of children and adolescents, the employment status of the mother, the age of the child when the child was placed under protective custody, the reason for the placement, the service model that was used, and the length of time the child benefited from the service model. Looking at the rank averages, we find:

Research indicates that families with two children had higher rates of introversion ( $p < 0.05$ ), extroversion ( $p < 0.05$ ), behavioral issues overall ( $p < 0.05$ ), social issues ( $p < 0.05$ ), and attention issues ( $p < 0.05$ ). In relation to these results, a review of the literature shows that Razon (1990) argues that merely evaluating the effect of the number of children in a family on problem behaviors numerically is not accurate or sufficient; factors such as parental attitudes, low socioeconomic status (low standard of living, inability to meet basic needs of children, etc.), age difference between siblings, and individual Attributes of the child (gender, age, birth order, etc.) could also influence the behavioral and emotional problems shown by children in protection due to sibling effect; it is not correct to reduce the impact of a mother's employment on a child to a single factor; factors like the mother's education level, working conditions, reason for working, quality of mother-child relationship, family relations, who takes care of the child and how in the mother's absence, Attributes of the caregiver and continuity of care, the developmental stage of the child, the number of children in the family, and the child's birth order could also be influential (Cited by (Aktaş, 1994, pp. 7–8)).

Furthermore, the impact of a family's number of children on problem behaviors is influenced by a variety of factors, including parental attitude, low socioeconomic status (low standards of living, failure to provide for children's basic needs, etc.), the age difference between siblings, and the unique Attributes of each child (gender, age, order, etc.). For instance, the findings of a study conducted to investigate the factors influencing the aggressiveness of high school students revealed that parental aggression has a greater statistically significant influence on the aggressiveness levels of their children than sibling relationships (Bolat Karataş, 2002; Cited by (Çakıcı, 2006, p. 46)). It can be noted that when the findings acquired from the research are reviewed, the ratio of children and adolescents with one kid in the home is the lowest. Due to the breakdown of family unity and financial inadequacies, this may be assessed as a risk factor for the need for protection, given the rise in the number of children and adolescents placed in protective custody. It has been suggested that having more children in a family causes great material and non-material care challenges, which eventually force the family to ask for institutional care.

It was shown that, in comparison to others, children and adolescents whose moms work had higher rates of externalizing ( $p < 0.05$ ), overall behavior difficulties ( $p < 0.05$ ), social problems ( $p < 0.05$ ), cognitive problems ( $p < 0.05$ ), and attention problems ( $p < 0.05$ ). Consistent with assumptions, the findings show that a child's exposure to a working mother does not have a detrimental impact despite inconsistent research on working moms and their

offspring. According to related research (Cherry & Eaton, 1977; Gold & Andres, 1978; Topalak, 1985; Cited by (Aktaş, 1994, p. 8)), children of working moms had better social and academic development. Non-working mothers' all-day home presence with their kids and the fact that they devote more time and energy to their kids' physical upbringing and discipline than working mothers contribute to the ongoing breakdown of these families' mother-child bonds. Mothers who are not employed often have financial difficulties, which may hurt their connection with their children. Furthermore, children constantly watched over and examined by their mothers may become more reticent and reliant on them (Santrock, 1983; Stewart & Friedman, 1987; Cited by Aktaş, 1994, pp. 8–10). Nevertheless, Kohn (1963) notes that parents who work want their children to be respectable and obedient adults, which means they will typically exhibit more authority as part of their parenting. Low-income occupations also compel employees to follow commands from their superiors. However, middle-class parents often act in ways that give their children a sense of autonomy since such occupations need initiative and self-direction (Yağmurlu et al., 2008, p. 12). Additional research (Ellis et al., 1978; Cited by (Yağmurlu et al., 2008, p. 12)) has provided credence to this theory of Kohn (1963) by elucidating the connections between the political and economic contexts, which demand that adults submit to those in positions of authority, and the attitudes of parents, which promote compliance in their socialization processes (Cited by (Yağmurlu et al., 2008, p. 12)).

Additionally, based on all of these studies, it can be concluded that working mothers' demanding and stressful jobs, as well as their lack of regular and adequate communication with their kids because they have to work to make ends meet, may be contributing factors to the tendency of working mothers' children and adolescents to exhibit more behavioral issues. However, the current study has suggested that reevaluating the results within these constraints is warranted because data on the parents' employment status was not collected from 50% of the children and adolescents who participated in the study. This will be better considering other factors that influence this, in addition to sufficient data on the differences.

The results show that internalizing issues occur more often ( $p < 0.05$ ) in those under protection at 13 and higher. While the results of various studies on the age of children taken under protection (Gür, 2016; Hukkanen et al., 1999; Li et al., 2019; Shechory & Sommerfeld, 2007) are in accordance or partial accordance, it has been observed that the results of some other studies (Karaman, 2019; Şimşek et al., 2008) do not show any similarities. According to research done by Browne (2005), more children in low-income countries—those who are three years old and younger—are placed in residential care, which may lead to serious behavioral issues and a breakdown in bonding. (Li, 2019). In a research article published in 2019, Kaur et al. found a statistically significant correlation between emotional and behavioral issues and the age of protection. Aykul (2019) found that the psycho-social states of the children during the first years of institutional care were incorrect; nevertheless, as time went on, improvements were noted in the psychological states of the children, and the treatment, support, and consulting services that all staff members provided to the children in the institution under the direction of experts had a positive effect on the children's psycho-social health as well as the process of rehabilitation. According to Chakrabarti and Hill (2000), a child's development will be impacted by several factors, including the age at which the kid is removed from their family, their prior experiences there, the size of the institution, how long they stay there, and the treatment philosophy. (source: Sladovic Franz & Ajdukovic, 2005, p. 163).

It may be concluded from this study's evaluation of the relevant literature that young children who are put under protection have serious bonding problems. Alternatively, because of the effects of their developmental stage, teenagers placed under protection at a later age have a tough time adjusting. As a result, these age groups exhibit more severe emotional and behavioral issues. Regression analysis has yet to be done because the data group acquired was not parametric, and evaluating the results within these limitations is preferable. However, the intensive problematic behaviors displayed by children and adolescents taken under protection and care in the age range of 13 and above may be due to their past experiences as well as the age period they are in.

Research has shown that children and adolescents placed under protection from extra-familial abuse and incest exhibit higher rates of externalizing ( $p<0.05$ ), overall behavioral difficulties ( $p<0.05$ ), and attention problems ( $p<0.05$ ) than other groups. The literature (Hukkanen et al., 1999; Kaur et al., 2019; Şimşek et al., 2008; Zhang et al., 2019) has this outcome. Research suggests that children who experience abuse or neglect (i.e., school-age children and adolescents who experience physical abuse compared to those who have never experienced physical abuse) are more likely to develop psychosocial disorders throughout their lives in learning, social order, and behavioral domains (Barnow et al., 2001; Vermeer, 1997; Cited by (Shechory & Somerfeld, 2007, p. 362)). Additionally, children who experience abuse are more likely to exhibit aggressive academic, social, and emotional problems as well as more behavioral issues, anxiety, and an inability to control themselves (Kurtz et al., 1993; Cited by (Shechory & Somerfeld, 2007, p. 362)). Kools and Kennedy (2003) put forth that the ratio of psychiatric problems in children taken under protection for neglect and abuse is higher, that 30-40% of the children under protection have psychopathologies, and that anger, attention problems, guilt behaviors are among the frequently observed mental issues in children under protection (Cited by (Çetin, 2008, p. 146)). Research suggests that developing aggressive adolescent behaviors is closely correlated with parental attitudes. Specifically, children who experience rejection, disinterest, or interfamilial disinterest are more likely to exhibit antisocial and aggressive behaviors (Loeber & Stouthamer-Loeber, 1986; Dahlenberg, 1998; Doğan, 2001; Tolan et al., 1997; Cited by (Avcı, 2006); Cited by (Savi, 2008, p. 66)). A mental illness or specific learning diagnostic, academic deficiencies, family psychopathology, difficulties with abuse and neglect, and behavioral issues are other risk factors that interfere with a child or adolescent's normal development and have adverse outcomes. Each of these hazards independently can culminate with a dire consequence, and these risks, in combination, raise the chance of poor outcomes (Rutter, 1979) Cited by (Hagaman et al., 2010, p. 526).

Research has shown that thinking problems are more common ( $p<0.05$ ) among children and teenagers who have been protected for seven (7) years or longer. Certain studies demonstrate parallels in suggesting that long-term residential care has adverse outcomes (Kools & Kennedy, 2003; Çetin, 2004; cited in Çetin, 2008, p. 144; Kesen et al., 2007, p. 359; Vorria et al., 1998; cited in Hukkanen et al., 1999, p. 269; Shechory & Sommerfeld, 2007, p. 361), while others appear to be inconsistent with this finding (Karadağ et al., 2011, p. 97; Hukkanen et al., 1999, p. 271). Recent investigations also indicate comparable outcomes (Karaman, 2019; Li et al., 2019).

This means that the foster family care model, which is thought to produce better results than the child home care model, is used. Applications in the field also show that children taken under protection and care are promptly returned to their families or relatives if the home conditions can be improved.

Children and teenagers who use the child home service model report fewer behavioral and emotional issues. Teens who use the girl orphanage service model report experiencing internalizing ( $p<0.05$ ), externalizing ( $p<0.05$ ), total behavior problems ( $p<0.05$ ), social issues ( $p<0.05$ ), and attention problems ( $p<0.05$ ). Studies carried out in other countries also put forth the adverse impacts of institutional care on emotional and behavioral problems (Tizard & Hodges, 1978; McCann et al., 1996; Voria et al., 1998; Wolff & Fesseha, 1999; Roy et al., 2000; Rushton & Minnis, 2002; Maclean, 2003; Yörükoğlu, 2003; Ellis et al., 2004; Şimşek, 2004; The St. Petersburg-USA Orphanage Research Team, 2005; Erol et al., 2005; Üstüner et al., 2005; Cited by (Şimşek et al., 2008; Sloutsky, 1997); Cited by (Çivi et al., 1993; İşkol Fidan, 2005, p. 43; Yörükoğlu, 1968); Cited by (Bulut, 1995, p. 127; Çetin, 2004; Kools & Kennedy, 2003; Özdemir et al., 2008, p. 287); Cited by (Çetin, 2008, p. 148; Muhamedrahimov et al., 2004); Cited by (Çetin, 2008, p. 146)). In contrast to the child home service model, some research highlights the drawbacks of the child home model and the benefits of the foster family care model (Gibbs & Sinclair, 1999; Cited by (Ajdukovic & Sladovic Franz, 2005, p. 163; Li et al., 2019)). It has been reported in a nationwide comparative study carried out in Turkey on the behavioral and emotional problems in children and adolescents under institutional care that mothers/caregivers have indicated that internalizing problems are observed more in children under institutional care in comparison with those who live with their families and that externalizing problem and total problems have been declared to be higher at a statistically significant level by 3.7 and 2.3 times in comparison with children living with their families (Şimşek et al., 2008, p. 240). Similar to the previous studies, the results of this study indicate that institution caring for children aged between 6 and 18 has negative impacts on the emotional and behavioral development of the children (Fisher et al., 1997; Voria et al., 1998; Rutter et al., 1999; Roy et al., 2000; Maclean, 2003; Cited by (Şimşek et al., 2008, p. 242)).

In the study on the behavioral and emotional issues that foster children face, it was found that when the average scores from each system of care were compared, the average total problem score for children raised in orphanages was statistically significantly higher than the average for children raised by foster families or by their own families. Put differently, there has been a documented increase in behavioral issues among children residing in institutional care. When comparing the overall issue scores of children raised in foster homes to those of their own families, Üstüner et al. (2005) found no statistically significant difference. (p. 133). Furthermore, research conducted in the Western world has revealed a range of qualitative and quantitative variations in the care given to children within and between institutions. Children raised in higher-quality institutions had richer social and perceptual environments, as well as higher levels of service quality, than children raised in other institutions (Roy et al., 2000; Voria et al., 1998; MacLean, 2003; Ak (Özdemir et al., 2008, p. 289)). When research on children in protection and care in Turkey was looked at, it was found that generally speaking, children living with their families were compared with those in foster care and institutions; nevertheless, no study comparing the effects of various boarding service models has been found. No research has been conducted in our nation on kids who use the child home service model, which was introduced in 2000 and extended in 2005. In comparison to other children and adolescents, it was found in this study that adolescents using the girl orphanage service model had higher internalizing, externalizing, social problems, attention problems, and overall behavior problems. These were followed, in that order, by children and adolescents using the nursery and child home service models. As a type of boarding care that more closely resembles family life, it can be said that this result is consistent with research showing that high-quality care in child homes impacts children's development. However, when these

studies' results on children under protection and care are examined, it becomes clear that problematic behavior cannot be solely attributed to the service model; instead, past experiences, the reasons for being under protection, and the selection criteria for boarding service models all play a role in the development of problematic behaviors in children and adolescents under protection. With the ward-type institutional care approach used in female orphanages, this is an anticipated outcome of making sure children and adolescents are integrated into social life. However, the environment at the child's house is more like that of a family. Since this is the first research of its kind in our nation comparing alternative boarding care models with the kid home, a retroactive comparison is not conceivable. Examining the current literature, it is evident that numerous studies compare the foster family care model with the child home care model. These studies have found that, compared to the child home care model, the foster family care model has more positive impacts on emotional and behavioral problems (Li et al., 2019).

The findings indicate that children and adolescents using the current service model for three (3) years and above have higher externalizing ( $p<0.05$ ), overall behavioral problems ( $p<0.05$ ), social problems ( $p<0.05$ ), and attention problems ( $p<0.05$ ) are consistent with research showing the adverse effects of long-term boarding care (Kools & Kennedy, 2003; Çetin, 2004; Cited by (Çetin, 2008, p. 144; Kesen et al., 1998); Cited by (Hukkanen et al., 1999, p. 269; Shechory & Sommerfeld, 2007, p. 361)); however, these findings are not attributable to the findings of other studies (Hukkanen et al., 1999, p. 271; Karadağ & Özcebe, 2011, p. 97). Upon reviewing the literature on the length of time spent using the present service model, it has been noted that whereas some research findings (Kaur et al., 2019) are somewhat consistent with one another, other study findings (Gür, 2016; Karaman, 2019) are not. Rahman et al. (2012) reported that psychological problems are most common in children aged 5 to 9 years, contrary to Kaur et al. (2019), who found that children who have lived at home for less than a year exhibit more problematic behavior. According to research done in Japan by Zhang et al. (2019), difficulties worsen as use duration increases according to the service model.

Research has shown that kids and teenagers who use alternative service models for three years or longer often have higher cognitive issues ( $p<0.05$ ). When the linked research is evaluated, it is noted that children who are more content with their present placements demonstrate fewer problematic behaviors (Cheung et al., 2011); Li et al. (2019)). The social worker in charge of the child decides which service models the kids will use based on the number of similar service models available and the circumstances permitted by the applicable laws. The kids are then informed and assisted in getting ready. Studies that will yield more thorough findings on the topic are needed. It is thought that children and adolescents who transitioned to another service model after using it for three years or longer may have encountered issues with bonding, adaptation, or inadequate support during the transition period.

Furthermore, there is a similar physical environment, a comparable number of kids and teenagers, and an equal proportion of home moms caring for them in both children's homes and nursery schools. In contrast to these service models, orphanages for females provide a different kind of care and safety in the form of dormitories. Children and adolescents who are admitted into Children's Homes must not have severe mental illnesses or psychiatric problems, nor do they have a health issue that calls for ongoing care. If such a case arises later, the Coordination Committee determines the scope, caliber, and type of service to provide for the child. This aligns

with the recommendation in subparagraph (a) of the fifth article of the Circular Order (2008) /12 Regulation for the Working Methods and Principles in Children's Homes of the General Directorate of Social Services and Child Protection Agency. The Circular Order went into effect on May 10, 2008, following its publication in the Official Gazette under the reference number 27015. This clearly shows that specific criteria are used to accept or reject a child for placement in a children's home or other service models. When deciding which service model to offer and whether to accept or reject a child into the Children's Home, significant psychological issues and disabilities are relevant considerations. Still, they could not be sufficiently assessed within the research parameters. Consequently, the research's findings—shown in Table 3—should be evaluated in light of these constraints.

Table 3 illustrates the service model, the age at which minors are protected, and their parents' living status, which are similar. However, there was a significant relationship found between the service model and gender ( $p < 0.05$ ), age ( $p < 0.05$ ), reason ( $p < 0.05$ ), and length of time ( $p < 0.05$ ) that the children and adolescents were placed under protection. Although there are more male children and adolescents in children's homes for the 13–15 age group than female children and adolescents, the present study finds it noteworthy—given the relevant literature—that the male children and adolescents in children's homes had fewer behavioral issues.

Numerous studies (Duncan et al., 1994; Eiden, 1999; Kaiser et al., 2000; Lavigne et al., 1996; Cited by (Balat et al., 2008, p. 271; Connors et al., 1997; Hukkanen et al., 1999, p. 268; Savi, 2008, p. 66)) have found that males exhibit problematic behaviors more statistically significant than females. The finding from the current study that there are no statistically significant differences between gender and total problem and that behavioral issues have not been observed more despite the relatively higher ratio of male children in child homes was regarded as striking when the related literature is taken into consideration. This outcome shows how beneficial a child's home environment is.

Furthermore, one may argue that institutional care service models are more beneficial for children and adolescents placed under protection as a result of "external sexual abuse and incest." The children's home service model is more advantageous to those established under protection for causes that the literature deems less severe, such as "death/abandonment/parental imprisonment/divorce/separation leading to family disintegration + socioeconomic inadequacy." Also, children and adolescents who have benefitted from the same service model for one year or more are likely to employ the children's home service model more. These variables may have an impact on the decreased prevalence of behavioral issues in kids and teenagers receiving home-based services, given the negative consequences of inter-institutional transfers.

In a similar vein, Ajdukovic and Sladovic Franz (2005, p. 168) conducted research that led to the conclusion that, even though neglect, troubled family dynamics, and poverty are the leading causes of a child's departure from the family, there are notable variations in the reasons for protection among children residing in foster families, group homes, and child homes. Children living in child homes are more frequently taken into protective custody because of poverty, dysfunctional family dynamics, and neglect. In contrast, children living with foster families and type one group homes are most frequently taken into protective custody because of the death of a parent or the parent's abandonment.

In addition to these considerations, gaining study approval to safeguard the children's privacy and the institution's seamless functioning presented significant challenges for studies on children in protection or care. As a result, no restrictions could be placed, and information on the employees caring for the kids, including their gender, length of time known to them, educational background, and shift worked, could not be accessible. Furthermore, these data were mostly unavailable within the study's parameters because of the scarcity of psychosocial service personnel and the propensity to give other considerations precedence over parental work status, educational attainment, and the number of children in the home when a child protection case is being handled. It would be more reasonable to assess the results under these constraints.

Furthermore, it is often impossible to pinpoint a single cause or risk factor for behavioral and emotional issues in kids under protective care. Development is complicated. Thus, there are several reasons why children under protection exhibit emotional and behavioral issues (Greenberg et al., 2001). Anxiety, distress, disability, and functional impairment are all associated with emotional and behavioral issues in children, according to research, which puts a financial strain on public health systems (León-Del-Barco et al., 2022). Additionally, research indicates that children diagnosed with autism often exhibit emotional and behavioral issues, such as hyperactivity, inattention, emotional symptoms, and conduct issues (Tumurbaatar & Chuluunbaatar, 2020). According to Hornman et al. (2016), preterm children are also more likely than term children to have emotional and behavioral issues. Furthermore, it has been shown that emotional and behavioral problems mediate the association between parenting practices and sleep issues in preschoolers (Ding et al., 2023).

Parental variables also significantly influence the development of emotional and behavioral issues in children. As to Romanov et al. (2016), there exists a correlation between emotional and behavioral issues in children later on and the discomfort experienced by dads throughout their pregnancy. Furthermore, parenting practices have been shown to impact children's social-emotional competence; a lack of social-emotional competence may have detrimental effects, including criminal conduct, psychiatric issues, and academic failure (Li, 2022). In addition, research has shown that, when combined with other parental risk factors, parental emotion coaching helps children maintain their emotional competence (Lunkenheimer et al., 2007).

Moreover, the influence of emotional and behavioral disorders on children's sleep has been well-documented, with research demonstrating that these problems may operate as mediating variables in the association between parental actions and sleep problems in preschool children (Ding et al., 2023). Furthermore, Palmer et al. (2020) found that young autistic children often have co-occurring emotional and behavioral issues.

Regression analysis would be acceptable to identify the primary variable influencing emotional and relational issues in the present research. The data are not parametric; however, this analysis is not possible.

## **Conclusion**

After conducting a study to assess the emotional and behavioral issues of children and adolescents under

protection, it was found that these issues differ in their entirety depending on the number of children in the family ( $p < 0.05$ ), the reasons for being placed under protection ( $p < 0.05$ ), the service model used ( $p < 0.05$ ), the length of time spent using the current service model ( $p < 0.05$ ), and the relationship between the service model used and gender ( $p < 0.05$ ), age ( $p < 0.05$ ), the reasons for being placed under protection ( $p < 0.05$ ), and the length of time spent using the current service model ( $p < 0.05$ ).

### **Suggestions for Research, Policy and Practice**

Based on these results, it is important to compare how these three care models offered by the Social Services and Child Protection Agency affect kids' behavioral and mental health issues for several reasons. This is the nation's first research specifically emphasizing children's homes. It pinpoints sociodemographic factors contributing to variations in emotional and behavioral issues among children needing safeguarding. It also outlines the state of affairs for bettering the services for emotional and behavioral issues in safe and cared-for children. Furthermore, it functions as a manual for experts operating in this domain.

Every year, the number of children in our nation who need protection rises for a variety of reasons, including physical and mental illnesses, abuse, neglect, and migration. Thus, before issues about the need for protection for the family institution and the child arise, protective-preventive measures at the national level and educational initiatives are required (Rubin et al., 2007). Therefore, it is important to educate families about matters like starting and maintaining a healthy marriage, providing for the basic needs of children, the importance of having multiple children under their care, birth control options, preventing adolescent pregnancies, risk factors that may affect children and adolescents, and access to preventive and protective mental health services.

Only severe problems like abuse or neglect should warrant placing a child in protective custody; otherwise, the family should be the child's best institution. Parents who are unable to support their children financially or socially should also receive adequate care if they are unwell, disabled, or unable to work. Nonetheless, in addition to providing assistance and working together to find solutions, it is seen to be crucial to engage with families one-on-one to prevent them from becoming AIDS-dependent and to make sure that the family reintegrates.

For resolving family conflicts and protecting the child, the "health, consultancy, education, and sheltering measures" applied without placing the child in institutional care—apart from the "care measure" specified in the Child Protection Law numbered 5395—are also crucial; however, they are deemed inadequate because family-wide protective measures are also necessary. Several adjustments are required to guarantee that the existing applications of consulting measures are more efficient and advantageous for families. For instance, outsourcing consulting measures applications to professionals in public spaces since doing so adds to the effort and makes it impossible to demonstrate adequate care.

Ensuring enough social workers, psychologists, and child development specialists working in child treatment will increase the time staff members spend directly with the children and reduce the likelihood that issues will go unnoticed because of a heavy workload. Employees who interact with children, such as group responsible

instructors and moms who provide care, should ensure that staff members get in-service training on behavioral issues and child education. This will increase staff members' interest in the kid and the issue's significance. Further, taking into account the fact that allied vocations are vulnerable to secondary trauma calls for research on enhancing professional harmony in order to prevent burnout among social workers, psychologists, and other professionals and guarantee that children receive better services (Herrera et al., 2022).

Taking all of the aforementioned into account, it is believed that the research's conclusions are limited because the majority of data on variables like the number of children in the family, the employment status of the parents, and the educational attainment of the parents are primarily unavailable; the data collection tools cannot be tailored to the specific Attributes of the caregiver mothers who responded; and the evaluation of severe mental illness and disability conditions is lacking, both of which have a significant impact on the selection of service models. Therefore, new research is required to investigate the effects of the three types of care services offered by the Ministry of Family and Social Policies—child home, child site, and foster family service models—on the behavioral and emotional issues that affect children and adolescents. Additionally, research findings will inform the development of protective-preventive social services.

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