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Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic

UNITED NATIONS CHILDREN'S FUND (UNICEF)

2025





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*The statements in this publication are the views of the external consultants and do not necessarily reflect the policies
or the views of UNICEF.*

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Glossary

Term	International Definition
Adoption	The legal and permanent transfer of parental rights and responsibilities for a child. Adoption is the establishment of legal ties between two persons who may not be blood-related, one of them usually a child deprived of parental care. Through adoption, one or two persons become legal parents of a child, permanently acquiring all the corresponding rights and responsibilities. Usually, adoption has to be declared by a judicial body. ¹
Alternative care	Where the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided. ²
Best interests of the child	One of the four core principles of the Convention on the Rights of the Child (CRC), Article 3.1 - in all actions concerning children—whether carried out by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies, the best interests of the child must be a primary consideration. The concept of the child's best interests is flexible and adaptable. It should be adjusted and defined on an individual basis, according to the specific situation of the child or children concerned, taking into consideration their personal context, situation and needs. For individual decisions, the child's best interests must be assessed and determined in light of the specific circumstances of the particular child. For collective decisions – such as by the legislator – the best interests of children in general must be assessed and determined in light of the circumstances of the particular group and/or children in general. In both cases, assessment and determination should be carried out with full respect for the rights contained in the CRC and its Optional Protocols. ³

Child protection system	Certain formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect, and exploitation of children. A child protection system is generally agreed to be comprised of the following components: human resources, finance, laws and policies, governance, monitoring, and data collection as well as protection and response services and care management. It also includes different actors – children, families, communities, those working at sub-national or national level and those working internationally. Most important, are the relationships and interactions between and among these components and these actors within the system. It is the outcomes of these interactions that comprise the system. ⁴
Child vulnerability	Child vulnerability is the outcome of the interaction of a range of individual and environmental factors that compound dynamically over time. Types and degrees of child vulnerability vary as these factors change and evolve. Individual factors contributing to child vulnerability stem from cognitive, emotional and physical capabilities or personal circumstances, for instance age, disability, a child's own disposition or mental health difficulties. They can be invariable, such as belonging to an ethnic minority or having an immigrant background, or situational, such as experiencing maltreatment, being an unaccompanied minor or placed in out-of- home care. Environmental factors contributing to child vulnerability operate at both family and community levels. Family factors include income poverty and material deprivation, parents' health and health behaviours, parents' education level, family stress and exposure to intimate partner violence. Community factors are associated with school and neighbourhood environments. ⁵
Family-based care (formal)	A short- or long-term care arrangement agreed with, or ordered by, a competent authority, whereby a child is placed in the domestic environment of a family whose head(s) have been selected and prepared to provide such care, and who are financially and non-financially supported in doing so. ⁶
Foster care	Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care. ⁷
Gatekeeping	In the context of alternative care: Systematic procedures aimed at ensuring that alternative care for children is used only when necessary, and that the type of care provided is suitable to the individual child. ⁸ .

Institutional care	In the context of alternative care: Residential care where residents are isolated from the broader community and/or compelled to live together; Residents do not have sufficient control over their lives and over decisions that affect them; and the requirements of the organization itself tend to take precedence over the residents' individualized needs. Size is an important factor when developing new services in the community: smaller and more personalized living arrangements are more likely to ensure opportunities for the choices and self-determination of service users and to provide a needs-led service. ⁹
Kinship care	Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature. ¹⁰
Lex Ukraine laws	Lex Ukraine laws are a package of government bills that outline implementation of the European Union's (EU) Temporary Protection Directive (TPD). They are the national legal framework for providing assistance for refugees from Ukraine. TPD holders can benefit from access to public health insurance, education, the labour market and additional assistance, such as social benefits. ¹¹
Migrant	An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. ¹²
Prevention	In the context of alternative care: Prevention includes a wide range of approaches that support family life and prevent the need for the child to be placed in alternative care, in other words to be separated from his/her immediate or extended family or other carer. ¹³
Refugee	The 1951 Refugee Convention determines that a refugee is someone who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country. ¹⁴
Residential care	Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes. ¹⁵
Separated child	Children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may include children accompanied by other adult family members. ¹⁶

Social exclusion	There is no universally agreed definition or benchmark for social exclusion. Overall, social exclusion describes a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state. ¹⁷
Social inclusion	The process of improving the terms of participation in society for people who are disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights. Thus, social inclusion is both a process and a goal. ¹⁸
Social service workforce, including child protection workers	Paid and unpaid, governmental and non-governmental, professionals and paraprofessionals, working to ensure the healthy development and well-being of children and families. The social service workforce focuses on preventative, responsive and promotive programmes that support families and children in communities by alleviating poverty, reducing discrimination, facilitating access to services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation. ¹⁹
Unaccompanied child	A child who has been separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so. ²⁰

Executive summary

In 2022, UNICEF commissioned an assessment of the Czech child protection system under a joint workplan signed with the Ministry of Labour and Social Affairs (MoLSA). This assessment examined how the child protection system supports children and families in vulnerable situations, with a particular focus on how it supports the significant number of refugee children from Ukraine who have come to the Czech Republic since the start of the war in February 2022. The initial assessment took place between January and June 2023 and involved a literature and legislative review, as well as primary data collection including focus groups and 43 key informant interviews. The information gathering was guided by the following key questions:

What are the main components of the country's child protection system for Czech children and refugees from Ukraine?

How effective is the Czech Republic's child protection system, including during the influx of refugees from Ukraine?

How can the Czech Republic's child protection system be strengthened to better support migrant and refugee children and families, including refugees from Ukraine?

How can the Czech Republic's child protection system be strengthened to better support vulnerable Czech children and families?

The recommendations stemming from the primary data collection were validated in three round table events in Prague, Brno and Ostrava by representatives of UNICEF, MoLSA and selected members of the child protection system. In 2024, the initial analysis was supplemented with an additional desk review, including of good practices in the Czech Republic and elsewhere and relevant reports, action plans and strategies. All this has informed the recommendations on how the Czech child protection system can be strengthened. This report has been reviewed by representatives of MoLSA and their feedback has been integrated in this final draft.

Situation analysis²¹

The Czech child protection system

For the past two decades, the Czech government has been actively discussing and planning to unify and reform the child protection system. While national strategies and action plans outline necessary steps to achieve these goals, implementation has been

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slow and limited. The child protection system continues to be strained by significant fragmentation of governance, legislation, data collection, collation, analysis and use, as well as of budgets and funding streams. A lack of clear definitions, roles and responsibilities and standardized practices, guidance and regulation leads to discrepancies in service quality and availability across regions, districts and municipalities.

The Czech child protection system relies heavily on alternative care – meaning the removal of children from their families. In 2019, only 10.8 per cent of the budget for the system of care for children at risk went to preventative services. While the proportion of children in family-based care has improved significantly since 2009, reduction in the number of children in institutional care has been slow. In 2021, 7,801 children in the Czech Republic were living in institutions, while 20,659 children lived in family-based care.

Despite increased efforts to combat social exclusion, results have been limited. Children from socially excluded groups, particularly Roma children, children with disabilities, and refugee and migrant children, face higher risks of exclusion from mainstream education, overrepresentation in alternative and institutional care, and poverty.

Response to the arrival of refugees from Ukraine

The Czech Republic has welcomed over 615,000 refugees from Ukraine since the onset of the war in February 2022. As of September 2024, there were 377,162 refugees from Ukraine in the country, with children representing approximately 25 per cent of this population. Refugees from Ukraine were eligible to the same provisions as other applicants for international protection and holders of asylum. Additionally, under the Lex Ukraine laws introduced in March 2022, they benefit from entitlements when granted temporary protection.

The term ‘unaccompanied child’ is defined in legislation. However, ‘separated child’ is not. Following the 2024 re-registration, the Ministry of the Interior (MoI) estimates that approximately 1,352 refugee children from Ukraine, aged 0-15 (2.1 per cent of children aged 0-15) are unaccompanied and separated children. The MoI does not track the number of unaccompanied and separated children aged 15-18 because by law children in this age group can re-register for temporary protection on their own and are not required to provide information about their guardian. These young people were provided with accommodation, and they had a right to humanitarian benefits. Social workers consider Ukrainian children aged 15 years and older to be at particular risk, as they are often not enrolled in Czech schools and may be working. In November 2023, the MoI estimated that approximately 30-50 minors from Ukraine were arriving without their parents each month.

Recommendations

The overarching recommendation is to prioritize implementation of the current national action plans and strategies relevant to child protection and to address any remaining gaps in upcoming action plans and strategies.

- **Step 1: Unifying the child protection system**
Reach agreement over unification of the child protection system under one ministry and outline the steps and responsibilities involved in transitioning responsibility in a roadmap. Ensure buy-in from all ministries involved and develop a communication strategy to inform stakeholders at all levels of the child protection system, as well as the public, of the change.
- **Step 2: Defining national standards and roles**
Reach agreement among the relevant representatives with decision-making authority from all levels of government on nationally standardized definitions of terms, governance, coordination and partnerships, roles and responsibilities, and minimum standards and protocols.
- **Step 3: Prioritizing prevention of unnecessary separation and promoting family-based care**
Align standards, guidelines and protocols across all service segments and address identified gaps to ensure that children are raised in their own families whenever possible (or in family-based care if in their best interests). This commitment should become the practical reality in all social service and child protection work. These standards, guidelines and protocols should also cover universal and preventative services, strong gatekeeping to alternative care, commitment to a move towards family-based solutions, and involvement of families and children in decision-making on anything from case management to service design.
- **Step 4: Attaining social inclusion**
Take proactive measures to address the stigma and prejudices regarding socially excluded groups. Build professional capacity to encourage social inclusion, ensure services are available and accessible in socially excluded areas, and monitor and enforce adherence to non-discrimination legislation.
- **Step 5: Making the child protection system responsible for all refugee children**
Ensure that all refugee children – not only unaccompanied ones, but also those who are accompanied or separated – are assessed by the Authority for the Social and Legal Protection of Children (OSPOD). Provide capacity building for frontline workers to support refugee children and recognize their vulnerabilities. Create a rapid response plan that enables the child protection system to scale up quickly to provide support in case of an influx of child refugees.
- **Step 6: Building capacity**
Ensure that the child protection system – and particularly preventative services – has the necessary staffing, training and financial and material resources necessary to provide required services and support. Develop a roadmap based on a gap analysis to ensure sufficient capacity.
- **Step 7: Developing the framework to support the reform decisions**
Enable and support the implementation of all the decisions, strategies, action plans and transitions that came out of the previous recommendation steps through legislation, budgets, data collection and monitoring and evaluation systems.



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Introduction

The Czech Republic's current policies and national strategies demonstrate commitment to constantly improve and strengthen the child protection system. This dedication is a valuable asset in ensuring that the rights of children are upheld in accordance with the Convention on the Rights of the Child (CRC), which the Czech Republic has ratified.

In 2022, to support the Czech government's efforts to strengthen the child protection system, UNICEF commissioned an assessment of the Czech child protection system under a joint workplan signed with the MoLSA. This assessment examined how the child protection system supports children and families in vulnerable situations, with a particular focus on supporting the significant number of refugee children from Ukraine who have come to the Czech Republic since the start of the war in Ukraine in February 2022.

Methodology

The initial assessment took place between January and June 2023, comprised a literature and legislative review, along with primary data collection including focus groups and 43 key informant interviews. The assessment framework can be found in Annex I, interview template in Annex II, and list of participants in Annex III. The information gathering was guided by the following key questions:

- What are the main components of the country's child protection system for Czech children and migrant/refugee children, including Ukrainian refugees?
- How effective is the Czech Republic's child protection system, including during the influx of refugees from Ukraine?
- How can the Czech Republic's child protection system be strengthened to better support migrant and refugee children and families, including refugees from Ukraine?
- How can the Czech Republic's child protection system be strengthened to better support vulnerable Czech children and families?

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Most interviews were conducted in person with representatives of national, regional and municipal governments and with civil society organizations in Prague, Brno, and Ostrava. Additional online interviews took place in the Olomouc, Pardubice, Central Bohemian, Usti and Liberec regions. Three focus groups were held in Prague, Brno and Ostrava with non-governmental organizations (NGOs) supporting refugees from Ukraine.

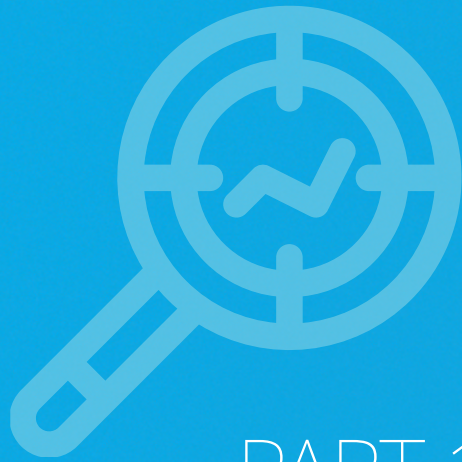
The interviews and round tables provided valuable insights into the overall functioning of the child protection system. Much of the discussions centred on the response to the refugees from Ukraine, as the influx of refugee children placed particular pressure on the child protection system. Insights from these interviews appear throughout the report, with the situation analysis of protection of refugee children from Ukraine particularly drawing on respondents' perspectives. Representatives of UNICEF, MoLSA and selected members of the child protection system validated the recommendations from the primary data collection in three round table events in Prague, Brno and Ostrava.

In 2024, the initial analysis was supplemented with additional desk review, examining good practices in the Czech Republic and elsewhere, along with relevant reports, action plans and strategies. These findings have informed the recommendations for strengthening the Czech child protection system. Finally, MoLSA reviewed this report, and their feedback was integrated into this final draft.

This report consists of two parts. The first provides a situation analysis, offering a brief overview of the Czech child protection system's strengths and challenges, and examining its response to the arrival of refugee children from Ukraine. The section on strengths and challenges covers eight areas: governance, legislation, administrative data, monitoring and evaluation, child welfare – including universal services, family support and child protection, and alternative care – capacity and resources, social inclusion and participation.

The second part of the situation analysis examines the response to the arrival of refugee children and families from Ukraine, describing general provisions for migrant and refugee children, the arrival of refugees from Ukraine, the protection of refugee children from Ukraine and unaccompanied and separated children from Ukraine.

As the targeted audience of this report – decision-makers who shape the Czech child protection system and stakeholders advocating for strengthening the system – is familiar with the system's workings, the situation analysis provides a summary that serves as a rationale for the recommendations rather than a detailed description. The second part of the report presents recommendations in seven steps for implementing long-discussed reforms: unifying the system, defining national standards and roles, prioritizing prevention of unnecessary separation and family-based care, attaining social inclusion, making the child protection system responsible for all refugee children, building capacity and developing the framework to support reform decisions.



PART 1

SITUATION ANALYSIS

1. Strengths and challenges of the Czech child protection system

In 2023, the Government of the Czech Republic approved a policy statement emphasizing its commitment to strengthening family support and preventative services. The government pledged to prioritize children growing up in families rather than institutions and to support the strengthening of the foster care system. The government also committed to unifying the alternative care system (currently under five different ministries) under MoLSA's mandate and management to end the fragmentation of system and enhance its efficiency.²²

The Czech Republic has a long history of child protection, evolving in different forms under different political circumstances, which remains a valuable asset to this day. Before 1948, the country had a well-developed foster care system.²³ However, under communism (as in many other communist countries), social work was abolished and institutional care became the primary approach to addressing challenges related to children.²⁴ This stands in contrast to Western European countries, many of which began transitioning towards family-based care models and away from large-scale institutions in the 1960s.²⁵

Like in other former communist countries, since returning to democracy, the Czech Republic has re-established social work. However, transitioning away from the communist legacy of institutionalization presents challenges beyond simply moving away from institutionalization as the primary solution. There is a need to replace a system that offers limited family support, pathologizes behavioural or developmental problems, relies on a medical model of disability and lacks inclusivity in community-based services and mainstream schools. These inherited characteristics have led to continued overrepresentation of children with disabilities in residential alternative care across the region despite other signs of progress. The Czech Republic has made some advances: children with disabilities are increasingly moved out of large-scale institutions, however they do not yet typically end up in families.²⁶ The number of children under three years old in institutions has decreased, and from 1 January 2025, no child under three years old can be placed in an institution.²⁷ There has also been a gradual decrease in institutionalization of children with challenging behaviour.²⁸

In 2021, 141,455 families were registered with child protection authorities, this includes cases of guardianship conflict.²⁹ Approximately 3,000 children per year are removed from their families.³⁰ In 2021, 7,801 children were living in institutions, and 20,659 were living in family-based care.³¹ More detailed statistics appear in the alternative care section.

1.1 Governance

Five ministries share responsibilities for oversight, funding and regulation of child and family support and protection: MoLSA, the Ministry of Education, Youth and Sports (MoEYS), the Ministry of Health (MoH), Ministry of Justice (MoJ) and the Ministry of the Interior (MoI). MoLSA holds primary responsibility for monitoring the rights of the

child, the rights of persons with disabilities, social and legal protection for children and social services. The majority of children in institutions fall under MoEYS, which regulates educational institutions while MoH regulates institutions for children up to three years old.

Moj oversees courts that issue orders for removing children from their families and placing them in alternative care, both institutional and family-based, and can remove parental rights. Children with disabilities and children up to age three may be placed in institutions through a voluntary contract with the parents without a court order, though this requires approval from OSPOD. MoI coordinates public administration and crime prevention and is responsible for the refugee response.³²

The complexity and fragmentation of the child protection system, combined with lack of definitions and insufficient communication and coordination between different parts, emerged as a major challenge in the interviews and focus groups. This issue also appears predominantly in various studies, concluding observations of the Committee for the CRC³³ and in the reports from the Council of Europe,³⁴ with recommendations to address it.³⁵

The Social Inclusion Strategy 2021-2030 includes improved cooperation and coordination between different levels of government and non-profits in social and family policy as one of its objectives.

Figure 1, below, provides a simplified overview of the Czech child protection system's governance across different ministries and levels of government. Although the model shows clear lines and boundaries between responsibilities and entities, these are much more blurred in practice. As the National Strategy for the Protection of Children's Rights 2021-2029 states:

"Horizontal and vertical fragmentation and complexity of the system, unclear competencies and responsibilities between individual managers. The individual components of the system fall under the responsibility of various ministries [...] and under various levels of public administration. It involves different approaches to management, rights and needs of the child, methodological management and financing."

National Legislation, Steering Implementation of Policy, Finance, Inspection, Data Collection, Consultation	Ministry of Health	Ministry of Labour & Social Affairs	Ministry of Education, Youth & Sports	Ministry of the Interior	Ministry of Justice
	<ul style="list-style-type: none"> Healthcare Prevention of risky behaviour 	<ul style="list-style-type: none"> Monitor Conventions on Rights of Children & Persons with Disabilities implementation Social services Social benefits Social & legal protection of children Immediate assistance inst. Family foster care Office of International Legal Protection of Children Social work Employment 	<ul style="list-style-type: none"> Education Outpatient educational & psychological consultancy Diagnostic inst. Children's homes with schools Educational inst. Inst. for protective care Leisure and sports 	<ul style="list-style-type: none"> Children in contact with the law Crime Prevention Refugee children status Integration policy 	<ul style="list-style-type: none"> Civic Code Juvenile justice Victims protection Constitutional court Probation and mediation services
Regional Authorities	Department of Health	Departments of Social Services, Social & Legal Protection of Children, etc.	Department of Education	Dep. of Asylum & Migration Administration of Refugee Facilities	Regional courts District courts Prosecutors
OSPOD - Regional Authorities	<ul style="list-style-type: none"> Manage substitute family care Recruit, assess, prepare persons for foster care & adoption Place children in alternative care Register of children and families for substitute care Provider of children's homes Plan social services Issues permits for 'authorized persons' & register social services Distributing subsidies for social service providers Creating cultural, educational, sports activities for youth 				Regional & District Courts All placements of children in alternative care require a court order
OSPOD - Municipality with Extended Powers	<ul style="list-style-type: none"> Assessment of children and families' needs Individual planning Case and family conferences Guardian or custodian for children Intervention in care of serious threat to children Support to municipalities in case of complicated cases Submit a proposal to the court for the placement of the child. Case workers for children at risk 		OSPOD - Municipality	<ul style="list-style-type: none"> Identification of children at risk Talk with parents and children about 'shortcomings' Family-strengthening support Monitor children at risk to ensure they are safe Notify OSPOD when a child needs social & legal protection Cooperate with schools, authorized persons & associations Can establish social-legal protection entities to provide support Educational recreation camps for children 	

Figure 1:³⁶ Simplified overview of the governance structure of the Czech child protection system.

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Efforts to unify the social and legal protection of children under one ministry have been ongoing for decades. Government Resolution No. 1078 initiated this process in 2007, but this was not implemented.³⁷ This long history of discussion and planning without tangible changes has led many stakeholders to question whether reform is possible, a scepticism expressed in several interviews and focus groups.

The lack of clearly defined responsibilities, effective communication, coordination among different actors, and uniform standards and methodologies has serious consequences. It creates significant differences in service quality and types of services provided across different regions, districts and municipalities,³⁸ resulting in inequality. Whether a child's right to family life is upheld depends on where the child lives and what legislation happens to be applied to their situation. Those providing services and making decisions face additional burden trying to navigate what rules to apply, what methods to use and non-standardized communication channels.³⁹ Where coordination and cooperation work well, it tends to be informal and rely on personal contacts.⁴⁰ This was reinforced by the interview respondents, particularly in regard to the response to the influx of refugees from Ukraine. The 2022 Government Policy Statement acknowledges this challenge:

"The growing differences between Czech regions represent a major challenge to our whole society. The place where a citizen lives must not fundamentally affect that person's quality of education, access to health care, transport services and digital connectivity."⁴¹

1.2 Legislation

International framework

The Czech Republic ratified the CRC in 1993, with all the optional protocols, as well as the Convention on the Rights of Persons with Disabilities (CRPD) in 2007. Both conventions enumerate the child's right to family life. The CRC states in Article 3 that:

"State Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures."

The same article also states that the best interests of the child shall be a primary consideration.

The Committee on the CRC's concluding observations to the Czech Republic have criticized the fragmentation of governance and legislation in the child protection system. They have also emphasized the need to make greater efforts towards social inclusion.⁴²

In 2004, the Czech Republic joined the European Union (EU). As a Member State of the EU, the EU Convention on Exercise of Child Rights, the EU Strategy on the Rights of the Child, the EU Pillar on Social Rights, the Union of equality: Strategy for the rights of persons with disabilities 2021-2030 and the European Child Guarantee are all applicable in the country. All these EU standards emphasize children's right to grow up in a family. Slow progress in social inclusion and complaints against the Czech Republic to the Committee of the European Social Charter have resulted in ongoing monitoring by the Commission of Human Rights of the Council of Europe.⁴³

National framework

The Act on Social and Legal Protection of Children No. 359/1999 (Protection Act) serves as key national legislation for child protection, covering the parts of protection and support for children and their families that fall under MoLSA.⁴⁴ The Protection Act No. 359/1999 and the role of MoLSA are supported by the Regulation No. 473/2012 Coll. on the implementation of some provisions of the Act on Social and Legal Protection of Children.⁴⁵ Also relevant to MoLSA's responsibility regarding child protection are the Act on Social Services No. 108/2006, the Civil Code No. 89/2012,⁴⁶ the Act on State Social Support No. 117/1995⁴⁷ and the Act on Material Needs No. 111/2006.⁴⁸

MoEYS's responsibility for child protection, including institutional care with educational support, falls under two acts: Act No. 561/2004 on Pre-school, Basic, Secondary, Tertiary Professional and Other Education (the Education Act)⁴⁹ and Act No. 109/2002 Coll. on the performance of institutional education or protective education in school establishments and on preventive educational care in school establishments (the Educational Institutions Act).⁵⁰ The MoH regulates institutions for children under three years old through the Act on Healthcare Services No. 372/2011.⁵¹

The Committee on the Rights of the Child operates under the Government Council for Human Rights and could conduct child rights' assessments of legislation. However, while the Committee is regularly consulted concerning draft legislation, there is no legal requirement for such consultation.⁵² The merits and some of the practical drawbacks of the laws mentioned will be discussed in more detail in relevant sections of this report. Here, first, a look at some of the overarching challenges with the legislative framework.

Analysis of the legislative framework

The fragmentation of child protection governance under multiple ministries creates complexity, but even issues under a single ministry may be subject to multiple laws, leading to further fragmentation. This creates confusion for both service providers and service users, as different pieces of legislation sometimes establish different rules for operation, financing, reporting and supervision.⁵³ Rules may also differ between state-provided services and those offered by NGOs,⁵⁴ leading to discrepancies in service types and quality.⁵⁵

Most legislation broadly outlines responsibilities and services without providing specific details or definitions. An example of a situation where there might be a presumption that someone else has the responsibility to handle something, with a risk of it then not being done by anyone, can be found in the Act on Social Services Nr. 108/2002. The lists of responsibilities given for municipalities in § 94 and for regions in § 95 have a significant overlap, without definition of the difference in responsibilities at different levels.

The National Strategy for the Protection of Children's Rights 2021–2029 addresses the issue of eligibility and the limitation of Section 6 of the Protection Act No. 359/1999, by stating that it:

"...does not focus only on vulnerable children in the sense of Section 6 of Act No 359/1999 on the social and legal protection of children, but also on potentially vulnerable children (for example due to social or health disadvantages)."⁵⁶

The current government aligns with the Minister of Labour and Social Affairs' long-held position that fundamental revision of care for at-risk children is needed, focusing primarily on preventive and supportive measures. MoLSA representatives are preparing a Regulatory Impact Assessment and developing principles to develop a new law for child protection and family support,⁵⁷ consulting with other relevant departments. This legislative reform aims to address the key systemic shortfalls in the national child protection system and respond to the Committee on the CRC's October 2021 recommendations.⁵⁸

The Act on Municipalities No. 128/2000 presents another example of unclear responsibilities. Despite municipalities' role in executing social and legal protection of children, the Act only broadly refers to "[Municipality] attends to the fostering of conditions for the development of social care and to the satisfaction of the needs of its citizens," without clearly defining these responsibilities regarding social protection and child and family support.⁵⁹

Aside from the complexity of having several laws apply to the same issue with different rules, interview respondents highlighted the difficulties arising from frequent amendments to existing laws. For example, one respondent said:

*"If the law on social legal protection is amended every year, and before a person learns it, it is put into practice and has an impact, then it is already known that there will be another amendment and this is repeated quite often."*⁶⁰

Another respondent observed:

*"Of course, as each law is amended several times, it becomes less and less clear."*⁶¹

This feedback from respondents indicates intersecting challenges of not receiving enough information and guidance coupled with not having enough time to get used to one amendment before having to make changes again. These challenges stand in the way of proper implementation as they can demotivate the relevant stakeholders to try to keep up.

The legislation's general tone seems to set the state and parents and children on opposite sides. By using terms like 'faults' in parental approaches,⁶² 'defect in the child's behaviour'⁶³ and 'corrective measures' towards parents,⁶⁴ the government portrays struggling families as 'defective' at best and criminally negligent at worst. Similarly, the Educational Institutions Act No 109/2002 uses language focused on identifying and correcting 'behaviour disorders' and 'negative phenomena' without acknowledging that there are underlying root causes that require attention.

This adversarial approach can have counterproductive effects. When families are treated as being 'at fault' and 'in need of correction', they are less likely to cooperate and more likely to become defensive, focusing on avoiding what they may perceive as punitive scrutiny and measures. This approach fails to recognize that most parents try their best, but current circumstances or unresolved trauma may affect their ability to manage childcare or even their own lives.⁶⁵ Similarly, challenging behaviour in children typically indicates trauma or unmet needs.⁶⁶

A more effective approach would be to recognize that parental approaches and child's behaviour often signal a need for supportive intervention. This would help families to overcome obstacles to handling situations appropriately, rather than treating them as inherently problematic.

1.3 Administrative data

MoLSA publishes an annual report on the implementation of social and legal protection of children.⁶⁷ However, in its National Strategy for the Protection of Children's Rights, MoLSA acknowledges "that due to the current method of reporting, these data may not be completely accurate."⁶⁸

The national respondents for the Czech Republic in the DataCare project by Eurochild and UNICEF – which gathered information on data collected on alternative care in European countries in 2020-2021 – cited the "scope of monitored data" and "longevity of monitoring" as strengths of the Czech data collection on children in alternative care.⁶⁹ However, they and many others have identified several weaknesses in the system. Issues regarding administrative data and monitoring mechanisms have been repeatedly highlighted in various reviews of the Czech child protection system and by interview respondents.⁷⁰ The system lacks a standardized, clearly defined list of indicators on the continuum of care under child protection for which data are systematically listed and reported. There is no digital system interconnecting different departments and levels of government, which leads to delays in receiving information, lack of access to information, and inaccuracies that can be difficult to verify. Information sharing between different sectors occurs according to legislative rules that are not always clear or aligned, and there are no data sharing agreements across all parts of the child protection system. While some data are publicly available, others are hard or impossible to access or may only be collected on an ad hoc basis. Data dissemination is limited by sectoral legislation and the EU's General Data Protection Regulation (GDPR). Furthermore, although social exclusion is monitored, related statistics on it are not disseminated due to concerns about the credibility of the region they apply to.

§ 94 of the Act on Social Services No. 108/2006 requires municipalities to research social service provision needs in their territory. However, this does not always happen in practice. For example, research shows that municipalities often do not collect data on how many families with children are in need of housing. This represents a significant gap, as an external study shows that 83,000 people in 54,000 households in the Czech Republic are in serious housing need. These households include 9,600 families where 20,500 children are growing up.⁷¹ Without data on this and other issues, municipalities are unable to provide targeted support to prevent situations from worsening.

An example of the challenge of lacking standardized, clearly defined indicators, mentioned above, is seen in the National Plan for the Promotion of Equal Opportunities for Persons with Disabilities 2021–2025. The plan's indicators for objectives and measures are ineffective as they focus mainly on whether or not certain actions took place. For indicators to serve as effective monitoring tools, they must identify concrete evidence that actions not only occurred but achieved their intended outcomes. The absence of clear, effective and standardized indicators and standardized protocols for data collection, management, analysis, protection and dissemination across all sectors is a significant barrier to effective monitoring of systems and to effective decision-making at all levels.

There is a strong call for developing a digital, interconnected system. The National Reform Programme of the Czech Republic (2024), developed as part of the European Semester and released in May 2024, commits to digitalizing public administration, which could encompass integrated digital case management and data collection systems.⁷² The

programme also mentions a Unified Information Data Collection System for electronic data collection to support evidence-informed decision-making. Two interview respondents pointed out that while legislation has provided a framework for an IT system for the child protection system since 2013, this has not yet been implemented.

1.4 Monitoring and evaluation

The lack of accessible, accurate and comprehensive data impacts the ability to monitor and evaluate the quality of support and protection offered to children and their families. This in turn, affects the effectiveness of policymaking, planning and programming, as decisions and designs lack an evidence base. Much like other aspects of governance, the monitoring system is fragmented and divided across different ministries, with little coordination and no unified approach or standardized procedures for monitoring and evaluation. Some child protection services are not regulated by laws and have no binding quality standards to inform what needs to be monitored.⁷³ Until recently, there had not been a comprehensive accountability framework for the entire child protection system to monitor. However, starting 1 July 2025, the law establishing a Children's Ombudsperson came into force. The implementation and impact remain to be seen.

The main benchmarks currently used for monitoring and evaluating child protection services are the quality standards defined in legislation. These standards focus on infrastructure, staffing and quantitative work output criteria, without examining quality of the work and the outcomes of the support and services provided. A focus on meeting criteria during inspection may actually lead to deteriorating work quality. Moreover, some criteria can be fulfilled on paper without reflecting a benefit to children and their families, risking making inspection a tick-box exercise. With only 52 inspectors for the whole country checking compliance with child protection criteria, around two-thirds of inspections happen in response to a complaint rather than as routine monitoring, due to lack of capacity. The current monitoring approach does not assess whether the budget is used cost-effectively.⁷⁴ This issue was also highlighted in interviews; for example, one respondent noted:

"...and that is why we are happy when, for example, the inspection from the municipality comes and actually goes to see the performance of the person and actually sees the progress of the user. [...] it would be enough to simply reformulate the performance in some way, so that it is not about numbers, but about the direct work, so that's one of those things that actually bothers, I think, all social workers and all non-profits, and we're trying to fight against it in some way, so that they do some kind of evaluation step."⁷⁵

The Social Services Act No. 108/2006 requires providers of social services to set up a complaint mechanism and the Protection Act No. 359/1999 requires the same from authorized persons. There are provisions that a person making a complaint cannot be penalized for making the complaint and that the service provider is required to act on the complaint and to inform the person making the complaint of actions taken. If the person with the complaint feels they cannot go to the provider or is not satisfied with the outcome, they can go to those regulating the service provider or to the Office of the Ombudsperson. However, there are no statutory time limits within which a complaint must be dealt with.⁷⁶

1.5 Child welfare system

Child welfare consists of an array of provisions, services and support needed to uphold children's rights and enable them to thrive. This includes universal services, targeted and specialized services that prevent unnecessary separation of children from their family through family support and child protection. When such support proves insufficient to ensure a child's safe upbringing within their family, alternative care becomes an option. This section describes all these aspects, while Part 2 of the report discusses how these different elements of support and protection for children and their families should interconnect, as illustrated in Figures 4 and 5 in Step 3.

The National Strategy for Protection of Children's Rights 2021-2029 states:

"The most effective way to protect children from abuse and neglect is prevention. If adequate services are provided to vulnerable families at the right time, child neglect and trauma can be prevented. At the same time, it is important to educate the general public about the needs of children and their fulfilment (including work on attitudes, prejudices, etc.)."

However, currently, services that prevent situations where children cannot grow up safely in their own family – which fall under social services – appear to be treated as 'add-ons' to the 'real' system of social and legal protection for children. This is illustrated by the absence of legislation requiring relevant authorities to create preventative services as needed. Instead, there exists a system of *ad-hoc*, short-term subsidies supporting some services developed and provided by civil society.⁷⁷ Indeed, only 10.8 per cent of the budget allocated to the continuum of services for children and their families goes to preventative services.⁷⁸ As a result, there is no minimum range of services available and guaranteed to be accessible to the entire population, and the system appears to focus mainly on dealing with the consequences of family crises as opposed to preventing them.⁷⁹

Universal services

A fragmented and poorly coordinated approach has led to significant differences in availability and quality of a range of services that could prevent the need for alternative care in different regions.⁸⁰ Notably, a lack of available services and support can cause families to become socially excluded.⁸¹ Government strategies, action plans and interview respondents frequently mention that daycare, kindergartens, free school lunches, social housing, paediatricians, non-institutional mental health services for children and health care at a reasonable distance are not sufficiently available or accessible in all locations.⁸² Yet, these universal services are needed by all children and families to cope and thrive. They also form the core of the European Child Guarantee, which aims to combat and prevent child social exclusion by guaranteeing them access to free early education and care, free education (including a healthy meal), free health care, healthy nutrition and adequate housing.⁸³

Education

The Education Act No. 561/2004 guarantees free basic and secondary education. The Act also covers education for children with special education needs, including free provision of special textbooks and compensatory teaching aids. It guarantees adapted communication through sign language, braille script or other means, teaching assistants and special

classrooms in mainstream schools, though the latter two require permission from the regional authority. However, capacity to provide adapted materials and communication support is not always available. Furthermore, while legislation, policy and strategies provide opportunities for inclusive education, there is no obligation to prioritize supported education in mainstream settings for children with disabilities. When 'inclusive education' is mentioned, it typically refers to children who are socially excluded or who show risky behaviour rather than children with disabilities.⁸⁴

The Social Inclusion Strategy 2021-2030 mentions:⁸⁵

"The quality of pre-school and primary education helps to reduce social disparities and, in contrast, poor quality of widely available education deepens these disparities. The improved quality of pre-school and primary education is an effective measure to significantly reduce the costs of future social policies. Investing in quality and widely accessible initial education constitutes huge savings of future social spending."

Health care

Under Decree No 70/2012 Coll. on preventive examinations, a system of preventative health checks covers children from birth to age 19.⁸⁶ General practitioners and dentists conduct these checks, aiming for early diagnosis of health problems and preventative health care, including vaccinations. Public health insurance covers these checks.⁸⁷ Additionally, the strategic framework for health care has announced pilot projects including mother and baby units, child mental health and psychosocial education in the education system.⁸⁸ These universal services enable early identification and intervention, preventing unnecessarily worsening of conditions and added strain on families.

Housing

The lack of social housing availability, and increased difficulty for certain socially excluded groups to access available housing, directly affects efforts to prevent children from unnecessarily entering alternative care. While the Civil Code Act Nr. 89/2012 explicitly states that poverty and housing cannot be sole reasons for removing a child from their family, this principle is not always honoured in practice. For example, when Roma families are forced to move out of dilapidated buildings, they may face separation due to lack of alternatives, with women going to shelters (either with their children or the children being placed in children's homes) and men moving to other hostels.⁸⁹

The Ministry of Regional Development passed a law on housing support in July 2024.⁹⁰ The law focuses on those at highest risk of losing housing, namely families with children and the elderly. It offers municipalities evidence-based tools for addressing housing situations and is projected to reduce state budget costs associated with the housing shortages.⁹¹

Social work is unlikely to achieve positive outcomes unless a family already has a basically stable foundation, meaning secure housing and a regular income. This is due to the ongoing high stress levels created by the absence of a stable foundation. Therefore, the combination of insufficient social housing and a lack of proactive targeting of social benefits hinders desired family outcomes. A lack of clear definitions of roles and responsibilities creates an additional barrier to achieving this targeted approach.⁹²

Family support and child protection

At the end of 2021, child protection authorities had registered 141,455 families, including cases of guardianship conflict.⁹³ Annually, around 2,500 cases of domestic violence in families with children are recorded.⁹⁴ Over the past eight years:

“44 children died in families because of violence, 799 children had permanent health consequences, over 15,000 needed the care of a psychologist and 3,229 children were placed in institutional care due to violence in the family. 22% of Czech children witness violence between their parents.”⁹⁵

In 2021, 358 projects applied for the ‘Rodina’ grant, which supports NGOs’ preventative services for families. MoLSA supported 285 projects, with total funding of CZK 139.4 million.⁹⁶

Family support

Family support comprises targeted and specialized services that not all families need but that aim to alleviate challenges and stressors experienced by families to prevent them from escalating into crises where the family can no longer adequately care for their children. These challenges may include poverty and physical and mental health challenges requiring community-based interventions or therapies.

Preventative family support services mainly fall under the Act on Social Services No. 108/2006. However, due to a lack of capacity – discussed below – in practice even the services outlined in legislation are not always available. The lack of legal regulation, with clear definitions, rules of operation, reliable funding streams and monitoring mechanisms also impedes the development of a comprehensive, reliable, range of preventative services for children and their families.⁹⁷ This is compounded by limited definition of the responsibilities and competency requirements for the people involved.⁹⁸

In practice, family needs rarely fit into the separate categories of health, education, social assistance or social service systems. Families often face complex combinations of different needs that lie at the intersection of two or more systems.⁹⁹ Moreover, approaches to increasing family resilience appear reactive to symptoms, emphasizing mediation, stable housing and predictability. While these elements are important, there is no mention of identifying and addressing the root causes of the crisis and addressing those.¹⁰⁰

In cases of family dysfunction, trauma is very often the root cause behind negative coping skills and challenging behaviour in both parents and children. Without addressing this underlying trauma, intervention may provide only temporary relief, with new problems emerging soon after or the family members being seen as uncooperative.

The tendency in legislation, policies, strategies and action plans to use language implying parental and/or child culpability in crisis situations may contribute to the low priority given to preventative services. For example, children missing school is framed as neglect on the part of the parents at best and as a crime at its worst.¹⁰¹ The right and obligation to compulsory education are placed above other rights such as the right to family life, and sometimes enforced through repressive measures and institutionalization.¹⁰² When family problems are viewed as ‘their fault’, conscious or unconscious bias may reduce the willingness or sense of urgency to provide support.¹⁰³

Since § 971 of the Civil Code Act Nr. 89/2012 mentions explicitly that poverty is an invalid reason for removing children from their families, measures to address poverty and to prevent separation because of it are crucial. In 2017, the risk of income poverty for households with children was 9.6 per cent, slightly above the national average, with higher risks for two parent families with three or more children at 17.4 per cent and single parent families at 31.4 per cent.¹⁰⁴ Among Roma communities in 2015, 77 per cent of adults and 85 per cent of children were at risk of poverty.¹⁰⁵

There are several financial benefits available to support people, including families, with low income or extra expenses.¹⁰⁶ These include state social support,¹⁰⁷ benefits for material needs,¹⁰⁸ benefits for disability¹⁰⁹ and maintenance allowance for a young person leaving alternative care – in the form of a one-time lump sum payment¹¹⁰ or a repeated allowance.¹¹¹

The Protection Act No. 359/1999 provides the right to free basic social work counselling. The Act requires social services to be provided in a way that preserves the dignity and best interests of the service users. There is a particular shortage of specialized services that are not residential, so called ‘outpatient’ services.¹¹² Government documents, studies and interview respondents consistently identify several critical gaps in service provision. These include comprehensive and intersectoral coordinated rehabilitation services for persons with disabilities.¹¹³ Additionally, there is insufficient childcare for children with disability to offer parents respite and/or to enable them to enter the labour market.¹¹⁴ The system also lacks adequate community-based services for autistic children,¹¹⁵ as well as community-based therapeutic support for adults and children with alcohol or substance abuse or other addictions.¹¹⁶

Despite limitations, improvement in community services have contributed to decreasing the number of children with disabilities living in institutions from 1,063 in 2009 to 497 in 2017. This impact is demonstrated by lower institutional admission rates in regions with greater availability of community-based services to support families.¹¹⁷ However, the narrow definitions in legislation restrict the development and sustainability of innovative family support and separation prevention initiatives.¹¹⁸ The call for a network of minimum guaranteed services is found in almost all strategies as well as in the interviews.

Gatekeeping

In the Czech Republic, removing children from their parents requires a court decision. When a child faces significant danger to life or well-being, OSPOD must immediately petition the court for the removal and placement of the child. On submission of the petition, the court must make a decision without delay.¹¹⁹ While this theoretically provides a gatekeeping system, some interview respondents noted that there are no standards or criteria for judges to assess children’s needs and ensure an alternative care placement is only made if in the child’s best interests. Instead, children’s outcomes depend on judges’ own interpretation of the different laws that might be applied to a case.¹²⁰

Moreover, not all alternative care placements occur through court decisions. Of children in institutional care under MoLSA’s responsibility in 2022, 491 were placed through court decisions and 1,039 through voluntary contracts between the parents and the institution.¹²¹ Additionally, as illustrated by the Committee on the CRC’s ‘Views adopted by the Committee under the Optional Protocol to the Convention on the Rights of the Child on a communications procedure, concerning communication No. 139/2021’ different

courts sometimes issue opposing rulings, citing different legislation. In this case, the Committee on the CRC determined that the final decision in the case to place the two children in an institution violated their rights under the Convention and constituted “an unlawful or arbitrary deprivation of their liberty.”

Legislation does not explicitly mention the need for gatekeeping mechanisms to prevent unnecessary separation of children from their families. The Social Inclusion Strategy acknowledges:

“There is a persevering problem of cases where children are placed outside the family environment for illegitimate reasons (e.g. to ensure the child’s education, even after the children have completed compulsory schooling; due to “educational problems” or unspecified “neglect”, which, however, works as an umbrella term for a bad financial and material situation or housing deprivation of the family, etc.).”

As part of the partial reforms in 2012-2013, a gatekeeping strategy was implemented. This was successful in increasing the number of children in foster care compared to in institutional care. However, it hardly reduced the number of children in institutional care and did not gatekeep on separation.¹²²

The state views removal of a child from a family in challenging circumstances as a ‘neutral’ solution to the benefit of the child.¹²³ This perspective disregards the fact that removing a child from their parents is an inherently traumatic experience for the child, even if the child is removed from a situation where they are in serious danger.¹²⁴ It also overlooks the impact that this has on the child’s brain development and ability to form healthy relationships, effects that can last throughout their lives. These harmful impacts are even greater when children are placed in institutions rather than family-based care.¹²⁵ A lack of supportive services early in childhood, particularly if this lack leads to removal, can have long-term effects that are handed down from generation to generation.¹²⁶

Late identification of and response to children at risk of abuse, neglect or other circumstances threatening their safety and well-being presents another challenge. This appears largely due to a lack of capacity, a lack of coordination between different sectors and a lack of available services. While municipalities have primary responsibility for implementing the social and legal protection of children, capacity constraints mean some tasks are only carried out on paper.¹²⁷

Additionally, legislation lacks clear definitions of grounds for removing children from families. Standardized definitions are essential to distinguish situations of poor housing or poverty – which alone cannot be grounds for removal – from genuine neglect of a child. For instance, at what point does ‘lack of parental competence’ constitute neglect? The Protection Act No. 359/1999, Section 13a (2) (b) mentions the concept ‘without adequate care’ but does not define what constitutes adequate care. In order to provide consistent support, a concept like this should be accompanied by a standardized definition of ‘adequate care’.¹²⁸

Alternative care

Each year, around 3,000 children are removed from parental care.¹²⁹ The most commonly recorded reasons are lack of parental competence or neglect, combined with the unstable social, economic and housing situation of the family.¹³⁰ As in other areas, alternative care suffers from fragmentation and lack of coordination and collaboration between

relevant actors. This results in children with multiple or intersectional challenges being moved from one facility to the next because none of the facilities are equipped to provide comprehensive care and support that meets their various needs.¹³¹

The National Strategy for Protection of Children's Rights 2021-2029 mandates:

"In cases of forced departure of a child from her own family, substitute family care should be used primarily. Family reintegration (unless it is not in the best interests of the child) should be the main goal in the case of removing a child from parental care."

Similarly, the Civil Code No. 89/2012 states in § 958 that: "Foster care takes precedence over the care of children in institutional care." However, other legislation and policy documents directly related to alternative care do not explicitly state a requirement to prioritize family-based care. While family-based care has grown over the past decade, there have been no clear strategies or a push towards moving away from institutional alternative care. Institutional care remains a main pillar of the alternative care system, despite decades of research showing that it produces the worst outcomes for children and is the almost always the most expensive alternative care option. Table 1 gives an overview of the average cost per month per child of different types of child protection interventions.

Table 1 Average costs of public budgets per child and month by type of intervention (data for 2016).¹³²

Facility type	Cost per child/month (CZK)
Field work with family	7,249
Family-based care (foster care)	19,984
Institutional care (average of the different types) including:	44,570
Children's homes	36,323
Orphanages with school	54,422
Juvenile correction institutions	74,203
Children's homes for children under three years of age	55,111
Home for persons with disabilities	27,690
Facilities for children requiring immediate assistance	22,800
Diagnostic institutes	69,103

According to UNICEF's white paper on foster care, evidence from Eastern Europe reveals that institutional care's higher costs compared to family-based care are not driven by higher spending on meeting children's complex needs. Instead, significant funding goes to high administrative costs and overheads, with between one-third to half of institutional staff not working directly with the children.¹³³ This is illustrated in Table 1, where monthly cost of care for children in homes for persons with disabilities – a group typically having particularly complex care needs – being the second lowest of all forms of institutional care. Discussion of alternative care system reforms have been taking place since 2006, but with little effect on reducing the number of children entering alternative care, particularly institutional care.¹³⁴ Tables 2 and 3 provide available data on children in alternative care in the Czech Republic in 2021, in institutional and family-based care respectively. The placement of children with disabilities in institutions alongside adults raises concerns. For example, one institution for persons with disabilities has a targeted age range of 6 to 40 years old.¹³⁵

Table 2: Children in institutional care in 2021

Institutional care type	Data from 2021¹³⁶	Percentage	Responsible Ministry
Educational institutions	6,446 children (including young adults on contractual stay)	82.6%	MoEYS
Institution for children in need of immediate assistance	429 children	5.5%	MoLSA
Institutions for children < three years old	518 children	6.6%	MoH
Homes for people (children and adults) with disabilities	408 children	5.2%	MoLSA
Total	7,801 children	100%	

Table 3: Children in family-based care

Family-based care type	Data from 2021¹³⁷	Percentage	Responsible Ministry
Care by Another Person	4,534 children	21.9%	MoLSA
Foster Care	12,351 children	59.8%	MoLSA
Temporary Foster Care	538 children	2.6%	MoLSA
Personal Guardian Care	3,236 children	15.7%	MoLSA
Total	20,659 children	100%	

Family-based care

Not all children removed from their families are successfully placed in foster care by competent authorities. This relates to foster carers' preferences and wishes, as well as ineffective strategies for recruiting people interested in caring for children with more complex needs. Consequently, children with disabilities or mental health issues, school age children, and children who have experienced severe trauma through abuse typically enter institutions rather than foster families.¹³⁸ The Czech Republic currently lacks specialized or professional foster care - a category where the foster family is officially employed and receives training and support to enable them to care for children with greater challenges or special needs.¹³⁹ There is also no provision for foster families to share child care with the family of origin or help build the capacity of the child's parents to care for them. Foster care is seldom used in urgent crisis situations unless it is for children under the age of two. Instead, institutions for children in need of immediate assistance appear to be the default provision used in urgent situations.¹⁴⁰

While a partial reform of the foster care system between 2012-2013 increased foster parent numbers, interest in becoming foster carers has declined since 2015. By 2021, the number of applicants had dropped by more than 60 per cent, particularly for short-term foster care.¹⁴¹ The process of matching children in need of foster care with suitable foster parents faces an additional obstacle: there is no national register for either of these groups. Once foster parents have been fully assessed and prepared, they may wait extended periods for placements.¹⁴²

Foster carers receive certain government benefits, with contributions amounting to CZK 59,400 per foster family per year, or one-twelfth of that monthly while the agreement continues, according to the Protection Act No. 359/1999, Section 47. Additional benefits ensure foster carers can meet children's needs.¹⁴³ Benefits differ between mediated foster carers and kinship carers.

Several factors hinder the full development of family-based care and its ability to replace institutional care.¹⁴⁴ A key challenge is the lack of coordination and continuity of protocols and decision-making standards for working in family-based care. Foster families and the children in their care lack ongoing support, while recruitment of new foster families lacks systematic and continuous effort. The system is further fragmented because the recruitment, selection and preparation of foster families each fall under different entities with insufficient coordination between them. Additionally, there is a shortage of non-residential psychiatric care,¹⁴⁵ though this is gradually improving with 30 mental health centres currently in existence, including three specialized in youth care.¹⁴⁶

Institutional care

Although the current ratio of children in family-based care has increased compared to institutional care since the 2012-2013 partial reforms, the number of children in institutional care has only slightly decreased. Between 2001 and 2017, the number of children in institutions dropped by 8 per cent (no equivalent analysis was found for the years since 2017). However, due to population decline during this period, the number of children in institutions per 10,000 children aged 3-18 remained 27. The change in ratio of family-based to institutional placement is mostly attributable to the overall increase in the number of children in alternative care.¹⁴⁷

Children removed from their families in the Czech Republic still commonly enter institutions. Children who are part of sibling groups are more likely to be placed in institutions.¹⁴⁸ The claim is that this to ensure their right to grow up together, but there is no assurance that they will necessarily be placed in the same group or that contact between them is facilitated if they are not. The Educational Institutions Act 109/2002 specifically says in § 4 that under exceptional circumstances siblings can be placed in different ‘family groups’, without mention of their right to continued contact.

A study in the Moravian-Silesian region found that children in institutions stay an average of seven months longer than those placed in temporary foster care.¹⁴⁹ Once a child has been placed in an institution, they are also less likely to be reintegrated with their family than if they are placed in family-based care.¹⁵⁰ Although the Educational Institutions Act 109/2002 states in § 4 that children can live in so-called ‘family groups’ or ‘educational groups’ of four to eight children, suggesting a family-like environment, the description of care remains institutional in nature. The Act does not require working towards reintegration of the child into their family. Progress towards deinstitutionalization appears to rely more on local initiatives and the personal commitment of individuals than on government initiatives and strategies.¹⁵¹

In a genuine attempt to ensure that children’s rights and their best interests are upheld in the context of institutional care the various laws regulating institutional care have been amended in recent years to include language along the lines of: ‘with due regard for the child’s interest and his or her further emotional, mental and intellectual development.’¹⁵² In the Regulations for Implementation the criteria for institutional care, in Annex III, there is even a requirement to respect the child’s right to family life.¹⁵³ However, institutional care does not and cannot respect the right to family life. Almost a century of research demonstrates that institutional care is incompatible with meeting a child’s psychosocial needs and inevitably harms the child’s development, regardless of intentions or care quality.

Furthermore, research clearly shows that children in institutional or residential care face higher risks of abuse, exposure to violence, isolation from the community and lack of opportunities for secure attachment.¹⁵⁴ These conditions constitute violations of children’s rights and can therefore never be in the best interest of the child. Even small-scale residential care has been shown to have poorer outcomes and be more harmful to children’s development than family-based alternative care.¹⁵⁵

UNICEF’s recently released white paper on boarding schools puts those facilities in the same category as residential care. While the Czech Republic has few ‘boarding schools’, most children in institutional care in the country reside in ‘school facilities’ that fall under MoEYS. While these children are placed by court order and not simply because their parents are looking for education, it is notable that most of these institutions are educational facilities. In addition, non-attendance of compulsory education is interpreted as faulty behaviour of the child and/or as lack of competence of the parents and can lead to removal of children and placement in institutions under MoEYS.¹⁵⁶ While the term ‘boarding schools’ is rarely used in the Czech Republic, the concept as described in UNICEF’s white paper is relevant to the institutions under MoEYS. The paper notes that the category of boarding schools encompasses more than traditional institutions, by listing ‘classical boarding schools’ and ‘elite boarding schools’ among various facilities that fall within its scope.

Aftercare

Between 600-800 young people leave institutions every year upon reaching adulthood.¹⁵⁷ Other than a recurrent allowance of CZK 17,250,- per month or a one-off maintenance allowances of CZK 28,750,- once,¹⁵⁸ there is very little support for young people who leave institutions or substitute families because they turn 18.¹⁵⁹ This lack of support often results in care leavers entering the social care system and as adult users of social services.¹⁶⁰ For example, research in Slovakia showed that mothers who had grown up in institutions were 52 times more likely to have their child removed than the general population, for fathers this was 12 times more likely.¹⁶¹ Young people leaving alternative care are at significant risk of poverty and social exclusion.¹⁶²

1.6 Capacity and resources

While legislation entitles children and their families to various forms of support, providing this support requires adequate capacity. This section examines capacity related to human, knowledge and financial resources. The child protection system's overall capacity to respond to the needs of children and families in vulnerable or adverse situations relies on several, critical, interconnected factors.¹⁶³ These factors include adequate staffing levels, effective workload management, comprehensive workforce support and supervision, and staff expertise and experience. Furthermore, the system's success also depends on sufficient financial, material and technical resources.

Staff and workload

The social service workforce falls under two different laws: the Protection Act No. 359/1999 and the Act on Social Services No. 108/2006. Several respondents noted that because they fall under different legislation, OSPOD's social workers, under social and legal protection of children, earn less than social workers who work under social services, even though they may do largely the same work. This leads to an understandable preference for working under social services and great difficulty recruiting staff for social and legal protection, which was confirmed by a study conducted between 2016 and 2022.¹⁶⁴ One interview respondent illustrated:

*"...a lot of people used to apply for OSPOD, there were waiting lists. And today, when people are missing, two people apply for the selection and both are completely incapable. But [we are told] that OSPOD has to take them because there is no one else. Then they toil and trouble with them there and then maybe they will leave anyway during the probationary period."*¹⁶⁵

In 2021, OSPODs of municipal authorities with extended powers employed 2,711 staff members. These OSPODs are responsible for handling particularly complex cases, including separation of children.¹⁶⁶ For general social work at the municipal level, there were 1,347 employees in 2022.¹⁶⁷ This combined number of employees is not sufficient to handle the 141,455 families who were registered with child protection authorities then.¹⁶⁸ The maximum caseload officially allowed is 80 families for a social and legal protection employee and 40 families for a curator for children and youth who is responsible for supporting children with challenging behaviours.¹⁶⁹ This extremely high caseload does not leave any room for intensive practical intervention, even before considering the additional administrative burden. Determining a reasonable caseload is discussed in Step 6: Building capacity, in Part 2 of this report.

Beyond insufficient staffing numbers, high turnover creates additional challenges. This leads to extra recruitment and training costs, loss of institutional knowledge, and affects the children they work with. Children often do not know their social worker due to the frequent changes, leading to a breakdown of trust.¹⁷⁰ Nineteen of the 43 interview respondents identified staff shortages as a major problem.

While each municipality serves as a 'body for social and legal protection of children,' the vast majority of municipalities with basic powers do not have staff with social work expertise. With 76 per cent of municipalities having 1,000 or fewer inhabitants, dedicated experts in each location is unrealistic. However, 55 per cent of municipalities could significantly strengthen their capacity through regular or emergency visits from expert social workers providing practical support and guidance.¹⁷¹

The ability of municipal and OSPOD social workers to provide practical support to families in adverse situations is further hindered by the heavy burden of administrative tasks and bureaucratic requirements. As mentioned previously, the fragmentation of the system and the current data collection and monitoring approaches contribute to this administrative workload.¹⁷²

Limited capacity for preventative services and early intervention means that intervention often only occurs when a crisis situation is reached.¹⁷³ At this point, required interventions become more time consuming and expensive, with greater potential for poor outcomes compared to earlier support. When staff constantly struggle to manage excessive workloads, they lack capacity or incentive to consider cost-effectiveness or explore potentially more beneficial solutions.¹⁷⁴

Research by SocioFactor and interview findings highlight the issue of professional burnout due to the excessive workload and insufficient staffing.¹⁷⁵ This can create a vicious cycle - social workers burning out leads to fewer remaining workers who must handle additional work, increasing their own burnout risk. The combination of severe staff shortages, high burnout risk and poor remuneration directly contributes to OSPOD recruitment challenges.

Social services cover most of the preventative work and are handled mostly by NGOs. The criteria for becoming a 'charged person', meaning a non-government entity authorized and funded to provide services, are laid out in the Act on Social and Legal Protection of Children No. 359/1999. Municipalities screen and authorize service providers before they can become 'charged'.¹⁷⁶ Social services also face severe capacity limitations and generally only work with children already registered as needing social and legal protection.¹⁷⁷

Continuing education and training

Studies and interview respondents indicate that the social service workforce lacks expertise and competence for handling complex cases and working with families who are not motivated to change, suggesting a need for skill development training.¹⁷⁸ The challenge of uncooperative families is compounded by the fact that while for services under the Protection Act No. 359/1999 it is possible to sanction parents who are unwilling to accept them, this is not the case for services under the Social Service Act No. 108/2006.

The right and requirement for continued education of the social service workforce is enshrined in legislation. However, legislation only stipulates the requirement that employers develop individual education plans and arrange the required number of hours of continuing education. There is no definition of what the training offered should cover or what training options should be available at a minimum.¹⁷⁹ Many professional training

courses are specifically designed to meet the minimum education requirement of 48 hours per two years. Most courses are aimed at new social workers, with little advanced level training available. Furthermore, managers are rarely willing to allow staff to attend further courses once the minimum requirement of training hours has been fulfilled.¹⁸⁰

Research identifies the lack of well-organized continued professional development as a major gap. Limited quality and range of available training leads to social workers repeatedly taking the same training or attending training they do not find useful in practice. Research also indicates no evidence-base exists for determining what training would provide social service workers with needed competency skills. These factors create the perception that professional education is just a waste of time and an added burden to an overloaded schedule.¹⁸¹

Various interview respondents noted that they were receiving ‘too much’ training and highlighted the ‘burden of case conferences’. Though these issues highlighted by respondents arise in different areas, they are connected. Professional training should support and strengthen the social service workforce’s ability to handle their work. Similarly, well organized and utilized case conferences should support and strengthen case management as useful tools. Findings from the interviews indicate that this is not currently the case. Training and case conferences, rather than being used effectively to improve the social workers ability to deal with their cases, are treated as a ‘tick box’ exercise and therefore waste time. This suggests a need for training in organizing effective case conferences. Additionally, the time needed for things like training, case conferences, travel and paperwork are not considered when determining a reasonable workload and maximum case load, leading to overburdening of the social workers.

Financial resources

Like the overall system of governance, funding for support and protection for children and their families is fragmented. This stems from responsibilities falling under different ministries and laws, and from different regulations and sources for various government levels and non-governmental partners. This creates lack of clarity and transparency about what is included in the child protection budget as a whole. Moreover, due to the fragmentation, there is no specific budget item covering all of child protection in the annual national budget.¹⁸² For example, municipalities pay for about seven to eight per cent of the total public expenditure for child protection from their own budgets.¹⁸³ The Ombudsperson and local OSPODs have highlighted that insufficient financial and human resources in the child protection system make the system unsustainable.¹⁸⁴

The current budget allocation demonstrates significant inefficiency in resource use. In 2019, just over CZK 14 billion was spent on support for children in vulnerable situations, with only 10.8 per cent allocated to preventative services while over 70 per cent was allocated to alternative care (institutions and family-based care).¹⁸⁵ Within alternative care, institutional placements accounted for 29 per cent of children yet consumed 40.3 per cent of the entire budget allocated for children at risk, revealing disproportionate spending on the most expensive and least beneficial option for children. To further illustrate how expensive institutional placements are: in 2017, the amount spent on average on one child in an institution in the Czech Republic could have supported 19 children with community-based care. Furthermore, for the cost of supporting one baby in a “baby home” (institution for children up to three years old), 38 babies could have been supported with community-based care.¹⁸⁶ Table 4 gives an overview of the spending on preventative services and child protection.

Table 4:¹⁸⁷ Public expenditures on the system of care for children at risk 2019 by Macela (2023)

Area	Amount	Percentage
Public law protection of children	CZK 2,585,710,000-	18.25%
Preventative service	CZK 1,536,590,000-	10.84%
Family-based care	CZK 4,330,370,000-	30.56%
Institutional education	CZK 5,716,220,000-	40.34%
Total	CZK 14,168,890,000,-	100%

The way social services are funded through subsidies significantly impacts their capacity. Rather than providing ongoing funding, these subsidies are awarded annually and are not an entitlement. The subsidy is “for the performance of social work, with the exception of social and legal protection of children” without offering separate subsidies or funding to municipalities for these types of services.¹⁸⁸ There are other forms of funding for child protection services that fall under the Protection Act No. 359/1999. Providers of social services compete for very limited resources, with little opportunity for introducing new services, as the system of awarding subsidies is quite static. If innovative projects are set up, this is generally with EU funding. However, this is usually project-based and does not guarantee sustainability after the pilot phase.¹⁸⁹

The National Strategy for the Protection of Children's Rights (2021-2029) highlights that this is a skewed way to direct resources and that more money needs to flow to preventative services, which are far more cost-effective.¹⁹⁰ Currently, most resources address consequences of insufficient early support and intervention for families.¹⁹¹

1.7 Social inclusion

The government demonstrates strong awareness of social inclusion's importance and the ongoing challenges. Despite longstanding commitments to address it and reduce the number of families facing social exclusion, social exclusion remains a major issue. This awareness is most clearly illustrated by the existence of the Social Inclusion Strategy, the Roma Integration Strategy,¹⁹² both covering 2021-2030, and the National Action Plan for the Implementation of the Child Guarantee for the 2022-2030 Period,¹⁹³ as well as by inclusion of the issue in the National Strategy on Protection of the Rights of Children 2021-2029.

The Social Inclusion Strategy states:

“Social inclusion should thus aim to enable everyone to fully enjoy their rights and freedoms as full members of society, and to provide assistance and support to people who are socially excluded or disadvantaged on the basis of their ethnicity, age, origin, disability and other reasons, and to provide assistance and support in removing restrictions and developing their personal potential. This also promotes the human freedom of each individual to do everything that the law does not prohibit and to not be forced to do anything that the law does not impose, while the restrictions must pursue a legitimate aim and be proportionate.”¹⁹⁴

While legislation generally includes non-discrimination clauses, and the Anti-Discrimination Act No. 198/2009 exists,¹⁹⁵ simply stating prohibitions on discrimination or declaring services available to ‘all children’ does not automatically lead to social inclusion. Success requires both enforcement of legislation and addressing an often unmentioned factor: the stigma and prejudice underlying discrimination against socially excluded and marginalized groups. The families most at risk of facing social exclusion in the Czech Republic are Roma, migrants or refugees and those with family members with disabilities. All three of these groups are at higher risk of poverty, segregated education and encountering violence.¹⁹⁶ Roma and migrants or refugees are also more likely to live in poor quality housing and in segregated areas that may hinder their access to good quality services and even schooling.¹⁹⁷

Some legislative articles still support or encourage segregation of children who belong to groups facing social exclusion. For example, § 2 of the Educational Institutions Act No 109/2002 considers lack of Czech language skills grounds for placing children in separate groups. The same paragraph also enables the segregation of children with disabilities in separate groups.

While some legislation and policy language may not explicitly promote exclusion, it could reinforce existing biases. For instance, “to assist persons with overcoming their adverse social situation and to protect the society against an occurrence of and spreading an undesirable social phenomena” (§ 53 Act on Social Services No. 108/2006); this overlooks how stigma and systemic bias create social exclusion, suggesting that these persons should put in an effort themselves and will be alright with some assistance. The phrase about ‘protecting society against spreading undesirable phenomena’ can be interpreted as combatting the spread of social exclusion. However, it can equally be interpreted as a reinforcement of existing biases against certain non-mainstream cultural aspects that are rejected by many due to prejudice against the group they belong to, which is a significant risk. The Commissioner for Human Rights of the Council of Europe noted in her last report that the government’s Policy Statement does not explicitly address the discrimination of Roma. Furthermore, she emphasized the urgent need to address prejudice and hate speech by public officials.¹⁹⁸

The Social Inclusion Strategy is the only strategy that does address the need to break down stigma and prejudice. It states, “The aim is to find the tools to change attitudes and use them to influence existing approaches in various policies.” The strategy acknowledges that social work is a foundational tool for social inclusion emphasizing its preventative nature and the need to ensure that social work helps prevent rather than increase social exclusion.¹⁹⁹

While the Strategy for the Education Policy of the Czech Republic up to 2030+ (Education Strategy) does not address the need to break down stigma through action or accountability, it acknowledges prejudice’s effects: “Teachers at these schools often doubt that pupils can achieve excellent educational results, and thus the quality of teaching gradually declines.”²⁰⁰ A study by M. Kaleja, in 2015, showed that 96 per cent of teachers believe that pupils from socially excluded backgrounds show signs of intellectual disability, even though they do not have the qualifications to make such a diagnosis.²⁰¹

The Education Strategy also recognizes that:

"It is beneficial to society for many reasons if all children are educated together in high-quality primary and lower secondary schools throughout their compulsory schooling. This results in stronger social cohesion and civic engagement, as well as greater career flexibility, which, among other things, reduces the future risk of unemployment."

Children with disabilities

In 2018, there were 25,194 children in the Czech Republic receiving care contributions due to disabilities.²⁰² While MoLSA is responsible for monitoring of implementation of the CRPD, as with other areas, different ministries and levels of government are involved and coordination is not always adequate.²⁰³

The care allowance provides an important buffer against poverty for families with a member with disabilities. These families are at higher risk of poverty due to an increased financial burden and greater difficulty in earning. However, rising living costs and support service expenses have not been met with an increase in the care allowance. This can increase the risk of separation and institutionalization when families cannot manage the financial burden of caring for a child with disabilities.²⁰⁴

In the 2020/2021 school year, there were 114,108 pupils with special education needs in primary schools, 77 per cent of whom were in mainstream classes. In the kindergartens, there were 11,547 children with special education needs, 42 per cent of whom were educated in mainstream classes.²⁰⁵ Since the 2016 amendment, the Education Act No. 561/2004 calls for assessment of the child and the development of individual educational plans if the child does not perform as expected in school. However, neither this Act nor the Statement on the education of pupils with special educational needs and gifted pupils, requires prioritizing inclusive education in mainstream schools. Section 34 on pre-school education states under (6) that whether a child with a disability is admitted to a nursery school is left to the head teacher's discretion, without providing criteria. This fails to guarantee admission and makes decisions vulnerable to bias and discrimination.

The National Plan on the Promotion of Equal Opportunity for Persons with Disabilities 2021-2025 (Disability Plan) calls for a prioritization of inclusive education as well as for collection of data on children with special education needs.²⁰⁶ Actions include having counselling centres work not only with children and parents, but also with teachers. However, the Education Strategy makes no substantive mention of children with disabilities, other than three instances of 'also' or 'particularly for' children with disabilities. Given the various educational issues requiring action for this group, this represents a major concern.

Czech sign language is recognized as an official language,²⁰⁷ and children have the right to be educated in it.²⁰⁸ However, there is a shortage of teachers who are proficient in sign language, and of qualified interpreters.²⁰⁹ This shortage is compounded by an absence of sufficient resources for training and mechanisms to verify teachers' proficiency.²¹⁰

A start has been made with the deinstitutionalization of children with disabilities, with the support of international experts. In 2007, the government adopted the "Concept of support for the transformation of residential social services into other types of social services provided in the natural community of the user and supporting the social integration of the user into society" to ensure the availability of community-based services.²¹¹ This attracted EU funding and led to the development of a wide range of

outpatient and field social services that can support families and children in their homes.²¹² Between 2009 and 2023, the number of children with disabilities in institutions has decreased by more than 60 per cent.²¹³ However, after a steep decline in the number of children with disabilities until 2018, the rapid reduction stopped.²¹⁴ Today, there are around 400 children with disabilities (aged 3 to 18) in 48 institutions.²¹⁵ Concerningly, some share institutions with adults, as shown in Table 2. In 2018, there were 10 homes for people with disabilities where between one and four children were placed among 150 adults.²¹⁶ The Disability Plan emphasizes the need to develop further programmes to support the reintegrating children with disabilities into their original families.

In the Disability Plan, awareness raising and prevention against discrimination mostly constitutes giving awards. These include a Government Board for Persons with Disabilities award for journalistic work focused on disability and the Health Minister's awards for developing medical social care and for work benefiting persons with disabilities. There is, however, no mention of targeted campaigns to break down stigma and for strong enforcement of Anti-Discrimination Act No. 198/2009. Another gap in the Disability Plan is that the section on the right to participation does not mention children at all and does not address the individual's right to have a say in decisions made that affect them.

To enable children with disabilities to grow up with their families and help families manage their care, overall accessibility and community-based support are essential. At the moment, this support remains inadequate across several areas. Many public spaces, built before the Building Act's requirement for barrier-free construction, are difficult to navigate for people with mobility issues.²¹⁷ Emergency planning frequently fails to include explicit strategies to ensure the inclusion of persons with disabilities in evacuation, it also fails to make information on this accessible.²¹⁸ Support for families is limited in scope, with families receiving comprehensive counselling for a child with disabilities only up to age seven.²¹⁹ Additionally, families face long waiting times for early childhood care services,²²⁰ further complicating their ability to provide appropriate care and support for their children.

However, the past 20 years have seen some promising developments and initiatives. The 2016 amendment to the Education Act No. 561/2004 provides standardized nationwide funding for supporting children with special needs in mainstream schools.²²¹ Additional support is provided to families with children with disabilities, primarily through early care services, focusing on children under seven years of age who have disabilities or whose development is endangered as a result of adverse health conditions. These services, in accordance with the Social Services Act No 108/2006, support both the family and the child's development with regard to their specific needs.²²²

Roma children

The efforts to end the social exclusion of Roma families are ongoing, but not always equally effective. 77 per cent of Roma adults and 85 per cent of Roma children are at risk of poverty in the Czech Republic.²²³ The Social Inclusion Strategy notes:

*"Research shows that life expectancy for Roma is about 10-15 years less than for the rest of the Czech population. Neonatal mortality in the Roma population is twice as high as the national average, [...] and Roma living in socially excluded localities are also more likely to contract serious infectious diseases such as TB, hepatitis, etc."*²²⁴

These negative health outcomes link directly to poverty and social exclusion, both of which can limit access to both healthy living conditions and adequate health care.

Roma children's early education participation has improved significantly – 51 per cent of Roma children starting compulsory education in 2021 had attended early childhood education and care, up from 24 per cent in 2016. While this is a significant improvement and considerably better than in other European countries, it remains well below the participation rate of 86 per cent of children from the general population.²²⁵

A 2015 survey commissioned by MoEYS showed that the financial burden of mandatory school meals and nursery fees was a significant barrier standing in the way of pre-school attendance for Roma families. Several solutions were identified to overcome other barriers. These include enabling parental involvement in the teaching, lowering numbers of children in classrooms, enhancing responsiveness of pedagogical staff in nursery schools and fostering relationships of mutual support between parents and pedagogical workers.²²⁶

Segregated education of Roma children remains a major concern. In 2022, there were 130 schools in the country where Roma children made up more than one-third of the pupils, the same number as in 2018. Sixty of these schools were established under Section 16(9) (for special education), under the Education Act No. 561/2004. In 31 schools, Roma children made up over 75 per cent of the pupils.²²⁷ This seems a continuation of the situation where Roma pupils were significantly overrepresented in schools for children with 'mild intellectual disabilities,' when that classification was still used.²²⁸ While Roma children's numbers in special schools have slightly decreased, they increasingly are being placed in special classes in mainstream schools.²²⁹ In 2022, 13 per cent of Roma primary school pupils were educated according to the Framework Educational Programme for Primary Education with Adjusted Outcomes (which replaces the 'mild intellectual disability' classification with more individual outcome expectations) because of mild intellectual disability. 11 per cent of Roma pupils attended Section 16(9) classes in all types of schools.²³⁰ In the case of *D.H. and Others against the Czech Republic*, the European Court for Human Rights found against the Czech Republic, noting that the statistical evidence of overrepresentation of Roma children in special education was worrying.²³¹

While legislation was adjusted following this case to improve inclusive education in mainstream schools, these changes have proven ineffective for Roma children who face social exclusion. Their assignment to special education often stems from lacking knowledge and skills considered 'normal' by mainstream society due to socio-cultural disadvantage.²³² In their report to the Council of Europe, the Czech government acknowledges that the 'mild intellectual disability' diagnosis may also be used to remove children with problematic behaviour or to secure the right to teaching assistants that could benefit entire classes. They also state that analysis shows that most of the key stakeholders are comfortable with the status quo, leaving the existing system unchallenged.²³³

The segregation and social exclusion of people from Roma communities have complex historical roots and aspects. There is a lack of training or acceptance among teachers who feel unprepared to teach Roma children in an inclusive setting. Concerns about mistrust and racism sometimes result in children from Roma communities leaving school before completing their primary education.²³⁴ Furthermore, in some places a resistance from non-Roma parents to inclusive education, leads to non-Roma children being taken out of schools where classes are mixed.²³⁵ The Commissioner of the Council of Europe expressed her doubt that requiring the child and their legal representatives to consent

to a move to an alternative education path will be a safeguard against discrimination and overrepresentation of Roma children in special education. She points out that lived experience does not back this up.²³⁶

A study in the Moravian-Silesian Region revealed significant overrepresentation of Roma children in alternative care between 2012-2020, comprising 24.1 per cent in temporary foster care and 49.1 per cent in temporary institutional care.²³⁷ Furthermore, compared to the general population of children in alternative care, Roma children have lower chances of being placed in family-based care.²³⁸

The Committee of the European Social Charter has received complaints regarding Roma inclusion against the Czech Republic. Over the past decade, the European Roma Rights Centre (ERRC) has brought three complaints, two of which were considered admissible and are still under examination and one was concluded in favour of the ERRC. The European Roma and Travellers Forum (ERTF) also brought a complaint against the Czech Republic that was upheld, in that period.²³⁹ The follow up of these complaints has been the ongoing monitoring by the Council of Europe.

Despite slow progress, efforts to improve the inclusion of the Roma population continue. In December 2022, the first Government Commissioner for Romani Minority Affairs was appointed by the government to help coordinate the efforts of different stakeholders.²⁴⁰ The Roma Integration Strategy announces support and development of civil, socio-economic, political and cultural emancipation of the Roma national minority, through promotion of equality, inclusion and participation. The 2024 National Reform Programme of the Czech Republic announced the commitment to ensuring equal access to education for Roma children, through the creation of the Expert Forum of the Government Agent for Representation of the Czech Republic before the European Court for Human Rights, with representation of the Roma community. The National Action Plan for the European Child Guarantee announces plans to provide free school meals based on income and social situation of the family.²⁴¹ MoEYS introduced a grant scheme to promote the integration of Roma children in preschools,²⁴² activities to tackle ethnic segregation²⁴³ and support from the National Pedagogical Institute for schools with a high proportion of disadvantaged children.²⁴⁴ Additionally, the Roma Integration Strategy mentions that:

“MoEYS continues to administer subsidy calls specifically aimed at supporting the success of Roma children, pupils and students in schools, from nursery schools to tertiary vocational schools, and it is expanding the portfolio of subsidies for school meals to include nursery schools from 2021.”²⁴⁵

1.8 Participation

Child participation as mentioned in Article 12 of the CRC is enshrined in legislation, including in the Protection Act No. 359/1999, the Civil Code Act No. 89/2012 and Educational Institutions Act No. 109/2002 Coll. This legislation requires providing children with age-appropriate information about decisions affecting them and recognizes their right to form and express opinions that must be considered. The National Reform Programme includes commitment to youth involvement in designing a national youth strategy, through a youth panel.²⁴⁶ However, in practice, children are not sufficiently consulted in decision-making processes, or their opinions go unconsidered, including in child protection. While a rights-based legislative framework exists, processes are either absent or underused.²⁴⁷



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Children rarely have opportunities to express their opinions during court hearings about the removal of a child from their family, or in the case management process. They may not even be fully informed of what has been decided or what they can expect to happen or learn of these only at the moment they occur. In the Committee on the CRC's 'Views adopted by the Committee under the Optional Protocol to the Convention on the Rights of the Child on a communications procedure, concerning communication No. 139/2021' there were descriptions of such instances, including a municipality claiming to act and speak on behalf of two children in court to have them removed from their family, after the family – including the children – had won an appeal that overturned a previous attempt at removing them.²⁴⁸

Regarding mechanisms for children to influence policy decisions – on child protection as well as in other areas – a right that is enshrined in legislation, there is only one assembly for this, namely the National Parliament for Children and Youth. However, this Parliament is not connected to any state body.²⁴⁹

Participation extends beyond children's involvement in decision-making. Service users – both adults and children in need of support and protection – possess valuable insights that could strengthen the system. The same applies to the social service workforce. Five interview respondents indicated feeling that systems, procedures and requirements were designed by someone without knowledge or experience of the practical realities on the ground. All agreed that involving them or their organizations in decision-making might have produced better designs and saved considerable time and effort. The consensus was that this could have saved everyone a lot of time and effort.

2. The response to arrival of refugee children from Ukraine

2.1 General provisions for migrant and refugee children

After examining how child protection functions generally in the Czech Republic, this section focuses on its response to refugee children from Ukraine. To contextualize this response, it is useful to first look at what is available to and what challenges are encountered by refugees arriving in the Czech Republic overall. This provides a framework to understanding the special adjustments made for refugees from Ukraine and insights into provisions and circumstances available to all refugees where Ukraine-specific data may not yet exist.

Applicants for international protection and asylum holders are eligible to access education (from primary to higher education, including supportive measures if relevant)²⁵⁰ and public health insurance system²⁵¹ just like Czech citizens. However, eligibility begins only after applications are made, not before. Before the arrival of the refugees from Ukraine, refugee children in Czech schools were relatively few - 450 refugees of varying nationalities attending kindergartens, primary and secondary schools in the school year 2019/2020,²⁵² compared to over 47,000 at the beginning of school year 2023/2024.²⁵³

Despite these entitlements, refugees still face significant challenges. A 2022 research report based on interviews with adult refugees from various backgrounds, including parents, describes challenges they encountered in the Czech Republic. While these describe the concerns expressed by adults rather than children, in cases where parents struggle to get support or have mental health issues, this has an impact on the lives of their children. These challenges include²⁵⁴ persistent mental health issues related to past traumatic experience, the psychological strain of staying in a reception centre, and not knowing how to get help. Refugees also struggle to understand and navigate the Czech social security system, which creates additional barriers to establishing stability. Within educational settings, the situation is further complicated by teachers' apparent reluctance to address peer prejudice against refugee children, leaving these students exposed to potential social marginalization. Communication challenges with the school sometimes require families to change schools to an environment where their children can feel safe and effectively learn.

The Committee on the CRC raised several concerns regarding the reception of child refugees in 2021:

- (a) the insufficient regard for children's rights and best interests in immigration procedures, in the absence of a best interests determination procedure;
- (b) the lack of special protection measures for children above 15 years of age;
- (c) the unreliable age-determination methods in use;

- (d) the detention of migrant children, in particular those above 15 years of age and pending age assessment results, and the detention of children under 15 years of age with their families pending transfers under the Dublin III Regulation to ensure family unity and the best interests of the child.²⁵⁵

2.2 The arrival of refugees from Ukraine

By the summer of 2022, refugees from Ukraine represented 3 per cent of the Czech population, making the Czech Republic the EU country with the highest per capita share of refugees from Ukraine.²⁵⁶ At that time, 43 per cent of Ukrainian households had children under five years old.²⁵⁷ Since February 2022, over 615,000 refugees from Ukraine have arrived in the Czech Republic. As of September 2024, 377,162 Ukrainian refugees remained in the country,²⁵⁸ approximately 25 per cent being children. On average, an additional 1,500 new refugees arrived each week in 2024.²⁵⁹

Initially, the response to the influx of refugees from Ukraine was coordinated by the MoI. With the support of fire-rescue service staff, they established 16 registration centres (Regional Assistance Centres for Help to Ukraine or KACPUs) as one-stop points for all services.²⁶⁰ Across the country, KACPUs worked with regional authorities, municipalities and NGOs to meet the needs of the refugees from Ukraine. One interview respondent noted that different ministries (MoI, MoLSA, MoEYS, MoH) were processing methodologies and recommendations to direct procedures to ensure protection and support for temporary protection holders, including children.

Unlike refugees who typically apply for international protection or asylum, refugees from Ukraine were eligible for temporary protection. Temporary protection is an EU measure intended for a mass influx of displaced persons that risks overwhelming standard asylum systems and was activated for the first time in response to the war in Ukraine. In March 2022, the Czech government approved a package of “Lex Ukraine” laws implementing the EU Temporary Protection Directive for Ukrainians and third country nationals from Ukraine unable to return to their own country.²⁶¹ This temporary protection was initially valid for a year and has been extended under Lex Ukraine amendments. The latest amendment is Lex Ukraine 7, which came into force in February 2025. In addition to extending the length of temporary protection, the consecutive amendments have served mostly to restrict the time period and eligibility for the various benefits.

As of Lex Ukraine 7, refugees with temporary protection are entitled to:

- remain in the country through March 2026;
- free access to the labour market;
- education in Czech schools (obligatory for children aged 6-15);
- public health insurance (paid for by the state for 90 days, then free only for certain groups including children, students, and caregivers);
- humanitarian benefit (paid for 150 days, after that the benefit is decreased except for vulnerable groups including children, students, individuals who care for children under age 6, pregnant women, people older than 65 years, people with disabilities, and the caregivers of people with disabilities);²⁶²
- free emergency accommodation (limited to 90 days).²⁶³

Temporary protection enables refugees from Ukraine to access immediate support without a lengthy asylum application process, and also entitles refugees to differing benefits not available under asylum. However, unlike asylum which once granted is permanent, temporary protection is intended for only one to three years – and must be renewed every year, as long as the government permits it to continue. Several interview respondents commented on the disparity between how refugees from Ukraine were treated compared to other refugees, something that they found caused understandable resentment among refugees who are not from Ukraine. For example, one respondent said:

*"I think that the refugees from Ukraine have shown that many things are actually possible [...] if I simply compare it [...] suddenly there was no problem for Ukrainians to open a bank account, there was no problem for them to get public health insurance, and these were things that I always went around with those clients for months before I succeeded."*²⁶⁴

Another respondent expressed hope:

*"For example, at the speed that they set up within Lex Ukraine some extraordinary measures that make sense and, by the way, many of them are the things that we have been hearing for over 10 years that they cannot do for all those who need it. And here it worked. And we now believe that many of these measures will actually succeed, because they are actually being tested in those schools on those newly arrived from Ukraine. So we believe that it will be possible to push it into the legislation and into practice. Because these are things that are simply logical, make sense, are needed and are the way to support those children."*²⁶⁵

All interview respondents involved in the initial refugee response – from different levels of government and civil society – conveyed a sense of chaos and confusion in the initial stages of setting up support for the large numbers of Ukrainians arriving. As time passed, opinions about the quality of the coordination and cooperation varied somewhat per location. However, regardless of location most respondents pointed out that much of the improvement depended on informal arrangements or contacts, with people very willing to help each other out, rather than on a formal coordination framework, procedure or defined responsibility, which did not exist.

Beyond Lex Ukraine provisions, various initiatives offered free psychological support. Czech language courses were available, but many of them were not free with the payment required creating a barrier for many.²⁶⁶ In the school year 2022/2023, according to survey data, an estimated 84 per cent of children of compulsory school age from Ukraine were enrolled in Czech schools, with most remaining children enrolled in online Ukrainian education.²⁶⁷

Although, generally, refugees from Ukraine were received well, there are many reports showing that Ukrainian Roma did not receive the same kind of welcome.²⁶⁸ For various reasons they were not always considered eligible for temporary protection, and Roma families were reportedly placed in migration detention centres for accommodation.²⁶⁹ However, two of the interview respondents explained that this was a temporary measure and that the refugees were not actually held in detention. One centre was used to be able

to accommodate the families of 20 or more members because of the challenge in finding more mainstream accommodation at short notice for such big groups. The centre was first emptied of detained refugees and no restrictions were placed on the movement of the families while they stayed there. By June 2022, all families were accommodated in regular apartments and houses.²⁷⁰

2.3 Protection of refugee children from Ukraine

No standard risk assessment or best interest determination existed during registration for temporary protection for children from Ukraine who arrived with or without their family.²⁷¹ OSPOD's responsibility regarding refugee children includes any children who are at risk or suspected to be at risk and all unaccompanied children. Steps were needed to authorize OSPOD to intervene in cases of separated children from Ukraine in the care of informal carers, as separated children are not considered to be endangered under Czech law. Methodological support was provided to OSPODs and NGOs on how to follow all families with children and identify risks once the family had settled down in their accommodation.²⁷²

The 2001 Bilateral Treaty on Legal Assistance in Civil Matters requires the Czech Republic to apply Ukrainian legislation and administrative and court decisions to Ukrainian children in all civil child protection matters, and vice versa. This affects decision-making on children over 15 as well as on who is considered a child's legal representative.²⁷³

Interview respondents confirmed the lack of standard assessment from their own experience. Their descriptions suggest that whether children were routinely registered and assessed by OSPOD, or whether OSPOD was present and directly involved at the KACPU during the first weeks was dependent on the location. In some places, OSPOD only became involved if there were clear and serious concerns about children's safety. While counselling was provided to children, there was a lack of capacity to follow up.²⁷⁴

Studies show considerably higher rates of mental health problems among both parents and children among the refugees from Ukraine than among the general population. This demonstrates the importance of routine assessment of refugee children and families to determine the need for support, intervention or monitoring. A study carried out by PAQ Research through a survey of 1,347 refugees from Ukraine in September 2022 showed that 42 per cent of Ukrainian adult refugees suffered from symptoms of moderate or severe depression, compared to 8 per cent of Czechs. In the review of the quality of life of Ukrainian children, aged 8-18, done as part of the study, they found that in families where an adult suffers from moderate depression or anxiety, children score on average 8 per cent less on quality of life. These children also showed increased rates of Post Traumatic Stress Disorder (PTSD).²⁷⁵

Another risk factor facing Ukrainian families is poverty. Even with the humanitarian benefits and support with housing, 35 per cent of refugees from Ukraine lived in income poverty in 2022, compared to 9-10 per cent of Czechs. The impact is the strongest on families with children. Furthermore, single mothers are most affected by material deprivation.²⁷⁶ By late 2023, 57 per cent of refugees from Ukraine lived below the poverty line.²⁷⁷

The findings also identified a notable cultural difference: refugees from Ukraine showed a far greater distrust of state representatives than the Czech general population. This made

them much less willing to cooperate with visiting social workers or seek help when they or their children needed it. This fear of 'the system' may lead to them say whatever is needed to get rid of those they fear may harm them or take away their children.

Many Ukrainian parents seem to put more trust in the Ukrainian community when they need help. Several interview respondents, some of whom are Ukrainians who had settled in the Czech Republic before the war started, commented on the important role played by the Ukrainian community centres and Ukrainian individuals who were already established residents in supporting the refugees arriving from Ukraine. They noted both advantages and disadvantages to this. While the Ukrainian community's provision of support and information, and willingness to translate or act as intercultural interpreters (including in support of social workers) proved valuable, respondents also observed a tendency towards cultural segregation, with some refugees from Ukraine making little or no attempt to integrate into Czech society, preferring to live almost exclusively within the Ukrainian community.

Interviews also revealed that some refugee children may already have needed support or been at risk due to adversity in the family before leaving Ukraine. Czech social workers lacked information about families' pre-war situations when they were still living in Ukraine and any existing welfare concerns. One respondent mentioned the arrival of a total of around 10 families with children in very poor condition due to long-term severe neglect and abuse. These cases exceeded the severity levels OSPOD was used to dealing with and posed significant challenges. All of these children were placed in institutions, for their protection by court order.

2.4 Unaccompanied and separated children from Ukraine

The Protection Act No 359/1999 defines unaccompanied minors as 'foreigners under the age of 18 who are separated from their parents or other persons responsible for raising them'.²⁷⁸ Separated children are not clearly defined in legislation, though through the experience of the influx of child refugees from Ukraine, the development of such a definition has been initiated.²⁷⁹

The government faced significant challenges identifying and monitoring the number of unaccompanied and separated children (UASC) in the Czech Republic throughout the Ukrainian refugee response. Administrative data regarding UASC remains incomplete and the methodology for data collection has evolved with each re-registration for temporary protection. In the first round of registration for temporary protection, there appeared to be around 30,000 children without the care of their legal guardian, including 200 who came alone without the care of any adult.²⁸⁰ However, when a re-registration took place in 2023, the number turned out to be far lower because children were found to be under trusted distant relatives' or non-relatives' care. By November 2023, MoI estimated that approximately 30-50 minors from Ukraine were arriving per month without their parents.²⁸¹ Since the 2024 re-registration, MoI estimates that approximately 1,352 refugee children aged 0-15 (2.1 per cent of children aged 0-15) are unaccompanied and separated children.²⁸² MoI does not track the number of UASC aged 15-18 because by law children in this age group were allowed to re-register for temporary protection on their own and are not required to provide information about their guardian. According to MoI, the number of UASC aged 15-18 should be under the purview of MoLSA and local social services, however this data could not be obtained for the purposes of the report.

As an example of the complexity of the situation, a respondent mentioned the age limit of 15 years old:

*"The procedure was based on their age, if they are children who are younger than 15 years old and are unaccompanied, then our work requires a completely different approach to children who come here and are older than 15 years. This is actually based on the fact that from the age of 15 they can take care of temporary protection themselves, but on the other hand, they cannot take care of, for example, a humanitarian benefit and so on."*²⁸³

Another respondent further illustrated the confusion around UASC:

*"Well, those unaccompanied minors, that's what we found out in the lists we got from KACPU. At first it was obvious that the children were not there with their parents. We approached the children there and tried to find out if they had anyone there, if their parents knew where they were. But usually a close relative was there with them, a grandmother, an adult sibling, etc. So in that case we just made a note of it."*²⁸⁴

There were also some complicated categories of children. One of these were groups of children who were evacuated from orphanages and homes for children with disabilities in Ukraine and arrived in the Czech Republic with a caregiver. These children appear to have been categorized as accompanied children, because they are in the care of a known person. However, not everyone on the ground was clear on whether these children should be seen as unaccompanied or not. For example, in an interview the respondent referred to groups of 40 children escorted by two adults coming from Ukrainian welfare facilities as unaccompanied minors.²⁸⁵

In 2022, four evacuated residential facilities brought groups of children to the Czech Republic. These children remained together accompanied by their educators and were provided with accommodation and material support.²⁸⁶ By the start of 2023, the last group of evacuated children from Ukrainian institutions had left the country. In the case of one group of children with disabilities from an institution, MoLSA had been advised that they would be coming and received information about the children's diagnoses and particular needs. For other groups, there was no intercountry coordination or provision of information about the children who were coming from Ukrainian institutions. The groups coming from institutions were mostly brought in and supported by churches.²⁸⁷

Another complex category involved approximately 50 large foster families that arrived from Ukraine, each arriving with one caregiver and 10 – 14 children each. These foster families mainly integrated into the SOS Children's Villages. Additionally, around 20 unaccompanied refugee children from Ukraine were temporarily placed in foster care with Ukrainian families who already had Czech citizenship.²⁸⁸

Research by UNICEF, covering Bulgaria, Croatia, Italy, Moldova, Poland, Romania and Türkiye, found that Poland's lack of individual case management or best interest procedures led to no long-term planning for children who came to the country from a foster care placement in Ukraine. Initial identification of children proved challenging across countries receiving refugees from Ukraine because children or accompanying adults may prefer to stay under the radar or lack familiarity with registration procedures for care or support arrangements. Countries' lacking procedures, tools and resources also played a role. The research found that all countries included in the study faced serious challenges in ensuring that the children who arrived were protected against abuse, neglect or exploitation, in part because due to standard procedures these children were invisible to the child protection system.²⁸⁹

One respondent described significant changes in the arrival of unaccompanied children before and after the COVID-19 pandemic. Before the pandemic, the Czech Republic received very few unaccompanied minors, mostly young men from Syria or Afghanistan travelling through the country on their way to Germany, who mostly required support for travel. One MoEYS institution specialized in accommodating unaccompanied minors, with a capacity of 30 children. When Germany closed its borders during COVID, unaccompanied minors could not continue their journey, requiring a different and more inclusive approach.²⁹⁰ In 2021, there were 176 unaccompanied children, 141 of them from Afghanistan.²⁹¹

Institutionalization was no longer the default approach due to the lack of capacity. Supporting unaccompanied minors in their late teens by providing accommodation in university dormitories, asylums or shared accommodation with other young men, rather than placing them in alternative care by court order, created some challenges. Placement order by the court establishes the legal right to accommodation, legal status and support, however, this is not the case if accommodation is provided without a placement order from the court. The experiences with larger numbers of unaccompanied children during the COVID-19 pandemic provided some preparation for dealing with the unaccompanied children coming from Ukraine.²⁹²

Several interview respondents mentioned that unaccompanied minors who were older than 15 were considered autonomous in line with Ukrainian legislation. This clashed with the Czech support system, because it means that OSPOD is not authorized to take charge of the care of young people over 15. Ukrainian legislation gives persons of 15 and over the right to independent travel outside Ukraine. This means they consider themselves to be independent and do not want to enter educational facilities or foster care. The young people may not even wish to be reunited with relatives and may avoid registration to maintain their independence.²⁹³

However, accepting the independence of Ukrainian children of 15 and older puts them at significant risk of exploitation, abuse and trafficking. The young people received support with finding accommodation and sometimes with finding work. Some older teenagers from Ukraine want to find work and start earning money so that they can support their family in Ukraine as quickly as possible. There are concerns that this increases their vulnerability to exploitation.²⁹⁴ Mitigating the risks requires special awareness and training for social workers and other professionals who come into contact with teenagers from Ukraine to enable them to identify and engage with these young people.²⁹⁵ Interview respondents raised substantial concerns about this issue, including the fact that if a Ukrainian child declared that they are with someone, that generally had to be accepted, leaving little room for safeguards.

It was not possible for unaccompanied minors from Ukraine over the age of 15 to use the online system to apply for humanitarian benefits or to extend their visa in 2023, when it expired after a year. Various social workers gave accounts of making applications on behalf of the minor for whom they had been appointed guardian, in their own name. In this process, they sometimes also encountered barriers because the system would identify them as not being Ukrainian and therefore not eligible. One respondent explained that the requirement to have the support of a guardian to extend temporary protection in 2023 had been introduced specifically to ensure that the whereabouts of all these older teenagers could be established. This proved to be effective. Although in 2024 refugees were able to apply for an extension of Temporary Protection from age 15 again, there was still a good overview of the location of the unaccompanied older teenagers.



PART 2

RECOMMENDATIONS



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Part 1 of this report provided a situation analysis of the Czech child protection system, examining its strengths and challenges across eight key areas. It also assessed how the system responded to the arrival of refugee children from Ukraine, reviewing provisions for migrant and refugee children, particularly unaccompanied and separated children.

The current social and economic context presents significant challenges that require comprehensive reform of the child protection system. The Czech government's Policy Statement acknowledges the need for significant reform, particularly in light of these challenges, and emphasizes the importance of creating a socially cohesive society built on strong families, engaged communities, and quality social services:

"The Czech Republic is facing a difficult situation; the society, economy and public budgets are recovering from the effects of the never-ending coronavirus pandemic, inflation and, moreover, the current energy crisis. The successful path out of this crisis can only be found by socially cohesive society of educated, responsible and active people, which is also a prerequisite for the long-term sustainable development of society. Such society is based on functioning stable families, participating civil society and local communities, decent work and affordable social care and social services of adequate quality.

*We [the Czech government] will implement the necessary measures, reforms and changes in a socially sensitive way, taking into account the most vulnerable members of society [...] We will also emphasise the availability of social services, support in securing affordable housing and the fight against poverty and social exclusion. The level of society and the State is reflected in how they care for their most vulnerable members."*²⁹⁶

Strengthening child protection systems:
a comprehensive approach to addressing the needs of
refugee and marginalized children in the Czech Republic

Part 2 of this report presents recommendations, in seven steps, that can help achieve the goal shared in the Government Policy Statement above, by setting in motion the implementation of reforms that have long been discussed and announced. These steps lay out a roadmap toward strengthening the child protection system, including examples of good practices from the Czech Republic and other countries. Each step concludes with a summary box containing practical considerations.

These recommendations are addressed to stakeholders involved in child protection at the national government level. While the implementation of the new child protection system occurs at the municipal level, the national level must define, structure and resource the child protection system before implementation can begin. Finally, although the recommendations are framed as steps, they need not be completed sequentially. The reform process is not linear - steps intertwine and depend on each other at all stages of the process.

The recommended steps are as follows:

- Step 1.** Unifying the child protection system
- Step 2.** Defining national standards and roles
- Step 3.** Prioritizing prevention of unnecessary separation and promoting family-based care
- Step 4.** Attaining social inclusion
- Step 5.** Making the child protection system responsible for all refugee children
- Step 6.** Building capacity
- Step 7.** Developing the framework to support the reform decisions

Many necessary reforms appear in the commitments of the 2022 Policy Statement of the Government, shown in Box 1. The recommendations in this report aim to break down these commitments into concrete, implementable actions.

Social and Family Policy

We will:

- set up financial support based on the child's age and the complexity of care in order to increase quality and availability;
- focus on the specific needs of single persons, families with more children and families with a member with disability;
- streamline and support the network of counselling facilities for families in crisis, as well as services and activities focused on primary prevention;
- unify the system of care for families and children at risk from three ministries under the responsibility of the Ministry of Labour and Social Affairs;
- promote children growing up in families instead of institutions, especially the youngest children;
- support the regions to transform their services for at-risk children, strengthen the capacity of social activation services for families and improve the system of selection and training of foster parents;
- support and improve the system of substitute family care, including the department of family care and foster care;
- clarify the competencies of social workers in competence guardianship processes;
- introduce multi-annual financing of social services with a 3-year view, so that the new financing takes into account the needs of the regions;
- use concrete measures, we will support the development of at-home social and health care, field services and the creation of services for families and households;
- work towards systemic changes to integrate and link social and health services in long term care;
- support the availability of the necessary tools and supporting technologies, State financed psychosocial support, information and education, including direct financial support. The aim is to develop a network of relief services and services for persons with special needs;
- prepare an amendment to the Act on Social Services, which will eliminate the administrative and bureaucratic burden in the provision of social services with an emphasis on the quality of services;
- ensure the indexation of financial resources for social services and the care allowance;
- ensure fair remuneration for social workers;
- ensure the interconnectedness of ministerial authorities, online submission of applications and publication of information regarding the system of assistance and the availability of services, support and benefits;

- ✎ simplify and speed up the process of granting financial assistance to persons with disabilities, in particular care allowances and disability pensions;
- ✎ make changes to the assessment by the Medical Assessment Service and the social investigation by social workers;
- ✎ remove “breakpoints” from benefit and tax systems so that people do not remain trapped in poverty and have more incentive to work;
- ✎ speed up digitisation and simplify administration, including its online form and rigorous control thereof;
- ✎ consider introducing a system of indexation where there is a need to ensure greater predictability, such as in the area of parental allowance or subsistence minimum.

Education

We will:

- ✎ support teachers in individualising teaching, working with diverse groups of children and students, developing the potential of students with social and other disadvantages. We will pay special attention to the development of talent and work with exceptionally gifted students; and
- ✎ actively address regional differences in the quality of education. We will support schools in regions with below-average educational outcomes through intervention programmes. We will also promote work with the families of children from socially disadvantaged environments and children with different first language. We will maintain the system of inclusive education and carefully revise it so that it truly reflects the pupils’ needs the schools’ possibilities.

Legislation

We will:

- ✎ will improve the quality of our legislation. We will carefully consider each new regulation based on an analysis of its expected impacts. The legislative proposals required to implement this Policy Statement will be submitted through the standard legislative procedure and will be subject to the opinion of experts within the Government Legislative Council before they are submitted to the government; and
- ✎ introduce Family Impact Assessment and Territorial Impact Assessment.

Where a policy statement is an aspiration, a national strategy turns that ambition into policy. Therefore, it is important to consider the core points of the recommendations in the National Strategy on Protecting Children’s Rights 2021-2029.²⁹⁸ These reiterate the commitment to prioritizing unification of the child protection system, preventative services and family-based care. The core points can be found in Box 2.

Box 2:²⁹⁹ The core points of the recommendations of the National Strategy on Protecting Children's Rights 2021-2029

We will:

- ✎ increase general awareness of children's rights among the public;
- ✎ continue activities aimed at unifying the system of child protection and care for vulnerable children, coordination of activities and interdisciplinary cooperation;
- ✎ strengthen preventive assistance and services so that the number of children forced to grow up away from their families can be reduced;
- ✎ support the offer of educational, leisure and other activities increasing the quality of life of children and families, inclusively;
- ✎ reduce the time of court proceedings and improving decision-making processes of public and judicial protection of children;
- ✎ develop and strengthen substitute family care as a suitable solution for situations where a child cannot grow up temporarily or permanently in their own family; and
- ✎ implement reforms in the area of institutional childcare aimed at greater openness of the system, interconnection of individual specialisations, integration of residential services into the normal social environment.

The National Strategy also acknowledges that many of the points and goals in the boxes above have been included in previous national strategies and that so far progress on implementation has been slow and limited.³⁰⁰ This means that while the end goals are clear, setting the reform process in motion is still a challenge. To accomplish reform or system's change and get beyond discussing it three critical elements need to be present. First, there must be clear awareness of the need for change and what to change. Second, there must be a willingness to bring about change. Finally, concrete action must be taken to set the movement towards change into motion.

Czech governments over the past two decades have demonstrated that the first two elements are present and strong. It is on the third element that the process seems stalled. Reforming the child protection system is a big undertaking and intervening crises make it seem like 'now is not the moment' to start. Since the concrete plans for child protection reform started in 2006, there have been the financial crisis of 2008-2009, the 'refugee crisis' of 2014-2015, the COVID-19 pandemic from 2020, and the influx of refugees from Ukraine from 2022. There will always be more of these unforeseen circumstances, as well as election cycles and national crises.³⁰¹

Despite ongoing challenges, action must proceed, as new crises will always emerge. Reform should not be viewed as one single, overwhelming task but rather as a series of manageable action steps. Significant progress becomes possible by completing smaller actions before the next government takes office or the next emergency takes precedence. Furthermore, these incremental actions build momentum toward a tipping point where the process becomes self-sustaining despite new challenges.

This report's overarching recommendation, applicable across all seven steps, is to prioritize implementation of the current national action plans and strategies, which already contain

much of what needs to be accomplished. The development of future action plans and strategies should incorporate any unaccomplished recommendations as concrete, clearly defined steps.

Throughout the process of reform of the child protection system, it is essential to involve and consider the perspectives of all stakeholders, including both service users, especially children, and professionals who are affected by the reform.³⁰² Additionally, the concluding observations from the Committees on the CRC and CRPD are useful as guidance. Particularly, their reminder that all the rights enshrined in the Convention are indivisible and interdependent, meaning that upholding one of a child's right should never come at the expense of their other rights.³⁰³

Step 1: Unifying the child protection system

Unifying the child protection system aims to remove the confusion, work burden and bureaucracy created by the current fragmented system. Placing responsibility for monitoring and regulating the child protection system under one ministry can achieve this goal. Developing a unified child protection system, requires a unified legislative framework to enable and support it. Legislative reform (covered in Step 7) must be informed by agreements and decisions about what the new unified system should look like and how its elements are defined, which are covered in the intervening steps.

The government's 2022 Policy Statement and various recommendations from other sources, proposes to unify the child protection system under MoLSA.³⁰⁴ This is a logical and efficient choice, because currently most of child protection already falls under this ministry, in the form of social and legal protection of children, social services and the responsibility to monitor the implementation of the CRC. To achieve this unification, it might be helpful to move the entire relevant departments – such as the ones in charge of institutions at MoH and MoEYS – over to MoLSA, so that institutional knowledge and experience is preserved. Slovakia's 1998 unification of social work and institutional and family-based alternative care under one ministry simplified many processes and provided more clarity.³⁰⁵ Poland is another example of a country with a somewhat comparable history over the past century to have unified their child protection system in 1999.³⁰⁶

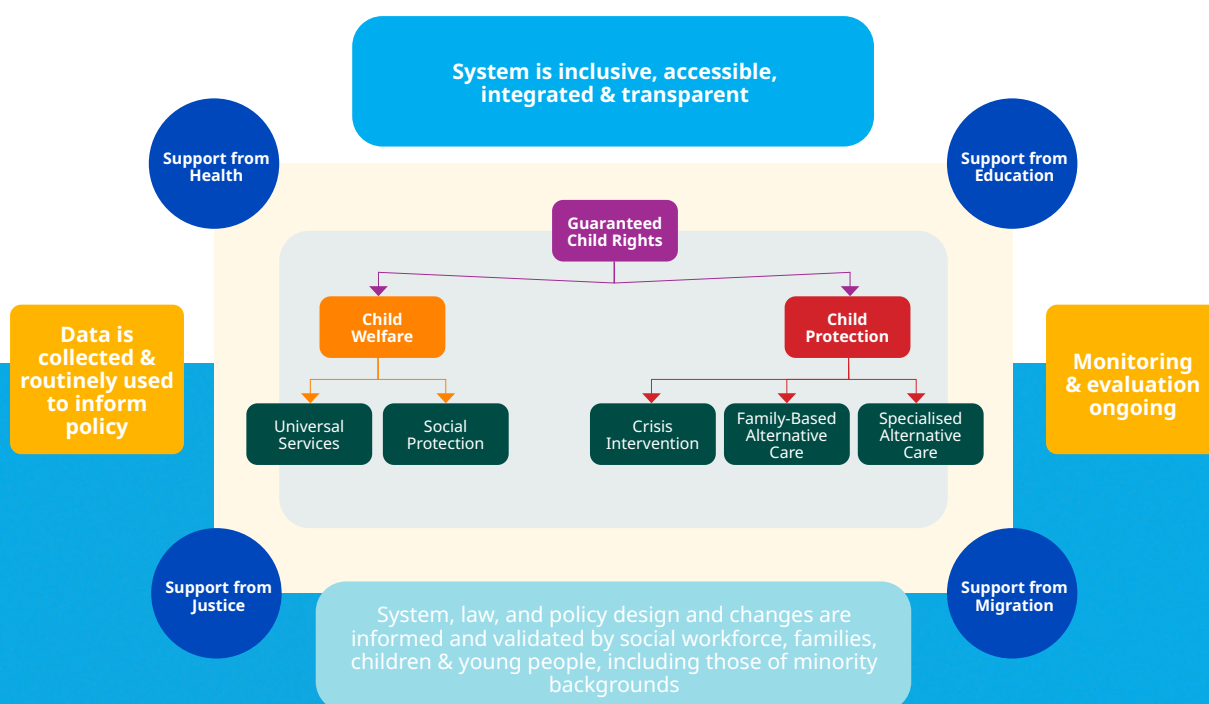
For several decades, the child protection system has been adjusted through amendments layered on top of each other – a common practice for adapting to evolving knowledge, societal changes and international requirements. While initial changes improve the system, in the long run, the collective burden of accumulated amendments can make it ungainly and complicated, requiring a lot of bureaucracy, or 'red tape', to keep the system functioning.³⁰⁷ To avoid adding to this burden, it is essential that the current reform leads to a new system with fresh legislation. This should build on the current system's existing strengths without carrying forward its known bureaucratic burdens and other weaknesses. It should also include an embedded monitoring framework.³⁰⁸

Figure 2 illustrates how a unified system could place all the child protection system and some of the child welfare system under one ministry: MoLSA. While MoLSA would not be responsible for providing the universal services of health care, education, early childhood education and care and housing, it should play a role in monitoring whether these universal services are available to all children, as part of prevention of the need for more intensive support. This monitoring can be done by collecting data on indicators on users

of child protection and alternative care services disaggregated by the reason for needing those services. If data shows significant numbers of children requiring more intensive support or alternative care due to lack of access to universal services, MoLSA has a role in coordinating policy and action plans with the ministries responsible for providing these services to address this.

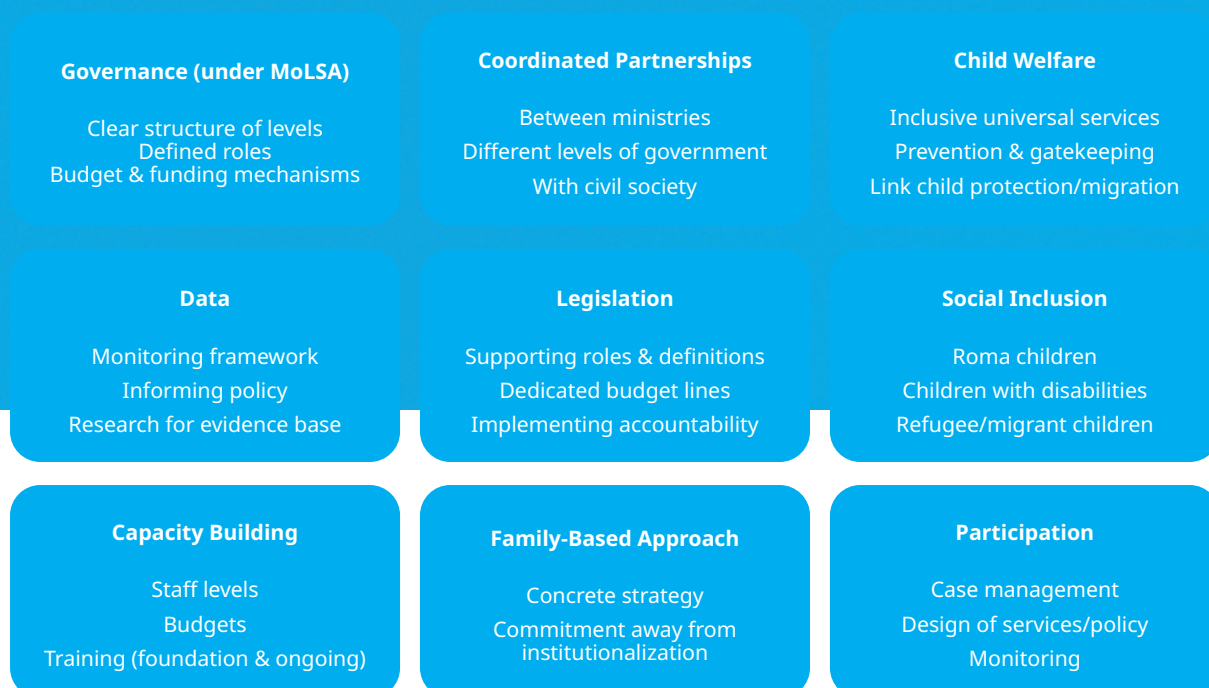
In turn, providers of health care, education, justice for children and support for child migrants and refugees should support MoLSA by identifying and referring children at risk of or suffering from neglect, abuse or other circumstances that threaten their safety and development. Strong collaboration with MoJ remains essential for strengthening cooperation in court cases in situations involving children's removal from their families for their protection and placement in an alternative setting. Similarly, coordination is needed with the MoI to ensure that their coordination of public administration strengthens the child protection system and to collaborate on the reception of refugee children. Around the responsible authorities in green, are some of the conditions that should be embedded in the system and all legislation and policy: inclusivity, ongoing monitoring and evaluation and collection and use of data and input from those involved in and affected by it to inform system, law, policy and change designs.

Figure 2:³⁰⁹ How the unified support and protection system for children would look:



Unifying the child protection system involves more than consolidating responsibility under one ministry. Figure 3 essentially summarizes the 2022 Policy Statement. To effectively unify the child protection system the new system must incorporate these components that must also be clearly defined and standardized in legislation, policy and guidelines.

Figure 3:³¹⁰ The foundational components of a functioning child protection system requiring definition for the national context



The first step towards unification requires genuine commitment to unify and reform the system, ensuring broad consensus and ownership of the efforts towards reform at the national level, as well as with the OSPODs at different levels and the municipalities and social service stakeholders. Without broad buy-in, reform will remain ineffective, and progress made will lack sustainability.³¹¹ To ensure the buy-in, a communication strategy is required, which may also be needed to build trust in the possibility of successful reform. Building buy-in will require earning the trust of those who have lost hope, not just through promises, but by demonstrating commitment through continuous, gradual progress towards the aim set. Scotland provides a useful example of this with the Centre for Excellence for Children's Care and Protection (CELCIS) which supports people and organizations to drive long-lasting change in services and protection for children. The CELCIS successfully generated buy-in from the local authorities that were to implement the new Permanence and Care Excellence (PACE) programme, aimed at attaining better outcomes for children in care through prioritizing permanence planning by using elaborate communication and participation strategies.³¹²

Ireland offers an example of a fully unified child protection system under one ministry. Tusla – the Child and Family Agency – was established in 2013. It is accountable to the Department of Children and Youth Affairs and the Minister for Children, Equality, Disability, Integration and Youth. Tusla is an 'independent legal public service body' with responsibility for child protection policies and actions across all 26 counties. The Minister sets the Performance Framework of the agency's three-year corporate plan, as well as the Annual Performance Statement. The Department of Children and Youth Affairs has a 'Child Policy and Tusla Governance Division' and is also responsible for parenting support, prevention and early intervention. In addition to this, the Department leads on cross-cutting innovations to improve outcomes for children, youth, families and communities.³¹³

STEP 1: Unifying the Child Protection System

Key actions:

- Ensure that unification occurs through creating a new system built around the strengths of the current system, rather than through continuous small adjustments of legislation and practice.
- Create an overview of requirements for moving the responsibility of everything involved in the social support and protection of children and their families to MoLSA. This mapping needs to include the necessary logistics, legislative support and infrastructure involved in moving responsibilities currently under other ministries to MoLSA.
- Use this mapping to inform the creation of a practical action plan breaking down the unification process into small, assigned steps and actions.
- Actively plan and work towards creating broad buy-in and ownership of the child protection reform process by developing consensus between all relevant ministries and consulting with decision-makers and professionals at all levels of the system. Develop a communication strategy to inform the public and different actors in the child protection system.
- If there is a reluctance to make the full move towards unification ahead of the elections, proceed with the mapping and development of the action plan and make a start with implementing the relatively low-impact aspects or preparatory phases, leaving the major changes until after the change of government.

STEP 2: Defining national standards and roles

The situation analysis shows that a lack of clear definitions stands in the way of optimizing the system. Therefore, an important early step towards child protection reform involves defining terms, standards, responsibilities and procedures.³¹⁴ All relevant government departments and levels involved in different aspects of providing support and protection to children and their families need to collaborate to establish clear national definitions.³¹⁵

These definitions should emerge through workshops where representatives of the relevant ministries, government departments, and regional and municipal authorities with decision-making mandates come together to debate and reach agreement on these points. These workshops should be supported by technical experts who prepare recommendations, in consultation with the social workforce and service users from diverse backgrounds – including children. Once definitions and protocols have been established, they should be validated by the social workforce and by service users from diverse backgrounds. This can be facilitated by the technical experts involved. In the ‘Useful resources’ in Annex IV the Social Care Institute for Excellence (SCIE)’s Commissioner’s Guide can be found. The guide gives information about ‘user-led organizations’ that exist in the UK, with practical information about good practices and limitations for participatory decision-making and design. Although the guide focuses on the organizational level, these principles apply at government level as well.³¹⁶

The United Nations (UN) and EU conventions can be used to guide the development of all these definitions, as can the UN Guidelines on Alternative Care for Children and other UNICEF guideline documents in the area child protection, which are aligned with the CRC.

Defining terms

Developing consensus about approach and purpose begins with clear national definitions for what ‘child welfare’, ‘child protection’, ‘alternative care’, ‘institutional care’, ‘family-based care’, ‘residential care’, ‘foster care’, ‘kinship care’ etc. mean. While international standards can inform these definitions to achieve alignment and comparability, they must suit and possibly be adapted to the Czech context. Deciding on definitions is also an excellent opportunity to move away from some of the language and terms that are still left over from the communist era. This includes moving away from the focus on pathologizing behaviours or on ‘social and legal protection’ rather than on support and prevention.³¹⁷

Once those basic pillars of the child protection system are defined, all of the regularly used terms around them need definition too. For example, what – in Czech legislation – is considered a ‘vulnerable child’, or ‘the best interests of the child’ or what is the definition of an ‘unaccompanied’ or ‘separated child’ or of ‘disability’.³¹⁸ The CRC Committee’s General Comment 14 provides guidance on how to view and implement the best interests of a child, which may be helpful in developing a definition for the Czech context. In general, General Comment 14 is also an example of clearly defining terms, concepts and responsibilities, in this case related to the best interests of the child.³¹⁹ Another example of a definition that might be useful to adopt, is the definition given in the glossary of this report for ‘child vulnerability’.

There is a tendency for governments to try to narrow definitions related to eligibility for support down, as is done in Section 6 of the Protection Act No. 359/1999, to limit the scope of responsibility. However, in order to uphold the CRC, the definition of vulnerability and of the right to support should be broad to ensure that there is room to act in the best interests of all children.³²⁰ When it comes to the eligibility to support and services, this should be defined as broadly as possible, while when it comes to defining when invasive intervention – particularly concerning removal of a child – is required there need to be a very clear limitations. In both cases, this is to ensure equal access and to avoid inadvertently encouraging social exclusion.

Defining governance, coordination and partnerships

Under a unified system, child welfare and child protection must still collaborate closely and coordinate their work to prevent unnecessary separation of children by providing a continuity of care and services. All services and ministries involved in children’s lives must participate to ensure that children’s rights are upheld.³²¹ This requires a clear governance and coordination framework outlining how the child protection system under MoLSA connects to other systems that provide services to children – such as education and health care – and how these systems coordinate their mutual interactions and support.

This framework must include clear coordination and collaboration structures and protocols, as well as transparently defined rights and requirements for solid partnerships both within government and between the government and civil society. It may be necessary to appoint a specific entity to monitor and guide the coordination between different parties.³²² Interview respondents and focus groups emphasized that any coordination authority needs a clearly defined role with a strong mandate and the power to enforce it. This authority would also require adequate resources to enable them to act effectively. A good example of a clearly defined coordination framework is the common directive of MoJ, MoI, MoH, MoEYS and MoLSA on the procedures for enforcing court

decisions on the upbringing of children, in force since 2007. This can be used as a template for other coordination frameworks.³²³

The newly defined governance and coordination framework should have a clearly designed hierarchical structure from the legislative, enforcement and funding role of the national government to the supervisory and managing role of the regional authorities to executive role of the municipalities with extended and basic powers. This framework will be supported by clear definitions of roles and responsibilities – discussed in the next section – and by determining the nature of funding streams, accountability mechanisms, and data collection discussed in Step 7.³²⁴

Civil society plays a crucial role in providing preventative services, as acknowledged in many government publications and strongly emphasized by the interview respondents. Ensuring sustainable continuation, strengthening and expansion of these preventative services, requires clear rules for transparent partnerships.³²⁵ Additionally, partnerships enabling effective monitoring and evaluation frameworks include those with academia and research institutions, as well as with the national statistics office. These partnership frameworks need to cover adequate, long term and transparent funding systems, as well as collaboration on decision-making on and monitoring of the relevant policies and plans.³²⁶

Moldova's experience demonstrates how building services around children and families required rethinking how organizations operate within the system. This involved complex negotiations between different ministries involved in different aspects of children's lives, as well as between different levels of government.³²⁷

Defining roles and responsibilities

Clear definitions of the specific roles and responsibilities of different authorities and professionals involved at various levels and in different areas in the support and protection of children and their families are essential.³²⁸ Currently, these definitions are by and large absent in legislation and policy. Something else to protect against are loopholes enabling avoidance of providing services. If there are exceptions under which non-provision of services is deemed acceptable, these need to be clearly defined and accompanied by requirements for referral or for the development of the services that are lacking. In developing definitions of roles and responsibilities, examples of existing good definitions in legislation can be used as inspiration or a template. These can be found in Section 4a, 37, 50 and 61 of the Protection Act No. 359/1999 and § 3 and 25 (1) of the Act on Social Services No. 108/2006.

Once responsibilities and roles have been defined, the requirements and standards for recruitments to fill these positions should be addressed. This includes standardized job descriptions and terms of reference for managers and staff, with standard requirements for specific qualifications for positions. The National Strategy on Protection of Children's Rights 2021-2029 supports this necessity by stating as a condition for ensuring and promoting the best interests of the child: "Uniform qualification and personality requirements for persons working with vulnerable children and families are defined and laid down in legislation." Technical expertise may be required to support defining terms of reference and required qualifications that ensure the necessary competence of staff at all levels.

Scotland's PACE programme demonstrates effective multi-agency coordination, involving "local authority social work and legal teams, health, education, Scottish Children's Reporter Administration, Children's Hearings Scotland, the Scottish Courts and Tribunals Service, and this may also involve third sector and other organisations, depending on local models of service delivery." Their experience shows the essential nature of clear definitions on roles and responsibilities and the strong coordination and planning needed to make this work.³²⁹

Defining minimum standards and protocols

When defining roles and responsibilities, these should be linked to clearly defined minimum standards for the full range of services and for service providers individually. Minimum standards should include a definition of the minimum range of services that are to be provided under each municipality, each municipality with extended powers, and in each region. There is also a need for protocols for decision-making, handling of a range of commonly encountered situations, as well as for emergency situations to ensure a standardized and equitable approach to the support and protection of children and their families. Though standardized, these protocols should provide enough space to make decisions based on the best interests of the individual child, they should not seek to provide 'one-size-fits-all' solutions. The registration conditions for provision of social services in subdivision 1 of Chapter II of the Act on Social Services No. 108/2006, provides an example of good definitions and descriptions of minimum standards.

Minimum requirements suggested by UNICEF's guidelines to strengthening the social service workforce are:³³⁰

- clearly defined programmes and service outcomes;
- client safeguarding policies;
- documentation and data requirements;
- regular and sufficient supervision;
- access to adequate supervision and professional development;
- information management systems; and
- monitoring and evaluation capacity.

In Italy, the 'Handbook for Operators and Families' on foster care was created as an operational guide for professionals in fostering centres, social services, education and health care, as well as for families and foster carers. The handbook makes the recommendations in the National Guidelines for Foster Care more concrete through sharing work tools, paths, experiences and dissemination materials. For example, the handbook provides guidance on the annual 30 hours of training that must be provided to foster carers.³³¹

STEP 2: Defining national standards and roles

Key actions:

- ✎ Engage technical experts to hold consultations and do preparatory work for interministerial workshops to establish standards and definitions.
- ✎ Hold workshops where relevant representatives with decision-making authority of all levels of government involved in the social support and protection of children and their families come together to reach agreement on:
 - defining terms;
 - defining governance, coordination and partnerships;
 - defining roles and responsibilities; and
 - defining minimum standards and protocols.
- ✎ Use good practices in Czech legislation and international guidance, such as the CRC, CRPD, General Comments from Committees on the CRC and CRPD and UN Guidelines on the Alternative Care for Children, as inspiration for definitions.
- ✎ Ensure that guidance and regulation for the child protection system is standardized nationally and that it is coordinated and aligned with the guidance and regulation used in other sectors involved in the lives of children.

STEP 3: Prioritizing prevention of unnecessary separation and promoting family-based care

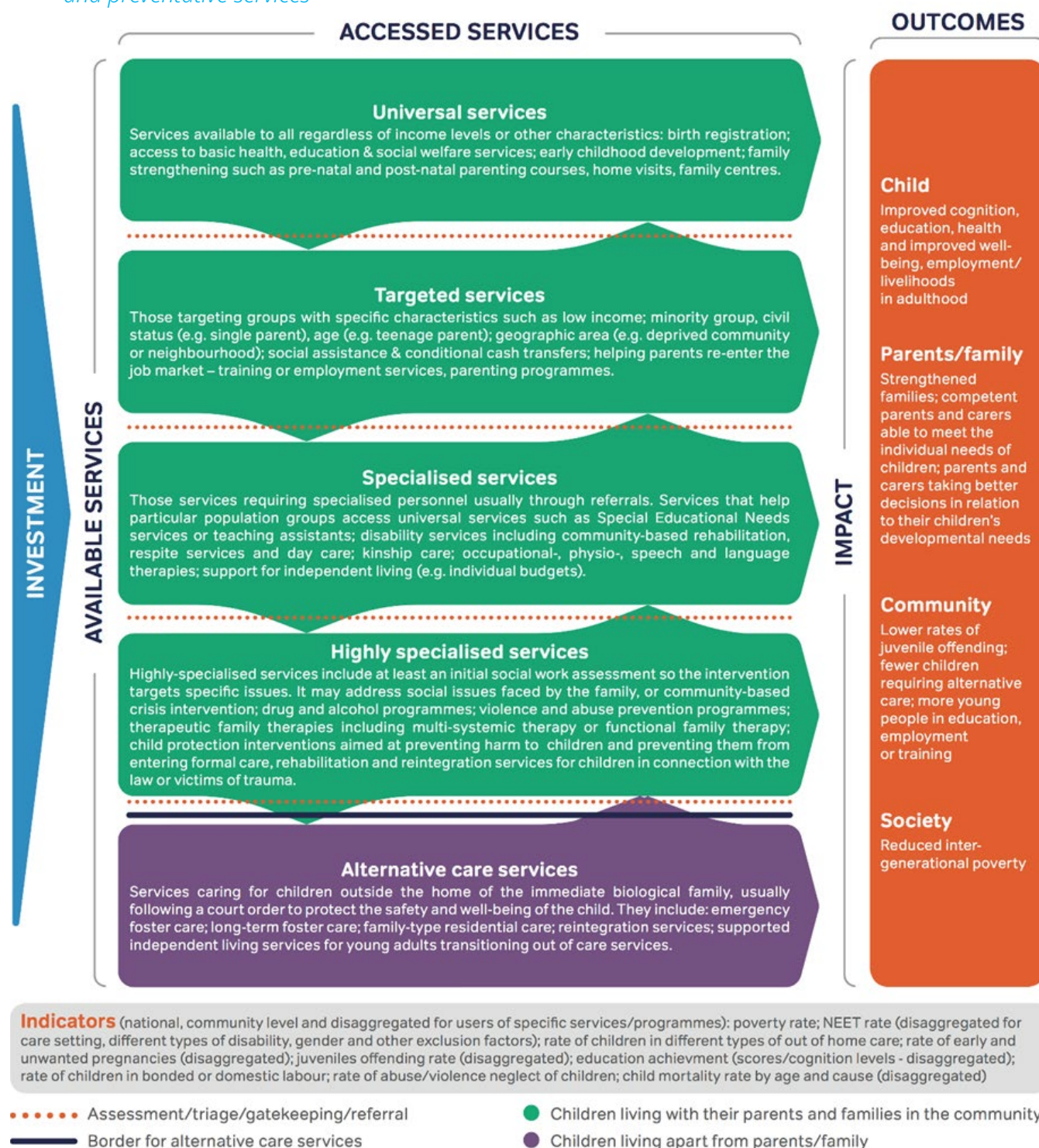
Currently, institutional care forms the core of the Czech system to support and protect children, with smaller areas of family-based care and social services surrounding it. Alternative care has become almost synonymous with child protection and occasionally even with 'child welfare'. The complete overhaul of the child protection system offers the opportunity to ensure that, using the strongest elements from the existing system, it can be designed to be integrated, equitable, inclusive and accessible to all from the start.

This presents a major advantage, as it is far easier and more cost effective to do this at the outset than it is to add on and remove features to an existing structure to try to accomplish this later.³³² While crisis response often demands immediate attention, prevention offers greater long-term cost-effectiveness.³³³ Systems fully and effectively integrating the CRC in legislation and budgeting maintain interconnected but clearly demarcated areas of alternative care, child protection and child welfare, each with their own earmarked budgets. This means that the funding for universal services, preventative services and alternative care cannot compete with each other, as they currently do in the Czech Republic.

The Childonomics Framework was developed by Eurochild and is shown in Figure 4.³³⁴ It categorizes the range of services that should be available to all children and families who need them. The categories are universal and targeted services, which fall within child welfare and outside child protection, specialized and highly specialized services, which are preventative child protection and finally, if all of that is not sufficient to enable the child to safely stay in their family, alternative care. Looking at these different categories, the higher up a category is the lower the cost per child and the more children will need the service.

For each of the service categories, if it is well resourced and effectively used, this will mean that fewer children and families will require the services in the block below it, which are more expensive per child. This means that good resourcing of each of the blocks leads to increased cost-effectiveness of the entire system.

Figure 4³³⁵: The Childonomics Framework indicating the advantage of investing in universal and preventative services

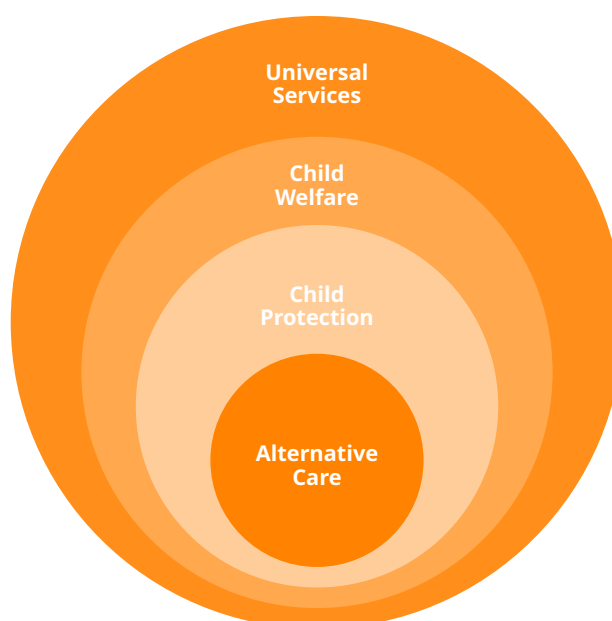


Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic

Universal and preventative services

Under the current system where Section 6 of the Protection Act No. 359/1999 determines who is eligible for support and protection, the definition of 'child vulnerability' is problematic. This is because it is used to determine who does and does not have a right to support, with support generally being seen as invasive intervention. Viewing support provided to a child and their family as a continuum with different levels eliminates this problem, as everything from universal services to alternative care represent different gradients. All children have the right to all services, though some children and families may not need some of the more intensive support or may need it only temporarily. Figure 5 provides an image of what this continuum looks like.

Figure 5:³³⁶ The integration of child welfare and child protection



To be effective, services for children and their families need to be easily accessible in the local community and interconnected.³³⁷ There needs to be a minimum range of at least universal and targeted, and some specialized, services available within reasonably travelable distance for all families. Of course, it is not feasible to have offices for specialized support services in every small village. However, it is entirely possible to ensure that a certain level of services are found within certain groups of small communities within easy reach, or to have mobile outreach services covering certain areas so that they are present periodically in each community.³³⁸ It is also possible to provide transportation and if needed accommodation, covered by insurance, for families to access services that are highly specialized and only available in the major cities at a greater distance.

To make these services accessible, it is helpful to develop greater cooperation with the environments where families and children spend time anyway, such as pre-schools, schools and community centres. It is essential to develop and finance community-based services – and to provide training to professionals who are in regular contact with children and families through their job – to identify families in situations of vulnerability.³³⁹ Through connecting services with or embedding them in familiar places in the community the threshold for seeking and receiving support is lowered. Providing screening services and

support in familiar environments may also reduce the risk of stigma attached to using the services.³⁴⁰ In addition, providing support and monitoring the situation can take place in a more casual way over a longer period of time in these settings and there are already established relationships and support networks that can be mobilized.³⁴¹ The length of time for which a family can receive assistance should not be arbitrarily limited by law, it needs to be flexible and based on the needs of the child and the family.³⁴²

Technical expertise can be called in to map the current network of services available country-wide, as SocioFactor did in 2014. This expert should also identify the gaps and barriers that stand in the way of providing the minimum range of services that is required. This mapping and gap analysis will inform the actions needed to remove barriers and fill gaps.

Communication strategies play a key role in enabling families to care for their children in their own environment and in bringing about behavioural changes.³⁴³ Specific strategies should address how communication:

- breaks down stigma and prejudice against groups facing social exclusion;
- raises public awareness of the support and services that are available;
- informs the public on who is eligible for what types of support and how they can access it;
- educates the public on the harmful effects of institutionalization and the benefits of growing up in families;
- ensures that the public is informed of any changes to the child welfare or child protection system;
- ensures that both families and children know about complaint mechanisms; and
- informs families and children about their rights, including their right to have a say in decisions made about them.

An example of effective targeted services is found in Brno. The City Authority of Brno initiated the Housing First project, in which housing was provided to 50 families, two-thirds of which were Roma families from Roma communities, in unsegregated municipal flats in 2016. Research showed that with stable housing and adequate support families were able to get back on their feet and maintain their housing. There were also improvements in school attendance, performance of children, sense of security and well-being and a higher rate of reunification of families who were separated due to housing needs.³⁴⁴

Working with families and children

The system must clearly define at what level of risk to a child the provision of preventative or supportive services should become mandatory rather than voluntary and how to enforce such measures. When enforcing mandatory support, it's crucial to remember that although the parents are reluctant to cooperate, in almost all cases it is in the child's best interest to do whatever possible to maintain a positive relationship with the family and not to approach the situation in an adversarial manner.

There is a tendency, set in legislation and policy language and through that conveyed to the social service workforce, to see and approach families who are struggling to provide their child with the needed care as adversaries and to see them as culpable of 'wrongdoing'. This approach is both an inaccurate assessment of the situation in almost all cases and never helpful in ensuring cooperation and improvement. A trauma-informed

approach focusing on building trust and addressing the root causes of the problems achieves far greater and longer lasting changes. Therefore, ensuring that the social service workforce receives training to recognize trauma and use trauma-informed practice is essential to enabling them to work effectively with families in crisis situations.³⁴⁵

Working as partners with families involves working together to map and recognize strengths to build on as well as weaknesses that require support. Additionally, the whole process should take place as an ongoing conversation, where all partners – the social workers, counsellors, parents, children and any other people with different types of expertise involved as part of the multi-disciplinary team – share their opinions and experiences and decide together what will be the most beneficial solution to the situation at hand. This shared ownership of the process tends to encourage much greater cooperation and investment. When done well, the participation of both parents and children is not just a tick box exercise, or an additional task or burden, but rather a tool that leads to more effective social work and more pleasant working conditions for everyone.³⁴⁶ There is a need to provide awareness raising and training for all professionals who work directly with children on how to effectively communicate with them and to support them in expressing their opinion.³⁴⁷ The guidelines and protocols developed to standardize procedures should embed child participation as standard practice. In Australia, the government has produced guidelines for ‘collaborative competence’ (which can be found in Annex IV) on how staff from family support services and from child protection services can work together effectively. Their guidelines also offer good practice examples of how social workers can work together with families and encourage their cooperation.³⁴⁸

Children and families should be given a say in and be provided with information about all situations and decisions that affect their lives.³⁴⁹ This includes opportunities to express their opinions about policies and services that are designed to support them, because they have the greatest insight into what would or would not in fact benefit them in practice. Involving the people for whom policies and services are developed in their design avoids a lot of extra costs in developing and funding something that is of limited to no use and only finding out it is a failed investment some time down the line. In consulting with service users, it is important to include people with all different backgrounds, particularly those that are often excluded, such as persons with disabilities, and people from Roma, refugee, migrant and other minority communities. This also includes young children, because children with these backgrounds may have different needs and experiences that are not necessarily taken into consideration by others.³⁵⁰ For the same reason these service users should also be involved in the monitoring and evaluation of the system, as their experiences define the outcomes of the work done.

Strong gatekeeping to alternative care

In line with the CRC, a gatekeeping system should be present to prevent unnecessary separation of a child from their family.³⁵¹ In the Czech Republic, lack of official definitions and standards currently hinders robust gatekeeping. While gatekeeping sounds like a simple check point, in reality it is a complex system. It encompasses the child welfare and child protection services that remove the need to proceed with more invasive interventions or removal of the child. It also includes the authority with technical expertise who makes the decision and/or gives the order on whether a child should be removed and if so, where they should be placed.

Although gatekeeping in the context of child protection is generally seen as just the prevention of unnecessary removal of a child from their family, in countries where residential, and particularly institutional, care is part of the alternative care system, there are two levels of gatekeeping. The second level of gatekeeping is to ensure residential and institutional care is only used if all family-based options have been considered or tried and found not to be in the child's best interests.³⁵² The Czech Republic currently lacks effective gatekeeping at either level.

Another consideration in relation to gatekeeping is whether it is necessary for all placements in alternative care to be through court orders, as is the case in many countries. In some countries different mechanisms or authorities are used. In deciding how to shape a gatekeeping mechanism in the Czech context, it is worth considering introducing a form of a multidisciplinary gatekeeping panels as are used, for example, in Moldova. These panels include representatives from local authority, health, education, child protection and social protection departments, together with NGO representatives, organizations for people with disabilities and other community actors. The panels could serve the dual purpose of determining whether placement of a child in alternative care – and if relevant in institutional care – is truly the only and best option for the child, and identifying what services or support need to be developed in the community as they see many children enter alternative care due to the absence of such resources.³⁵³ In Germany, parents can place children in alternative care based on their right to assistance in upbringing, without necessarily involving the courts.³⁵⁴ In other places, decisions are made by state guardianship councils or other non-judiciary state entities. In these cases, court orders are only needed if the child's parents want to appeal the decision made.³⁵⁵

To prevent unnecessary separation of children from their family and to move away from institutionalization, a clearly signposted referral system needs to be set up enabling parents to receive information – in a low threshold way – on the support available to help them overcome the challenges that lead them to consider placing their child in an institution.

Moving from institutional care to family-based solutions

The EU Strategy on the Rights of the Child calls on Member States to:

“promote national strategies and programmes to speed up de-institutionalisation and the transition towards quality, family- and community-based care services including with an adequate focus on preparing children to leave care, including for unaccompanied migrant children.”³⁵⁶

To enable moving away from institutional care and making alternative care predominantly family-based, the types of foster care available need to be expanded. Currently, certain groups of children are considered (almost) impossible to place in family-based care and tend to end up in institutions. This is because family-based care is not sufficiently developed in the Czech Republic to accommodate children with more complex needs.

Many countries successfully support children with complex care needs, challenging behaviour, severe trauma, different ethnic or cultural background, and with siblings – in their own family or in family-based care. In alternative care, this is often accomplished through use of professional, specialized foster care, where foster carers receive specialized training and support to enable them to care for children with certain challenges or are required to have special qualifications already.³⁵⁷ These special qualifications may mean

that one of the foster parents is, for example, a qualified nurse, psychologist or a special educator. It might also mean that one or both foster carers are fluent in the national sign language or share a similar cultural or religious background as the child placed with them. These foster carers may receive a salary that enables them to stay at home with the children and focus on their care. Table 5 lists examples of some general and specialized family-based care options that exist elsewhere and could be introduced in the Czech Republic. Having multiple options would enable a full continuum of family-based care without requiring institutional care as a backup. Steps should be taken to develop the types of general and specialized family-based services that are needed to provide placements for children with backgrounds for which currently institutions are the only option.

Table 5:³⁵⁸ *Variety of types of family-based care*

General family-based care	Specialized family-based care
Kinship care	Complex health care
Emergency foster care	Disability care
Short term foster care	Trauma informed care
Long term foster care	Mental health care
Respite foster care	Foreign national care
Shared care	Infant care
Pre-adoption foster care	Minor mother and baby
Supported independent living	Sibling groups
	Remand foster care

Supported independent living should be available as part of the continuum of care for older teenagers of both Czech and foreign backgrounds. While not family-based, it is community-based. This support goes beyond providing a child of 16 years or older with accommodation and an income. It involves regular supervision and support by a designated social worker who provides counselling, mentoring and general support. The young person should know that they can contact their social worker when they have questions or when they are struggling with practical or psychological issues. Fully supported independent living should be developed, by adding support to the current system of providing accommodation in half-way houses and asylums.

Research shows that unaccompanied children have better outcomes when placed in foster care than when placed in other forms of alternative care. Germany, Italy, Sweden, the UK and Türkiye have extensive experience with placing unaccompanied children in foster care. Experience has shown that successfully placing an unaccompanied child in foster care depends on several critical support mechanisms. Foster carers need to be supported and trained to understand the asylum process. It is most effective when children are placed with families of similar background. Essential support also includes language assistance and help with integrating into mainstream education. Additionally, when necessary, specialized services and counselling can help children process everything they have experienced,³⁵⁹ providing emotional and psychological support during their transition.

Strengthening child protection systems:
a comprehensive approach to addressing the needs of
refugee and marginalized children in the Czech Republic

To retain foster carers, it is essential to provide them with ongoing support before, during and after the placement of a child. If recruitment, including screening, selecting and preparing new foster carers, is not done properly, this can lead to placement breakdowns or other harmful experiences for the children in their care.³⁶⁰ In Slovakia, people interested in becoming foster carers receive preparatory training based on the Parent Resources for Information, Development and Education (PRIDE) programme, and children also receive preparation for placement in family-based care.³⁶¹

Whether it is family-based or residential, alternative care should always be used as a temporary solution. The placement of the child, and the ability of their family to care for the child, should be reviewed regularly by social workers to see whether this placement is still in the child's best interest or whether it is possible for the child to return to their own family. Work to support the family to overcome the challenges that led to the removal of the child needs to happen in parallel with the placement of the child to work towards the safe reintegration of the child into their original family. In parallel, plans for permanent family solutions must be developed to switch to if at any point it becomes clear that even with intensive support, it will not be possible to safely reintegrate the child into their family.³⁶² Standards and protocols need to uphold the right of the child to stay in contact with their family as is enshrined in legislation.

Alternative care guidelines must include procedures for a process of preparation for independent living that starts several years before the child reaches adulthood and support that continues after that moment. Research shows significantly better outcomes for young people who receive ongoing supervision from the child welfare system than those who have to leave alternative care abruptly when they reach the age of 18. In Georgia, Romania and Türkiye there is a possibility for young people to continue to live with their foster family as they transition into adulthood, bringing their situation more in line with that of young people growing up in their own family.³⁶³

STEP 3: Prioritizing prevention of unnecessary separation and promoting family-based care

Key actions:

- Align standards, guidelines, and protocols across all service segments to ensure that the core principle of keeping children with their families—or in family-based care when most appropriate—becomes a practical reality in all social service and child protection work. This commitment, already embedded in legislation and policy, requires comprehensive implementation across all service segments. Particularly regarding:
 - universal and preventative services;
 - strong gatekeeping to alternative care; and
 - moving from institutionalization to family-based solutions.
- Raise public awareness on why this shift needs to take place, making use of the many examples of successful awareness raising available. Aiming, at the same time, to prevent unnecessary separation of children and to recruit foster carers through creating understanding of the benefits of growing up in a family.

STEP 4: Attaining social inclusion

Social exclusion significantly increases children's risk of poverty, violence and being separated from their family. Since these are all critical child protection concerns, ensuring social inclusion for all children plays an essential role in prevention.

The situation analysis shows substantial effort is put into combatting social exclusion. However, it reveals that the core issues of stigma and prejudice against groups facing social exclusion remain inadequately addressed. Directly addressing stigma is essential, because it underpins conscious and unconscious biases held by authorities and professionals.³⁶⁴ These biases lead to these authorities and professionals finding 'other' reasons not to deem members of groups facing stigmatization eligible for services, support and inclusion, despite the guidance provided in the social inclusion strategies.³⁶⁵ As long as stigma exists, people being stigmatized will be considered 'unworthy' or 'discounted'.³⁶⁶ This makes it essential to develop strategies and campaigns to raise awareness and break down stigma aimed at the public, but also specifically targeting professionals working with people from the wider community, as well as those working at all levels of government.³⁶⁷ One of the aims of this strategy should be to put an end to segregation – and overrepresentation in institutions, which is also a form of segregation – because it is much harder to maintain prejudice and stigma when someone interacts on a daily basis with people about whom they have such ideas. From a distance, it is easy to dehumanize people from certain groups and uphold extreme ideas, up close their humanity becomes too obvious to allow this.

Here as in other areas, the fragmented response to social inclusion reduces its effectiveness. Therefore, developing coordination and cooperation structures across all sectors is the starting point of enabling a more effective approach.³⁶⁸ The European Commission commissioned a study, identifying effective practices to achieve equality and inclusion, which include:³⁶⁹

- providing structural support to improve starting conditions rather than later compensatory measures;
- using legislation to influence cultural and moral norms, when properly enforced;
- fostering collaboration between people from the minority and majority groups around shared goals;
- preferential treatment or quotas for underrepresented groups, so long as they are clear in their aims and time-bound to avoid building resentment;
- using neutral framing of measures (e.g. socioeconomic rather than ethnic or disability criteria);
- identifying shared interests and win-win outcomes to help people feel a redistribution would have a potential gain for 'their' group through conscious narrative framing; and
- offering universal social protection schemes instead of those targeting specific groups.

These practices should be considered in developing the standards, protocols, partnerships and services under the previous and following steps, as well as be embedded in the design of policy, strategies, action plans, and less formal initiatives where possible.

The Committees on the CRC and the CRPD have given many recommendations on social inclusions in their concluding observations,³⁷⁰ as have representatives of the Council of Europe in their reports. By and large these recommendations have been acknowledged in the various strategies, so what is mainly needed is to prioritize the implementation of these strategies through minimum standards and standardized protocols to ensure:

- providing truly inclusive non-residential education (including early childhood education and care), with full support for children's individual needs and ensuring a safe environment;³⁷¹
- providing training and support for all pedagogical professions involved in education of children and young people with disabilities and those with different ethnicities and languages;³⁷²
- addressing the causes of a greater risk of poverty for groups facing social exclusion;³⁷³
- ensuring that children from backgrounds facing social exclusion have access to all universal, targeted and specialized services in inclusive settings;³⁷⁴
- guaranteeing the right to family life by addressing the causes for increased removal of children from groups facing social exclusion and increased institutionalization compared to the general population;³⁷⁵
- prohibiting the placement of children in institutions for adults;³⁷⁶
- developing professional, specialized foster care with the capacity to care for children with complex care needs or different ethnicity or language;³⁷⁷
- recognizing and addressing the fact that children with backgrounds that often lead to social exclusion suffer from higher levels of mental health problems³⁷⁸ – and that this may be caused or exacerbated by the ongoing stress caused by experiencing marginalization;³⁷⁹
- recognizing that there may be intersectional issues (e.g. a Ukrainian Roma refugee with disabilities) that lead to a variety of needs that can only be adequately met by a multidisciplinary team and strong coordination and collaboration between different sectors;³⁸⁰
- ensuring that emergency strategies specifically take into account and make provisions for the specific needs of the various groups facing social exclusion;³⁸¹
- supporting and encouraging the participation of children with disabilities, Roma children and refugee and migrant children, providing sign language interpretation, foreign language interpretation or other language support if needed;³⁸²
- creating a communication and behavioural change strategy to systematically combat racism and prejudice against disability with specific approaches for various target audiences, including within government and the social services workforce;³⁸³
- monitoring and enforcing adherence to anti-discrimination legislation;³⁸⁴ and
- collecting data disaggregated by different factors underlying social exclusion to ensure there is available information on over- and underrepresentation to inform policy and strategies, particularly ensuring inclusion of data on violence experienced.³⁸⁵

Attaining social inclusion may require earmarked budget lines. This is to prevent funds meant for excluded groups from being diverted elsewhere. It is important to recognize that inclusion is more cost-effective than segregation. Operating two or more parallel systems is very expensive. For example, the World Bank estimates that building schools that are accessible for children with disabilities would add around 1 per cent in building costs, while it can reduce overall education costs by as much as 41 per cent.³⁸⁶ Another advantage of ensuring full inclusivity and accessibility is that when a child has not been identified and diagnosed yet, or when an accident or something similar causes additional needs temporarily or chronically, everything is already in place to provide the support needed. Norway's approach to inclusion provides an interesting example. They have a 'National Strategy 2021-2025 on a universally designed Norway'. Universal design means

that all aspects of public life: infrastructure, buildings, logistics and communication are required to be accessible to all. This includes persons with disabilities, children, older people, people with a foreign background etc. In their legislation there is very little specific mention of issues like disability, because everything is required to be accessible or come with additional support anyway.³⁸⁷

The Grafická primary school in the Prague 5-Smíchov district is an example of good practice. It transformed from a segregated Roma school in danger of closure to becoming fully inclusive, integrating Roma and non-Roma pupils, children with disabilities and children with other nationalities. This was achieved through the school director's determined leadership.³⁸⁸

Children with disabilities

The public needs support to shift from the medical model approach to children with disability to the social model, following the government's policies. The most effective way to break down stigma around disabilities is to enable children and adults with disabilities to live as fully supported members of their communities. The National Policy for Protection of Children's Rights 2021-2029 mandates that: "Within the minimum network of services, the necessary capacities are allocated for support and assistance to children and families with disabilities." This is a crucial aim. The measures needed for social inclusion in general, mentioned above, are all relevant for children with disabilities. In addition, to enable children with disabilities to grow up in their own family or, when necessary, in family-based care – thereby upholding their right to family life under the CRC and the CRPD – the following requirements must be met:

- providing assistive devices, medical equipment and training in the special care needed by the child to parents or other caregivers;³⁸⁹
- providing various forms of respite care (e.g. respite foster care where the child can spend one or more days or nights per week or per month, specialized care assistance in the child's home, inclusive day care facilities able to provide specialized personal care) to give parents breaks from the constant care for their child and/or to enable them to go to work;³⁹⁰
- providing and/or covering the cost of adaptations to the home and vehicle to make them accessible to the family member with a disability;³⁹¹
- providing community-based rehabilitation and early intervention services specialized in supporting children with disabilities, including therapeutic services;³⁹²
- making all benefits and provisions for children with disabilities available for children under one year old and ensure that benefits and insurance cover all additional costs associated with disability;³⁹³
- providing training for all professionals working with children in identification and referral for diagnosis for disability, including recognizing neurodiversity;³⁹⁴ and
- ensuring accessibility of services, buildings, public transport, communication, etc.³⁹⁵

In Moldova, they found that providing community services and inclusive education was cheaper, had better outcomes and supported more families than boarding schools (their term for residential care) for children with special needs. Montenegro is closing their special schools or turning them into resource centres that support teachers teaching children with special education needs in mainstream schools.³⁹⁶

Roma children

Despite extensive work to address the pervasive social exclusion of the Roma people in the Czech Republic, success has been limited. In large part this is because, as mentioned above, if prejudice and conscious or unconscious bias are not addressed, other measures are unlikely to be successful. This is true in the child protection sector as well as across other sectors.

To make meaningful progress on the social inclusion of people from Roma communities, a comprehensive and systemic approach is necessary that extends beyond traditional child protection boundaries. Roma culture should be included and celebrated in school curriculums to facilitate a more positive awareness and understanding.³⁹⁷ Efforts should focus on increasing Roma children's participation in non-mandatory pre-school education by combining it with coordinated family care support to increase the chance of attendance.³⁹⁸ Professionals working with children must receive training on how they can handle instances of bullying or discrimination against people from Roma communities, with a clear emphasis on their professional responsibility to intervene and address such incidents.³⁹⁹ The adoption of a strategy or action plan to combat racism and hate crimes – including those aimed at people from Roma communities – can also play a critical role.⁴⁰⁰ While not all actions described above fall solely within the child protection system's mandate and will require coordination across numerous stakeholders, the child protection system in particular plays a crucial role in determining the success of these strategies to promote genuine social integration.

STEP 4: Attaining social inclusion

Key actions:

- 👉 Build the capacity of all professionals working within the child protection system to work effectively with children from groups facing social exclusion.
- 👉 Strengthen gatekeeping mechanisms to double check that removal and/or institutionalization of a child from a group facing social exclusion is based on their best interests and not on conscious or unconscious bias on the part of the decision maker.
- 👉 Ensure that services and provisions needed mostly or exclusively by children from groups facing social exclusions are part of the minimum range of services provided and accessible within reasonable travel distance of all communities.
- 👉 Create a requirement for full inclusivity of all services and monitor and enforce this requirement.
- 👉 Set up targeted and ongoing campaigns to break down the stigma and prejudice against those who face social exclusion to address the conscious and unconscious biases not just of the public, but also of people working in all levels of government, and those in professions working with children and families who face social exclusion. These campaigns must be a joint, coordinated endeavour across all government sectors, including MoLSA and the child protection system.
- 👉 Monitor and enforce the adherence to non-discrimination legislation.

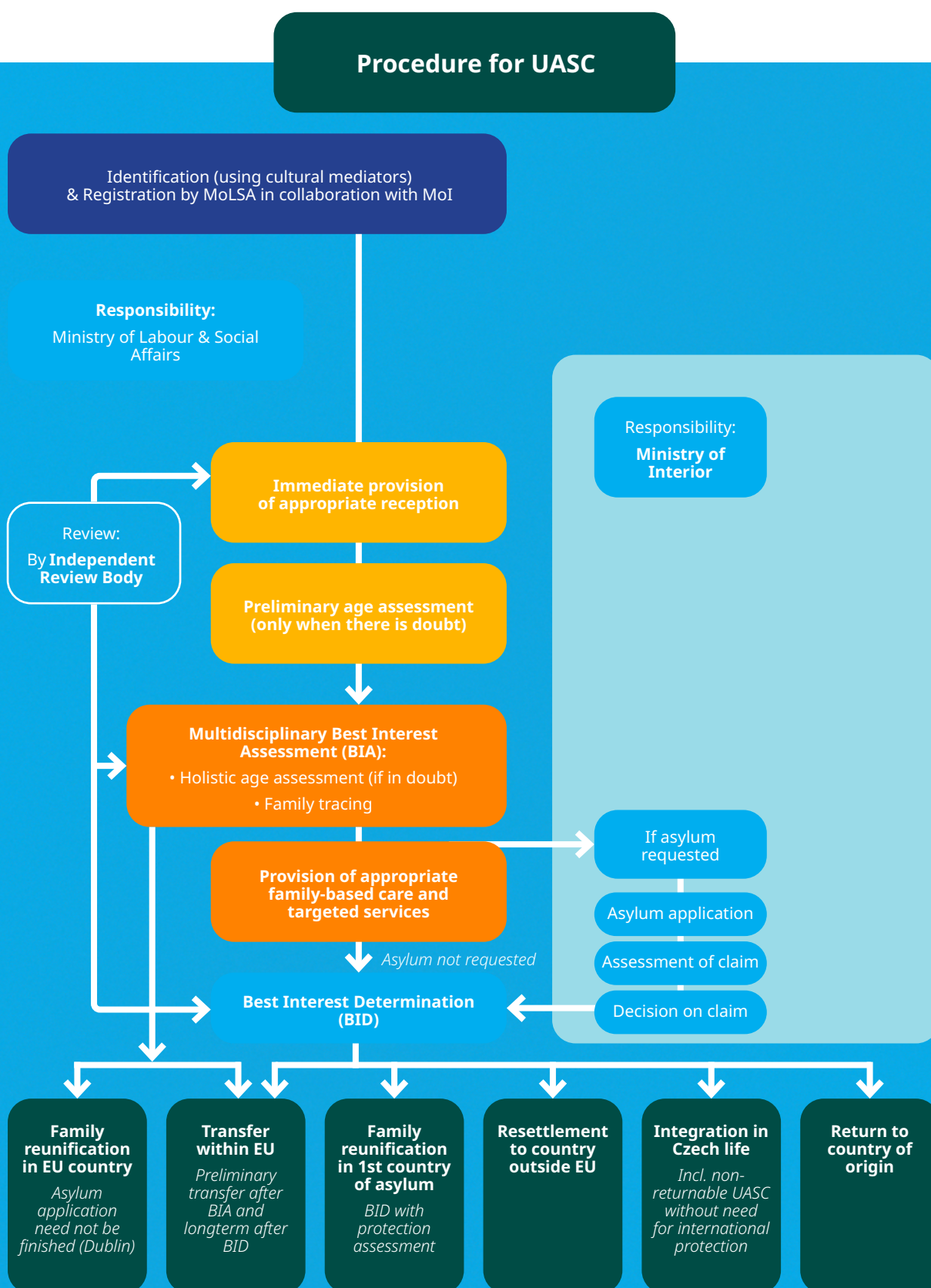
STEP 5: Making the child protection system responsible for all refugee children

Refugee children, by definition, are in a situation of extreme vulnerability. This is due to having had to flee situations of extreme danger, having faced uncertainty and possibly peril on their journey to the Czech Republic and either being accompanied by adults who have themselves experienced extreme stress and/or trauma, or being unaccompanied.⁴⁰¹ Due to the trauma and stress experienced by the adults around them – whether or not those adults have a care duty to them – the children are significantly more likely to witness or be personally affected by violence than the general child population.⁴⁰² Moreover, parents may have a reduced ability to care for their children or cope with their situation due to their circumstances.

This level of risk and vulnerability exists even if it is not evident during the brief moment of contact at a refugee reception or registration point. Therefore, all refugee children – unaccompanied, separated and accompanied – must be referred to the child protection system immediately after registration.⁴⁰³ At a minimum, the system should provide a full assessment of the child's situation and needs, as well as of that of the adults accompanying them. The decision on whether support interventions are needed or whether monitoring of the child will suffice should be based on that assessment.⁴⁰⁴ This requirement for a full assessment does not question refugee parents' competence. Rather, it acknowledges that both parents and children are in situations of extreme vulnerability and increased risk. An assessment is needed to determine whether OSPOD needs to take action to protect the children's rights and best interests. A change in legislation will be needed to enable this. The successful steps taken to ensure that OSPOD was allowed to reach out to separated children from Ukraine to assess their need for protection demonstrate that this is feasible.

Figure 7 is a model created by the United Nations High Commissioner for Refugees (UNHCR) on how UASC should fit under the child protection system. It requires best interest assessment early on, best interest determination and planning based on these assessments, including whether the child wishes to apply for asylum (which is not relevant for children from Ukraine who fall under temporary protection, nor is transfer within the EU under Dublin III Regulation). The recommendation here is to not limit this to unaccompanied or separated children, but to ensure that all refugee children at the very least have a best interest assessment done when they arrive in the country.

Figure 7:⁴⁰⁵ UNHCR model on the procedure for UASC adapted for the Czech Republic



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The CRC states that all the rights of **all children** found on the territory of a given Member State should be upheld.⁴⁰⁶ Legislation and policy need to clearly define the roles and responsibilities of all stakeholders involved in the reception of refugee children. Child protection services should always be involved in either assessing or supporting the assessment of risk experienced by all refugee children on arrival. This is the only way to establish whether the situation of vulnerability puts the individual child at significant risk. Unaccompanied children should be referred or handed over to the child protection system immediately. In Moldova, children arriving from Ukraine were recognized as 'being in a situation of risk' without discrimination due to migration status. This was possible because of a law that covered both Ukrainian and Moldovan children enabling them to provide both with the same child protection.⁴⁰⁷

In Austria, unaccompanied minors under the age of 14 are immediately taken into the care of the youth welfare office. In Germany, the youth welfare office takes unaccompanied children into custody, provides them with accommodation and supports them through all official procedures. In Ireland, unaccompanied children are immediately referred to Tusla (the child and family agency) who, aside from providing accommodation and support, apply for asylum on the child's behalf and appeal the decision if the application is rejected. In Sweden, municipalities are responsible for the reception of unaccompanied minors and for assigning them a guardian.⁴⁰⁸

Strengthening protection of migrant and refugee children, including those from Ukraine

Based on the information gathered about both Ukrainian and non-Ukrainian foreign national children in the Czech Republic, several key provisions related to the protection of migrant and refugee children require strengthening. Mental health support requires significant improvement, as higher numbers of refugee children experience mental health problems or trauma than in the general child population. Robust mechanisms and protocols are needed to enable early identification and access to mental health and psychosocial support services, with language support, must be provided.⁴⁰⁹

Front line workers who encounter migrant and refugee children need established protocols and training to conduct rapid vulnerability and best interest assessments for all children arriving in a reception centre or at a registration point. This training should cover child protection in humanitarian settings.⁴¹⁰ Age assessment procedures also need improvement to ensure all individuals under 18 are treated as children, with the benefit of doubt given to those claiming to be under 18 even if they decline age testing.⁴¹¹

Coordination with the MoEYS and the MoH must be strengthened to guarantee access to health care, health insurance and all levels of mainstream education regardless of the child's or their parents' asylum status or residence permits.⁴¹² Refugee families with children with disabilities require adequate social and cash assistance, along with access to specialized services, mirroring the benefits available to Czech children. All actors involved in the support of migrant and refugee children also need to take decisive action against nationally or ethnically motivated discrimination and intolerance when encountered.⁴¹³

For unaccompanied and separated children, the system needs stronger identification procedures as well as registration/guardianship processes, and enhanced family and community-based care. Guidelines and operational procedures for the protection of UASC should be developed in line with the Inter-agency Guiding Principles on Unaccompanied and Separated Children.⁴¹⁴ Unaccompanied children should be placed in family-based care,

not in institutions, with foster families receiving appropriate training and support to care for these children. Segregation based on understanding of the Czech language should be strictly avoided.⁴¹⁵ Family reunification should be prioritized, including with active efforts to trace family members in other countries and assessments of best interest.⁴¹⁶ Finally, the reception process must include standardized human trafficking risk assessments, particularly for children accompanied by someone who is not a family member, and professionals involved must receive specific training to enable them to conduct these assessments.⁴¹⁷

The child protection system must also address gender-based violence (GBV) through comprehensive prevention, mitigation and response mechanisms, including by developing and disseminating referral pathways for all regions and integrating GBV risk mitigation into all protection and support services for refugees. This should be supported by investments in quality, coordinated, survivor-centred and age-appropriate response services that are timely, available and used by survivors of GBV, including refugees.

Significant capacity is required for the child protection system to handle sudden influxes of refugee children and families. This requires a detailed emergency strategy with an accompanying budget that can be activated to quickly upscale the capacity of the child protection system to handle an influx of child refugees adequately at very short notice. UNHCR has developed guidelines on preparedness for refugee emergencies that can inform the development of the emergency strategy (included in the useful resources in Annex IV). Additionally, every region should have at least one designated OSPOD staff member who is trained in dealing with refugee children – whether unaccompanied or not – and rolling out the emergency protocol. This ensures basic capacity and local availability of the necessary expertise when it is needed.⁴¹⁸ The emergency strategy budget will not be used year on year, only when there is an influx, or the country is still dealing with the aftermath of one. It could be established as an earmarked reserve fund. In any year where there was no need to activate or continue to enact the emergency strategy for social and legal protection of refugee children, the reserve funds can either carry over to the next financial year or be used for capital investment in an area of the child welfare or child protection system that requires strengthening at the end of the financial year.

The system of support and protection for children and their families requires standards and protocols for supporting refugee children and families. This support should involve preventative and psychological support services, but also, for example, help with navigating the Czech social protection and education system to ensure that the family is supported to integrate.⁴¹⁹ This must be done in close cooperation with migration authorities at all levels of government, for which coordination frameworks should be developed in the emergency strategy.

Strengthening the social service workforce to enable them to work with refugee children includes providing the external resources needed to help them support children and families, such as qualified interpreters and intercultural workers.⁴²⁰ Training on emergency humanitarian response also needs to be provided.

Making the child protection system responsible for assessing all refugee children, not only unaccompanied minors, will require adapting systems, cooperation and collaboration frameworks across sectors and developing new ones where needed. However, ultimately integrating the support and protection for refugee children and their families into the general child welfare and child protection system will be more efficient, more cost effective and have better outcomes for children. This is preferable to only involving child protection services where harmful situations are easily identifiable or where children are recognized as being unaccompanied.

STEP 5: Making the child protection system responsible for all refugee children

Key actions:

- ✎ Support legislative change and protocol development to ensure children registered as refugees – unaccompanied, separated, or accompanied – are automatically referred to the child protection system and given a full assessment to determine whether they require intervention or monitoring.
- ✎ Ensure capacity building of the social service workforce to enable them to support refugee children competently, without having to choose between supporting refugee children or supporting Czech children, through providing training, sufficient staff and material and financial resources.
- ✎ Develop an emergency strategy that lays out how the system's capacity to deal with refugee children and the services they need for support can be scaled up rapidly during refugee influxes, including a protocol for when and how to scale down again.
- ✎ Consider the establishment of a reserve budget for the rapid scaling up and support of the social service capacity to deal with refugee children in the case of a sudden influx.
- ✎ If a reserve budget is established, lay down transparent rules about how and when it can be used. Including in the case of the reserve not being used in a given financial year, whether it is to be carried over to the next financial year or whether (and how) it can be used to cover capital investment for strengthening of the system of social support and protection for children and their families.

STEP 6: Building capacity

Capacity building to ensure the social service workforce can effectively support and protect children and their families is a requirement for the implementation of policies and strategies into actionable and effective practices.⁴²¹ Without adequate resources, even the most determined efforts to drive reform forward will not translate into practical results. Capacity extends beyond having the right number of social service workers, it encompasses the necessary tools, support systems, and infrastructure to effectively implement and sustain change, including financial, human and knowledge resources. This means having an adequate budget, a supported and equipped workforce, and training.⁴²² The financial resources will be addressed in the section on 'Budget and funding streams' under Step 7 to avoid duplication.

Social service workforce

Providing support and protection to children and their families happens through social work. This requires a strong, well-supported social service workforce.⁴²³ The Global Social Service Workforce Association (GSSWA) defines its responsibilities as follows:

"The social service workforce focuses on preventative, responsive and promotive programmes that support families and children in communities by alleviating poverty, reducing discrimination, facilitating access to services, promoting social justice and preventing and responding to violence, abuse, exploitation, neglect and family separation."⁴²⁴

For the social service workforce to operate effectively, it should not work in isolation. Strong and well-coordinated partnerships should be built with other community-based workers such as nurses who make home visits, staff at community centres and with teachers and other staff at kindergartens and schools. These partners should receive training to help identify children who may need support or protection. They need a clearly outlined referral system that these professionals are familiar with and understand well. Working together with expert social workers, these professionals working with children and families may also play a role in multi-disciplinary assessments or interventions. For these partnerships to benefit all stakeholders, there must be transparent, well-defined agreements on roles, responsibilities, minimum standards and procedures, as discussed in Step 2.

The UNICEF guidelines on strengthening the social service workforce give the following list of requirements that should be addressed:⁴²⁵

- definitions of the various categories of social service workers
- establishment of governing and regulatory bodies
- registration and licensing requirements for social service workers
- standardization of qualifications and the certification process through national examinations
- development and enforcement of a code of ethics and professional standards of practice
- actions for the professional development and continuing education opportunities for workers
- equal opportunity considerations, working conditions, remunerations, and career progression

For the social service workforce to function adequately, it needs to be properly resourced and supported. Only then can high staff turnover, difficulty recruiting competent staff, staff burnout and poor outcomes for children and families due to staff not having the time to provide the necessary support and interventions be prevented. Moving away from these identified challenges requires prioritization of and investment in:⁴²⁶

- clearly defined job profiles, working conditions and salaries in line with the high level of responsibility that comes with the job and opportunities for advancement;
- a clear strategy to ensure competent staff is recruited and retained;
- provision of a good work/life balance and space for self-care; and
- provision of high-quality professional supervision, to help staff deal with the high psychological and emotional toll of working with children and families at risk or in crisis, enabling them to process their experiences and learn from them, while at the same time avoiding compassion fatigue and burnout.

It is essential to ensure a manageable workload, with a maximum caseload that considers the time required to provide effective support to families, travel, administrative duties, case conferences, court cases and training. There is no standard formula for this balance. This must be determined through dialogue with the social service workforce.⁴²⁷ Few countries regulate social worker caseloads. Poland's regulations state that one full-time professional involved in foster care can work with a maximum of 30 families and 45 children. However, in the Netherlands the average caseload is 27 to 29 families and foster carers there complain that if their social worker has more than 19 families, they are unable to provide the necessary support. Overburdened social workers is one of the reasons foster carers give for no longer wanting to foster in the Netherlands.⁴²⁸ The GSSWA has developed

guidelines on developing minimum social service workforce ratios, which can be found in Annex IV.⁴²⁹

Continuing education and training

Having staff in positions is not enough. The social service workforce must have the qualifications and competencies required to handle the complex cases. Investment in the training of the social workforce yields returns through increased likelihood of successful outcomes for families, prevention of their needing more expensive interventions, and enhanced ability of families to generate their own income.

Ensuring high competence of the social service workforce requires setting minimum levels of skills and knowledge training for qualification as a social worker.⁴³⁰ This goes beyond requiring a diploma from an accredited educational facility. There must be a definition of what the curriculum has to cover at a minimum to consider a graduate qualified. After the qualification training, there needs to be meaningful continuous professional development training, which genuinely helps staff expand their knowledge and skills. As mentioned in Part 1 in the 'Capacity and resources' section, currently continuous professional training lacks sufficient evidence base and breadth to be considered beneficial by those receiving it.⁴³¹

The ongoing professional development should involve refresher courses for professional standards, courses to update staff on changes in legislation and policy, courses to expand or deepen existing competences and training for specialization in working with particular groups or challenges. These courses will ensure that the entire social service workforce is upskilled and kept abreast of new insights and changing requirements. The workforce should be consulted about what training and education they feel would benefit their performance.⁴³²

Table 4 provides some suggestions of topics recommended internationally for competence building of the social service workforce. These could be covered at gradually more advanced levels over time, in both qualification training and continuous professional development. While every social worker need not receive training in all of the specialist topics, each should receive training in some areas. Any given team should collectively cover most of these competences to ensure there are always trained professionals available to deal with the specific issues that arise.

Table 4: Suggested topics for competence building of the social service workforce⁴³³

Core Topics	Operational Topics	Soft Skills	Specialist Topics
Legislation and Policy	Case management	Reflective practice	Handling substance abuse (adult & child)
Human rights, child rights, rights of persons with disabilities ⁴³⁴	Comprehensive assessment	Understanding unconscious bias	Handling international child protection cases
Child development	Developing a case/ care plan	Building a relationship of trust	Handling mental health issues (adult & child)
Best interest determination ⁴³⁵	Recruiting, selecting, preparing foster families	Working in multi-disciplinary teams	Trauma awareness (impact on child and parents)
Attachment and relationships	Facilitating contact with family	De-escalation and conflict resolution	Awareness of LGBTQIA+ issues
Participation of families and children, particularly those usually excluded ⁴³⁶	Working with whole family	Cultural competence ⁴³⁷	Parents with intellectual disabilities ⁴³⁸
Prioritizing and facilitating permanency	Facilitating reintegration	Understanding accessibility and inclusivity	Humanitarian situations
Positive parenting	Crisis/emergency planning		Persons with disabilities ⁴³⁹
Impact of stigma and systemic discrimination	Recognizing and mitigating risks for exploitation/trafficking		Neurodivergence ⁴⁴⁰
Data collection – use of and role in	Effective organization of case conferences		Online safety for children
			Providing professional supervision (for managers)

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STEP 6: Building capacity

Key actions:

- ✎ MoLSA should map, or commission the mapping of, workforce capacity and support requirements for the system to function as intended, based on the definitions and standards established in Step 2, addressing staffing needs, training requirements, and financial planning.
- ✎ Evaluate staffing requirements through assessment of position types and numbers needed at each level and location, establishment of appropriate caseload limits, development of professional standards, and creation of comprehensive staff support systems including supervision frameworks to prevent burnout and career pathways to retain staff.
- ✎ Design and implement structured training programmes that encompass entry qualifications, continuous professional development, and specialized competencies with clear evaluation mechanisms to ensure effectiveness.
- ✎ Develop detailed financial projections covering staffing costs, training programmes, support systems, and service delivery, including unit pricing for interventions.
- ✎ Compare current capacity against identified needs to map existing resources, identify gaps, and locate areas where resources could be better utilized across the system, and develop a concrete plan to fill gaps and move toward a sustainably resourced system.

STEP 7: Developing the framework to support the reform decisions

It might seem counterintuitive to leave the development of a support framework and legislation until after all the previous steps. However, it is necessary to have all aspects of the new system clarified, defined and agreed on to enable the development of the legislation, policy, guidance, budgets, monitoring and administrative data systems required to regulate and support them.

Legislation

The National Strategy on Protection of Children's Rights 2021-2029 states as a condition for ensuring and promoting the best interests of the child:

"There is a uniform legal environment governing the performance of public protection of children and the provision of services to vulnerable children and families."

Legislation enabling the support and protection of children and their families should be consolidated, aligned and coordinated with other legislation affecting their lives in a way that integrates the CRC and CRPD.⁴⁴¹ Macela's 2023 Child Protection and Family Support Bill Legislative and Analytical Report provides practical suggestions for achieving this. In this process it is essential to ensure that:

- the definitions and standards agreed upon under Step 2 are embedded in legislation, policy or sectoral guidelines, as appropriate to ensure minimum standards and provisions are adhered to nationally;
- there is a clearly defined mandate for the provision of a wide range of supportive and preventative services, with room but also conditions for introducing new services. This includes how they are resourced and monitored;⁴⁴²

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- accessibility and inclusivity are embedded in all areas of legislation and policy, with enforcement and accountability mechanisms as part of them;⁴⁴³
- child impact assessment of any legislation or policy is done and used to inform decision-making;⁴⁴⁴
- monitoring and evaluation frameworks are embedded in legislation and policy in a standardized way, with independent oversight provided by a designated entity with a strong mandate;⁴⁴⁵
- periodic review of standards and guidance on future amendments are regulated to prevent legislation becoming weighed down and overly complex again due to endless incremental adjustments;⁴⁴⁶
- formal complaint mechanisms for service users and for the social service workforce are regulated;⁴⁴⁷ and
- routine data collection that does not create an additional workload for the social service workforce is regulated in legislation, through enabling anonymized data extraction from a digital, interlinked database system used for case management.⁴⁴⁸

Croatia provides an example of thorough foster care legislation. The Foster Care Act covers different types of foster care and is supported by laws on social welfare, education, health care and justice. Various ordinances and manuals regulate different aspects of foster care.⁴⁴⁹ In Austria, the 'Youth Check' was introduced, requiring ministries to review new legislation and policy that is being drafted to assess their impact on children and youth before passing it. A handbook was developed to guide this assessment, among other things it points out particular areas of concern to be mindful of in doing the check.⁴⁵⁰

Budget and funding streams

Addressing the fragmentation and complexity of the funding of the child protection system has the potential to lead to a far greater cost-efficiency.⁴⁵¹ Reform will initially always require investment, with the National Strategy on Protection of Children's Rights 2021-2029 projecting that its implementation would have an estimated total cost of CZK 3 billion. However, when the system shifts from relying predominantly on alternative care – particularly institutional care, the most expensive option – to prioritizing preventative services, the same budget will be able to serve far more children and families.⁴⁵² In addition, decades of research shows that strong preventative services lead to fewer children being separated from their families and generally better outcomes for children. While compared to placement in family-based care, institutionalizing children increases the chances of poor outcomes that have a high risk of leading to long-term unemployment, physical and mental health issues, difficulties in parenting own children and contact with the justice system. These outcomes come at a high cost to society for the lifetime of the person who was separated and/or institutionalized during childhood. This is why investment in a strong child welfare and child protection system can lead to very significant savings across government spending over the long term.⁴⁵³

To ensure the proper functioning and sustainability of the system of support and protection for children and their families in a cost-effective way, several key financial mechanisms must be established. First, it is necessary to establish transparent funding mechanisms with clear regulations governing eligibility, requirements, application processes and monitoring and accountability measures.⁴⁵⁴ The budget must prioritize preventative and specialized community-based support services,⁴⁵⁵ with designated budget

lines covering national, regional and local levels. These budget lines should specifically address preventative services, specialized community-based support services, social inclusion, and alternative care.⁴⁵⁶

The social service workforce requires adequate resourcing and remuneration to deliver quality services.⁴⁵⁷ Additionally, preventative and specialized community-based support services need sustainable, multi-annual funding commitments to ensure continuity and effectiveness.⁴⁵⁸ The funding structure should also enable and encourage innovative practices through funding to continue to improve the service provision.⁴⁵⁹

Data collection and use

The availability of disaggregated data is essential for informed child protection policy and decision-making.⁴⁶⁰ Without data, certain groups, particularly those who are socially excluded, risk becoming invisible.⁴⁶¹ To overcome the current challenges regarding administrative data collection, the fragmentation of data collection, collation, analysis and dissemination needs to be addressed and considered throughout all the previous steps.

For preventative services to be effective, it is important to know who needs them. It is also essential to identify the types and scale of preventative services needed. This requires collecting data on various factors, including the number of children with disabilities – and the types of disabilities – the extent of child abuse and neglect, the extent of domestic violence, the extent of harmful practices, etc.⁴⁶²

UNICEF has developed a draft toolkit enabling countries to self-assess their administrative data systems on children in alternative care and adoption. Doing this self-assessment and comparing the results to the toolkit's maturity model may be helpful to determine what parts of the Czech data collection system for child protection require strengthening and in what way. Although the finalization of the toolkit has been delayed until the development of an international core set of indicators on alternative care, UNICEF's Europe and Central Asia Regional Office (ECARO) supports testing the draft toolkit in some of their projects. More information is available on the possibility of conducting a self-assessment at UNICEF ECARO.

To establish effective and useful administrative data collection, clarity on what data are needed for decision-making and monitoring and evaluation is essential. The following key questions must be carefully considered:

- What needs to be measured and for what purpose?
- What data sources will be used?
- What are the child protection targets for which progress is to be monitored?
- How can this be measured? What indicators and variables should be used to do so effectively?

It is helpful to develop a logical framework that includes the impact and outcomes – for both the system and the service users – that the child protection system works to achieve. From this, targets and effective indicators can be developed to guide data collection. To ensure that indicators are truly useful for monitoring and evaluation, they should be SMART: specific, measurable, achievable, relevant and time-bound.

Ideally, a digital, interlinked data system would be used by the social service workforce for case management. At minimum, this system should connect all actors within the child protection system, and ideally enable the sharing of data and information between sectors. A digital data system would also allow case file transfers between departments,

following clearly outlined data protection regulation, if this is in the best interests of the child. Combining data collection and case management in one system ensures that data gathering is not an additional item on the to-do list of the social service workforce but is taken care of through their daily case work. Such a system can allow authorized entities to extract anonymized real-time data that are taken from the case files.⁴⁶³

Buying, installing and switching over to a new data system like this is a significant investment. However, once established, the rewards are great in terms of improving the quality of data collection, reducing the workload of the social workforce and providing greater continuity of care and services to children and their families. An example of such a system is Primero, which is an open-source platform designed to support protection data management.⁴⁶⁴ Research should be done – with consultation of the stakeholders who will be using the system – of which system would be most suitable to support the case management and data collection needs of the Czech child protection system. Once the system is selected, preparation for use should include staff training, putting in place technical support and ensuring the presence of the necessary hardware and software.

Eurochild and UNICEF's technical report of the DataCare project provides information about good practices across Europe on data collection on children in alternative care.⁴⁶⁵ It states that effective and useful administrative data collection on support and protection of children and their families requires:

- data using the individual child as the statistical unit – using individual age rather than age groups etc. – to enable aggregation and disaggregation and long-term tracking;⁴⁶⁶
- a clearly defined and agreed set of national and subnational indicators for monitoring and evaluating progress in policy implementation, adherence to minimum standards and outcomes for children. The indicators should be disaggregated by relevant variables to get a clear sense of background of children, reasons for service use and what services are accessed by whom;⁴⁶⁷
- data collection on children facing increased risk or vulnerability, such as children in socially excluded households, children experiencing violence, rural children, migrant and refugee children, children with disabilities, children in alternative care, children deprived of their liberty, children at risk of family separation and children from other minority groups. These data are important for monitoring nationally, but also for monitoring progress on the implementation of the National Action Plan for the European Child Guarantee in the bi-annual reports;⁴⁶⁸
- data collected on intersectional vulnerability or discrimination through intersectoral coordination, for example, a child refugee, with special education needs who is experiencing domestic abuse, to get a clear understanding of such situations data need to be disaggregated and brought together by MoI, MoEYS and MoLSA;⁴⁶⁹
- standardized protocols and manuals to guide administrative data collection and data quality management;
- child protection statistics are regularly published and widely disseminated;⁴⁷⁰
- data protection regulation that is clearly defined and any exceptions to prohibitions on sharing data come with defined safety checks;
- data are used to inform policy making, planning and programming and to support stakeholders, also in emergency responses;⁴⁷¹ and
- use of administrative data in research and making use of incidental data generated through research.

Ireland demonstrates a strong administrative data system for child protection through Tusla, their child and family agency. Tusla Hub, their website, provides data on child protection, alternative care and adoption, prevention, partnership and family support, Tusla education support service, and regulatory services. These data are collected through digital data management systems in all these sectors, analyzed and continuously updated on the website.⁴⁷²

Monitoring and evaluation

Monitoring and evaluation serve multiple functions. The child protection system needs monitoring through data collection and participatory evaluation involving service users to ensure it functions and that outcomes are as intended. Compliance monitoring through inspections ensure that minimum standards and requirements are met. The reform process itself requires monitoring and evaluation to investigate whether implementation is, in fact, taking place and progress and outcomes are as intended.

Lack of monitoring and evaluation combined with lack of clear indicators for data collection and standardized minimum standards for inspection make it impossible to guarantee equitable provision of services across the country. To be effective, monitoring or inspection cannot limit itself to looking at whether required procedures are followed, and facilities are in order. It must examine the quality of the services provided through evaluation of the outcomes and evaluation of the overall improvement of the situation of children and families and through feedback and complaint mechanisms and safe reporting channels.⁴⁷³

To be effective the monitoring system needs to:

- involve the social workforce and the service users – both adults and children of all backgrounds – in the monitoring and evaluation process. This can be through easily accessible feedback and complaint mechanisms, as well as through surveys and focus groups;⁴⁷⁴
- have clearly defined standard benchmarks that follow the principles of objectivity, consistency and consensus;⁴⁷⁵
- look at the effectiveness and efficiency of the funds spent, particularly whether they are spent according to the best interests of the child;⁴⁷⁶
- include evaluation of the public administration and coordination at the national level of the system for support and protection of children and their families;⁴⁷⁷
- pay particular attention to the effectiveness of social inclusion measures and to whether any measures (inadvertently) encourage social exclusion;⁴⁷⁸
- pay particular attention to changes made to the system and indicate needs for revision if the outcomes are not as intended;⁴⁷⁹
- be executed by an independent inspection body, with a clearly defined mandate.⁴⁸⁰ Here the Committee on the Rights of the Child could play an important role, if given a strong mandate;
- be accompanied by capacity building for those in charge of monitoring and evaluation;⁴⁸¹ and
- have clearly defined and enforced sanctions for those who fail to meet minimum standards, fail to implement policies and guidelines, or are in violation of anti-discrimination legislation.⁴⁸²

In Moldova, standardized indicators for monitoring foster care service provisions align with the relevant legislation and the minimum standards. These indicators are outlined in the Social Assistance Automatic Informational System, which also provides the required disaggregation variables. The responsibility for gathering these data lies with the Ministry of Labour and Social Protection.⁴⁸³

STEP 7: Develop the framework to support the reform decisions

Key actions:

- Through legislation, budgets, data collection and monitoring and evaluation systems, the implementation of all the decisions, strategies, action plans and transitions that came out of the previous steps of Part 2 must be enabled and supported.
- Legislation should enshrine definitions, governance and coordination structures, responsibilities, minimum standards and protocols, prioritization of prevention, inclusivity and family-based care alongside what is outlined under the following headings.
- Budget and funding streams must be designed to be transparent, long-term and consolidated; prioritize preventative services and family-based care; be outlined in designated budget lines; allow for innovative services and practices.
- Data collection must be based on a clear understanding of what needs measuring, with child protection targets and effective indicators including groups of children with increased vulnerabilities. There need to be standardized protocols, manuals and data quality management systems supporting a digitized interconnected administrative data system.
- Monitoring and evaluation systems need to be developed to inspect adherence to minimum standards and regulation, to monitor progress and to evaluate outcomes and lead to course adjustments and/or enforcement of rules if outcomes are not as required.

The determination to reform and strengthen the Czech child protection system has been strong for years. Significant progress has been made over the last two decades, although slower than hoped for. A major obstacle to faster progress is the fragmentation and lack of standardization of the child protection system. This means that unifying the system and reaching agreement on definitions and standards are essential to prepare and smooth the ground for easier progress going forward.

By using the insights and recommendations from this report as a roadmap, starting with laying the groundwork in small steps and gradually building momentum, the primary objective stated in the National Strategy for Protection of Children's Rights 2021-2029 comes within reach. The vision stated there is:

"Children and young people in the Czech Republic live a quality life, grow up in a safe family environment and have equal opportunities, which they use to fully develop their potential."

Something everyone aspires to.

Annex I: Initial Assessment Framework

Goal of consultancy: To use an assessment of the situation of Ukrainian children in the Czech Republic to provide an overview of the main components of the Czech Republic's child protection system and 'big picture' insights into how this system could be strengthened to better support vulnerable Czech children, migrant and refugee children, including Ukrainian refugees.

Key questions	Sub-questions	Data collection methods
1. What are the main components of the country's child protection system for Czech children and migrant / refugee children, including Ukrainian refugees?	<p>1.1 What is the Czech Republic's legislative and regulatory framework for Czech children and families?</p> <p>1.2 What is the Czech Republic's legislative and regulatory framework for migrant and refugee children and families, including Ukrainian refugees?</p> <p>1.3 What are the official mandates of the key Ministries, agencies, statutory bodies, social service workers and NGOs in the country's child protection system?</p> <p>1.4 What humanitarian benefits, social insurance and social services from the state are available to migrant and refugee children and families, including Ukrainian refugees?</p> <p>1.5 What roles do NGOs and community groups play in the Czech Republic's child protection system in supporting and providing services to Ukrainian refugees?</p>	<p>Literature Review</p> <p>Inception Trip</p> <p>Interviews</p> <p>Interviews</p> <p>Focus Group Discussions</p> <p>Observations of SocioFactor and Child Frontiers team</p>
2. How effective is the Czech Republic's child protection system, including during the Ukrainian refugee crisis?	<p>2.1 To what extent does the social service workforce have the capacity they need for working effectively with vulnerable Czech children and families, and migrant and refugee children and families, including Ukrainian refugees?</p> <p>2.2 To what extent can vulnerable Czech children and families, migrant and refugee children and families, including Ukrainian refugees, access the benefits, insurance and services available in the Czech Republic?</p> <p>2.3 What mechanisms are in place for monitoring the quality of the child protection system for Czech, migrant and refugee children and families, including Ukrainian refugees?</p> <p>2.4 What coordination mechanisms exist within the child protection system, including for the Ukrainian refugee crisis?</p>	<p>Interviews</p> <p>Focus Group Discussions</p> <p>Observations of SocioFactor and Child Frontiers team</p>
3. How can the Czech Republic's child protection system be strengthened to better support migrant and refugee children and families, including Ukrainian refugees?	<p>3.1 From 'a big picture' perspective, what are the challenges to strengthening the Czech child protection system in order to better support migrant and refugee children and families, including Ukrainian refugees?</p> <p>3.2 From 'a big picture' perspective, what are the opportunities for strengthening the Czech child protection system in order to better support migrant and refugee children and families, including Ukrainian refugees?</p>	<p>Interviews</p> <p>Focus Group Discussions</p> <p>Observations of SocioFactor and Child Frontiers team</p>
4. How can the Czech Republic's child protection system be strengthened to better support vulnerable Czech children and families?	<p>4.1 From 'a big picture' perspective, what are the challenges to strengthening the Czech child protection system in order to better support vulnerable Czech children and families?</p> <p>4.2 From 'a big picture' perspective, what are the opportunities for strengthening the Czech child protection system in order to better support vulnerable Czech children and families?</p>	<p>Interviews</p> <p>Focus Group Discussions</p> <p>Observations of SocioFactor and Child Frontiers team</p>

Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic

Annex II: Protocol for interview or focus group discussion

Introductory script – to be read out before asking any questions:

Thank you for agreeing to speak with me. I am here today to discuss with you the situation of Ukrainian refugees in the Czech Republic – specifically the protection and quality of life of children and their families.

Information you provide will be used for an assessment for UNICEF and the Czech Government about Ukrainian refugees and the broader Czech system of support for vulnerable children and children and families at risk (also known as child protection). I am interested in hearing your views and opinions. There are no right or wrong answers.

Your participation is voluntary, and you may choose not to participate or not to answer any questions at any time. What you say will be kept confidential. The information you give us will be anonymised.

During our meeting if you say anything that concerns me about the safety a child, then I will stop the meeting. We can then decide what needs to happen next to ensure the child is kept safe and appropriate support given.

I want to remember everything you tell me, so with your permission I would like to take notes and record our conversation. The notes and recording will not be shown to anyone and will only be used to help us write our report.

You will not be paid or given any reward for taking part. We will not be able to report back to you about the report's conclusions or the changes that result from it. However, please be assured that your opinions will be anonymously represented to UNICEF and the Czech Government.

Depending on how much time you have, the interview will take up to 60 minutes.

Are you happy to conduct this interview and do you have any questions? [YES / NO]

Do you mind if I record our interview? The recording will be deleted once our report is completed.

Date of interview:

Interviewer name:

Respondent name:

Name of Department:

Role:

Length of time in current role:

Questions (probing questions to be asked depending on answers given).

1. What is your role?
 - a. Do you work with vulnerable Czech children and Ukrainian refugee children?
(omit questions below if not working with both groups of children)
2. What role does your organisation play in supporting:
 - a. Vulnerable Czech children and families?
 - b. Ukrainian refugee children and families?
3. What problems are Ukrainian refugee children and their families experiencing in this municipality?
4. What child protection specific problems are children experiencing in this municipality?

Clarification: Child Protection is the prevention and response to violence, exploitation, abuse and neglect of girls and boys.

5. Is your organisation interacting with unaccompanied and separated children, working children (with or without contracts), children who have experienced domestic violence, trafficked children, children with mental health issues and/or children with disabilities? If yes, what are their specific challenges and how are you supporting these children?

Czech children and Ukrainian children:

6. To what extent can Ukrainian refugees in municipality (insert name) access benefits, such as the humanitarian benefit, and social services (education / health care) to which they are entitled under the Lex Ukraine Laws?
7. To what extent do you feel equipped to work effectively with:
 - a. Vulnerable Czech children and families?
 - b. Ukrainian refugee children and families?
8. What type of training or education would best support your development as municipal staff supporting children?
9. What mechanisms are in place for monitoring the quality of the child protection system for Czech, migrant and refugee children and families, including Ukrainian refugees?
10. Do you participate in any coordination meetings within your organisation or with other partners relating to your role supporting:
 - a. Czech children and families?
 - b. Ukrainian refugee children and families?
11. What is working well in the Czech child protection system to support and provide services to:
 - a. Czech children and families?
 - b. Ukrainian refugee children and families?
12. What do you believe are the biggest challenges in the Prague municipality in providing better support and services to Ukrainian refugees?
13. What changes should be made to the Czech system of support for vulnerable Czech children and children and families at risk?
14. Is there anything else you would like to say to me? Anything you wish I had asked you today?

Conclusion

Annex III: Assessment interview respondents

Respondent Number	Region	Type	Job Description
Respondent 1	Prague	NGO	Head of an NGO
Respondent 2	Prague	Ministry of Labour and Social Affairs	Official for guardianship
Respondent 3	Prague	Foundation	Head of a foundation
Respondent 4	Prague	Municipality	Coordinator
Respondent 5	Prague	NGO	Social worker
Respondent 6	Prague	The Ministry of Education, Youth and Sports	Department of facilities for children of foreign nationals
Respondent 7	Prague	UN agency	Social worker
Respondent 8	South Moravia	NGO	Social worker
Respondent 9	South Moravia	OSPOD	Social worker
Respondent 10	South Moravia	Regional office OSPOD	Social worker
Respondent 11	South Moravia	NGO	Social worker
Respondent 12	South Moravia	NGO	Social worker
Respondent 13	South Moravia	Municipality	Social worker
Respondent 14	South Moravia	Municipality OSPOD	Social worker
Respondent 15	South Moravia	NGO	Social worker
Respondent 16	South Moravia	NGO	Social worker
Respondent 17	South Moravia	NGO	Social worker
Respondent 18	Moravia-Silesia	Municipality	Social worker
Respondent 19	Moravia-Silesia	NGO	Social worker
Respondent 20	Moravia-Silesia	Municipality OSPOD	Head of department
Respondent 21	Moravia-Silesia	Regional Office OSPOD	Social worker
Respondent 22	Moravia-Silesia	NGO	Director
Respondent 23	Moravia-Silesia	Municipality	Social worker
Respondent 24	Moravia-Silesia	NGO	Social worker
Respondent 25	Moravia-Silesia	NGO	Social worker
Respondent 26	Moravia-Silesia	Municipality	Director department + social worker
Respondent 27	Moravia-Silesia	Ministry of the Interior	Director
Respondent 28	Vysočina	NGO	Director

Respondent 29	Moravia-Silesia	Regional office	Social worker
Respondent 30	Olomouc	Municipality	Director
Respondent 31	Moravia-Silesia	Municipality	Head of department
Respondent 32	Central Bohemia	Regional office	Methodologist
Respondent 33	Central Bohemia	Regional office	Social workers
Respondent 34	Prague	NGO	Social worker
Respondent 35	Olomouc	Ministry of Education, Youth and Sports	Director
Respondent 36	Olomouc	Municipality	Councillor
Respondent 37	Ústecký	Municipality	Social workers
Respondent 38	Olomouc	KACPU	Ukrainian interpreter
Respondent 39	South Moravia	NGO	Social worker
Respondent 40	Karlovy Vary	Ministry of the Interior	Social worker
Respondent 41	Olomouc	Municipality	Coordinator
Respondent 42	Prague	Office of the Government of the Czech Republic	Child protection expert
Respondent 43	Prague	NGO	Director

Annex IV: Useful resources

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Published by **UNICEF Europe
and Central Asia Regional Office**

UNICEF Europe and Central Asia Regional Office
Routes des Morillons 4, CH-1211, Geneva

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2025

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