Article

Social Work's Role in Promoting Participation for Children and Youth with Mental Health-Related Disabilities in the German Child and Youth Welfare System

by

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Abstract

This article offers a theory- and legally informed conceptual analysis of interprofessional collaboration between youth welfare and child and adolescent psychiatry, with a focus on the legal construct of *seelische Behinderung* (mental health-related disability) in German child and youth welfare services (section 35a of the Social Code Book VIII). The 'integration assistance for children and adolescents with mental health-related disabilities' is a specific social work service within the German child and youth welfare system. It complements psychiatric and psychotherapeutic interventions by providing social-ecological forms of support aimed at promoting social participation. The central questions are: How is inclusion support for children and adolescents with so-called mental health-related disabilities actually practiced in the German system, and to what extent does this practice reflect a professional social work perspective? The theoretical framework combines the WHO's concept of disability and the social work-based theory of integration and life conduct with the legal concept of integration assistance. As supporting evidence, the analysis draws on the small body of published research in this field of practice, including user-centered case reconstructions based on biographically grounded problem-centered interviews with former service users, and studies on interprofessional collaboration at the youth welfare–child and adolescent psychiatry interface. Findings reveal a persistent gap in how social workers in child and youth services assert their unique contributions in complex support contexts. Although a social work mandate is clearly embedded in integration assistance for young people with mental health-related disabilities, it is often not recognized as such or effectively implemented in practice. The article argues that these difficulties reflect not only structural constraints but also contested professional jurisdictions and recognition struggles at the youth welfare–child and adolescent psychiatry interface.

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Introduction: Mental Health-Related Disability in the German Child and Youth Welfare System

In German child and youth welfare services, social workers regularly encounter young people in complex bio-psycho-social problem situations in which mental illnesses are closely linked with participation restrictions (see Fendrich et al., 2021; Romanowski-Kirchner et al., 2024; Wagenknecht & Meier-Gräwe, 2020). The ‘integration assistance for mentally disabled children and adolescents’ (Section 35a Social Code VIII; hereafter: Section 35a SGB VIII) specifically addresses this constellation of problems. It applies to young people who have been diagnosed with a mental disorder, and who face a resulting impairment of participation (Moos & Müller, 2007; Romanowski-Kirchner, 2024b).

Participation restrictions according to Section 35a SGB VIII affect not only educational or occupational contexts but also central spaces of socialization such as peer groups, family life, leisure activities, opportunities for mobility and communication, as well as other aspects essential for processing developmentally significant tasks (Beck & Romanowski-Kirchner, 2022; Romanowski-Kirchner, 2021). Despite steadily increasing case numbers (Fendrich et al., 2023), the role of social work in this field of practice remains insufficiently realized (Romanowski-Kirchner, 2024a). Although Section 35a is formally designed as a rehabilitative service within the youth welfare system, it remains unclear how social work is to facilitate participation through services situated between the individual and their environment, specifically and in distinction from therapeutic interventions. At the very least, it should be clearly differentiated from psychotherapeutic measures and interventions for partial performance disorders, which fall within the remit of other professional systems—namely, health and education (Moos & Müller, 2007; Wiesner & Wapler, 2022).

Empirical evidence suggests that this specific social work perspective is frequently neglected in practice. Both the official youth welfare statistics (Fendrich et al., 2018) and qualitative case studies (Romanowski-Kirchner, 2021) raise doubts as to whether the creation of social contexts conducive to participation—rather than merely individual-focused interventions—is consistently pursued. Given the relevance of

interactions between individual and environmental factors for both the participation situation and the mental health situation, this appears challenging—for child and youth welfare services as a genuinely social work field in Germany and for the adolescents in such problematic life situations. Against this background, the article addresses the following questions:

- How do the legal and conceptual foundations of integration assistance position it at the interface of youth welfare and child and adolescent psychiatry/psychotherapy?

- What practice logics are indicated in the published literature on this interface, and to what extent do they converge with or diverge from a participation-oriented social work perspective?

- What are the implications for interprofessional cooperation and for social work's distinct role in mental health-related disability support?

The article proceeds in five steps. First, it outlines the bio-psycho-social interrelationship between participation and mental health, drawing on the World Health Organization's biopsychosocial understanding of functioning, disability, and health as articulated in the International Classification of Functioning, Disability and Health (ICF; WHO, 2001). Second, the integration and life conduct model (Sommerfeld et al., 2016) is introduced as a social work theory of action that translates this reciprocity into a practice-oriented perspective. Third, integration assistance under Section 35a of the Social Code Book VIII (SGB VIII) is situated as a specific German participation-oriented service at the interface of youth welfare and mental health systems. Fourth, the article brings these conceptual and legal perspectives into dialogue with published studies on user experiences and professional cooperation at the youth welfare and child and adolescent psychiatry interface, using them as supporting evidence to develop analytically grounded propositions about how social work practice is enacted in this field and which challenges emerge for the profession. Fifth, it discusses the implications for interprofessional cooperation and for strengthening social work's distinct role in mental health-related disability support.

Frameworks and the Background of Integration Assistance in Child and Youth Welfare Services in Germany

To situate the present analysis within the German context of child and youth welfare, this section sketches the conceptual rationale underpinning the argument. It takes as its point of departure the empirically well-established view that participation and mental health are reciprocally linked within bio-psycho-social processes. On this basis, the integration and life conduct model is used to specify social work's action-guiding perspective in interdisciplinary care, locating its mandate in person–environment work within everyday life contexts. Against this conceptual background, integration assistance under Section 35a SGB VIII is introduced as a distinctive service arrangement for children and adolescents with mental health-related disabilities, which institutionally translates this interrelationship into a participation-oriented entitlement at the youth welfare–mental health interface.

Participation and Mental Health: Bio-Psycho-Social Reciprocity

A contemporary concept of disability, as articulated in the WHO's International Classification of Functioning, Disability and Health (WHO, 2001), does not conceptualize disability or health-problems as monocausal but rather as the result of a dynamic interplay between health impairment, contextual factors, and individual resources. In this case, mental health and social participation are therefore in a reciprocal relationship: participation restrictions can be both a consequence and a contributory cause of mental distress (see Romanowski-Kirchner, 2021; Sommerfeld et al., 2016).

This understanding is grounded in a substantial body of international research from recent decades. Two strands are particularly relevant here: first, evidence that the etiology and course of mental disorders are shaped by bio-psycho-social processes; and second, the shift toward understanding 'disability' primarily in terms of restricted participation in social life rather than as an individual state (WHO, 2001, 2011). In concrete terms, experiences of exclusion in school, family, or peer contexts—linked to factors such as poverty, migration-related stressors, or missing support structures—can contribute to the emergence or persistence of mental distress and

mental disorders. International evidence also points to bidirectional dynamics between mental health and socio-economic disadvantage. Mental disorders may lead to withdrawal and can trigger stigmatization and discrimination, which in turn further restrict opportunities for participation (Kirkbride et al., 2024; Romanowski-Kirchner, 2021).

Importantly, parts of the more recent clinical debate increasingly revisit these societal dimensions, including discussions framed by the neurodiversity movement (for example around ADHD, Banaschewski et al., 2024). These perspectives highlight questions of social norms, ‘goodness of fit’ between individual characteristics and environmental expectations, and the role of institutional contexts in enabling or limiting participation (Sonuga-Barke, 2023). Against this background, exclusion from education, the labor market, or leisure institutions cannot be treated as natural consequences of individual difference; rather, participation is shaped—sometimes constrained—by the structures and norms of social systems. This is consistent with the UN CRPD as well as the aforementioned ICF-framework, both of which frame disability as arising from the interaction between impairments and attitudinal and environmental barriers that hinder full and effective participation.

A second strand of evidence is more directly intervention-oriented and therefore particularly relevant for a social work perspective on participation. Systematic reviews focusing on adolescents indicate that interventions explicitly designed to strengthen social inclusion—for example via peer relationships, belonging, and school connectedness—can lead to measurable improvements in depressive and anxiety symptoms (Hunt et al., 2023). Related work reviewing interaction-based interventions in schools and communities highlights that programs that deliberately mobilize interaction among multiple actors (peers, families, teachers, community members, professionals) are associated with positive mental health outcomes in children and adolescents (García-Carrión et al., 2019). In a recent overview, Birrell et al. (2025) reinforce the plausibility of these findings by arguing, based on empirical findings, that social connection and supportive networks should be treated not only as correlates but as key targets for youth mental health strategies.

Within this landscape, social work seems to offer a distinctive contribution to mental health contexts. As the International Federation of Social Work's (IFSW) definition emphasizes, the profession engages both people and social structures, and intervenes at the points where people interact with their environments (IFSW, 2014). Recent conceptual work therefore argues for transformative and relational social work practice that operates across levels—individual, organizational, community, and policy—to enable sustained participation and capability, especially for people facing structural disadvantage (Munford, 2023). At the level of casework, this contribution is not primarily about 'changing' individuals but about critically analyzing the contexts of everyday life and the structural factors shaping lived experience (Munford, 2023, p. 369). This aligns closely with WHO guidance on building community-based mental health service networks: alongside clinical and therapeutic provision, a person-in-environment perspective is essential for addressing participation conditions and everyday-life contexts (WHO, 2021).

Taken together, the international evidence supports a clear expectation: where young people's mental health is intertwined with participation restrictions, effective support needs to address participation contexts, social inclusion, and rights alongside clinical assessment and treatment. For social work, this raises a more specific question of professional practice: how can such a participation-oriented mandate be conceptualized and operationalized within everyday casework and service systems? The next section therefore introduces the 'integration and life conduct' framework as a social work theory of action that is designed to guide practice precisely at the interface between mental health, everyday life, and participation.

Integration and Life Conduct as a Social Work Theory of Action

One contemporary example of a social work theory of action that captures this relational and participation-oriented mandate in the context of complex problems addressed by multiple professions is the "integration and life conduct model (Sommerfeld et al., 2011, 2016). The empirically grounded model conceptualizes coping and development as embedded in everyday-life systems ('life conduct systems')—that is, in the patterned ways in which individuals are integrated into relevant social action systems such as family, school, peer groups, and work. In this

understanding, participation is not limited to formal access; it refers to the quality of integration: whether basic needs are met, whether relationships are supportive, and whether developmental tasks and critical life events can be managed under conditions that enable agency and recognition.

A life conduct system is therefore defined as the structural coupling between a 'productive, reality-processing subject' (Hurrelmann, 2012, p. 42) and their concrete positions and interactions within social systems—through which participation and life management are enabled or constrained. This definition is central for the present argument because it locates psychosocial problems within patterned couplings between individuals and key action systems. It is at this person–environment interface that the theory locates social work's sphere of responsibility.

> In a certain sense, a person's 'life conduct system' is the socio-biotope in which this individual leads his or her life—that is, moves as an acting subject, as an actor. The life conduct system of a particular actor is therefore composed of various social systems in which they interact with other actors and occupy a certain position in relation to them. (Sommerfeld et al., 2016, p. 58)

Social work analyzes not only whether a connection to a given action system exists but also how this connection is structured. Whether, for example, a young person experiences school as a place of recognition—or instead as a place of chronic failure and social devaluation, such as in connection with a mental illness—is decisive for the quality of their participation and psychosocial development. The individual 'coping situation' (Böhnisch, 2019, p. 100)—that is, the interface between internal psychological processes and social contexts—is central to social work intervention at a casework level. In stressful life situations, experiential behavioral patterns may develop: habitualized attempts to cope with chronic participation restrictions, which may provide short-term relief, but can lead to problem-maintaining dynamics over time (Sommerfeld et al., 2016).

For example, individuals may avoid opportunities for social integration—refraining from joining clubs or participating in events—in order to protect themselves from previously experienced social overwhelm or emotional harm. However, they often suffer the consequences of unmet bio-psycho-social needs, such as the need for connection, recognition, or belonging. Such behavioral patterns—withdrawal, mistrust, or avoidance—may be seen as strategies to preserve a sense of agency in

relation to core bio-psycho-social needs, including attachment, orientation and control, self-worth, and pleasure (Kröger, 2016). Among traumatized youth in particular, such coping patterns can become deeply ingrained and persist even in changed and supportive environments—resulting in behaviors such as school refusal, maladaptive attachment representations, or the activation of fear or aggression schemas in situations that appear harmless from an outside perspective (Sommerfeld et al., 2016; Weiß, 2021).

The specific perspective of social work within the bio-psycho-social constellation is not that of processing individual psychological patterns in a protected setting—that would be the domain of psychotherapy in cooperative processes. Social work, by contrast, focuses on the life conduct systems of those affected: that is, the many—or few—contexts of social integration in peer groups, educational institutions, employment settings, or support systems. It asks what contribution these social arrangements make to the maintenance of the problem. This perspective allows for coordinated interprofessional action based on differentiated roles. In short, social work creates new spaces of experience and accompanies individuals in everyday life to enable long-term changes in experiential quality—such as in relationships, self-worth, self-efficacy, and recognition—and to transform existing psycho-social patterns through new experiential learning (Romanowski-Kirchner, 2021; Sommerfeld et al., 2016).

Such interventions aim to shape social conditions in ways that enable new, adaptive forms of inclusion. In this way, social work complements psychotherapeutic efforts to address inner schemas by professionally shaping the external context and its experiential potential—specifically through how individuals are integrated into systems relevant to coping. Alongside the central category of participation in social life (see also Section 1 of SGB VIII), this approach also indirectly addresses psychological well-being within the logic of bio-psycho-social interdependencies (Sommerfeld et al., 2016). It is well known that complex bio-psycho-social problems cannot be sustainably addressed by one-dimensional interventions. Put differently, unless external conditions change, internal adaptation alone tends to reproduce dysfunctional patterns. In clinical practice, this phenomenon is known as the ‘revolving door effect’ (Sommerfeld et al., 2016, p. 100)—referring to individuals who

stabilize psychologically in a protected setting but then decompensate after returning to problematic everyday environments. This illustrates the limits of approaches that focus exclusively on intrapsychic change when exposure to adverse or isolating environments persists.

The ‘integration and life conduct’ model is introduced here because it is not a general explanatory model of bio-psycho-social reciprocity but a dedicated social work theory of action. It translates the reciprocity argument into concrete principles for social casework and case management, and specifies social work’s complementary mandate in interdisciplinary mental health care: shaping participation-relevant everyday-life contexts (‘life conduct systems’) in ways that enable inclusion and support the fulfilment of core psychosocial needs.

Complex support processes involving youth welfare, psychiatry, and psychotherapy clearly demonstrate how effective these functionally complementary approaches can be—provided they are understood as such and coordinated accordingly. Creating ‘normalizing’ experiences of participation—such as experiencing self-efficacy and recognition beyond diagnostic labelling—is a particular contribution of youth welfare services operating in everyday contexts (Romanowski-Kirchner et al., 2024). However, this potential can only be realized if social work is aware of its own professional logic, articulates it clearly, and actively integrates it into interprofessional cooperation (Romanowski-Kirchner, 2023).

The Idea of Integration Assistance for Children and Adolescents with Mental Health-Related Disabilities

In Germany, this participation-oriented perspective is translated into a specific legal entitlement: integration assistance for children and adolescents with mental health-related disabilities under Section 35a (SGB VIII). Building on the bio-psycho-social reciprocity and the participation-oriented mandate outlined above, Section 35a can be understood as a service arrangement located at the interface of youth welfare services, child and adolescent psychiatry, and psychotherapy. Entitlement to this integration assistance requires both a diagnosed mental disorder and, on the part of child and youth welfare services, a formal determination of a restriction in

participation. Empirically, this service has become increasingly significant within the German service landscape. Between 2010 and 2023, case numbers rose continuously from 54,903 to 158,607 active cases (Fendrich et al., 2023).

The term mental disability as used in SGB VIII is grounded in a causal understanding: participation restrictions are described as a consequence of mental disorders. This understanding remains conceptually distant from the reciprocal, interaction-based disability perspective outlined above (Romanowski-Kirchner, 2024b; Wiesner & Wapler, 2022, para. 5c). Nevertheless, participation restrictions are not treated as a marginal outcome in Section 35a; they constitute the core rationale for support. In this sense, it provides an institutional basis for functionally complementary help processes—clinical assessment and treatment on the one hand, and participation- and context-oriented youth welfare support on the other.

In their practice-oriented manual for the implementation of Section 35a SGB VIII, Moos and Müller (2007, p. 12) describe the services provided as follows (own translation):

> The overall aim is to develop and strengthen resources in order to shape social relationships, orientations, and everyday contacts in ways that promote the young person's development. This is intended to enhance the young person's ability to cope with the (impending) mental disability and its social consequences, thereby facilitating normalization. Support for life management is never directed solely at the young person diagnosed with (impending) mental disability. Rather, its purpose is to restore the disturbed balance between the psychological self and the social environment within socio-spatially or socially pre-structured life contexts. The goal is to expand the scope for agency, which can only be realized through the interaction between person and environment. In the context of youth welfare, integration assistance therefore means creating access to social subsystems for children and adolescents with mental disabilities through support for life management, thereby enabling individuation, socialization, and integration.

Empirical evidence suggests that this specific social work perspective is frequently neglected in practice. Official youth welfare statistics show that Section 35a services are delivered in a range of settings, including schools and private households—i.e., sites where participation is enacted and where exclusion dynamics often unfold (Fendrich et al., 2018). At the same time, both these statistics and qualitative case studies raise doubts as to whether Section 35a is implemented in ways that consistently target participation contexts rather than primarily working on the individual (Romanowski-Kirchner, 2021). A particularly revealing indicator is the

recorded place of service delivery: Fendrich et al. (2018, p. 52) report that in roughly 35% of cases, services take place in the building of a youth welfare organization, typically a counseling center. This pattern raises a profession-specific question: how is participation to be fostered through a predominantly office-based format, if the main barriers to participation are located in everyday action systems such as school, family, peer relations, or community contexts? Without intentional work on these participation-relevant environments—beyond individual coaching or competence training—the relational conditions of exclusion are unlikely to change. This tension between a relational, participation-oriented mandate (as mentioned before) and individualized practices was already critically noted in practice guidance (Moos & Müller, 2007) and remains central to professional debates (Gahleitner, 2021).

Despite the practical relevance of Section 35a, systematic empirical knowledge on how integration assistance is enacted in everyday practice remains limited, beyond a small number of qualitative studies. Accordingly, it is still unclear how the concept is operationalized across German child and youth welfare services. One structural reason is that—unlike in adult integration assistance under SGB IX—no legally binding and professionally standardized framework (such as the ICF) guides participation assessment and participation-oriented intervention planning within practice. This lack of a binding reference framework is likely to contribute to regional variation in interpretation and service provision (Fendrich et al., 2023). Plausibly, this variation reflects differences in local decision-making cultures and in the professional judgment and competencies involved in assessing participation restrictions and matching services, rather than differences in need alone. Only a small number of qualitative studies have examined interactions and cooperation in this practice field at the interface of youth welfare and child and adolescent psychiatry and psychotherapy. These studies form the empirical basis for the synthesis presented below. Taken together, there are strong reasons to suspect a gap between Section 35a’s relational, participation-oriented rationale—which already aligns with contemporary social work theories—and its everyday implementation.

Empirical Insights: What Published Studies Indicate About Child and Youth Services at the Interface to Psychiatry

To ground the conceptual analysis in empirical work, this section summarizes the limited body of contemporary research on practice and recurring challenges at the youth welfare–child and adolescent psychiatry/psychotherapy interface that is constitutive for integration assistance. This includes user-centered case reconstructions (Romanowski-Kirchner, 2021, 2023) and research on interprofessional cooperation and coordination in Germany (Groen & Jörns-Presentati, 2018), complemented by a Swiss mixed-methods study as contextual evidence (Müller-Luzi & Schmid, 2017). These studies are discussed as supporting evidence for assessing how the participation-oriented mandate implied in integration assistance services is reflected in practice.

User Perspectives on Integration Assistance: Patterns of Service Use

User perspectives provide an important empirical point of reference for assessing how integration assistance is enacted at the interface. Romanowski-Kirchner (2021) reports 11 reconstructed case histories based on biographically grounded problem-centered interviews (see Witzel & Reiter, 2012) with young people who had received support across youth welfare and child and adolescent mental health services. The material was analyzed using a constructivist-informed grounded theory approach (Corbin & Strauss, 2015) and resulted in a published model of utilization dynamics at this interface (Romanowski-Kirchner, 2021; refined in Romanowski-Kirchner, 2023). The results reported in these publications suggest three recurring dynamics that are particularly relevant to a participation-oriented social work perspective.

The reflections of the users suggest that social work services in these constellations can make essential contributions to both stabilizing participation and providing inner relief—provided that key structural and relational conditions—such as reliability, trust, and embeddedness in everyday life—are met (Romanowski-Kirchner, 2021). Particularly relevant in the case histories are processes aimed at developing and maintaining adaptive forms of participation within everyday systems that are not perceived as specialized institutions. Examples include efforts to ensure school continuity, establish new peer relationships, structure everyday support, provide

socially embedded leisure activities, and offer selective emotional relief in day-to-day life. These areas of benefit are typically attributed to the social work dimension of the support system.

From the users' perspective, the data reveal a complex picture of how the relationship between youth welfare and youth psychiatry was experienced. These relationships fall into three distinct patterns: complementary, symmetrical, and sequential (see Romanowski-Kirchner, 2023, pp. 3–8 for a detailed typology). Across all cases, the degree and form of interprofessional cooperation—as well as the users' own actions in relation to the services—proved central to how they retrospectively assessed the youth welfare support they had received: whether it was perceived as helpful, ineffective, or even counterproductive. The case trajectories illustrate varying patterns of complementary or less integrated utilization of both support systems.

In parallel patterns of service utilization, young people engage with both systems simultaneously. A complementary dynamic becomes particularly evident when there is a clear division of labor: internal psychological work is handled within the scope of psychotherapy, while everyday or milieu-related support is the genuine domain of youth welfare. The latter assumes a stabilizing, everyday-oriented function, whereas deeper psychological issues are addressed exclusively in therapeutic sessions. Users described residential care or outpatient social work support as part of their daily coping efforts—dealing with both everyday challenges and symptom-related issues, such as managing emotional states or developing strategies for triggering situations. However, the clear distinction from 'classic therapy' in a protected, artificial setting was emphasized. What was retrospectively highlighted as essential was the opportunity to experience normality, to feel effective and recognized in everyday life—experiences viewed as crucial developmental steps that transcended psychiatric categories.

Another variant of parallel use emerges in constellations where the boundaries between the two support systems are more fluid. Unlike the previously described complementary parallel usage, the services here overlap more substantially—yet still follow a logic clearly rooted in social work professionalism. In these cases, both youth welfare and psychotherapy are used simultaneously. However, social work

professionals additionally provide psychosocial counselling, offering emotional relief and stabilizing support in everyday life. This form of parallel use is perceived as necessary, especially since the therapist is not present in day-to-day life and psychological crises cannot be postponed to scheduled therapy sessions.

In contrast to the previously described form of parallel service use with clearly delineated professional roles, a role-diffusing symmetrical pattern of parallel use is evident in some cases. In these constellations, both psychotherapy and social work support are perceived solely as psychological counseling, without any discernible distinction in professional roles or functions from the users' point of view. Interviewee Gilbert,' for instance, explicitly refers to his outpatient social work support as 'therapy'—both in terminology and in content. The relevant social systems (such as family or school) are not directly addressed by social workers but rather touched upon indirectly in counseling conversations. Consistent with this perception, Gilbert eventually ends his therapeutic relationship with his psychotherapist, seeing no added value, and retrospectively describes his relationship with the social worker as more helpful. This subjectively coherent decision highlights a lack of role clarity (Romanowski-Kirchner, 2023, p. 5).

It also becomes evident in these reconstructions that users engage with services based on their subjective relevance (Schaarschuch & Oelerich, 2005), while at the same time depending on the extent to which alternative options are made available to them. In Gilbert's case, the lack of everyday support is retrospectively experienced as a failure of the support system in addressing his ongoing social isolation (Romanowski-Kirchner, 2021). More generally, across different usage trajectories, it becomes apparent that problematic influences of the social environment can remain persistently effective and continue to overwhelm individual coping capacities if these contextual factors are not actively addressed (Romanowski-Kirchner, 2021). Toward the end of support measures in particular, it becomes clear whether the changes achieved in coping processes are consolidated and whether developmental progress proves sustainable over time. Everyday participation opportunities were key for sustained support (Romanowski-Kirchner, 2021, p. 440; see also the care leaver study by Große et al., 2023).

Another pattern of service utilization is sequential use, in which services from both systems are accessed at different points in time—typically in the context of psychiatric crisis interventions. In such cases, inpatient stays in psychiatric clinics can have a stabilizing effect, provided that the reasons for hospitalization are transparent and retrospectively understandable to the person concerned. It becomes evident that even repeated inpatient admissions can be experienced as necessary and helpful, serving as a protected retreat during episodes such as suicidal crises—at least from the retrospective perspective (Romanowski-Kirchner, 2021, p. 478). Maintaining reliable relationships with youth welfare services and the feeling of not being 'forgotten' by professionals during psychiatric treatment phases is crucial for users' perception of helpfulness. If this connection is lacking—for example, due to the absence of regular visits during hospitalization—the entire youth welfare arrangement can lose users' trust. In such cases, the experienced quality of the relationship—fundamental to the uptake of support—is reflected in these tangible experiences of users' perceived significance to professionals (Romanowski-Kirchner, 2021, p. 347).

The organization of interprofessional cooperation is assessed in a particularly nuanced way by users. A 'trialogue'—that is, collaborative decision-making involving psychotherapy, youth welfare services, and the individuals affected—is highlighted positively (Romanowski-Kirchner, 2021, p. 345). Joint discussions are described as a means of fostering a sense of agency, in contrast to the experience of being treated merely as an object of help. In contrast, cooperative arrangements that exclude the participation of users are perceived as disempowering and counterproductive—for instance, when referrals are experienced as dismissive hand-offs or when individuals feel they are being passed through institutional systems without the opportunity to contribute their perspective. In such cases, close collaboration between professionals without the involvement of users is even experienced as problematic, or more precisely, as undermining their self-determination (Romanowski-Kirchner, 2021, p. 345).

While the user-centered case reconstructions provide direct insights into how cooperation and participation are experienced by those affected, the remaining empirical literature on this interface predominantly addresses professional perspectives on interagency collaboration between youth welfare and child and

adolescent psychiatry/psychotherapy. The following subsection therefore turns to studies that examine how professionals describe cooperation, role boundaries, and structural conditions shaping coordination.

Professional Perspectives on Child and Youth Welfare at the Interface with Psychiatry

Building on the user-centered insights, the following studies capture professional perspectives on cooperation at the youth welfare–child and adolescent psychiatry/psychotherapy interface. In Germany, the *Grenzgänger* project was a regional service-development and evaluation initiative that first assessed the existing state of cooperation at the youth welfare and child and adolescent psychiatry and psychotherapy interface, then implemented structured interprofessional 'clearing groups,' and subsequently re-assessed how this intervention affected collaboration from the perspectives of professionals in both systems. Given the limited number of larger recent studies explicitly examining this interface in Germany, Müller-Luzi and Schmid (2017) are included as contextual reference evidence: their Swiss mixed-methods survey of child and youth welfare professionals in residential care (n=221) specifically addressed experiences and attitudes regarding cooperation with child and adolescent psychiatry/psychotherapy, combining closed items with open-ended responses.

The studies examine the actual tasks undertaken by social workers in interprofessional collaboration, identify structural barriers, and explore design principles that can facilitate a coordinated, complementary support relationship between social workers, psychiatrists, and psychotherapists.

The *Grenzgänger* project addressed well-known challenges at this interface by establishing new formats for structured interprofessional case consultations within 'clearing groups' (Groen & Jörns-Presentati, 2018). Prior to implementation, the relationship between youth welfare and child and adolescent psychiatry had been characterized by 'coordination difficulties,' 'repeated shifts between systems' (p. 112), 'mutual mistrust,' and 'unrealistic expectations of psychiatry' due to insufficient mutual understanding (Groen & Jörns-Presentati, 2018, p. 114). In response,

institutionalized coordination forums were introduced in the model region, bringing together professionals from all involved systems in a joint clearing group. These groups enabled not only case discussions on equal footing but also the opportunity to exchange perspectives and build mutual familiarity (Groen & Jörns-Presentati, 2018, p. 147).

The evaluation of this pilot project shows that professionals particularly valued the opportunity to contribute to decision-making and the open, appreciative exchange, which they experienced as both relieving and motivating (Groen & Jörns-Presentati, 2018, pp. 157–159). Clearing groups were described as collaborative spaces not governed by formal mandates but oriented toward mutual recommendation—an arrangement that enabled effective, interdisciplinary problem-solving. According to participants, the process helped cultivate awareness and understanding of different professional perspectives, which in turn improved cooperation (Groen & Jörns-Presentati, 2018, p. 157). Notably, the absence of formal accountability requirements created a space for genuine professional exchange. Several practitioners reported developing solutions within this setting that would not have been possible in conventional institutional frameworks (Groen & Jörns-Presentati, 2018, p. 153). However, the evaluation also identifies key hurdles: data protection requirements, inconsistent responsibility logics, and unclear understanding of roles make it difficult to consolidate these cooperative formats (Groen & Jörns-Presentati, 2018, pp. 150–151). In addition, the preparation and coordination of such meetings are personnel- and resource-intensive, which may result in excessive strain when caseloads are high or staff turnover occurs (Groen & Jörns-Presentati, 2018, p. 154).

In their mixed-methods study, Müller-Luzi and Schmid (2017) report that professionals from inpatient youth welfare institutions experienced a persistent tension between the aspiration for equal cooperation and the perceived definitional dominance of psychiatric actors. The psychiatric-diagnostic perspective often prevailed in the interpretation of complex case trajectories, whereas social work assessments were frequently viewed as secondary or were omitted altogether from the process (Müller-Luzi and Schmid, 2017, pp. 577, 589). This asymmetry not only generated frustration but also hindered the articulation of a distinct professional contribution. Social workers found themselves in a paradoxical position: expected to

act as mediators between institutional systems and everyday life on the one hand, but excluded from meaningful participation in setting goals and measures on the other (Müller-Luzi and Schmid, 2017, p. 589). Respondents lamented that the autonomous logic of social work practice was largely ignored (Müller-Luzi and Schmid, 2017, p. 590). Consequently, they called for clearer role definitions (e.g., time allocated for regular interdisciplinary meetings), genuine interest in social work perspectives, and formal recognition of the profession's distinct conceptual logic as equal in status to the clinical paradigm (Müller-Luzi and Schmid, 2017, pp. 590–591).

Taken together, these studies provide converging indications that cooperation arrangements and perceived asymmetries at the interface shape coordination practices and the visibility of social work's contribution. The following discussion situates these indications within the conceptual and legal framework developed above, and outlines implications for interprofessional cooperation and professional role clarity under Section 35a SGB VIII.

Forms of institutionalized cooperation can thus enable coordinated professional action rooted in the specific logics of each discipline—despite all persisting challenges. Interprofessional case or clearing teams may help to avoid incoherent or duplicative service provision and help ensure that the social-ecological orientation inherent to social work is not sidelined in collaborative practice. However, this is only achievable if social workers not only understand the task profiles of their professional counterparts but are also able to maintain a clear sense of their own identity within this specific interprofessional field.

Discussion

The findings reviewed above point to a double dynamic at the interface between German child and youth welfare services and child and adolescent psychiatry/psychotherapy. On the one hand, service users and professionals describe the potential of complementary arrangements: social work stabilizes everyday participation and supports coping in ordinary life contexts, while psychotherapy addresses internal psychological processes (Groen & Jörns-Presentati, 2018; Romanowski-Kirchner, 2021, 2023). On the other hand, recurrent

coordination burdens, blurred role allocations, and a perceived definitional dominance of clinical perspectives are associated with role diffusion and therapy-adjacent service logics (Groen & Jörns-Presentati, 2018; Müller-Luzi & Schmid, 2017). This section relates these indications to the participation-oriented mandate of integration assistance for young people with mental health-related disabilities and to the conceptual lens developed above and derives implications for cooperation and for social work's distinct contribution in disability-related mental health support.

Interpreting the Practice–Mandate Gap

A central interpretive result is a practice–mandate gap. While integration assistance within child and youth welfare and core social work frameworks implies person–environment work and participation promotion in everyday contexts, reported practice patterns sometimes narrow social work's contribution to individualized counseling that resembles individual-therapeutic logics. Yet the rationale of integration assistance is explicitly participation-centered: eligibility requires both a diagnosed mental disorder and a youth-welfare assessment of participation restrictions. Institutionally, this establishes a functional complementarity between clinical assessment and medical-psychological treatment on the one hand, and participation- and context-oriented support by child and youth welfare services on the other.

From the users' perspective, the gap becomes visible in the contrast between reliable, everyday-life-oriented support and constellations in which social work is experienced as 'therapy' while key life contexts (family, school, peers) are only indirectly reached or become backgrounded (Romanowski-Kirchner, 2021, 2023). The reconstructed trajectories further indicate that the quality of cooperation and the degree of user involvement in decision-making shape whether support is experienced as empowering or as a disempowering 'being passed through systems' (Romanowski-Kirchner, 2021). Structural narrowing is also suggested by the frequent office-based service format (integration assistance delivered in counseling centers; Fendrich et al., 2018, p. 52). If participation barriers are primarily located in everyday action systems such as school, family, peer relations, or community contexts, a profession-specific question arises: how can participation be effectively supported without intentional work on participation-relevant environments?

Studies focusing on professional perspectives also show that cooperation at this interface is not merely a technical matter of alignment but is shaped by boundary work and power relations. In the *Grenzgänger* project, institutionalized 'clearing groups' created spaces for joint case consultation, perspective-taking, and shared agency (Groen & Jörns-Presentati, 2018). Under routine conditions, however, such formats are resource-dependent and are impeded by, inter alia, inconsistent responsibility logics, unclear role understandings, and high caseloads and staff turnover. Müller-Luzi and Schmid's (2017) Swiss study similarly reports a persistent tension between aspirations of equal cooperation and a perceived definitional dominance of psychiatric actors, with social work assessments becoming secondary or being omitted. This not only strains collaboration but also reduces the visibility of social work's distinct contribution. Conen (2021) notes that youth welfare professionals often tacitly accept this hierarchical ordering and subordinate their practice to the medical system, even though, within child and youth welfare, they could act as autonomous partners and engage psychiatry primarily as a cooperation partner.

Read through the lens of integration and life conduct, social work's distinctive contribution at this interface lies in shaping participation conditions through work on everyday-life or 'life conduct systems'—that is, relatively stable couplings between individuals and key action systems such as family, school, peer groups, leisure, or education/work (Sommerfeld et al., 2016). The goal is not (only) intrapsychic processing in a protected setting but enabling viable participation by changing participation-relevant environments and the quality of integration (e.g., recognition, agency, belonging). Where cooperation is organized in a complementary way, this contribution becomes clearly visible as helpful in user reconstructions (Romanowski-Kirchner, 2021, 2023). Where, by contrast, a psychiatric-medical frame dominates the interface, a drift toward therapy-adjacent service logics becomes more likely, in which social work is repositioned as an annex to psychiatric care (Müller-Luzi & Schmid, 2017). The critical issue is therefore not whether psychosocial counseling is provided in social work settings—such counseling is also experienced as necessary and meaningful in everyday life (Romanowski-Kirchner, 2021)—but whether counseling remains socio-ecologically embedded and linked to participation in

everyday systems, or whether it reproduces an individualizing psychotherapeutic logic and remains confined to intrapersonal aspects.

Structural Conditions

The practice–mandate gap is plausibly produced by the interplay of structural conditions of cooperation and professional self-positioning. The *Grenzgänger* experience points to the potential of institutionalized coordination forums that facilitate exchange, perspective-sharing, and joint recommendations, while also requiring stable resources, responsibilities, and role clarity to be sustained (Groen & Jörns-Presentati, 2018). Even where structures exist, cooperation can remain asymmetrical if the psychiatric paradigm dominates goal-setting and interpretation, and social work perspectives are subordinated rather than related in a complementary manner.

A further structural amplifier is the absence of a binding participation framework for integration assistance for young people with mental-health related disabilities. Unlike adult integration assistance under Social Code IX, there is no legally binding and professionally standardized framework in Germany (such as the ICF) that structures participation assessment and intervention planning. This facilitates local variation in interpretation, role allocation, and service formats, and, under weak interprofessional coordination, can promote a drift toward individualizing practice. Interprofessional collaboration at the interface between youth welfare and child and adolescent psychiatry/psychotherapy cannot therefore rely on goodwill and ad hoc coordination alone. Although integration assistance presupposes a form of cooperation between youth welfare and child and adolescent psychiatry, this does not in itself guarantee high-quality collaboration. Consolidation requires institutionalized formats—such as regular case consultations, agreed documentation practices, and jointly developed support/participation plans—that make differing professional logics explicit, address power asymmetries, and include affected young people in decisions.

The *Grenzgänger* project shows that current practice could already be organized more consistently around participation goals and everyday-life/life conduct systems without any change to the legal mandate (Groen & Jörns-Presentati, 2018), by

specifying participation-relevant settings (in particular school participation, peer relations, leisure participation, and key transitions), defining a complementary division of labor, and embedding routine interprofessional consultations supported by a shared documentation template that records participation restrictions, agreed responsibilities, and the user perspective.

At the governance level, local youth welfare offices and regional planning bodies can operationalize this mandate by requiring a substantive proportion of work in everyday settings and by linking service agreements to explicit participation-related objectives rather than predominantly office-based counseling. Otherwise, affected young people remain at risk of being ‘ground down’ in jurisdictional disputes and displacement dynamics between support systems.

Implications for Cooperation and Social Work’s Distinct Contribution

As mentioned above, cooperative arrangements require conditions that make complementary roles practicable: reliable coordination routines, protected time for interdisciplinary case consultation, workable data protection solutions, and clarity of responsibility logics. In addition, user participation should be organized in ways that foster agency and minimize experiences of being ‘passed through systems,’ in line with core social work commitments (Romanowski-Kirchner, 2021).

Social work’s distinct contribution in supporting young people with mental health-related disabilities has to be articulated as work on participation and life conduct systems: linking support to school, peer relations, leisure, family, and transitions, and promoting normality and participation-related effectiveness beyond a narrowing to diagnostic labels (Romanowski-Kirchner, 2021, 2023; Sommerfeld et al., 2016). Counseling remains a legitimate part of this repertoire insofar as it is grounded in psychosocial counseling traditions and consistently oriented toward participation and everyday life rather than substituting psychotherapy in its narrower definition (Kupfer et al., 2021).

The legal and theoretical foundations for such a participation-oriented, socio-ecological practice are available in German-speaking contexts. What is often missing

is their contextualized application and explicit translation into routinized practice. Against the background of the only partial realization of social work concepts of integration assistance in youth welfare, a broader question arises: how will German child and youth welfare services position themselves in light of their expanding responsibility for all children and young people in the coming years? Until now, mental health-related disability was the only disability category for which child and youth welfare services in Germany were responsible; young people with other disabilities and associated participation restrictions were excluded and supported through separate disability services. This is expected to change in the coming years (likely by 2030), following an ongoing legal reform. Child and youth welfare services therefore urgently require routinized competencies for professional assessment and participation promotion for affected young people—taking seriously the WHO-related shift from an individualizing notion of 'being disabled' toward 'being disabled by' environmental conditions. Notably, the integration assistance entitlement established in the 1990s has not produced nationwide standards of practice to date.

Despite growing relevance, the field continues to occupy a niche position in professional debates: it is scarcely represented in training contexts and standard child and youth welfare textbooks (Romanowski-Kirchner, 2021, p. 77). This likely contributes to limited visibility and insufficient sharpening of the specific mandate in routine practice. In everyday organizational realities, social workers then have to work within existing structures and continuously negotiate their role; as empirical work on professional identity in therapeutic fields suggests, this can promote role diffusion and, in relation to dominant professions, a shift away from social work's person–environment orientation toward psychotherapeutic identities with a clearer intrapsychic focus (Ohling, 2012, 2015).

This points to a shared responsibility of universities and practice settings to develop participation-oriented practice and strengthen profession-specific role clarity. This begins with explicitly addressing and clarifying social work's role in this field within academic education. Beyond that, region-specific questions arise concerning how to establish complementary support infrastructures under highly divergent local service conditions, in which professions can contribute their specific strengths on an equal footing. Collaboration between universities and youth welfare providers is therefore

required. The *Grenzgänger* project indicates that such linkages can enable the implementation of coordinated, recognition-based practices between professions, in which participation is improved through person- and environment-related measures with clear responsibilities, including for social work within youth welfare.

Limitations and Research Outlook

The evidence base on this interface remains limited and uneven across perspectives. Since the late 1980s, cooperation between youth welfare and child and adolescent psychiatry has been discussed in relation to participation restrictions among young people with mental health problems in Germany; in this sense, action theories and legal frameworks such as Section 35a can be regarded as an achievement. Implementation, however, remains problematic. The studies referenced here only constitute some of the more current insights into possible practices of integration assistance under the German Social Code Book VIII. More fine-grained observations of concrete practices, their rationales, and their consequences are largely absent in this specific field. Future research should therefore study everyday practice more systematically, further include user perspectives, and analyze how and why participation-oriented mandates are implemented—or disregarded—within concrete organizational arrangements across regions.

Strengthening participation-oriented integration assistance is thus both a professional and a governance task: it requires social work to assert its distinct mandate and to shape cooperation and local commissioning structures in ways that keep participation—and the transformation of participation conditions in everyday systems—at the center of support.

Conclusion

Integration assistance under Section 35a SGB VIII can realize its participation-oriented mandate only if social work's distinct contribution is consistently articulated and enacted as person–environment work in everyday life contexts. In this sense, Section 35a frames integration assistance as a complementary arrangement at the youth welfare–child and adolescent psychiatry/psychotherapy interface by linking clinical diagnosis and treatment to youth welfare's assessment of participation

restrictions and to participation- and context-oriented support. The findings reviewed here suggest that practice departs from this mandate where services drift toward predominantly office-based, therapy-adjacent counseling detached from participation-relevant environments. The published studies point to two recurring practice logics: differentiated, complementary arrangements aligned with participation-oriented social work, and role-diffusing, therapy-adjacent patterns associated with coordination burdens and perceived clinical definitional dominance.

Two interlinked requirements follow: (1) stronger professional clarity within social work regarding its participation-oriented, socio-ecological mandate, and (2) local structural and governance support (commissioning, steering, and resourcing) that makes complementary roles practicable and systematically safeguards user participation. Accordingly, strengthening social work's distinct contribution requires institutionalized cooperation formats and shared participation-oriented planning routines that render complementary roles workable, address asymmetries, and ensure meaningful involvement of young people in decisions.

Finally, the limited empirical knowledge on how integration assistance in the German child and youth welfare system is enacted in routine practice remains a key constraint for both professional development and policy learning.

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