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Psychosocial and Health Determinants of Placement of Children Requiring Nursing Care in Child Protection Centers

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Психосоціальні та медичні детермінанти влаштування дітей, які потребують медсестринського догляду, до центрів захисту дітей

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Introduction

Children requiring nursing care represent an exceptionally vulnerable population within the child protection system. This group primarily includes children with severe medical diagnoses, chronic illnesses, congenital developmental defects, neurological disorders, developmental disabilities, or combined health and psychosocial disadvantages requiring long-term medical, nursing, and multidisciplinary care. In many cases, the healthcare needs of these children are closely associated with adverse psychosocial conditions within the family environment, significantly complicating the possibility of providing adequate care within the biological family.

Current evidence indicates that healthy child development is determined not only by biological and medical factors, but also by the quality of the family environment, the stability of attachment relationships, emotional security, and the socio-economic conditions of the family. Long-term exposure to adverse family conditions, neglect, domestic violence, substance abuse, or social deprivation may negatively affect the child's psychological, emotional, and social development, while simultaneously reducing the family's capacity to provide adequate care for a child with increased healthcare needs [1; 2; 3].

Decision-making regarding the placement of a child outside the biological family therefore constitutes a complex multidisciplinary process in which medical, psychological, social, and legal aspects of child protection intersect. When assessing a child's situation, child protection authorities and social welfare services consider not only the child's current health condition, but also the family's capacity to provide adequate care, stability, and safety necessary for the child's further development. An important role is also played by the concept of family-centered care, which emphasizes the active involvement of the family in the care process for children with increased healthcare needs [4]. In the case of children requiring nursing care, the availability of specialized services, multidisciplinary support, and professional healthcare supervision also plays a crucial role.

Current approaches in the field of child protection also emphasize the importance of trauma-informed care, reflecting the need for a sensitive and multidisciplinary approach when working with children exposed to traumatic experiences [5].

Research further highlights the necessity of a multidisciplinary and trauma-informed approach in work with vulnerable children, one that respects the complexity of traumatic experiences and the need for a stable and safe environment that supports healthy child development [5; 3].

The principle of the best interests of the child constitutes a fundamental interpretative and decision-making criterion within the child rights protection system. It is enshrined in the Convention on the Rights of the Child, which stipulates that in all decisions concerning children, the best interests of the child must be a primary consideration [6]. This principle is also incorporated into national legislation regulating child protection and the implementation of social guardianship measures [7; 8]. Despite its legislative anchoring, however, its practical application remains interpretatively challenging, as decision-making concerning the child's best interests requires individualized assessment of complex life situations affecting children and families.

In the decision-making practice of social workers, social reports and expert assessments play a significant role, as they constitute the primary basis for evaluating the degree of risk to the child and for proposing further interventions. These documents contain a comprehensive assessment of the child's health condition, the psychosocial situation of the family, parenting competencies, and broader social determinants affecting the child's life. In the case of children requiring nursing care, the decision-making process is often further complicated by the accumulation of multiple risk factors that substantially increase the child's vulnerability.

International research also indicates that children growing up under conditions of psychosocial adversity belong to groups at higher risk of adverse health and psychosocial outcomes in adulthood. The concept

of adverse childhood experiences (ACEs) emphasizes that long-term exposure to violence, neglect, family instability, or social deprivation may significantly affect a child's psychological, emotional, and physical development while increasing the risk of toxic stress and long-term health consequences [9; 10; 11].

Despite the growing importance of multidisciplinary approaches within child protection systems, the issue of psychosocial and health determinants influencing the placement of children into centres for children and families remains relatively underexplored, particularly in the context of Central and Eastern European countries. Existing research more frequently focuses either on the legal aspects of the best interests of the child principle or on individual social determinants of child endangerment, while less attention is devoted to the interconnections between health-related, psychosocial, and institutional factors in child protection decision-making practice. This research gap is particularly evident in the case of children requiring specialized nursing care and multidisciplinary interventions.

The aim of the present study is to analyse the psychosocial and health determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families. The study is based on a qualitative content analysis of social reports, medical documentation, and accompanying expert materials prepared within the context of decision-making by child protection authorities and social guardianship services. The analysis focuses on identifying the key factors considered by social workers and other professionals when assessing the best interests of the child in situations where the child's continued stay within the biological family is either impossible or inconsistent with the child's health and psychosocial needs.

The contribution of the presented research lies in its interdisciplinary integration of psychosocial and health-related determinants involved in decision-making regarding the placement of children requiring nursing care into centres for children and families. At the same time, the study provides an analytical perspective on child protection decision-making practices within the Central European context, which remains relatively underexplored in the international scholarly literature.

The aim of the present study was to analyse the psychosocial and health-related determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families.

The main research question was formulated as follows:

– What psychosocial and health-related determinants enter the decision-making process regarding the placement of children requiring nursing care into centres for children and families?

The following sub-research questions were derived from the main research question:

– Which health-related and psychosocial factors are most frequently identified in social reports as indicators of child endangerment?

– What role does the need for specialized nursing care play in decisions regarding the placement of a child into a centre for children and families?

– How do social workers and other professionals construct the best interests of the child in situations where the biological family is unable to provide adequate care?

– Which systemic and institutional factors influence decisions regarding the admission of a child into child protection facilities?

Object, materials and research methods

The present study is designed as a qualitatively oriented empirical investigation based on document analysis. The research design is grounded in the methodological approach of qualitative content analysis, which enables the systematic identification of meaning patterns, thematic categories, and interpretative frameworks present in professional and administrative documents used in child protection decision-making practice. This methodological approach is particularly suitable for examining the complex social and health-related determinants influencing decisions regarding interventions within the child protection system.

The research was conducted in accordance with ethical principles concerning the protection of children's rights, anonymity, and the confidentiality of sensitive data. All analysed documents were anonymized prior to processing and were used exclusively for scientific purposes.

The analysis focused on examining factors related to the child's health condition, the psychosocial situation of the family, parenting competencies, and the systemic conditions of social and healthcare service provision.

The research sample consisted of 87 anonymized administrative and professional documents concerning children proposed for placement in centres for children and families. The documents were prepared by child protection and social guardianship authorities, healthcare institutions, and other professional agencies involved in the assessment of the situations of minor children. The research material primarily included:

– social reports prepared by child protection social workers,

– medical reports and expert medical assessments,

– psychological and psychiatric evaluations,

– documentation related to decision-making processes concerning child placement,

– accompanying professional documentation concerning the child's health and psychosocial status.

The research sample was created through purposive sampling of documents. The inclusion criterion for analysis was the availability of comprehensive documentation containing information on the child's health condition, family environment, psychosocial situation, and the reasons for the proposed placement in a centre for children and families (hereinafter referred to

as CCF). The documents originated from several regional child protection offices, which made it possible to capture a broader spectrum of life situations affecting children and families.

The collected data represented a secondary source of information providing an authentic picture of professional decision-making practices within the child protection system. Prior to analysis, all documents were anonymized and processed in accordance with ethical principles concerning personal data protection and the confidentiality of sensitive information. The research respected the principles of children's rights protection and ethical standards in social work and helping professions.

The analytical process was conducted in several consecutive stages. In the first phase, an open text analysis was carried out, during which meaning units containing information on factors of child endangerment, health needs, psychosocial risks, and reasons for the proposed placement of the child into a centre for children and families were identified. In the second phase, the identified meaning units were systematically coded and organized into thematic categories.

Based on an iterative coding process, the main analytical categories representing the dominant determinants of decision-making regarding child placement were developed. The analysis also enabled the identification of recurring patterns in the accumulation of risk factors and their interconnections within individual cases.

The resulting analytical categories included:

– the child's health condition and the need for nursing care,

– psychological and behavioural problems,

– parenting competencies and the family environment,

– the socio-economic situation of the family,

– crisis life situations,

– family and relational bonds,

– systemic and institutional determinants.

The interpretation of findings was carried out through the comparison of individual cases and the identification of common thematic patterns repeatedly occurring in the analysed documents. Particular emphasis was placed on identifying the factors considered decisive by social workers and other professionals when assessing the best interests of the child and the need to ensure specialized care outside the biological family.

Based on the repeated analysis of the documents, an analytical framework of categories was developed to enable the systematic identification of psychosocial and health-related determinants involved in the decision-making process concerning the placement of children into centres for children and families. Through the process of open and thematic coding, dominant categories were identified relating to the child's health condition and the need for nursing care, psychological and behavioural problems, parenting competencies and family environment, the socio-economic situation of the family, crisis family situations, family and relational bonds, as well as systemic and institutional determinants. Individual categories included subcategories representing the most frequently identified risk factors and determinants influencing the assessment of the best interests of the child. At the same time, the analytical framework served as a methodological tool for the systematization of data and the subsequent interpretation of determinants identified in the results section of the study.

Research results

The qualitative content analysis of the documents enabled the identification of several interrelated psychosocial and health-related determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families. The analysis also highlighted the complexity of the decision-making practices of social workers and multidisciplinary teams, in which health-related, familial, psychological, and socio-economic factors intersected and created specific constellations of risks threatening the healthy development of the child.

In the majority of the analysed cases, the identified determinants did not occur in isolation but rather cumulatively. Social reports and professional documentation frequently described situations in which serious health problems of the child were combined with an adverse socio-economic family situation, insufficient parenting competencies, or psychological instability within the family environment. This accumulation of risk factors significantly influenced the assessment of the best interests of the child and decision-making regarding the need to ensure specialized care outside the biological family.

A. Child's Health Condition and the Need for Nursing Care

One of the dominant determinants identified in the analysed documents was the child's health condition and the need to ensure long-term nursing care. Social reports and medical documentation repeatedly referred to cases involving children with chronic illnesses, congenital developmental defects, neurological disorders, developmental disabilities, or combined health impairments.

These children frequently required regular professional medical supervision, continuous nursing care, specialized therapeutic interventions, recurrent hospitalizations, and multidisciplinary cooperation among professionals.

In the analysed cases, social reports indicated that the biological family lacked sufficient material, social, or personal resources necessary to provide adequate care for a child with increased healthcare needs.

In one of the analysed cases, a social report stated:

"The minor's health condition requires continuous professional care and regular medical supervision, which the family, given its circumstances, is unable to provide on a long-term basis".

The analysis further demonstrated that health-related determinants constituted, in many cases, the primary factor

initiating decision-making regarding the need to place the child in a specialized child protection institution.

B. Psychological and Behavioural Problems

Psychological and behavioural problems represented another significant analytical category. The analysed documents repeatedly referred to cases involving children diagnosed with psychiatric disorders, behavioural disorders, autism spectrum disorder, ADHD, or severe adaptation difficulties.

Social reports particularly described aggressive behaviour, impulsivity, conflict-prone behaviour, self-aggressive manifestations, emotional instability, difficulties within the school environment, and social maladaptation.

These determinants significantly increased the child's level of vulnerability while simultaneously destabilizing the family system's capacity to provide adequate care.

One of the social reports stated: "The behaviour of the minor has been unmanageable in the long term, manifested by aggression towards others and a lack of respect for basic authority figures".

In some cases, behavioural problems were accompanied by psychiatric treatment or recommendations for intensive professional intervention. In their reports, social workers also emphasized the need to ensure a stable and therapeutically oriented environment that would support the child's psychological and social development.

C. Parenting Competencies and Family Environment

One of the most significant determinants identified in the analysed documents was insufficient parenting competencies and a dysfunctional family environment. Social reports frequently described situations in which parents were unable to provide for the child's basic needs, adequate healthcare, or a stable emotional environment.

The most frequently identified problems included neglect of care, insufficient parenting skills, instability of the family environment, conflictual family relationships, parental substance abuse, domestic violence, parental mental health problems, and the absence of a supportive social network.

In the analysed cases, situations frequently emerged in which the child's healthcare needs exceeded the family's capacity to provide adequate day-to-day care.

One of the reports stated: "The family environment has been unstable over a prolonged period, and the parents are unable to ensure regular medical and hygienic care for the minor child".

The analysis also demonstrated that, in their decision-making processes, social workers placed considerable emphasis on the level of parental cooperation with professionals and on the parents' ability to participate in meeting the child's health-related and psychosocial needs.

D. Socio-Economic Situation of the Family

An adverse socio-economic situation of the family also represented a significant determinant in the decision-making process. The analysed documents repeatedly referred to poverty, long-term unemployment, indebtedness, inadequate housing conditions, social isolation, and low levels of social support.

These factors significantly limited the family's ability to provide a stable and safe environment for a child requiring increased health-related or psychosocial care.

Social reports further indicated that economic instability was often combined with additional risk factors, thereby increasing the level of child endangerment.

E. Systemic and Institutional Determinants

The document analysis also identified determinants related to the functioning of the child protection system and the availability of specialized services. Within decision-making practice, significant roles were played by the capacity of centres for children and families, the availability of specialized care units, regional accessibility of services, possibilities for ensuring healthcare provision, and the availability of multidisciplinary interventions.

In some cases, social reports pointed to complications associated with the lack of facilities capable of providing care for children with combined health-related and psychosocial needs.

The identified determinants demonstrated that decision-making regarding the placement of children into centres for children and families was influenced by a complex interplay of health-related, psychosocial, familial, and systemic factors. The qualitative content analysis revealed that these determinants frequently co-occurred and cumulatively increased the level of child vulnerability, thereby significantly shaping professional assessments of the child's best interests and the need for specialized care. The main identified psychosocial and health-related determinants are summarized in Table 1.

Discussion of research results

The findings of the present study point to the high level of complexity involved in decision-making regarding the placement of children requiring nursing care into centres for children and families (CCFs). The document analysis identified recurring patterns in the accumulation of health-related, psychosocial, and family risk factors that significantly influenced the assessment of the child's best interests and the need to ensure specialized care outside the biological family.

The research findings correspond with international evidence emphasizing the importance of psychosocial determinants in assessing the level of child endangerment within child protection systems [2; 3]. The analysis further confirmed that individual determinants rarely occurred in isolation. In the majority of the analysed cases, serious health conditions of the child coexisted with psychological or behavioural problems, adverse socio-economic circumstances, and unstable family environments. Similar findings have been reported in studies focusing on adverse childhood experiences (ACEs), which highlight the significance of the cumulative impact of traumatic and psychosocial risk factors on child development [1; 2].

At the same time, professional and international documents emphasize that decisions regarding alternative

Table 1

Identified Psychosocial and Health-Related Determinants of Child Placement into Centres for Children and Families

Main determinant	Typical manifestations identified in the analysed documents	Impact on the child and family environment	Significance for the decision-making process
Child's health condition and need for nursing care	chronic illnesses, congenital developmental defects, neurological disorders, disabilities, combined diagnoses, need for regular medical supervision	increased child vulnerability, burden on the family system, need for continuous healthcare and nursing care	assessment of the need for specialised placement and provision of multidisciplinary care
Child's psychological and behavioural problems	aggression, impulsivity, behavioural disorders, ADHD, autism spectrum disorders, emotional instability, adaptation difficulties, self-harming behaviour	destabilisation of the family environment, difficulties in school and social functioning, increased risk of social maladaptation	need for therapeutic intervention, professional supervision, and a stable therapeutic environment
Parental competencies and quality of the family environment	neglect of care, insufficient parenting skills, low cooperation with professionals, conflictual relationships, emotional instability within the family	reduced family capacity to provide a safe and supportive environment for the child	evaluation of the biological family's ability to ensure adequate health and psychosocial care
Socio-economic situation of the family	poverty, unemployment, indebtedness, inadequate housing conditions, social isolation, limited social support	increased risk of family social exclusion and restricted capacity to provide appropriate child care	assessment of family stability and availability of resources necessary for child care
Family crisis situations	domestic violence, parental substance abuse, parental mental health problems, imprisonment, family conflicts	destabilisation of the family system, threat to the child's psychological and physical safety	identification of the acute level of child endangerment and the need to ensure a protective environment
Family and relational bonds	child–parent relationships, sibling bonds, contact with the biological family, existence of a supportive social network	influence on the child's emotional security and continuity of relational attachments	assessment of the child's best interests and preservation of significant relational ties
Systemic and institutional determinants	availability of specialised services, institutional capacity, regional care opportunities, availability of multidisciplinary cooperation	limitation of possibilities for ensuring adequate care for children with complex needs	influence on the selection of the type of placement, form of care, and accessibility of professional interventions
Accumulation of risk factors	simultaneous occurrence of health-related, psychosocial, economic, and family-related problems	increased child vulnerability and complexity of the family situation	comprehensive multidisciplinary assessment of the need for placement outside the biological family

care must primarily respect the principle of the best interests of the child, which includes the individualized assessment of the child's health-related, psychological, social, and developmental needs within the context of the child's overall life situation [12; 13; 14].

A significant finding of the study is the dominant role of the child's health condition in decision-making regarding placement into CCFs. The analysed cases pointed to the need for continuous professional supervision, specialized nursing care, and multidisciplinary intervention, which biological families were often unable to provide on a long-term basis. Children with chronic illnesses, neurological disorders, developmental disadvantages, or combined disabilities represented a highly vulnerable group requiring coordinated healthcare and psychosocial support. These findings are consistent with professional evidence indicating an increased risk of social exclusion and psychological deprivation among children with increased healthcare needs [10; 15].

The document analysis also demonstrated the importance of children's psychological and behavioural problems in the decision-making process. The analysed documents predominantly described manifestations of aggression, impulsivity, emotional instability, social maladaptation, and adaptation difficulties within school and family environments. These determinants significantly increased the child's level of vulnerability and destabilized the family system's ability to provide adequate care. The findings support the need for the implementation of trauma-informed approaches within child protection systems and multidisciplinary care [5].

Parenting competencies and the quality of the family environment also played a significant role in decision-making practice. Social reports repeatedly referred to neglect of care, low levels of parental cooperation with professionals, unstable family environments, parental substance abuse, and the occurrence of domestic violence. These factors substantially limited the family's capacity to provide adequate healthcare and psychosocial care for the child. The research findings correspond with professional knowledge emphasizing the importance of stable attachment relationships and a safe family environment for the healthy psychosocial development of the child [15].

An adverse socio-economic situation of families also represented a significant determinant in decision-making

practice. Poverty, long-term unemployment, inadequate housing conditions, and social isolation significantly affected the family's ability to provide appropriate daily care for a child requiring increased healthcare support. In most cases, socio-economic deprivation co-occurred with additional psychosocial risk factors, thereby increasing the level of child endangerment.

The findings further suggest that decision-making regarding placement into CCFs cannot be reduced solely to the individual situation of the child or family. Systemic and institutional determinants also played an important role, including the availability of specialized services, institutional capacity, regional disparities in care provision, and the availability of multidisciplinary healthcare support. Similar determinants of decision-making have also been identified in international studies focusing on the functioning of child welfare systems in different countries [9]. Research additionally indicates that long-term institutional care without stable relational bonds may negatively affect the child's psychological and neurodevelopment, particularly among highly vulnerable children [10].

The findings also highlight the importance of social reports as a professional instrument within decision-making practice. Social reports do not merely constitute administrative documentation; rather, they also serve as an interpretative framework through which social workers construct and justify the best interests of the child. The manner in which health-related, psychosocial, and family determinants are interpreted significantly influences subsequent decisions regarding the form of care provided for the child.

The present study has several limitations. The analysis was conducted on the basis of administrative and professional documentation, which primarily reflects the perspectives of professionals participating in the decision-making process. Consequently, the research does not capture the direct experiences of the children themselves or their families. Another limitation lies in the qualitative nature of the study and the purposive selection of the analysed documents, which does not allow for the generalization of findings to the entire population of children within the child protection system.

Despite these limitations, the findings point to the need for strengthening multidisciplinary cooperation, supporting family-centered care, and developing community-oriented services for children with complex health-related and psychosocial needs [4]. An important practical need also remains the methodological support of social workers in assessing psychosocial and health-related determinants of child endangerment, as well as the development of preventive interventions aimed at stabilizing the family environment and strengthening parenting competencies.

Limitations of the Study and Implications for Practice

The present study provides an analytical perspective on the psychosocial and health-related determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families (CCFs); however, several methodological limitations of the study must also be acknowledged.

The first limitation of the research lies in the fact that the analysis was conducted exclusively on the basis of administrative and professional documentation. Social reports, medical records, and expert assessments primarily reflect the perspectives of professionals participating in the decision-making process, while failing to capture the direct experiences of the children themselves and their families. The interpretation of determinants of child endangerment is therefore conditioned by the manner in which individual cases are professionally assessed.

Another limiting factor is the qualitative nature of the study and the purposive sampling of the analysed documents, which does not allow for the generalization of the findings to the entire population of children within the child protection system. Nevertheless, the findings provide an important analytical framework for understanding the dominant psychosocial and health-related determinants involved in decision-making practice concerning children requiring increased health-related and psychosocial support.

A further limitation remains the regional and institutional specificity of the analysed documents. The decision-making practices of social workers may be influenced by the regional availability of specialized services, the institutional capacities of CCFs, or differing levels of multidisciplinary cooperation between the social and healthcare sectors.

Despite these limitations, the research findings provide several important implications for professional practice. The findings highlight the need for the systematic strengthening of multidisciplinary cooperation between the child protection system, healthcare institutions, psychological services, and other professional disciplines involved in the protection of children's rights.

An important practical need also remains the methodological support of social workers in assessing psychosocial and health-related determinants of child endangerment. Given the high level of complexity of individual cases, there appears to be a need for the standardization of certain procedures for risk assessment and for a more unified methodological framework in the application of the principle of the best interests of the child.

The findings also point to the need for the development of specialized services for children with complex health-related and psychosocial needs. In practice, there appears to be a shortage of facilities capable of providing a combination of healthcare, nursing, and psychosocial care for highly vulnerable children. Strengthening multidisciplinary services, trauma-informed approaches, and community-based interventions may significantly contribute to more effective protection of this group of children.

An important aspect also remains the support of biological families of children requiring nursing care.

The findings suggest that many cases of child placement into CCFs were associated with the accumulation of social, economic, and health-related problems within the family. Preventive interventions, support for parenting competencies, and the availability of community-based social and healthcare services may, in some cases, contribute to the stabilization of the family environment and minimize the need for institutional care.

Practical Recommendations for Professional Practice

The research findings indicate the need for the systematic strengthening of interdisciplinary cooperation among the child protection system, healthcare institutions, educational institutions, and professional agencies involved in the protection of children's rights. In the case of children requiring nursing care, the establishment of coordinated multidisciplinary teams capable of comprehensively responding to the child's health-related, psychosocial, and developmental needs appears to be essential.

Another important area of support is the development of specialized centres and professional programmes focused on children with combined health-related and psychosocial needs. In practice, there is a clear need to ensure the availability of specialized nursing care, psychological intervention, therapeutic programmes, and social support for families before institutional placement of the child becomes necessary.

An important preventive factor may also be the early identification of high-risk family situations and the implementation of preventive interventions aimed at strengthening parenting competencies, stabilizing the family environment, and supporting families in coping with the healthcare burden associated with caring for a child with increased needs. Strengthening outreach social work, community-based services, and the availability of multidisciplinary counselling may contribute to reducing the risk of social exclusion of families and the subsequent institutionalization of children.

The research findings also point to the need for greater methodological standardization of social workers' decision-making practices in the application of the principle of the best interests of the child. Decision-making regarding the placement of a child into a centre for children and families represents a highly sensitive process requiring transparent assessment of health-related, psychosocial, and family determinants, with particular emphasis on the individual needs of each child.

Prospects for further research

The present study also creates space for further empirical investigation of psychosocial and health-related determinants influencing decision-making within the child protection system, particularly in relation to children requiring long-term nursing and multidisciplinary care. Given the increasing complexity of the needs of vulnerable children, the systematic integration of social work, healthcare, psychological intervention, and community-based services appears essential in ensuring the effective protection of the child's rights, health, and best interests.

Future research should focus on longitudinal studies examining the long-term health, psychosocial, and developmental outcomes of children requiring nursing care after placement in centres for children and families. Further attention should also be paid to evaluating the effectiveness of multidisciplinary interventions and family support programmes aimed at preventing unnecessary institutional care and strengthening the capacity of biological families to provide safe and appropriate care.

Conclusions

The present study analysed the psychosocial and health-related determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families (CCFs). The results of the qualitative content analysis demonstrated that decision-making regarding child placement represents a complex multidisciplinary process determined by the simultaneous interaction of health-related, psychosocial, familial, and systemic factors.

The analysis identified several dominant determinants influencing decision-making practice, including the child's severe health condition, the need for specialized nursing care, psychological and behavioural problems, insufficient parenting competencies, adverse socio-economic family circumstances, and the limited availability of specialized services. The findings further revealed that individual risk factors accumulated in the majority of analysed cases, creating complex situations of child endangerment requiring multidisciplinary assessment.

An important finding of the research is also the fact that social reports and expert assessments play a significant role in the construction and interpretation of the best interests of the child. Through the professional assessment of health-related, psychosocial, and family determinants, these documents substantially influence subsequent decisions regarding the form of care provided for the child.

The research findings point to the need for the systematic strengthening of multidisciplinary cooperation between child protection services, healthcare institutions, and other professional agencies involved in the protection of children's rights. At the same time, there is a demonstrated need for the development of trauma-informed approaches, family-centered care, and community-oriented services for children with complex health-related and psychosocial needs [5; 4].

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Children requiring nursing care represent an exceptionally vulnerable population within the child protection system. These children often experience severe health conditions, chronic illnesses, developmental disorders, neurological impairments, or combined psychosocial disadvantages requiring long-term multidisciplinary care. Decision-making regarding their placement into centres for children and families is influenced not only by the child's health condition but also by psychosocial, familial, and systemic determinants affecting the child's overall well-being and best interests.

The purpose of this study was to analyse the psychosocial and health-related determinants involved in the decision-making process concerning the placement of children requiring nursing care into centres for children and families and to identify the dominant risk factors influencing professional decision-making practice.

Materials and Methods. The study was designed as a qualitatively oriented empirical investigation based on document analysis. The research sample consisted of 87 anonymized administrative and professional documents concerning children proposed for placement into centres for children and families. The analysed material included social reports, medical documentation, psychological and psychiatric assessments, decision-making records, and accompanying professional documentation related to the child's health and psychosocial condition. Data were analysed using qualitative content analysis involving open and thematic coding. The analysis focused on identifying health-related, psychosocial, familial, and systemic determinants influencing decisions regarding child placement.

Results. The analysis identified several interrelated determinants entering the decision-making process. Dominant factors included severe health conditions of the child, the need for specialized nursing care, psychological and behavioural problems, insufficient parenting competencies, unstable family environments, adverse socio-economic conditions, and systemic limitations related to the availability of specialized services. In most analysed cases, risk factors occurred cumulatively rather than in isolation. Serious health problems were frequently combined with neglect of care, family instability, poverty, parental substance abuse, domestic violence, or insufficient cooperation with professionals. The findings further demonstrated that social reports and expert assessments played a crucial role in the interpretation and construction of the best interests of the child and significantly influenced decisions regarding the form of care provided. Systemic determinants, including institutional capacity, regional accessibility of services, and the availability of multidisciplinary healthcare support, also substantially affected decision-making practice.

Conclusions. Decision-making regarding the placement of children requiring nursing care into centres for children and families represents a highly complex multidisciplinary process determined by the interaction of health-related, psychosocial, familial, and systemic factors. The findings highlight the need for strengthening multidisciplinary cooperation, trauma-informed approaches, family-centered care, and community-oriented services for children with complex healthcare and psychosocial needs. Greater methodological support for social workers and the development of preventive interventions aimed at stabilizing family environments and strengthening parenting competencies also appear essential.

Key words: psychosocial determinants, health-related determinants, child protection, centres for children and families, nursing care, best interests of the child.

Діти, які потребують сестринського догляду, становлять надзвичайно вразливу групу у системі захисту прав дітей. Ці діти часто мають тяжкі захворювання, хронічні хвороби, порушення розвитку, неврологічні розлади або поєднані психосоціальні труднощі, що потребують довготривалого мультидисциплінарного догляду. Прийняття рішень щодо їхнього влаштування до центрів для дітей та сімей залежить не лише від стану здоров'я дитини, але й від психосоціальних, сімейних і системних детермінант, які впливають на загальне благополуччя дитини та забезпечення її найкращих інтересів.

Мета. Мета цього дослідження – проаналізувати психосоціальні та медичні детермінанти, що входять до процесу прийняття рішень щодо влаштування дітей, які потребують сестринського догляду, до центрів для дітей та сімей, а також визначити домінуючі фактори ризику, що впливають на професійну практику прийняття рішень.

Матеріали та методи. Розвідка була розроблена як якісно орієнтоване емпіричне дослідження, засноване на аналізі документів. Дослідницьку вибірку становили 87 анонімізованих адміністративних та професійних документів щодо дітей, запропонованих до влаштування в центри для дітей та сімей. Проаналізований матеріал включав соціальні звіти, медичну документацію, психологічні та психіатричні висновки, документацію процесів прийняття рішень, а також супровідну професійну документацію, пов'язану зі станом здоров'я та психосоціальним станом дитини. Дані аналізувалися за допомогою якісного контент-аналізу із застосуванням відкритого та тематичного кодування. Аналіз був зосереджений на виявленні медичних, психосоціальних, сімейних та системних детермінант, що впливають на рішення щодо влаштування дитини.

Результати. Аналіз виявив кілька взаємопов'язаних детермінант, що входять до процесу прийняття рішень. Домінуючими факторами були тяжкий стан здоров'я дитини, потреба у спеціалізованому сестринському догляді, психологічні та поведінкові проблеми, недостатні батьківські компетентності, нестабільне сімейне середовище, несприятливі соціально-економічні умови та системні обмеження, пов'язані з доступністю спеціалізованих послуг. У більшості проаналізованих випадків фактори ризику проявлялися кумулятивно, а не ізольовано. Серйозні проблеми зі здоров'ям часто поєднувалися із занедбанням догляду, сімейною нестабільністю, бідністю, залежностями батьків, домашнім насильством або недостатньою співпрацею з фахівцями. Результати також продемонстрували, що соціальні звіти та експертні висновки відігравали ключову роль в інтерпретації та формуванні найкращих інтересів дитини і суттєво впливали на рішення щодо форми забезпечення догляду. Системні детермінанти, включаючи інституційну спроможність, регіональну доступність послуг та наявність мультидисциплінарної медичної підтримки, також значною мірою впливали на практику прийняття рішень.

Висновки. Прийняття рішень щодо влаштування дітей, які потребують сестринського догляду, до центрів для дітей та сімей є надзвичайно складним мультидисциплінарним процесом, що визначається взаємодією медичних, психосоціальних, сімейних та системних факторів. Отримані результати підкреслюють необхідність посилення мультидисциплінарної співпраці, впровадження травма-орієнтованих підходів, сімейно-орієнтованого догляду та розвитку громадсько орієнтованих послуг для дітей із комплексними медичними та психосоціальними потребами. Також важливими є розширення методичної підтримки соціальних працівників і розвиток превентивних інтервенцій, спрямованих на стабілізацію сімейного середовища та зміцнення батьківських компетентностей.

Ключові слова: психосоціальні детермінанти, медичні детермінанти, захист прав дітей, центри для дітей та сімей, сестринський догляд, найкращі інтереси дитини.

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