

# Family Support and Alternative Care

Tallinn Expert Meeting Report

2015



Estonian Presidency  
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SOTSIAALMINISTEERIUM

In May 2015, a high-level expert meeting on alternative care and family support took place in Tallinn, hosted by the Estonian Ministry of Social Affairs and the Estonian Presidency of the Council of the Baltic Sea States (CBSS) in collaboration with the Expert Group for Cooperation on Children at Risk (EGCC) and the Children's Unit in the CBSS Secretariat.

Speakers and participants included representatives from governments, institutions, embassies, Ombudsoffices for children, the academia, national and international NGOs and civil society from the Baltic Sea Region: Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden.<sup>1</sup> In addition, participants represented the UK, the Council of Europe and the European Commission.

In preparation for the meeting, a regional mapping report<sup>2</sup> had been developed to inform about the situation of family support and alternative care in the Baltic Sea region. The speakers and participants at the expert meeting discussed the status quo and shared valuable knowledge, experience and evidence. On the 6<sup>th</sup> of May, they endorsed the Tallinn Recommendations and Action Plan on Alternative Care and Family Support 2015-2020. The Tallinn Recommendations and Action Plan underlines the urgency of integrating services for children and families at risk, ensuring access at a low threshold, timely interventions and longer-term follow-up. The experts called in particular for effective implementation strategies, evaluated good practices and increased regional cooperation. The participants reaffirmed that services for family support, child protection and alternative care are fundamental for ensuring children's safety, well-being and development. They constitute strategic investments for a safe and secure region and a sustainable and prosperous society.

#### **About the Council of the Baltic Sea States and the Expert Group for Cooperation on Children at Risk<sup>3</sup>**

The Council of the Baltic Sea States (CBSS) is an inter-governmental organisation for the cooperation within the greater Baltic Sea Region. The Member States of the CBSS are Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden.

The CBSS Expert Group for Cooperation on Children at Risk (EGCC) consists of senior officials from the CBSS Member States and the European Union. Administratively, the Expert Group is part of the Council of the Baltic Sea States, and the Children's Unit within the CBSS Secretariat facilitates its work. The Expert Group for Cooperation on Children at Risk contributes actively to the development of comprehensive child protection systems and sustainable interventions to prevent and respond to violence, abuse, neglect and exploitation of children. Within its broad mandate to promote children's rights, the Expert Group is focusing in particular on thematic areas related to child-friendly justice, the prevention of all forms of violence and early intervention, the prevention of sexual abuse and exploitation of children, the protection of migrant children and child victims of trafficking. Safeguarding the rights of children deprived of parental care has been a priority theme since the inception of the Expert Group and continues to be at the centre of the activities in the region, with particular attention to quality care and family support.

<sup>1</sup> Representatives from the Russian Federation and Germany were unable to participate but endorsed the Tallinn Recommendations and Action Plan.

<sup>2</sup> The Baltic Sea Regional Report: Family Support and Alternative Care, 2015

<sup>3</sup> Council of the Baltic Sea States, Expert Group for Cooperation on Children at Risk, available at <http://www.cbss.org/safe-secure-region/eg-on-children-at-risk/> accessed on 21 May 2015.

## **Regional cooperation on alternative care**

Alternative care has been an issue of concern to all Member States of the Council of the Baltic Sea States and one of the focus areas of the regional cooperation. In 2005, the CBSS Expert Group for Cooperation on Children at Risk convened a Ministerial Forum in Oslo, where Ministers and leading experts identified priorities in relation to alternative care. The Ministerial Forum encouraged the CBSS Member States to support parents in their childrearing and caregiving role and to resort to institutional care only when this is in the best interests of the child. The Ministerial Forum recommended further that the Expert Group and the CBSS Children's Unit cooperate with different professional sectors in order to strengthen the cross-border cooperation on children at risk. Over the past ten years, these recommendations have guided the work of the CBSS Children's Unit, the Expert Group for Cooperation on Children at Risk and their national counterparts.

The national governments in the Baltic Sea Region have achieved important progress in strengthening families and quality care for children, as evidenced by the 2015 Baltic Sea Regional Report on Family Support and Alternative Care.<sup>4</sup> All countries are working actively to promote the transition from large-scale institutional to family-based and family-like care and to enhance the quality of care for children in all settings. They have all taken important measures to prevent family breakdown and enable sustainable family reunification wherever this is in the best interests of the child.

Despite the progress made, there is still an urgent need to strengthen integrated services that deliver individual and tailor-made support for children and caregivers, minimise risks and promote resilience. Weak parenting skills, domestic violence, abuse and neglect, substance abuse and addictions or mental health issues of parents and the multiple strains rooted in the socio-economic marginalisation of families are all important causes and contributing factors for family breakdown. Where disaggregated data are available, they indicate that some population groups are represented disproportionately as clients of social services and in alternative care. Support services for children, parents and families that redress individual and collective risks are therefore critical for promoting social cohesion and inclusion. Throughout the region, it remains challenging to guarantee that key principles of quality care are upheld in practice such as equity, permanency and stability.

The Tallinn expert meeting offered a platform for a regional dialogue from a rights-based and solution oriented perspective. The regional cooperation in the context of the Council of the Baltic Sea States, the European Union and the Council of Europe offers strong potentials for mutual learning. There are notable synergies between the objectives and investments for children and families in each of these regional frameworks.

## **Promoting quality care for children in the Baltic Sea Region**

**Margus Tsahkna**, the Minister of Social Protection of Estonia, inaugurated the meeting. He underlined the strong potential that the region offers for policy makers and practitioners to exchange experience, good practice and mutual learning. The Council of the Baltic Sea States and its Expert Group for Cooperation on Children at Risk are facilitating the regional

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<sup>4</sup> The regional report and supporting documentation can be accessed from the website of the Council of the Baltic Sea States Children's Unit at <http://www.childcentre.info/expertlevelmeeting2015/>.

dialogue and consultation on child rights matters, to which each country contributes with its own important experience, innovative examples and lessons learned. In Estonia as in the other Baltic States, social affairs, family policies and children's rights have received increasing political attention. With the adoption of Estonia's new Child Protection Act, these developments will gain new momentum.

The Tallinn Expert Meeting focused on three large thematic areas: the prevention of family separation; safeguarding children in alternative care; and the progress in the transition from institutional to family-based and family-like care. In addition, the meeting addressed as a cross-cutting theme the regional cooperation in support of integrated child protection systems. The objective was to foster a better understanding of the necessary steps to be taken to address all these areas as closely inter-related. The Expert Meeting aimed to position the best interests of the child within a comprehensive vision of a society where parents are aware of the rights and needs of children and families are strong and healthy.

### **Prevention of family separation**

The family has a high standing throughout the Baltic Sea Region. Many CBSS Member States have enshrined into their national constitutions the protection of the family unit as a fundamental obligation of the state. Others have adopted laws, strategies and policies that commit the state to supporting families to live in safety and socio-economic stability and to thrive.

Throughout the region, states have chosen different approaches to social welfare, family support and child protection services and each has its specific opportunities and challenges. Some countries have taken important steps towards the integration of family support and child protection services. Others are providing family support mainly in the form of financial assistance. Despite these efforts, all countries are still on their way towards an effective model of integrated services. Many services are still delivered in an isolated way. Service providers working with caregivers and families are however particularly well placed to identify children at risk early and to refer them to support and protection.

In all CBSS Member States, the need for universal services for children and families continues to be high. Experience shows, however, as **Roger Singleton**, Managing Director of LUMOS, discussed in his presentation, that universal services by themselves are not sufficient to support children and families at risk and to prevent family separation. They need to be complemented by specialised services that are tailor-made to the needs of specific population groups and to the needs of individual children and caregivers. Effective and targeted service provision is essential to promote the social inclusion, participation and development of children with special needs and children at risk.

Children and families at risk are a broad and diverse group. They include all children who are growing up in a family environment that is potentially harmful for them, as for instance families characterised by violence, abuse or neglect, or when parents are abusing drugs or alcohol or suffer from mental health issues. Experience shows, however, that some children are particularly at risk of being separated from their families. They include children with disabilities or mental health issues, and children who are in trouble with the law. Prevention services need to be in place also specifically for children and caregivers who are migrating

or on the move. It is important for professionals to have clear guidance and support in identifying risk factors and taking appropriate action.

Early interventions in support of children and parents are particularly valuable as they are promising to achieve positive and lasting results. Early interventions of high quality promote the cognitive as well as socio-emotional abilities of children, enhance educational outcomes, reduce crime and foster workforce productivity in adult life. The importance of early interventions applies to all families, across all social groups. Positive outcomes have been demonstrated even in families where parents' childcare ability and skills are impacted by drug or alcohol abuse or mental health issues.

There was a broad consensus among the speakers that investments in early interventions have a high benefit-cost ratio and a high rate of social returns. Evidence demonstrates that these positive outcomes justify and outweigh the cost of such services. **Terje Ogden**, Professor at the University of Oslo and Research Director at the Norwegian Centre for Child Behavioural Development presented data and evidence from the Nordic countries that support early interventions. These facts have co-determined the decision of the Government of Lithuania to develop a national strategy for deinstitutionalisation and quality standards of care with a particular focus on local preventive and remediating services for early intervention, as presented by **Rūta Pabedinskienė**, Senior Specialist at the Lithuanian Ministry of Social Security and Labour.

In order to achieve positive outcomes for children, parents and the society, effective measures for local implementation and monitoring need to be in place. The family and the local community are key partners to ensure that interventions influence positive change in parent and child behaviour. As studies by the Norwegian Centre for Child Behavioural Development have shown, family- and community-based interventions at the local level are strategic to achieve lasting change.

Norway, as other CBSS Member States, has made positive experience with the Multisystemic Therapy (MST). **Terje Ogden** continued his presentation by elaborating on the development and roll-out of this programme in Norway. MST is a short-term intervention of 3-5 months duration that delivers training and steady monitoring of youth in schools, in their homes and communities, with periodic programme evaluations. The programme targets adolescents with so-called 'behavioural problems' or 'anti-social behaviour'. It has generated notable results across different population groups, including among minority groups, as it succeeded in preventing family breakdown, keeping adolescents in school and out of crime and promoting their social inclusion. The programme is managed by a national coordination centre and regional teams represented throughout the country. This organizational set up offers a coordinated structure for the implementation in partnership with children and families. Rooted in local partnership, the structure contributes to fostering local accountability. The MST model has yielded similarly positive results in Iceland, as affirmed by **Bragi Guðbrandsson**, Director of the Icelandic Government Agency for Child Protection.

A high number of officials and professionals are involved in service provision for family support, child protection and alternative care. This bears a risk that no single body assumes the full responsibility for delivering a comprehensive set of services, identifying risks and ensuring due follow-up until the issues have been solved and a sustainable solution has been

found. A major challenge in case management remains the effective communication between the different professionals involved. Several speakers elaborated on these challenges and their implications for caseworkers and other professionals, local officials, children and families. They emphasised the importance of investing into multi-disciplinary services, models and approaches. **Bragi Gudbrandsson** shared the success story of the Children's House model in Iceland, which is providing multiple services under one roof, with the child at the centre. **Willy-Tore Mørch**, Professor at the University of Tromsø in Norway, presented the positive experience made with the Family's House model, an inter-disciplinary municipal service that offers services for the physical and mental health of expectant mothers, children and adolescents. **Roger Singleton** underlined the importance of defining clear mandates and responsibilities in inter-disciplinary cooperation for services aimed at supporting children and families at risk and preventing their separation.

In the discussion, participants and speakers noted that case managers may find it difficult to communicate effectively or encounter problems and resentments against open communication and collaboration across disciplines. Promoting inter-disciplinary cooperation and coordination, with clear leadership, is therefore critical for advancing the quality of case management and its potential for prevention. Effective communication is also important, as the various professionals involved with a child or family will have access to different pieces of information of the situation. Putting these pieces together is essential for obtaining a holistic understanding of the specific risks, resources, needs of support and progress made. In many contexts, a common understanding of what inter-disciplinary cooperation means and entails has however not yet been achieved. Institutionalised mechanisms for inter-disciplinary and inter-agency cooperation can make an important contribution to clarifying roles and procedures in this context. The Children's House model is just one example of how multi-disciplinary approaches are being operated effectively. Sensitisation and training in support of multi-disciplinary responses are therefore strategic investments for more effective prevention.

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*"We encounter much uncertainty about what inter-disciplinary cooperation really means and how it can be achieved in practice. In order to promote inter-disciplinary cooperation in service provision, it would be important to influence attitudes and mind-sets of the officials and professionals involved, and to emphasise the multidisciplinary approach in the dimension of leadership and service culture."*

**Zsolt Bugarszki, Lecturer, Tallinn University, Estonia**

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The primary duty bearers with regard to service provision are local authorities. When children, parents or entire families move within countries or across borders, local authorities may be struggling to provide adequate services. **Eli Ferrari de Carli**, Senior Advisor in the Ministry of Children, Equality and Social Inclusion in Norway, presented the Norwegian experience with transnational cases of family support and alternative care. In cross-border cases, local social services may find it challenging to identify the specific needs of mobile families, to understand their history and backgrounds and to ensure continuity in service provision. The mobility within Europe and beyond requires strong networks and effective communication between central and local authorities, within countries and transnationally.

When personal information is being shared, data protection regulations need to be clear and respected to safeguard the rights of the persons concerned while not creating obstacles to information exchange and cooperation between authorities and service providers in different locations. Regional cooperation mechanisms and networks, such as the Council of the Baltic Sea States, offer important opportunities to facilitate transnational cooperation on child protection, family support and alternative care. The fact that all countries in the region are guided by the UN Convention on the Rights of the Child and the best interests of the child as a general principle holds important opportunities for reconciling different national approaches, traditions and practices. In addition, the 1996 Hague Convention on Child Protection, which the Government of Norway is in the process of ratifying, and which most of the countries in the Baltic Sea Region adhere to, can facilitate better cooperation between countries. It clarifies procedures in cases where a child and parents have ties to more than one country and promote the best interests of the child in social service provision and placement.

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*“There is a need for more international cooperation in order to secure the best interests of the child when the family has ties to more than one country. A child’s cultural, linguistic and religious background shall be taken into account when placing the child in alternative care.”*

*Eli Ferrari de Carli, Ministry of Children, Equality and Social Inclusion, Norway*

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### **Safeguarding children in alternative care**

Safeguarding children in alternative care requires a comprehensive set of measures for prevention, protection and empowerment. The basic premise for safeguarding children is their effective protection from all forms of violence, exploitation, abuse and neglect, including corporal punishment, in the home, in alternative care and any other context. Many children in care have been removed from their birth families because of risks to their safety, well-being and development. In placement, it is therefore particularly important to ensure that children are protected from further harm or risks of harm and that they are supported in the development of their evolving capacities, skills, resources and resilience. Safeguarding children in the home and in alternative care is not only an obligation of states under the UN Convention on the Rights of the Child and other international standards. It also constitutes a sensible and powerful investment for the development of the younger generations, their transition into adulthood and independent life, and a fundamental contribution to a safe and secure region.

In her presentation, **Anne-Kirstine Mølholt**, PhD student at Aalborg University in Denmark, raised awareness of the essential support for children’s transition into adulthood and independent life. Supporting children in this transition requires a broad set of measures and services that are tailor-made to the individual person. Support needs to promote the soft competences of children and young people such as life skills and social skills, as well as hard competences such as completing the education, being able to apply for a job or to rent an apartment. Social services tend to pay more attention to the latter, which are also understood as primary indicators of an ‘independent life’, while soft competences are often being neglected and are barely referred to in the law. Effective support starts fostering a broad

spectrum of skills, capacities and competences early on during the placement, taking into account the child's individual context, background and needs, and continues when the child turns 18 years old.

Defining a clear break-off age for after-care services at 21, 22 or 24 years is a common practice in European countries. It does however not take into account the current trend of young people remaining enrolled in education and professional training for several years beyond 21, a period during which many young people are still fully or partially dependent on their parents' support. The difficulties of transitioning into an independent life might increase when young persons, upon leaving care, experience a disruption of their relations to caregivers and they lose essential personal support. Considerations for after-care planning should therefore also give due attention to continuity and stability of services and relations.

**Peter Newell**, Coordinator of the Global Initiative to End All Corporal Punishment of Children, discussed the importance of banning corporal punishment as a fundamental precondition to keeping children safe, in the home, in institutions, in foster families and any other context. Considering the widely spread legal ban of corporal punishment, the Baltic Sea Region stands out as a model. Lithuania and the Russian Federation have not yet enacted an explicit legal ban of corporal punishment in all settings but have expressed their commitment towards this objective. Worldwide, only about 10 percent of the child population live in states that guarantee their protection from corporal punishment by law. While the legal ban constitutes a fundamental basis, effective protection can only be achieved through a concerted set of measures for implementation. Implementation in this context means primarily proactive and preventive measures such as parenting skills training, changing attitudes and education on positive discipline, family support services, supervision and monitoring. The experience in Sweden demonstrates that a strategy for rolling out the legal ban is critical to ensure its effective application. Two years after the 1996 law entered into force, 90% of the parents in Sweden were aware of the law. All points of contact between the state, children and families need to be identified and mobilised to spread the key messages in health, education and welfare services.

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*“The law is a very powerful tool in challenging and changing social norms. The continuation of corporal punishment undermines fundamental rights and standards of child protection. It violates the physical integrity and dignity of children and leads to the death and developmental implications for many. The legality of violent punishment is the most symbolic reflection of children’s low status. No state can pretend that it respects children as citizens and rights holders alongside adults when its laws defend any level of violence against children. Eliminating this most common form of violence against children in their homes will reduce over time the need for longer-term alternative care for children.”*

**Peter Newell, Coordinator, Global Initiative to End All Corporal Punishment of Children**

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Listening to children and taking their views and recommendations into account is a key for safeguarding children in the home, in placement and any other setting. The right to be heard is a fundamental principle under the UN Convention on the Rights of the Child (Article 12) and needs to be respected in relation to all the other rights afforded under the Convention.

**Julia Kovalenko**, SOS Children's Villages in Estonia, presented the experience of SOS Children's Villages with securing the rights of children in care by supporting their active participation. Children have unique knowledge about their own lives, needs and concerns and therefore their participation should inform any decision-making process. Safeguarding children's right to be heard requires that children are listened to and that adults are trained to hear children and communicate with them, including with young children and children with special needs. Creating a climate of respect, trust and mutual understanding is essential for any effort to engage in a meaningful communication between professionals and children. All boys and girls in alternative care should have access to an independent body mandated to monitor and defend their rights and to receive and investigate individual complaints and reports.

The possibility to be heard and to have a say in decision-making processes fosters a sense of being valued, self-confidence and responsibility. It also contributes to the development of skills that are indispensable for an independent life, as well as an understanding of democratic citizenship. Active participation of children is also beneficial for adults and professionals. It helps them to understand children better, to improve their relations with the child by creating trust. Listening to the views of children and considering them seriously can inspire the development of new and practical strategies, it informs decision-making processes and contributes to better outcomes for the child and the adults involved, including social workers and other professionals working with and for children.

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*"Participation is first of all about respect, trust and security. It is easy to involve children in tokenistic ways: We ask their opinion and then ignore it! Real participation is a bit more complicated. It depends on both sides – adults and children – believing in each other and believing in the process."*

*Julia Kovalenko, SOS Children's Villages, Estonia*

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### **Transition from institutional to family-based and family-like care: Progress towards deinstitutionalisation**

Children who cannot grow up in their birth families, for whatever reasons, have a right to substitute family care, as afforded under Article 20 of the UN Convention on the Rights of the Child. There is a broad based consensus, internationally and in Europe, that family-based care is generally better for children than institutional care and should therefore be prioritised. The speakers and discussants at the Tallinn Expert Meeting recognised the importance for states to promote deinstitutionalisation by investing in a two-pronged process: advancing the progressive transition from institutional to family-based and family-like care while ensuring at the same time that children in care enjoy quality services in line with international and national standards regardless of the type of placement.

Most Member States of the Council of Baltic Sea States have achieved significant progress in reducing the number of large-scale residential institutions. Large institutions for children are gradually being replaced with family-like care facilities or small-scale family homes. Some countries have enshrined the priority of family-based care into their national legislation, strategies or policies. National strategies for deinstitutionalization are however not common

in the region as only a few countries have developed them in the past or present, and institutionalisation remains a common practice, particularly for children with special needs, such as children with disabilities and children with mental health problems.

Data collected from official sources of the CBSS Member States (excluding the Russian Federation) for the year 2013 indicate that there was a total population of 302,314 children under 18 years of age in alternative care throughout the region. The percentage of children in alternative care ranges from 0.8% of the total child population under 18 years of age in Iceland to 2.3% in Latvia. On average, 1.22% of the child population are in alternative care in the region.

All countries resort to placements in residential institutions and family-based care and it is notable that throughout the region at least half of the children are placed in family-based care. The ratio of family-based versus institutional care ranges from 47% family-based care in Germany to 88% in Norway. The average for the region is that 58% of the placements are made in family-based care.<sup>5</sup>

These data suggest that the efforts of the CBSS Member States towards promoting deinstitutionalisation and prioritising family-based care over residential care have generated visible results. They demonstrate further that promoting deinstitutionalisation is possible up to a very high ratio of placements in family-based care and that further investments in this area are promising to support the current trend even further in those countries where institutional care can still be further reduced.

Evidence demonstrates that placement in large-scale institutional care results in poorer outcomes for children during childhood and in their adult lives. The negative impact has been measured with regard to a lower quality of life and emotional well-being as well as higher risks of social exclusion. Placement in large-scale residential institutions is particularly risky for very young children as it can negatively affect their development and cause lifelong damages. Promoting deinstitutionalization therefore constitutes a sensible and powerful investment into the development of children deprived of parental care. It generates positive outcomes with a strong potential for transgenerational change.

**Niels Peter Rygaard**, Psychologist and Founder of Fairstart, noted that the transformation of institutional to community-based placements by itself is however not a guarantee for better quality care. The transition from institutional to community-based care needs to be monitored carefully with clear targets and indicators of quality services. Monitoring needs to continue also, when the transition process has been completed in order to ensure an ongoing evaluation of the quality of care and services delivered.

Research has demonstrated that there are some very simple factors that determine the quality of care and, in consequence, the outcomes for children. These factors are rooted in the continuity of the child's relations, in particular the stability of emotional relations between children and caregivers, the permanency of placement and the opportunity for children to be included long-term in peer groups. Education and training on these key aspects of quality

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<sup>5</sup> For further information about the national data and regional comparison, including relevant biases of data, please refer to the 2015 Baltic Sea Report on Family Support and Alternative Care available from the CBSS website at <http://www.childcentre.info/expertlevelmeeting2015/>.

care is essential and should receive due attention in any care reform process as they need to be guaranteed regardless of where the child grows up, in institutional care, family care or in the child's birth family. The concept of quality care needs to be continuously revisited, assessed and evaluated as societies, policies and knowledge are evolving constantly. There is thus a need to connect research on child development and risks with policymaking, local implementation and service provision.

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*“Although evidence demonstrates that family-based care is preferable for children deprived of parental care, experience shows that it is primarily the quality of care that counts. Foster care can be better for children but only if the government ensures that an effective monitoring system is in place. Generally, the quality of care is more important as a determinant of good outcomes for children than the type of placement.”*

*Niels Peter Rygaard, DPA Psychologist, State Adoption Advisor, Fairstart Global*

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The Fairstart training programme was developed on the basis of research and professional experience and is rooted in attachment theory. It is free of charge and has been translated in 20 languages. After a pilot implementation in 12 EU Member States during 2008-2012, which has been evaluated positively, the programme is currently being implemented in 18 countries worldwide. It has achieved positive results in training and developing perspectives on care. The programme offers low-cost at-the-workplace training programmes. The Fairstart course is initiated through a six-month train the trainers programme that combines online and face-to-face training, guided by a handbook for professionals and caregivers. The trainers continue to have access to support and guidance while they carry out the training programme in their countries. One of the elements of success of the Fairstart approach is its ability to connect the different levels of the public administration, for an effective implementation of international standards from the central level policies through to the local level where children live. The programme aims to build self-sustaining systems with local ownership and competences and the capacity to develop locally inspired solutions.

**Zsolt Bugarszki**, Lecturer at Tallinn University, underlined the importance of using the structural funds available from the European Commission to support the transition from institutional to community-based care. These structural funds have created important opportunities for EU Member States and were used for this purpose by Lithuania. In order to ensure that the Community support serves a common objective, it is important to be clear what exactly deinstitutionalisation means. In the absence of a unified international definition of the concept, it becomes even more challenging to roll out European policies, standards and strategic objectives in a harmonised way throughout the region. Political cultures, attitudes and traditions of social work may have a direct bearing on how European standards are understood and interpreted in different countries. The guidelines issued by the United Nations and the European Union Expert Group on the Transition from Institutional to Community-based Care use the term primarily in relation to the process of closing or downsizing large-scale residential care facilities. At the same time, they recognise the importance of investing in a diversification of services for children and families and the aspiration to provide high quality standards of care and services that are rights-based and outcome-oriented. For deinstitutionalisation to succeed, the process calls for a broad

spectrum of measures. Deinstitutionalisation requires law and policy reform, a comprehensive reform of service culture and attention for attitudes and mind-sets around quality care, childhood, family matters and social work.

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*“The most challenging issue in the transition from institutional to community-based care is to ensure that children have access to an adequate package of support within the communities and that family separation is prevented. With these priorities in mind, it is essential to ensure that the budget previously allocated to residential institutions is redirected to family support and quality alternative care when institutions are being closed down in the context of the deinstitutionalisation process.”*

**Roger Singleton, LUMOS, UK**

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When central governments decide to invest in deinstitutionalisation, they need to ensure that the strategic objectives defined at the national level are effectively implemented locally. Throughout the Baltic Sea Region, national governments have delegated the competences for social services, family support and alternative care to the regional and/or local levels. Strengthening the local capacities for implementation and effective vertical and horizontal coordination is therefore an important precondition for ensuring that centrally defined targets have a bearing on the lives of children and caregivers.

Implementation measures in decentralised systems need to involve central, regional and local authorities as partners. The decentralisation offers the opportunity to contextualise decisions taken at the central or regional level to the specific local situation. **Willy-Tore Mørch**, Professor at the University of Tromsø in Norway, presented an overview of key considerations for planning effective implementation measures from the central to the local level. Local authorities and partners can benefit significantly from support for ensuring the continuity of the implementation process. Effective implementation measures require continuity in leadership, staff and professional competences as well as institutional and organisational memories. When new or complex measures are to be rolled out, and when third partners are involved, it would be beneficial to conduct an agency readiness assessment prior to initiating the implementation process. The assessment aims to verify the acceptability of the intervention for the implementing agencies and to reach and formalise necessary agreements on tasks, procedures and responsibilities. It can further help to inform the adequate allocation of financial and human resources, identify needs for training, coaching and supervision, and foster a common understanding of key terms and objectives as well as the local motivation for implementation.

**Rūta Pabedinskienė**, Senior Specialist at the Lithuanian Ministry of Social Security and Labour, presented an overview on the process towards deinstitutionalisation in Lithuania. National laws and policies promoting the transition from institutional to community-based care have been in place in Lithuania since the year 2000. In 2012, the transition process gained new momentum as the Minister of Social Security and Labour issued an Order providing for strategic guidelines for the deinstitutionalisation of the social care homes of disabled children deprived of parental care and disabled adults. The process for deinstitutionalisation was co-determined by the Government’s ratification of the UN Convention on the Rights of Persons with Disabilities in 2010. The Government identified

deinstitutionalisation as a longer-term target to be reached by 2030 and included it in the Programme of the Government of Lithuania 2012-2016. The overall objective is to develop a consistent and coordinated system of assistance and services that create possibilities for children deprived of parental care as well as children and adults with disabilities. These target groups shall be enabled to live in a safe environment that is conducive to their personal development, receive individual and personalised services, be involved in community life and participate without experiencing social exclusion.

In order to operationalise and implement these strategic objectives, the Government adopted an Action Plan for the transition from institutional care to community-based services (2014-2020). The activities under the plan aim to strengthen families and prevent family breakdown, including specifically for children with disabilities and their families. For children deprived of parental care, the action plan aims to strengthen the quality of care, the availability of foster families, including new forms of care such as professional guardianship for children, and a support system to help them in their childcare and child rearing roles. The restructuring of the alternative care systems is planned and rolled out step by step to ensure a smooth transition. This process involves an analysis of the existing services in each region, the development of an individual support plan for each resident of an institutional care facility, the evaluation of the competences of each employee who will lose his/her job when institutions are closed down, and a plan for developing a service net and infrastructure in each region. This organizational restructuring process is combined with measures to influence attitudes and values among professionals and the general population. Educational initiatives aim to inform and raise awareness among the general public about disabilities, educating the society about positive parenting, involving communities in the transition process and monitoring the progress made over time. The overall objective of this concerted action is to ensure that community-based services are in place in support of children, caregivers, disabled persons and family members.

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*“When promoting quality care and deinstitutionalisation, we are looking not only at the physical and social standards of care, such as square metres per room and the child to caregiver ratio. There are many other indicators to consider such as the individual needs and the safety of the child, the quality of the relations, preparing the child for an independent life. These and many other aspects are important for determining the quality of care.”*

***Rūta Pabedinskienė, Senior Specialist, Ministry of Social Security and Labour, Lithuania***

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In Poland, the 2011 Act on family support and the foster care system introduced a comprehensive legal reform of the national system for family support and alternative care. **Katarzyna Napiórkowska** from the Ministry of Labour and Social Policy in Poland presented an update on the progress made with the implementation of the law and the impact it has had on deinstitutionalisation and quality care. The Act regulates the social assistance for families and the placement of children in alternative care. It gradually innovates the foster care system in Poland and provides for the coordination of all measures and services under the law. Through its clear prioritisation of family-based and family-like care, the Act promotes the transition from larger scale residential institutions towards smaller facilities and foster families. From the entry into force of the Act in January 2012, the number of children placed

in childcare facilities is gradually being reduced. Children under 10 years of age are not to be placed in institutional care as a general rule. These measures are combined with increased investments in social services for families to prevent family breakdown, the professionalization of foster carers, increased quality and monitoring of care services, as well as support for children ageing out of care in their transition into an independent life as adults. During the first years after the Act entered into force, the measures for the implementation of the Act have shown initial results such as a decrease of the number of children placed in alternative care.

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*“One of the aims of foster care is to prepare the child for his or her transition into adulthood. When thinking about foster care, we usually think about the quality of care for the child during placement. It is however equally important to think about the child’s future and what we should do to prepare these children for an independent life.”*

*Katarzyna Napiórkowska, Ministry of Labour and Social Policy, Poland*

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The Polish Foster Care Coalition, an association of foster carers, welcomed the law reform in Poland as an important step towards deinstitutionalisation. **Beata Kulig**, a Coalition Board Member, described however also the challenges in implementing the law in practice and ensuring quality foster care. Poland has a long-standing tradition of providing foster care for children. Nonetheless, the public awareness about fostering is rather low and recent cases of child abuse in foster families have risked damaging the public image of this form of alternative care. Although the 2011 Act defines the recruitment procedure for foster carers and the relevant requirements, there is still a shortage of qualified candidates and the quality of training for foster carers and supervision varies between the districts. In light of the shortage of foster families, the matching process would still benefit from more attention. It should aim to ensure that information about the child and the foster carers is available and communicated to the competent authorities and that the matching takes into account the specific needs of a child and the capacities of the prospective foster carers. In order to improve the situation, the Polish Foster Care Coalition has collaborated with the Nobody’s Children Foundation and the Ombudsman for the Rights of the Child to develop a training manual for foster carers. The ‘Manual For Safe Caring’ is being developed under the auspices of the Ministry of Labour and Social Policy and therefore constitutes an important example of public-private partnership for joint support to deinstitutionalisation and quality care.

### **Regional cooperation in support of integrated child protection systems: The European perspective**

In June 2015, the **European Commission** convened the 9<sup>th</sup> European Forum on the Rights of the Child. Since 2012, the European Fora have pursued a focus on integrated child protection systems and the 2015 Forum offers continuity to this thematic thread by concentrating on the role of cooperation and coordination in child protection, nationally and transnationally. In preparation for the Forum, the EC has led a broad-based consultative process and the EU Agency for Fundamental Rights conducted a comprehensive mapping of national child protection systems in all 28 Member States. These processes informed the

development of ten principles for integrated child protection systems.<sup>6</sup> The ten principles aim to enhance a common understanding of child protection systems and foster transnational linkages. They also raise awareness of the support available from the EU. In essence, these ten principles mirror the Tallinn Recommendations and Action Plan on Alternative Care and Family Support.

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*“It is very encouraging that different regional organisations, including the Council of the Baltic Sea States, have chosen to focus on the prevention of and response to violence against children. We can benefit from each other’s work and build on it, particularly as we all focus on common international standards, notably the UN Guidelines for the Alternative Care of Children. The Council of the Baltic Sea States with its Expert Group for Cooperation on Children at Risk most certainly adds value to the greater European efforts and makes a vast contribution to learning, good practices and showcasing the importance of regional cooperation in many important fields to secure the rights of the child and to ensure child protection.”*

*Margaret Tuite, European Commission Coordinator for the Rights of the Child*

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The **Council of Europe** is another significant regional actor promoting children’s rights in the broad European region. It has developed important Conventions, guidelines, tools and ministerial recommendations relevant to children’s rights, including specifically with regard to child protection, social work and the rights of children in alternative care. The programme Building a Europe for and with Children has been instrumental for advancing children’s rights throughout the 47 Member States. The Council of Europe Strategy for the Rights of the Child has invested in standard setting (2006-2012) with a subsequent implementation phase, which will continue through 2016. Currently, the strategy is being revised for an extension through 2021. The Council of Europe initiatives and programmes are firmly rooted in the UN Convention on the Rights of the Child and aim to help operationalising the Convention in different contexts that have a direct bearing on the lives of children.

Within these broad initiatives for the rights of the child, the Council of Europe is promoting the participation of children in all matters that concern them. In 2012, the Council of Europe adopted the Recommendation CM/Rec (2012)2 on the participation of children and young people under the age of 18. An assessment of the status of implementation of this recommendation is currently underway in selected pilot countries. **Gerrison Lansdown**, Child Rights Expert, presented the assessment tool that has been developed for this purpose. The assessment tool operates with a rights-based and holistic understanding of participation and how this can be achieved in practice. It helps promoting children’s participation in a systemic way without leaving it to the discretion or goodwill of professionals and officials working with and for children.

The tool offers a set of indicators against which governments can be held accountable. The tool can also be used for self-assessments by governments to establish a baseline of current implementation, to help identify the measures needed to achieve further compliance and to

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<sup>6</sup> European Commission, Directorate-General Justice and Consumers, *9<sup>th</sup> European Forum on the Rights of the Child, Coordination and cooperation in integrated child protection systems, Reflection paper*, 30 April 2015, accessed from [http://ec.europa.eu/justice/fundamental-rights/files/2015\\_forum\\_roc\\_background\\_en.pdf](http://ec.europa.eu/justice/fundamental-rights/files/2015_forum_roc_background_en.pdf) on 20 May 2015.

provide benchmarks for measuring the progress made over time. The indicators measure structures, processes and outcomes of child participation in three focus areas: safeguarding the right to participate, raising awareness of this right and creating spaces for participation. The assessment tool is currently being tested in Estonia, Ireland and Romania and it will be finalised and published by the end of 2015. The Council of Europe will continue to provide support to its use and the implementation of the 2012 recommendations.

The regional cooperation within the framework of the Council of Baltic Sea States, the EU, the Council of Europe and other European regional networks holds important opportunities for advancing a human rights-based and child-centred approach in alternative care and family support. This is particularly important when families move for work and employment or other reasons. Within the Baltic Sea Region, alternative care and family support is increasingly becoming a transnational matter. As speakers and participants noted, there is still a need to embark on a consensus building process to define what constitutes quality care for children, the best interests of the child in relation to family care, parental responsibility and zero tolerance for corporal punishment. While this need has been identified for the national context of CBSS Member States, it is even more pressing for the region as such, including with regard to cross-border cases.

The European regional cooperation at different levels holds an invaluable potential to support a process towards regional integration across the different linguistic, cultural and historic backgrounds of national states. Politicians bear an important responsibility in this regard, as they have the authority to emphasise the shared standards and common values and their unifying power for the region. The Council of the Baltic Sea States' support to transnational communication and cooperation between child protection and social welfare actors constitutes an important investment into the bi- and multilateral cooperation in the region in support of families and the best interests of children.

## Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region 2015 - 2020

Government representatives, experts and professionals from the Baltic Sea Region including Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation, Sweden and wider Europe endorsed the Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region on the 6<sup>th</sup> of May 2015 in Tallinn.

The Recommendations and Action Plan were endorsed after a two-day meeting discussing the situation of alternative care and family support in the region. The experts highlighted the urgency of integrating services for children and families at risk, ensuring timely interventions and longer-term follow-up services for children at risk that are tailor-made for their individual needs and accessible at a low threshold. The experts underlined the crucial importance of implementing policies and good practices at the national/local level and increasing regional cooperation. Services for family support, child protection and alternative care constitute strategic investments in children's safety, well-being and development and these, in turn, are a condition for a safe and secure region as well as a sustainable and prosperous society.

The Estonian Presidency of the Council of the Baltic Sea States (CBSS), the Estonian Ministry of Social Affairs and the CBSS Expert Group for Cooperation on Children at Risk (EGCC) hosted the expert level meeting. Alternative care has been a priority for the Expert Group since its inception in the late 1990s. The purpose of the 2015 expert meeting was to assess and discuss the present situation of institutional and family-based care, achievements and challenges in light of the previous regional commitments. In preparation for the meeting, an overview of family support and alternative care in the Baltic Sea Region was developed.

### Conclusions for the region:

The participants and speakers at the expert level meeting made the following recommendations, and:

1. **Recognized** the importance of strengthening the work of the Council of the Baltic Sea States Expert Group for Cooperation on Children at Risk and the Children's Unit in the CBSS Secretariat, both of which lead and support the CBSS Member States in taking responsibility for children at risk in the Baltic Sea Region, and continuing to expand professional networks and expertise;
2. **Encouraged** the Member States of the Council of the Baltic Sea States and the Expert Group for Cooperation on Children at Risk to follow-up on the Recommendations and Action Plan from the Expert Level Meeting and to prepare a meeting at Ministerial level to take stock of the progress achieved, express political commitment and support further action;
3. **Recommended** that the Expert Group for Cooperation on Children at Risk continues to prioritise the prevention of family separation, ensure family support and raise the quality of alternative care **with existing and foreseen funding** by:
  - a. Promoting the progressive transition from institutional to family-based and family-like care in line with the best interests of the child and quality standards of care;

- b. Disseminating the AudTrain tool for auditing and monitoring child care facilities;
  - c. Promoting child-friendly justice and the Children’s House or equivalent models of integrated services for children who are victims of violence;
  - d. Fostering cooperation at the national and transnational levels to support access to appropriate and continuous support and preventive services for children and caregivers who move within and across national borders;
  - e. Facilitating an effective implementation of laws for the prevention of violence against children - with a view to achieve a reduction and elimination of violence in practice.
4. **Encouraged** the Expert Group for Cooperation on Children at Risk **to seek external funding** for the following priorities:
- a. Pilot, map and promote good and innovative practices for ensuring timely and tailor-made support for children and families, including in transnational contexts, and for high-quality care in all alternative care settings;
  - b. Pilot, map and promote integrated services for children and families at risk and enhance low-threshold accessibility, including specifically during pregnancy and throughout early childhood;
  - c. Compile and promote evidence-based and evaluated methods for preventive family support, parental support, child protection responses and alternative care.

**Recommended action for the national level:**

1. **Consolidate** social welfare, family support, child protection and alternative care services into integrated models at the central, regional and local levels, involving service-oriented multi-stakeholder teams that have been trained to apply multi-disciplinary approaches;
2. **Strengthen** the capacity of service providers to prevent family separation and to promote family reunification through early identification and intervention, reducing risks for family breakdown by activating resiliencies and addressing the needs of children and caregivers within their socio-cultural context – with a view to achieving sustainable and long-term solutions.
3. **Ensuring** that the removal of a child and placement in alternative care is a measure of last resort clearly regulated by law with the relevant safeguards and in accordance with the best interests of the child;
4. **Provide** support to the parents of children placed in alternative care and actively enable family reunification whenever it is possible and in the best interests of the child;
5. **Introduce** legislation, procedures and practices to safeguard children’s right to be heard and to participate in the care system in a child-sensitive and meaningful way, both as individuals and collectively, at all levels of decision-making and in all matters concerning them, including the right to complaint and to seek redress;
6. **Foster** approaches and attitudes in social service provision that respect children and caregivers as competent partners in co-determining the support needed, balancing potentially conflicting interests with due consideration to the best interests of the child,

while maintaining professionalism in service provision and upholding universal rights and standards;

7. **Invest** in the social workforce as agents of change by raising the social status and appeal of the job combined with a reduction of caseload per social worker through innovative, preventive and multi-disciplinary approaches;
8. **Strengthen** the role of research, evaluation and consultation in developing evidence-informed methods and solution-oriented interventions in service provision;
9. **Promote** a zero tolerance environment for all forms of violence and abuse against children across the region;
10. **Promote** the legal obligation to report and prevent cases of violence, abuse, exploitation and neglect of children in all forms, including corporal punishment, by strengthening child protection networks involving key professions and institutions, including baby clinics, midwives, paediatricians, forensic doctors, hospitals and the health sector generally, schools and the social service sector;
11. **Engage** relevant national and local level actors in developing a common understanding of what the transition from institutional to family-based and family-like care entails and how to define and use key child rights principles in practice;
12. **Enable** the continued and progressive transition from institutional care to family-based and family-like care, especially for children with special needs, and deliver professional support, training and supervision for caregivers, especially foster carers and care staff;
13. **Ensure** financing allocated to residential institutions is redirected to policies and services for family support and quality alternative care when institutions are being closed down as part of the transition process;
14. **Enhance** the quality of care for children in any care setting by ensuring types of placement and services that are tailor-made and appropriate to the individual needs of the child and service delivery in accordance with general principles, such as the best interests of the child, the right to non-discrimination, the right to be heard, holistic development, safety, equity, continuity and permanency in care, and preventing undue financial gain of any actor involved in alternative care;
15. **Safeguard** the rights of all children to the same standards of quality care irrespective of their socio-economic background, minority situation, immigration status, where they live in the country, and whether the private or public sector provides services;
16. **Support** children in alternative care to succeed in education with a view to investing in their development and future labour market inclusion;
17. **Support** children in alternative care in their transition into adulthood and independence by developing their skills during placement and through after care services;
18. **Encourage** monitoring, auditing and evaluation of all alternative care arrangements for children, including by independent institutions, ensuring children's views and recommendations are heard and duly taken into account, and utilising the outcomes for holding authorities, public and private service providers and care staff accountable;
19. **Enable** and encourage relevant authorities working with families and children at risk who move within or across national borders to provide continuity of care, prevent further harm and enable cost-efficient operations, including by enabling information exchange wherever appropriate;

20. **Strengthen** communication among the central, regional and local levels of the public administrations and encourage local authorities, service providers and other bodies to develop and evaluate innovative solutions in family support, child protection and alternative care with a view to promoting successful approaches and engaging in a national dialogue for continued development and quality.