

# Alternative care of refugee children in the Czech Republic: situation analysis and recommendations

UNITED NATIONS CHILDREN'S FUND (UNICEF)

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2025

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# Glossary

Term	International definition
<b>Alternative care</b>	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. <sup>1</sup>
<b>Best interests of the child</b>	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] Convention and its Optional Protocols. <sup>2</sup>
<b>Child protection system</b>	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. <sup>3</sup>

<b>Family-based alternative care</b>	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. <sup>4</sup>
<b>Foster care</b>	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. <sup>5</sup>
<b>Institutional care</b>	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. <sup>6</sup>
<b>Lex Ukraine laws</b>	Lex Ukraine laws are a package of Government bills that implement the European Union's (EU) Temporary Protection Directive (TPD) and 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. <sup>7</sup>
<b>Migrant</b>	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. <sup>8</sup>
<b>Refugee</b>	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. <sup>9</sup>
<b>Residential care</b>	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. <sup>10</sup>

<b>Reunification</b>	The process of bringing together the child and family or previous primary caregiver to establish or re-establish long-term care when it is possible, safe and in the best interests of the child. In the case of child refugees, it is essential that procedures for voluntary repatriation are followed, in addition to the Best Interests Procedure. Family reunification should be well coordinated and conducted according to international guidelines and relevant national legal frameworks. The child, family, community and interim caregiver should be prepared for reunification through coordinated, multisectoral, family and community-level support. Approaches that address the root causes of separation are valuable when preparing families for reintegration. Safe and effective reintegration is a tailored process, not a single event. <sup>11</sup>
<b>Separated children</b>	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. <sup>12</sup>
<b>Social exclusion</b>	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. <sup>13</sup>
<b>Social inclusion</b>	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. <sup>14</sup>
<b>Unaccompanied children</b>	Children aged 0-17 who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. <sup>15</sup>

# Acronyms

<b>CRC</b>	Convention on the Rights of the Child
<b>CRC Committee</b>	Committee on the Rights of the Child
<b>MoEYS</b>	Ministry of Education, Youth and Sports
<b>MoH</b>	Ministry of Health
<b>MoI</b>	Ministry of the Interior
<b>Moj</b>	Ministry of Justice
<b>MoLSA</b>	Ministry of Labour and Social Affairs
<b>NGO</b>	Non-Governmental Organization
<b>OSPOD</b>	Authority for the Social and Legal Protection of Children
<b>UMPOD</b>	Office for International Legal Protection of Children
<b>UASC</b>	Unaccompanied and Separated Children
<b>UNICEF</b>	United Nations Children's Fund

# Executive summary

The Ministry of Education, Youth and Sports (MoEYS) and the UNICEF Refugee Response Office in the Czech Republic commissioned this report to assess the situation of refugee children in alternative care. While examining the broader system and identifying how this system can be improved, the analysis pays particular attention to the needs of refugee children from Ukraine following the significant increase in refugee arrivals since 2022.

## Methodology

The research behind this report combines two key data sources: a comprehensive desk review of the legislative framework and literature regarding alternative care for refugee children, and secondary analysis of 43 key informant interviews, conducted between April and June 2023 examining how refugee children from Ukraine were received in the Czech Republic. Additionally, six institutions were visited in October and November 2023 for observational purposes to gather firsthand insights. These site visits allowed for an in-depth understanding of the day-to-day operations, the living conditions of children and the overall effectiveness of care practices in these institutions. As part of the visits, focus groups were held with foreign national young people who live in the institutions. These visits included facility tours, management interviews, and focus groups with young residents, conducted under strict ethical guidelines and child safeguarding protocols. The analysis of the observations and insights from the focus groups, done for this report, were critical in identifying both strengths and gaps in service provision, helping to shape targeted recommendations aimed at strengthening family-based care and community-driven solutions for refugee children.

## Situation analysis of alternative care for refugee children

The Czech Republic's alternative care system operates under a complex governance structure divided over five different ministries, creating fundamental coordination challenges in service delivery. When unaccompanied children arrive in the Czech Republic, they fall under the responsibility of the local Authorities for the Social and Legal Protection of Children (OSPOD), which usually refers them, through a court order, to institutions overseen by MoEYS. Other refugee children only enter the alternative care system if, like Czech children, they are identified to be at risk in the care of their caregivers. Among refugee children, unaccompanied and separated children (UASC) are refugee or migrant children who arrive in the country without their parents or legal guardians. This group of children have



unique needs that must be carefully considered when providing support and protection.

The current legal framework establishes basic support mechanisms for refugees and migrants yet also contains critical gaps that hinder effective service provision. Most notably, legislation lacks clear definitions of significant terms such as ‘separated child’ and lacks clarity on the various laws and policies applicable to them, and where the boundaries of responsibility lie for the different ministries. Furthermore, current laws permit the institutional segregation of children based on Czech language ability, a practice that contradicts both national inclusion commitments and international best practices in child protection.

The system’s continued reliance on institutional care particularly affects refugee children, who often require specialized psychosocial support for trauma recovery and integration. While residential facilities aim to provide care in small groups of six to eight children to simulate family environments, in practice these facilities are highly institutional and regimented. This challenge is exacerbated by insufficient specialized foster care options equipped to meet the complex needs of children from foreign backgrounds.

Almost a century of research has shown that institutional care is fundamentally incompatible with meeting a child’s psychosocial needs, often causing harm to the child’s development. This is regardless of how good the intentions are or how high the quality of the institutional care provided is. Although discussions on reform of the alternative care system in the Czech Republic began in 2006, with the aim of unifying the fragmented system and moving away from institutionalization, these efforts have yielded limited results. The number of children entering alternative care, and institutional care, remains high.

The Ombudsman’s report on institutions under MoEYS points out that housing large number of children together, with capacities of up to 48 children per institution, can exacerbate behavioural problems and hinder the ability to meet individual needs.

The system’s challenges intensified significantly due to the start of the war in Ukraine in February 2022, which brought an influx of refugees to the Czech Republic. Of more than 615,000 refugees from Ukraine who have arrived, 377,162 refugees from Ukraine remained in the country as of September 2024, representing nearly 3 per cent of the Czech population. Around 25 per cent of these refugees are children. As of the 2024 re-registration, the Ministry of the Interior (MoI) estimates that approximately 1,352 refugee children aged 0-15 (2.1 per cent of children aged 0-15) are unaccompanied or separated children. This sudden increase in refugee children requiring support has strained existing alternative care resources while highlighting the urgent need for systemic reform. However, it has also created an opportunity to rethink and improve care approaches, particularly given the current openness of different ministries to consider fundamental changes in how they support refugee children.

## Findings of observation visits

Recent visits to alternative care institutions reveal significant challenges in meeting refugee children's needs. Out of the six visited, only one institution specializes in supporting refugee children. However, with the recent increase in arrival of refugee children in the Czech Republic, this institution often operates at full capacity, resulting in refugee children being placed in institutions often designed for children with challenging behaviour, environments that are most certainly not designed or equipped to meet their unique needs for psychosocial support for trauma recovery and integration.

In all the institutions visited, the children lived in dormitory-style accommodations that often provide minimal personal space, with the emphasis on shared living areas reflecting an institutional environment rather than a family- or home-based setting. In some cases, the institutions have social workers, psychologists, medics and health care staff to work with the children if needed, although the qualifications of psychologists may vary and medical personnel are not always present on-site. During focus group discussions held during the visits, young participants expressed a preference for living in shared apartments in the community, where they would enjoy a greater degree of independence. Some of the institutions visited provided outpatient programmes and drop-in centres, offering support and preventative education to children and their families without children being institutionalized.

## Recommendations

The overarching recommendation calls for unifying the alternative care system under the responsibility of one ministry as described in the report 'Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic'. This unified system should become an alternative care system where children are primarily placed in families, transitioning away from a reliance on institutions.

While system reform of child protection – and within it, alternative care – is necessary, it requires time to be implemented. Therefore, while ultimately the goal is that refugee children will no longer be cared for in institutions, these recommendations address both immediate improvements to institutional care and longer-term systemic changes. While the findings in the situation analysis paid particular attention to refugee children in Ukraine, the recommendations cover all refugee children – and in some cases all children in alternative care – as what is needed by refugee children from Ukraine is also applicable to other refugee children.

## **1. Ensure participatory best interest assessment, determination and planning**

OSPOD should become the designated body for conducting best interest assessments for all refugee children – whether accompanied, separated or unaccompanied – to determine vulnerability levels and monitoring or intervention needs. This is crucial for effective gatekeeping and ensuring that refugee children in need of alternative care are placed in the most appropriate setting. Once placement in alternative care has been determined to be necessary, ensure all decisions regarding refugee children are based on a thorough best interest determination process, which requires actively informing and involving the child in all decision-making. This participatory approach should ensure that their voices and preferences are considered in all care and support decisions. Staff require capacity building to implement this participatory approach effectively.

## **2. Ensure access to essential services**

Provide comprehensive access to services critical for the well-being and development of children in alternative care. This should include health care, education, mental health support, family tracing, legal counselling, language acquisition, skills development and secure housing to support their integration into society and preparation for independence. Particular attention must focus on developing trauma-informed care programmes and expanding trauma-informed support services in institutions and schools. This should include the presence of specialized counsellors as well as proactive outreach initiatives to engage refugee children and their families in mental health programmes.

## **3. Develop and support family-based care options**

Develop strong gatekeeping mechanisms to prevent unnecessary family separation and institutionalization. Promote and strengthen family-based services, in particular by developing specialized foster care arrangements to offer refugee children a stable, nurturing environment in a family setting. Success depends on collaboration between MoEYS and the Ministry of Labour and Social Affairs to develop effective training and support programmes to make the placement of refugee children in foster families feasible, making use of MoEYS' expertise in this area.

## **4. Strengthen community-based services**

The existing system of halfway houses and partially independent accommodation programmes needs development into fully supported independent living arrangements for refugee children – particularly unaccompanied children – who are mature enough to live in shared accommodation within the community. This also requires enhancing independent living for young people transitioning out of care as a key community-based service, ensuring strong supervision, guidance and support.

Further transition institutions under MoEYS into drop-in centres and outpatient services, ensuring that they are fully inclusive and proactive in reaching out and supporting unaccompanied and separated children living independently in the community. All community-based services, including halfway houses and partially independent accommodation, require predictable, multi-annual funding cycles to ensure sustainability and continuous service provision.

## **5. Develop a strong care leaving programme**

Establish an effective programme to support young people transitioning out of alternative care, particularly those not returning to their family. The programme should provide orientation, career guidance, education access, development of social and life skills, and support for independent living to facilitate a smoother transition to adulthood and greater opportunities for future success.

## **6. Support integration and social inclusion**

Enact legislative reform to end segregation based on Czech language skills in institutions, classrooms and other settings. Ensure that refugee children have equitable access to educational opportunities and support services through coordinated interventions to enhance collaboration among schools, social services and community organizations. This includes language acquisition programmes and inclusive practices in schools to prevent social exclusion. Implement capacity-building programmes for staff in institutions and schools to support integration, prevent social exclusion and actively address discrimination, to foster a welcoming environment for all children regardless of language skills.

## **7. Promote a coordinated multi-sectoral approach with robust monitoring and data collection mechanisms**

Develop a coordinated multi-sectoral framework to strengthen collaboration among MoEYS, MoI, MoLSA, OSPODs, schools, and community organizations, ensuring streamlined support for refugee children within alternative care and outside it. Integrate systematic data collection, monitoring and evaluation mechanisms across all settings to assess alternative care practices supporting refugee children, address gaps and continuously improve interventions.

# Introduction

In the Czech Republic's child protection system, the Ministry of Education, Youth and Sports (MoEYS) holds primary responsibility for managing a significant part of the Czech Republic's alternative care system through its educational institutions. As of 2021, these institutions under MoEYS cared for 6,446 children, representing 82.6 per cent of all children in institutional care nationwide.<sup>16</sup> The MoEYS is also responsible for the scope of children's homes and educational facilities for preventative educational care. This includes "educational care centers," diagnostic institutions, "children's homes with schools," open institutions for children with educational and moderate behavioural challenges and closed institutions for children with severe behaviour disorders or criminal behaviour before the age of 15.

MoEYS is also responsible for Zařízení pro děti cizince in Prague, or the 'Facility for Children of Foreign Nationals.' This facility specializes in providing residential care to refugee children, particularly those who arrive unaccompanied by their parents. The facility comprises a diagnostic facility, primary school, study department, training apartment and educational care centre.<sup>17</sup>

This report, commissioned by the MoEYS and the UNICEF Refugee Response Office in the Czech Republic, aims to identify ways to strengthen the system supporting and protecting refugee children in alternative care, with a particular focus on children from Ukraine. The recommendations seek to enable MoEYS to enhance its provision of appropriate alternative care to refugee children in need of it. While acknowledging that asylum application support is an essential element of 'appropriate alternative care' for refugee children, this is outside of the scope of this report.

This report and its recommendations draw from secondary analysis of two primary data sources. The first comprises a situation analysis of refugee children living in institutions in the Czech Republic. This was conducted through observation visits to six facilities in October and November of 2023: the Facility for Children of Foreign Nationals and five other facilities in Prague, the Southern Moravia and the Karlovy Vary regions. The names of the specific institutions are mentioned in the observation section. These visits included a tour of the facilities to gather firsthand insights, interviews with the management of the facilities and focus groups of young foreign nationals and refugees living there.

A certified psychologist trained in conducting child consultations, facilitated focus groups of young people in adherence to international ethical guidelines and UNICEF Child Safeguarding policies. A designated Child Safeguarding focal point supervised the consultant's work to ensure the highest ethics/safeguarding procedure standards. The data collection process strictly upheld confidentiality principles, with all information gathered based on informed consent provided through a formal consent form. The site visits allowed for an in-depth understanding of the day-to-day operations, the living conditions of children and the overall effectiveness of care practices in these institutions.



The second data source comprises 43 key informant interviews conducted between April and June 2023, assessing the reception of refugee children from Ukraine by the Czech Republic. More information about this assessment can be found in the report 'Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic.' Most interviews were held in person with representatives of the national, regional and municipal government 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 round-table discussions were held in cities of Prague, Brno and Ostrava with NGOs supporting refugees from Ukraine. The interviews and round tables provided valuable insights into the overall functioning of the Czech child protection system, however, much of the focus of the interviews and discussions was centred on the response to the refugees from Ukraine, as the influx of refugee children put a particular strain on the child protection system. The recommendations presented here emerge from secondary analysis of these resources combined with primary desk review.



# PART 1

## SITUATION ANALYSIS OF REFUGEE CHILDREN IN CZECH ALTERNATIVE CARE

This analysis examines the current state of alternative care for refugee children in the Czech Republic, moving from system-level considerations to specific institutional practices. This section begins by examining the governance and legislative frameworks that shape service delivery, including both domestic legislation and international obligations. It then evaluates the broader Czech alternative care system, analyzing how family-based and institutional care options serve children's needs. Following this systemic overview, the analysis focuses specifically on refugee children's experiences within alternative care and examines how recent developments, particularly the arrival of refugees from Ukraine, have affected service provision. The section concludes with detailed observations from institutional visits, providing concrete examples of how current policies and practices impact children's daily lives. This structured approach allows us to understand both the systemic challenges and specific operational issues that must be addressed to improve alternative care for refugee children.

### 1. Governance and legislative framework on refugee children in alternative care

#### 1.1 Governance of alternative care

The Czech alternative care system operates under a complex structure. The responsibilities for oversight, funding and regulation of the support and protection of children and their families, which includes alternative care, are divided over five different ministries: the Ministry of Labour and Social Affairs (MoLSA), 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 and those of persons with disabilities and overseeing social and legal protection for children and social services – which include regulating and overseeing family-based alternative care. The majority of children in institutions, including refugee children, fall under MoEYS, which regulates educational institutions, while MoH

until recently oversaw institutions for children up to three years old. Institutions for children up to three years old have been closed as of 1 January 2025. MoJ oversees the courts that give the 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, however, this must be approved by the Authority for the Social and Legal Protection of Children (OSPOD, under MoLSA). The Office for the International Protection of Children (UMPOD, under MoLSA) is responsible for the legal protection and family tracing for unaccompanied and separated children. MoI has a coordinating role in public administration and crime prevention and is responsible for the response to the arrival of refugees.<sup>18</sup>

## 1.2 Legislation on alternative care under MoEYS

The responsibility of the MoEYS regarding alternative care, which includes institutional care with educational support, is covered by the Act No. 561/2004 on Pre-school, Basic, Secondary, Tertiary Professional and Other Education (the Education Act)<sup>19</sup> and by 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).<sup>20</sup>

The Educational Institutions Act was originally intended as provisional legislation, only in effect for a few years while developing a more comprehensive framework. The explanatory memorandum to the draft amendment in 2004, written by the then Minister of Education, Youth and Sports, stated that it was an interim measure while an overall conceptualization of foster care was developed. However, twenty years later, the 'provisional' Educational Institutions Act is still in operation. Because it was only intended as provisional legislation in need of more definition, there is a lack of clarity on what educational and therapeutic care should look like, the extent and limits of responsibilities and what criteria facilities should meet to be allowed to provide such care.<sup>21</sup>

## 1.3 Analysis of the governance and legislative framework

The Czech Republic's alternative care and child protection system suffers from poorly defined responsibilities, inadequate communication, limited coordination among different sectors and actors and a lack of uniform standards and methodologies, making the governance framework opaque. This has serious consequences.<sup>22</sup> While a range of support mechanisms exist for the reception of refugees and migrants, the various laws and policies applicable to them fail to clearly delineate where the boundaries of responsibility lie with regard to refugee and migrant children.

As refugees or migrants, these children fall under the purview of the MoI. However, as children who may need protection, they are also subject to the key national legislation governing child protection: the Act on Social and Legal Protection of Children No. 359/1999 (Protection Act). This covers the parts of protection and support for children and their families that fall under the MoLSA.<sup>23</sup> If they are placed in an educational institution, they fall under MoEYS. Once they have applied for asylum, been given asylum or resided in the country for 90

days, §6 of the Protection Act states that if a foreign child is left without anyone to care for them, OSPOD must take measures to protect the child. This is the point at which legislation on migrants and refugees intersects with legislation on child protection and is the context in which a migrant or refugee child enters the Czech child protection system. Beyond this circumstance, there is no specific requirement or entitlement in legislation for the child protection system to involve itself with refugee children, unless there is a notification that the child is at serious risk.<sup>24</sup>

This legislative gap is problematic, because for child rights to be upheld and protected, it is essential to recognize that every child, including refugee children, is first and foremost a child. All children have a right to protection and many refugee children – and particularly UASC – are inherently ‘at risk’. However, currently there appears to be no policy or legislation that defines who is responsible when the identities of being a refugee and being a child intersect. Most legislation sets out in very broad terms who is responsible and what services are to be provided, but often lacks specific details or definitions.

According to the Protection Act, unaccompanied minors are defined as ‘foreigners under the age of 18 who are separated from their parents or other persons responsible for raising them’.<sup>25</sup> Separated children, however, are not clearly defined in legislation, though discussions have started to develop such a definition since the influx of child refugees from Ukraine.<sup>26</sup>

Another issue of concern in legislation affecting refugee children in alternative care is that § 2 of the Educational Institutions Act considers lack of Czech language skills a valid reason to place children in separate groups for care within an institution. This is concerning since this segregation goes directly against the government’s professed commitment to social inclusion, as well as against international principles of good practice.

#### 1.4 The Czech Republic within international frameworks on refugee children and child rights

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

*“State Parties undertake to ensure each 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 or other 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. Excluding any group of children or even an individual child from receiving state support and protection goes against the CRC, which in Article 2, as well as in its preamble, explicitly states that **all** children found on the territory of a Member State should have all of their rights mentioned in the Convention protected.

The following concerns were expressed by the Committee on the Rights of the Child (CRC Committee) in their 2021 concluding observations regarding refugee and migrant children in the Czech Republic:

- “(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.”<sup>27</sup>

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 EU Reception Conditions Directive, the EU Qualification Directive, the EU Asylum Procedure Directive, the EU Return Directive, the Schengen Borders Code and the EU Family Reunification Directive are all applicable in the country. These EU standards emphasize children’s right to grow up in a family. Also relevant is the Dublin III Regulation No 604/2013, which came into force in 2013. With regards to unaccompanied and separated children, it states:<sup>28</sup>

- Children should have a guardian or representative to assist them through the asylum process (Art. 6.2)
- Member States have to take into consideration the child’s age, well-being, security considerations and the possibility of reunification with their family (Art. 6.3)
- Family and relatives in other countries are to be identified as soon as possible (Art. 6.4)
- The Member State where family or relatives legally reside shall process the application (Art. 8.1)
- The child shall be transferred to the Member State where their parents or relatives reside if this is in their best interest (Art. 8.2)
- If the child has family in more than one Member State a decision shall be made in line with their best interests (Art. 8.3)
- If the family or relatives of the child are not legally present in another Member State, the Member State where the child made the application will be responsible for it (Art. 8.4).

UNICEF and the EU support countries to implement alternative care reform, moving from residential institutions towards family-based care to guarantee children’s rights to family life. Key EU frameworks supporting this transition include the EU Strategy on the Rights of the Child, the European Child Guarantee and guidance documents promoted by the EU such as the Common European Guidelines on the Transition from Institutional to Community-based Care. The overall support involves awareness raising, capacity building, technical support and funding as needed to adapt legislation and policy, strengthening family and community-based services, transitioning resources and budgets and closing institutions.



## 2. Overview of Czech alternative care system

The alternative care system faces significant challenges due to fragmentation and lack of coordination and collaboration between relevant actors. This fragmentation particularly affects children with multiple or intersectional challenges, who often move from one facility to the next because none of the facilities are equipped to provide comprehensive care and support that meets their various needs.<sup>29</sup>

Despite reforms discussion of the alternative care system beginning in 2006, little progress has been made in reducing the number of children ending up in alternative care and particularly in institutional care.<sup>30</sup> Table 1 gives an overview of the number of children in the various types of alternative care in the Czech Republic in 2021.

Table 1:<sup>31</sup> Number of children in alternative care

Institutional Care Type	Data from 2021	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 < 3 years old	518 children	6.6%	MoH
Homes for people (children and adults) with disabilities	408 children	5.2%	MoLSA
<b>Total Institutional Care</b>	<b>7,801 children</b>	<b>37.8% of children in alternative care</b>	
<b>Family-Based Care Type</b>			
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
<b>Total Family-Based Care</b>	<b>20,659 children</b>	<b>62.2% of children in alternative care</b>	
<b>Total</b>	<b>28,460 children</b>		

### 2.1 Family-based care

Family-based care falls under the purview of MoLSA. To understand the barriers to replacing institutional with family-based care it is essential to look at the current challenges in the full development of foster care. Authorities often struggle to successfully place children who are removed from their family in foster care. This is partly due to the preferences and wishes of the foster carers, and partly due to ineffective strategies to recruit people who might be 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 are generally not placed in foster families but instead in institutions.<sup>32</sup>

There is currently no specialized or professional foster care in the Czech Republic, which would also be required to effectively accommodate refugee children in family-based care. This is 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.<sup>33</sup> Foster care is seldom used in urgent crisis situations, unless it is for children under the age of two. Institutions for children in need of immediate assistance appear to be the default provision used in urgent situations.<sup>34</sup>

While a partial reform of the foster care system between 2012-2013 initially increased numbers of foster parents, interest has declined significantly since 2015. By 2021, the number of applicants had dropped by more than 60 per cent, particularly for short term foster care.<sup>35</sup> An additional obstacle in the process of matching children in need of foster care with suitable foster parents is that there is no national register for either of these groups. Once foster parents have been fully assessed and prepared, they may wait for a placement for quite some time.<sup>36</sup>

Several interrelated factors currently hinder the full development of family-based care and its ability to replace institutional care in the Czech Republic.<sup>37</sup> The system suffers from a lack of coordination and continuity of protocols and decision-making standards for working in family-based care. Ongoing support for foster families and the children in their care remains inadequate. There is also a lack of systematic and ongoing recruitment of foster families. Adding to this, the recruitment, selection and preparation of foster families each fall under different entities, with insufficient coordination. Finally, the lack of non-residential psychiatric care<sup>38</sup> creates challenges, although this is slowly developing, with 30 Mental Health Centres in existence, three of them specialized in youth.<sup>39</sup>

## 2.2 Institutional care

The continued high level of institutionalization as a form of alternative care raises significant concerns, both generally and due to specific conditions identified during inspection visits by the Ombudsman and in research. While institutions appear to show responsiveness to recommendations from the Ombudsman's inspection report on improvements to be made,<sup>40</sup> these changes typically address surface level issues rather than the main problems.

The 2022 Ombudsman's report, examining 12 different educational institutions visited across the country identified various structural issues. The underlying challenge pointed out was a lack of clarity and definition in legislation to outline the duties and regulations around provision of care, specialized support and restrictions on children to guarantee their safety. The report mentions children with severe psychiatric conditions combined with challenging behaviour being moved from one institution to another when behaviour is 'unmanageable'. The Ombudsman points out that having many children together, with capacities of up to 48 children per institution, is likely to exacerbate behavioural problems and challenges in meeting individual needs.

Even within a single institution stability of placement is not guaranteed. Due to staff shortages, children may be moved to different family groups – sometimes splitting up sibling groups – when there are not enough caregivers available, in some places this is such common practice that the children consider it 'normal'.<sup>41</sup>

Institutions tend to be in isolated locations in impersonal, imposing buildings that in no way resemble a family-like environment, where children have to walk through

long corridors to big canteens. These aging large buildings demand significant funds for their maintenance, heating etc. Bars on windows and in corridors are also mentioned as creating significant psychological impact on children.<sup>42</sup>

In the Czech Republic, children are placed into institutional care based on a court decision. Before 2014, diagnostic institutions would do the assessment, determine the specific placement (choosing a concrete institution) and arrange the transfer of a child based on a court decision. However, since 2014, the authority to decide on the specific institution where a child is placed has been strictly in the hands of the courts. While moving away from relying on diagnostic institutions for a best interest determination and decision on placement represents progress, the current system of relying solely on courts creates new challenges. The change has led to significant delays in transferring children from one institution to the next – including from a diagnostic institution to one for longer term stay – and more children have been placed in inappropriate settings because the courts lack the protocols and training to determine the best interests of a child.<sup>43</sup> However, more importantly, children should not – and need not – be taken out of a family environment to assess them. If it is possible and safe, the assessment should take place while the child is living with their own family. If the child is not safe in their own family, they should be placed in emergency foster care – which needs to be established for this purpose – where they can stay while assessment, placement decision and development of a care plan take place.

The Ombudsman's report noted concerning restrictions on children's freedom of movement, and on contact with family and privacy – either temporarily or permanently – not for reasons of ensuring the child's safety and well-being, but for institutional convenience. Similarly, there are various aspects of life in the institutions that impede children's development of skills and abilities necessary to enable them to successfully live independently in the community as adults. These obstacles include having no say in the activities that are offered or the way their day is organized, not having the opportunity to shift between the roles of 'home-life' and 'school-life', having little opportunity to participate in meal planning and preparation and having little opportunity to learn to manage money.

The report also highlighted significant concerns regarding bullying, noting that institutions with a stricter, more rigid regime tend to particularly give rise to bullying. Confidential complaint procedures are often lacking or not clearly communicated to the children.<sup>44</sup> Research conducted in 2023 by the Institute for Criminology and Social Prevention conducted research into violent crime among children under 15, examining children in diagnostic institutions and children's homes with schools, revealed troubling patterns. Their survey found that 96.8 per cent of staff in institutions responding to this survey reported that some, half or most of the children they worked with suffered from depressive moods, the same percentage reported self-harm along that spectrum. The survey also showed high percentages of verbal abuse against other children (80 per cent reported this) and against staff (40 per cent reported this). 98.4 per cent of staff reported having experienced direct physical aggression between children in some, half or most of the children.<sup>45</sup>

While the Educational Institutions Act 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 actual care delivery remains fundamentally institutional in nature. The description of daily life and care practices reveals a regime-based approach rather than the nurturing, individualized environment children need for healthy development.

## 2.3 The impact of institutionalization on child development

In a genuine attempt to ensure that children's rights and their best interests are upheld in the context of institutional care, 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.'<sup>46</sup> However, almost a century of research has shown that institutional care fundamentally fails to meet children's psychosocial and development needs, regardless of the quality of care provided or the intentions behind it.

Furthermore, research has consistently shown that children in institutional or residential care are at a higher risk of abuse, exposure to violence, isolation from the community and lack of opportunities for secure attachment.<sup>47</sup> These outcomes constitute clear violations of children's rights and can therefore never be in the best interests of the child. Even small-scale residential care produces poorer developmental outcomes compared to family-based alternative care.<sup>48</sup>

The 2022 Ombudsman report highlighted and elaborated on many of these issues:

*"The change of environment that repeatedly occurs in these cases undoubtedly traumatises the children, and repeatedly, as they lose everything that they have already understood, not only from a material point of view, but especially from a social point of view. If there is a frequent change of caregivers, this also complicates the possible therapeutic work with the child, as the repeated loss of a stable relative logically causes the child to become more and more distant... The very fact that the child is staying for a period of time in an environment that is not suitable for him or her is also a problem. If the establishment is not (professionally or staff-wise) able to take the needs into account, this can lead to excessive restrictions on the child, to psychological discomfort for the child and, as a consequence, to the thwarting of the child's personality development, which is not only contrary to the law, but, above all, subsequently a very difficult problem to remedy in the child's life."*<sup>49</sup>

Figure 1:<sup>50</sup> The problems of institutionalization

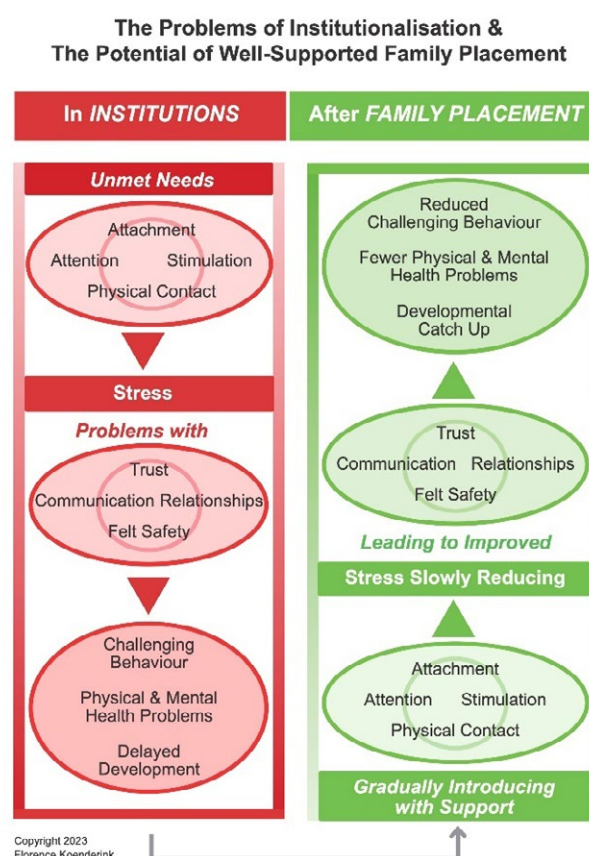


Figure 1 is a model that on the left-hand side from top to bottom shows the process of how institutionalization impacts a child's development, behaviour and reactions. The column on the right from bottom to top shows how some of these effects can be overcome after placement in a well-supported family-environment and what the outcomes of that process can be.

The impact of institutionalization follows a clear pattern: when children's basic psychosocial needs go unmet, their brains perceive this as a significant threat to survival. In response, the brain activates the stress response system, leading to suppression of the immune and digestive systems, reduced growth hormone production causing stunted growth, and limited access to large parts of the brain. This results in reactive behaviour and inability to process new information.

Long-term studies tracking outcomes into adulthood have shown that institutionalization in childhood leads to increased chances of homelessness, long term unemployment, physical and mental health problems, criminal activity, engagement in sex work and inability to care for their own children. The risk of suicide among this group is 500 times higher than the general population.<sup>51</sup>

In the aforementioned survey conducted by the Institute for Criminology and Social Prevention, researchers asked about the types of behaviours and trends seen in Czech diagnostic institutions and children's homes with schools and the reasons the staff believed were behind problematic behaviours. Notably, the staff typically attributed the causes of problematic behaviours to either conditions in the family before institutionalization, personality issues or disorders (whether addiction or psychiatric conditions). None of the staff considered the possible influence of being institutionalized, nor did the researchers seem to question this.<sup>52</sup>

While some teenagers express a preference for residential care over family-based care, citing desires for independence, it is essential to examine the underlying reasons for these preferences. This preference also emerged in one of the focus groups held during the visits to institutions caring for refugee children. While the preferences of children and young people warrant serious consideration when deciding on a suitable placement, these preferences must examine both what is really in the best interests of a child in terms of their developmental needs and long-term wellbeing and seek to understand the underlying reasons for these preferences.

Young people may prefer residential or institutional care for various reasons. For example, some teenagers (and sometimes younger children) prefer to be placed in residential or even institutional care is that there will be less supervision and 'fuss'. Others, who have experienced severely traumatic experiences in a family setting may fear close family-style relationships. However, teenagers are not always aware of the continued psychosocial support and guidance they need to develop into the psychologically healthy, capable adults they already think they are. Without this support they are highly likely to become traumatized or develop unhealthy survival and coping mechanisms.<sup>53</sup>

For children who have experienced trauma in a family and fear that setting, the solution lies not in avoiding family-based care but in providing intensive support to process their trauma and develop new understanding of healthy family relationships. Adults who were placed in families as children and who initially resisted family placements say that while it was hard at the time, upon reflection shared that it was the best thing for them and helped them enormously.<sup>54</sup>

The Civil Code ACT No. 89/2012 states that: "§ 958 "(2) Foster care takes precedence over the care of children in institutional care".<sup>55</sup> Similarly, the National Strategy for Protection of Children's Rights 2021-2029 mandates that:

*"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."*<sup>56</sup>



However, other legislation and policy documents directly related to alternative care lack explicit requirements to prioritize family-based care. While family-based care in the Czech Republic has grown over the past decade, there has been no clear strategy for moving away from institutional alternative care. Despite extensive research showing that institutional care produces the worst outcomes for children and is the almost always the most expensive alternative care option, it remains a central pillar of the alternative care system. Current moves towards deinstitutionalization appear to rely more on local initiatives and the personal commitment of individuals than on initiatives and strategies originating from the government.<sup>57</sup>

### 3. Refugee children in alternative care

#### 3.1 Refugee children from Ukraine and their identification

In the summer of 2022, refugees from Ukraine represented 3% of the Czech population, ranking the Czech Republic as the country with the largest share of refugees from Ukraine per capita in the EU.<sup>58</sup> At that time, 43 per cent of Ukrainian households had children under 5 years old.<sup>59</sup> Since February 2022, over 615,000 refugees from Ukraine have arrived in the Czech Republic. In September 2024, 377,162 refugees from Ukraine remained in the country,<sup>60</sup> around 25 per cent of them children. On average, an additional 1,500 new refugees arrived each week, in 2024.<sup>61</sup> 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.<sup>62</sup> 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 not required to input information about their guardian.

When children from Ukraine arrive in the Czech Republic, a flexible approach is taken in determining whether a child is considered separated or even accompanied, rather than unaccompanied, in case of doubt. If a child is accompanied by an adult who is taking responsibility for them, this tends to be accepted. This is in line with the 2001 Bilateral Treaty on Legal Assistance in Civil Matters, which means that the Czech Republic is required to apply Ukrainian legislation and administrative and court decisions to Ukrainian children for all civil matters related to child protection, and vice versa.<sup>63</sup> OSPOD does not have the right to assume care for this group of young people under the Bilateral treaty. 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.<sup>64</sup>

Compared to refugees from other countries arriving in the Czech Republic, refugees from Ukraine were more likely to arrive in large groups of people, both children and adults. In addition, in response to the influx of refugees from Ukraine, the Czech Republic organized registration points across the country. Because the vast majority of refugees arrived at these set points, identification of unaccompanied and separated children tended to happen there and was therefore less challenging than it is for UASC in general. In contrast, UASC from other countries do not usually arrive as part of a large influx nor do they encounter a coordinated registration effort, therefore identification of

unaccompanied children is more complicated. UASC who are not part of a major influx tend to arrive on their own or in small groups, rather than as part of larger groups of all ages. They may enter the country without coming into contact with border police and may not identify themselves to police or reception centres. This means that they may disappear in the community without anyone knowing they are in the country. These mostly non-Ukrainian UASC are typically identified by police and those who are unaccompanied are referred to OSPOD on identification. From there, they are often placed in institutions under MoEYS by court order.<sup>65</sup> Children staying at the Facility for Children of Foreign Nationals attend a school within the facility, the aim of which is to prepare children with foreign background for entering the Czech mainstream school system.<sup>66</sup>

While the identification of UASC from Ukraine in the Czech Republic may have been smoother in comparison with UASC from other countries, research by UNICEF showed that initial identification of unaccompanied children has still proven to be a challenge in countries receiving refugees from 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, something that is likely to be applicable to refugees with other backgrounds too. Countries lacking procedures, tools and resources also played a role. The research found that all countries included in the study (Bulgaria, Croatia, Italy, Moldova, Poland, Romania and Türkiye) faced serious challenging 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.<sup>67</sup>

### 3.2 Unaccompanied and separated children in the Czech Republic

In discussing refugee children in the context of child protection and alternative care contexts, the term UASC cannot be used as an umbrella. Unaccompanied children fall under the responsibility of OSPOD, which becomes their guardian and should assess each child and decide on the most suitable alternative care placement. Separated children, however, remain under the guardianship of the adult they are travelling with and only fall under child protection if serious safety concerns are raised.<sup>68</sup>

Table 2 presents the number of unaccompanied children known to be in the Czech Republic by UMPOD during 2023, categorized by country of origin. As legislation requires OSPOD to assume responsibility for the care and protection of unaccompanied children, this number should correspond to the number of unaccompanied children in alternative care.

Table 2:<sup>69</sup> Unaccompanied Children in the Czech Republic in 2023

Nationality	Number
Afghanistan	6
Egypt	1
Iran	1
Morocco	1
Moldova	1
Somalia	1
Serbia	1
Syria	10
Tunisia	1
Türkiye	6
Ukraine	86
<b>Total</b>	<b>115</b>

One interview 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.<sup>70</sup> In 2021, there were 176 unaccompanied children in the Czech Republic, 141 of them from Afghanistan.<sup>71</sup>

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.<sup>72</sup> In August 2024, the Department of Conception of Social Services and Social Work sent out a notification with official permission to place unaccompanied foreign minors who are mature enough to live independently in shelters and halfway houses.

UMPOD supports OSPOD in tracing the family of UASC. If a child indicates that they have relatives in an EU Member State, contact is sought with those relatives through the police or the Brussels IIa Central Authority. Reunification of UASC falls under the Dublin Regulation (No. 604/2013).<sup>73</sup> 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.

### 3.3 Alternative care placement of refugee children

As mentioned above, institutionalization of unaccompanied minors is no longer the standard approach in the Czech Republic. In part, this is due to lack of capacity and in part due to the status of children from Ukraine who are over 15 being autonomous and not falling under the jurisdiction of the child protection system. Children from Ukraine in Czech institutions are mostly there because they were removed from parental care for their protection, not because they arrived in the country unaccompanied. For example, an interview respondent mentioned the arrival of a total of around ten families with children in very poor condition due to long term severe neglect and abuse. These cases were more severe than what OSPOD was used to dealing with and they posed significant challenges. All of these children were placed in institutions, for their protection, by court order.

Around 20 unaccompanied refugee children from Ukraine were temporarily placed in foster care with Ukrainian families who already had Czech citizenship.<sup>74</sup> This was despite Czech authorities expressing a preference for not placing unaccompanied children in foster care to the Commissioner of Human Rights of the Council of Europe.<sup>75</sup> This preference was due to the Ukrainian government objecting to Ukrainian children being placed in foster care, because they were afraid that this might lead to adoption.<sup>76</sup>

A 2023 study found that for many of the older unaccompanied children from Ukraine living on their own in the Czech Republic, it is hard to maintain social, economical and psychological stability. These children face a lot of uncertainty, and they lack consistent and reliable support in their everyday life. Of the 40 unaccompanied young people under the age of 18 that were interviewed, only 15 were in contact with OSPOD at the time of the interview. Due to their inability to fully assess or grasp the complexities, risks or overview of their situation and a combination of mistrust towards some 'authorities' and overdependence on others offering help, they are vulnerable to accepting opportunities for irregular or illegal activities. While these young people might appear capable of handling independence, many feel seriously burdened by the responsibility of it. Yet paradoxically, unaccompanied teenagers often believe they must be able to manage by themselves, refusing support even when it is offered. The study also found that some children became unaccompanied while already in the Czech Republic. After the tightening of support for people with temporary protection in July 2023, some mothers returned to Ukraine due to worsening economic circumstances and left children of 14 or older behind to continue their education, reaching out to an NGO to support the child.<sup>77</sup>

### 3.4 Observations & Analysis of Refugee Children in Institutions

Six institutions were visited, in October and November 2023, for observational purposes to gather firsthand insights. These site visits allowed for an in-depth understanding of the day-to-day operations, the living conditions of children and the overall effectiveness of care practices in these institutions. As part of the visits, focus groups were held with refugee and foreign national youth, including UASC, who live in the institutions.

#### ***Zařízení pro děti – cizince, diagnostický ústav, středisko výchovné péče a základní škola, Prague 5 (Facility for Children of Foreign Nationals)***

The Facility for Children of Foreign Nationals in Prague has a diagnostic centre, an educational care centre, a primary school, a study department and training apartments. Established in 2003, it aims to prevent placing UASC and other

refugee children among adults in asylum seeker centres and to give them more educational opportunities and counselling.<sup>78</sup> The facility has four small, well-maintained apartments on the upper floors. Although its capacity is 30 beds, in 2022 there were up to 96 unaccompanied children registered with 81 new admissions and 76 discharges, leading to situations of overcrowding.

The facility takes in children aged 4-18, most of them are teenagers. From 9.00-21.00 the children are cared for by a pedagogically trained worker, at night there are care workers. While the director emphasizes the need for an individualized approach, the routines and rules at the facility are rigid and institutional, with very little unstructured time. The training apartments accommodate young people up to age 26, enabling them to complete their education and prepare for independent living in units with 12 beds.

Children are placed at the facility based on a referral by an OSPOD social worker, with the final decision made by the court, to identify their needs and develop a care and protection plan. Each child undergoes an entrance interview and a medical examination, including age determination if there is doubt that they are the age they claim to be. For older teenagers, staff discuss professional goals and educational needs. The director of the centre issues instructions for care to staff, aiming to create a sense of security, ensure children feel informed and heard and help them express their emotions and build resilience. The language barrier presents significant challenges, requiring substantial resources including interpreters and visual communication. All children receive information in their own language about what is expected from them and what services are available to them.

The school within the facility teaches Czech language, culture, traditions and rules to prepare the children for integration. Some of the children attend schools in the community. The facility provides certain specialized services for health and psychological care for traumatized children.

The facility enables some participation through a community forum where five teenage refugees represent the children and discuss issues about living at the centre and educational issues with eight members of staff. This form of participation was not observed or reported in the other locations. While this form of participation is important, it remains limited to older children and specific discussion topics, rather than as part of all decision-making about their care plans and the way their lives are organized at the centre.

The focus group from this facility included five young people aged 16-18. Three Ukrainians (two boys and one girl) had been in the country for up to 18 months, and two boys from Morocco and Vietnam had been in the Czech Republic for two to three years. Two boys, from Morocco and Ukraine, described experiencing a lot of anxiety while held at a police station for over 24 hours during questioning while arrangements were made for their care. There are claims that children were interrogated at the Central Police Station in Prague for up to four days. All of the young people had nothing but praise for their current living arrangements, which gave them the opportunity to be more independent and live in a shared apartment in the community.

Due to frequent capacity constraints at the Facility for Children of Foreign Nationals, unaccompanied children might be placed in other institutions across the country, with the facility making recommendations for suitable alternative placements. However, other locations often have limited capacity to fulfill the needs of refugee children and may struggle to provide appropriate care for this group of children.



### ***Výchovný ústav, Středisko výchovné péče Klíčov, Prague 9 (Klíčov Educational Institute)***

In 2023, aside from Czech children, the Klíčov Educational Institute housed five boys: two from Ukraine, one from Afghanistan and two from Morocco. This location has an educational institution and a centre for educational care. The residential facilities provide intensive preventative education for children with disorders and problematic behaviour and for those at risk of developing behavioural disorders affecting their psychosocial development. Beyond residential care, Klíčov Educational Institute offers 'outpatient' services such as free counselling for teachers, parents and young people at risk, plus education for day pupils for young people with challenging behaviour at their school.

The educational institution contains two apartments with a total of 16 beds and three care staff. It provides institutional education by supporting educational studies and professional training at external secondary and vocational schools. This service is for boys aged 15-17 placed by court order, with the possibility of voluntarily extending the stay until age 26. For Czech children, the emphasis is on rehabilitating their behaviour and facilitating reintegration into their families together with OSPOD. The centre for educational care has a total of 24 beds, divided over apartments, with five care staff. It provides interventions for children – both boys and girls in separate groups – aged 6-26 (until the end of their higher education or vocational training) who display challenging behaviour such as truancy, persistent lying, running away from home, and substance misuse. Issues may also include problematic family relationships and difficulties in communicating with authorities.

The institutional education and centre for educational care operate separately, with the former maintaining greater security including an observation office between apartments and closed circuit camera surveillance. Children in institutional education are not able to leave without an escort and they receive education internally. Some of the children in educational care attend school in the community. The atmosphere is more institutional than in the Facility for Children of Foreign Nationals. Overall, the environment at the Klíčov Educational Institute is not suitable for refugee children and presents significant risks for them.

The focus group consisted of three boys aged 17-19 (foreign nationals) from the centre for educational care, who had all been in the Czech Republic for up to a year. They were not very forthcoming despite agreeing to be part of the focus group. However, they did share that they were in contact with their families at least once a week. They also mentioned that at their age, they preferred their current living arrangements to being placed in foster care but would like the opportunity to be more independent and live in a shared apartment in the community in future.

### ***Dětský domov Klánovice, Prague 9 (Klanovice Children's Home)***

Klanovice Children's Home provides institutional education to children and young people aged 8-26, including both Czech and some refugee children, across six apartments in a large, castle-like building. Groups of six to eight children are supervised by four educators, with mixed gender and age groups. There is also a seventh group of young people in Malešice, who are in training, at university or in work. The total capacity is 54 children and young people. Most of the Czech children have been placed there because they were removed from their families

for their protection and the children's home collaborates with OSPOD to find foster and adoptive families for these children.

Klanovice Children's Home operates as a non-secure facility where older children can come and go as they want, provided they inform their carers of their whereabouts and come back by 22.00. While some children receive education internally, such as learning the Czech language before they can enter mainstream schools, most attend schools in the community. After school, children must complete homework and chores before they are allowed to go out, for example, to pursue sports or other interests in the community. At least once a week, the children work in the gardens of the children's home. They participate in meal preparation together with their caregivers and during the weekends they do shopping, cooking and cleaning together, or go on trips.

Though the atmosphere is friendly, the building still feels institutional. While the encouragement to interact with people in the community and the attempts to imitate family life are positive and helpful to children's development, this still takes place in a regimented, institutional way, as is inevitable in such surroundings.

The focus group consisted of four young people, two boys and two girls, aged 16-18. Except for one girl from Ukraine, all had been in the Czech Republic for at least two years, with one boy previously spending six months at the Facility for Children of Foreign Nationals. The girl from Ukraine had been a separated child, living with a male family friend at the request of her mother, but had fled that situation. Initially, she too was placed at the Facility for Children of Foreign Nationals for assessment. Both the young people with experience of both locations expressed preferring the relaxed, friendly atmosphere at the Klanovice Children's Home to the Facility for Children of Foreign Nationals. The other girl was from Brazil and had arrived with her father but was unable to get along with her father's new partner and ran away when her father was in hospital. All young people said that they are still in touch with their parent and some mentioned siblings. When asked if they would prefer to be in a foster/host family home, they all agreed they would prefer shared accommodation in the community instead.

### ***Výchovný ústav (Višňové Educational Institution)***

Višňové Educational Institution encompasses a secondary school and a school canteen. It is located in an 18<sup>th</sup> century castle in a rural town in Southern Moravia. The Institution provides education and social care to children over 15 with serious learning and behaviour disorders who have a court order for institutionalization or protective custody. Aside from Czech children, some UASC or refugee children are also put in a secure placement or young offender institutional care. The main building's secure placement has a capacity of 35 boys and there is a separate farmhouse providing a centre for educational care for 13 girls. Plans exist for an additional separate farmhouse to accommodate foreign children. Višňové Educational Institution offers diverse vocational training opportunities on site, with approximately 50 per cent of residents completing vocational courses. At the time of the observation visit, there were 31 resident children under 18 years old, including two Ukrainian boys and three boys from Afghanistan, Syria and Turkey, all educated internally.

The children live in four male groups and two female groups, with six to eight children in each group, each with a dedicated carer. 28 care staff work across three shifts. After finishing in the classrooms at 14.30, the children carry out their chores

before their two hours of free time. They can go out escorted by a caregiver. Dinner is in the canteen at 17.00 and they go to their bedrooms between 21.00 and 22.00. All children maintain telephone contact with their families at least once a week and a few are allowed to go home on leave at weekends.

The director shared that he is not sure whether the time spent at the facility had a real impact on the children's life trajectories, noting the absence of follow up once they leave and no monitoring of outcomes. An observation made about the educational institution during the visit includes:

*"the four dormitories with approximately six children in each, were basic with little personal space. The boys were observed in their free time-period (late afternoon) and were seen to be inactive and sometimes asleep on their beds with little interaction between each other or the one male carer on duty. There was a depressed atmosphere with little to exercise the minds and bodies of these young people."*

Additional concerns were expressed about the residence of teenage girls, in a remote part of the compound, having a male caregiver as the only adult present. The care appears highly institutional with segregation of the groups and little interaction between them. Overall, the descriptions give a sense more of incarceration rather than care that addresses the needs and best interests of individual children and young people.

### **Asylum House for Youth, Celní 3, Brno**

The Celní Asylum House for Youth is funded by the Department of Social Care of the Municipality of Brno, within the Department of Social Prevention for Juveniles and Young Adults. It offers sheltered accommodation and care to youth aged 15-18 years who have experienced abuse or neglect in their family or an unsatisfactory social environment. Most children are voluntary OSPOD referrals without a court order. The Asylum House cooperates with OSPOD to provide education and a guardianship role. The facility also extends support to homeless young people aged 18-26. With a capacity of 35 boys and girls, it maintains a ratio of one caregiver for a maximum of six children. At the time of the observation visit, residents include six young people: four Ukrainians, one Slovak teenager and one from Ghana.

The Celní Asylum House for Youth has a drop-in centre where children and young people can socialize, get advice and access social services. Additional facilities include a gym, sports activities, creative activities and a pottery workshop, though these occupy a separate building and have restricted opening hours. Most children attend education in the community. While they are allowed to leave the building, they must return by 21.00. Some young people go visit their families on the weekends. Despite these provisions, the facility's physical structure maintains a distinctly institutional character reminiscent of older-style care facilities.

### **Výchovný ústav a středisko výchovné péče Pšov 1 (Pšov Educational Institution)**

Pšov Educational Institution provides alternative care for young people, including those in conflict with the law, offering institutional and protective education, and preventive educational care. The facility includes an educational treatment unit for boys with addictive behaviour, a vocational training group and school canteen for boys who have discontinued school, residential preventative educational care for boys and girls up to age 18, and small group home care for children of foreign nationals, including refugees, up to 18. Since 2021/2022, the children's home

has cared for 46 refugee boys: one from Ukraine, one from North Africa, one from Lebanon, 42 from Afghanistan. During periods of higher occupancy, these young people were housed in a separate house with a gym annexed to the main building. At the time of the observation visit there was only one Ukrainian boy of 17, who was placed together with the Czech boys. He was placed due to a court order for anti-social behaviour.

The capacity of the children's home is 40, however 45 children were registered, with 10 listed as missing. In the past, refugee children have run away to cross the nearby German border, with some observed even being collected by cars outside of the facility.

The Pšov Educational Institution has a rural campus with lots of recreational space, however, due to its remote location, making contact with and integration into the community becomes impractical. The in-house gym that the young people are encouraged to use daily, has significantly reduced anti-social behaviour. The Pšov Educational Institution receives children with challenging behaviour from all over the country. The primary focus is to enable the boys to reintegrate into the community. Weekend stays with families are encouraged. The outpatient department for preventative educational care supports young people up to 26 years old and their families, representing a promising practice that might be useful to roll out in more locations.

The staffing structure includes 30 care staff across three shifts. Each group of eight children receives support from one assigned education tutor and the equivalent of 1.5 psychologists (an average per group based on working hours). According to the facility, their philosophy is to be non-judgmental, offer help to those who need and accept it and provide male role models. Despite these commendable intentions and efforts to support the children and young people at the Pšov educational institution, the high rate of young people going missing and the isolation from the community suggest that while intentions are good and efforts are made to support the residents as best as possible, in an institutional setting this is only possible to a limited extent.

### 3.5 Analysis across the institutions observed

In all the institutions visited, the children lived in rooms accommodating six to eight children within large buildings. While some rooms contain kitchenettes, children generally eat and socialize in large canteens. The shared bedrooms and communal space arrangements provide minimal personal space, reflecting an institutional environment rather than a family- or home-based setting. Institutions attempt to place siblings or children who travelled together in the same group.

The institutions employ varying levels of professional support staff. Some provide social workers, psychologists, medics and health care staff to work with the children if needed, although the qualifications of psychologists may vary and medical personnel are not always present on-site. The presence of psychological support proves particularly important for refugee children due to the trauma they have experienced. These provisions are similar in the different institutions, as most of these are requirements laid down in legislation, though they are not always met.

A significant concern emerges regarding children leaving institutions without authorization - a large proportion of the children 'discharged' from the various institutions, had in fact run away. Of the six institutions visited, Klanovice Children's

Home was an exception in that few children were reported to have run away from there. In some cases, children running away from institutions is because they see the Czech Republic as a transit country, and they want to go to Germany. Others may run away for reasons similar to those of Czech children running away - seeking independence or escaping the conditions of the institution. Rather than attempting to identify and address the underlying reasons for running away, institutions typically respond by implementing security measures such as gates, cameras and bars on windows.

It was observed that children who arrived unaccompanied from Ukraine were less likely to be placed in secured facilities than those from other countries, suggesting unequal treatment. The placement of refugee children in secured facilities raises serious concerns, particularly when housing children who are likely to have experienced violence and other traumatic experience alongside children with challenging and possibly aggressive behaviour. Such placements risk further traumatization or may lead to the adoption of undesirable behaviours as coping mechanisms in order to fit in or to protect themselves. This can hardly be said to be in the best interests of a child.

Despite superficial attempts to make the care in the institutions 'family-like', both the care regime and the physical surroundings remain decidedly institutional. Security measures and behavioural control take precedence over trauma-informed, individualized care that addresses the psychosocial needs of the children and young people. As discussed in the section on institutionalization's impact on child development, it is not possible to provide the individualized care necessary to meet psychosocial needs in an institutional setting. Opportunities for children to have a meaningful say in decisions made about their care and the way they live their lives are similarly very limited.

Some institutions have begun developing community-focused services. A few provide community-based and outpatient services, while others offer more independent living spaces in the community that allow young people to learn how to function independently within the community. These types of services play a major role in enabling a move from institutional to family- and community-based care. By gradually shifting institutional focus toward community and family-strengthening services and supported independent living programmes, these facilities can support children and families to prevent the need for separation and reduce reliance on institutionalization.

The observations reveal both systemic challenges and opportunities for improvement. While current institutional care falls short of meeting children's individual needs, emerging community-based initiatives show promise. The development of outpatient services and independent living programmes demonstrates potential pathways for transforming care delivery. However, achieving meaningful change requires systematic support for expanding these alternatives while addressing the fundamental limitations of institutional care.

Successful transformation of the alternative care system requires maintaining focus on two parallel tracks: improving conditions within existing institutions while simultaneously developing and strengthening family- and community-based alternatives. This dual approach ensures current residents receive the best possible support while building capacity for more appropriate care options aligned with children's rights and developmental needs.





## PART 2

# RECOMMENDATIONS

The following recommendations outline key steps for strengthening the alternative care system's support for refugee children. While the situation analysis focused particularly on refugee children from Ukraine, these recommendations apply to all refugee children – and in some cases all children in alternative care – as their fundamental needs remain similar regardless of country of origin. Each recommendation concludes with a summary of concrete actions.

The overarching recommendation calls for unifying the alternative care (and child protection) system under one ministry, as detailed in the report 'Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic'. This unification would enable more efficient and effective management. Given that family-based alternative care currently falls under MoLSA, some of the recommendations indicate a need to move responsibility from MoEYS to MoLSA.

Public funding allocation should prioritize non-residential forms of support for children in situations of vulnerability, including refugee children and children with disabilities, and their families. This requires promoting, supporting and facilitating family-based care and, only when necessary and appropriate, providing care in small residential facilities for children who cannot stay with their families. Such efforts must give particular attention to children with disabilities, refugee and Roma children. Additionally, the system requires regular, periodic and substantive review of placements and monitoring of quality of care are required.

While the reform of the child protection – and within it the alternative care – system remains essential, implementing a unified system will take time. Therefore, these recommendations address both immediate improvements to institutional care and longer-term systemic changes. Although the ultimate goal envisions refugee children no longer requiring institutional care, interim measure can improve current living conditions and outcomes until family-based alternatives become fully available.

### 1. Ensure participatory best interest assessment, determination and planning

The CRC stipulates that Member States must uphold the rights of **all** children within their territory. Articles 20 and 25 specifically emphasize the need to prioritize and work towards family tracing and reunion in the case of unaccompanied and separated children.<sup>79</sup> 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.<sup>80</sup> Due to the trauma and stress experienced by the adults around them – whether or not those adults have a care duty to them – refugee children are significantly more likely to witness or be personally affected by violence than the general child population.<sup>81</sup> 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 – accompanied, separated and unaccompanied – must be referred to the child protection system immediately after registration.<sup>82</sup>

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 the child's situation will suffice should be based on that assessment.<sup>83</sup> This initial assessment should be followed by a more elaborate best interest determination, if the assessment shows there is a need for intervention. Thorough assessment is also essential to determine the right care placement of the child, if it is found that the child is not safe with the people he or she is with or if the child is unaccompanied. The report 'Strengthening child protection systems: a comprehensive approach to addressing the needs of refugee and marginalized children in the Czech Republic' provides more information on this.

All refugee children, and particularly UASC, need a full assessment to determine their best interests immediately upon entering alternative care. This is to enable informed decision-making when developing a child's care plan. While the best interest determination is done, the children should be in family-based care, not in diagnostic institutions. Studies show that for temporary placements, such as during assessments, outcomes tend to be better when children are placed in foster care than when they are placed in other forms of alternative care.<sup>84</sup>

As part of the best interest determination, practitioners should consider the following:<sup>85</sup>

- Adequate basic care, in particular the provision of food, medical care, hygiene, meeting of psychosocial needs
- Adequate living conditions of the child, their parents/carers and social environment
- Care for and protection of the child's physical and mental well-being
- Safeguarding of the child's safe attachment and contact with both family and significant persons
- Prevention of threats to a child, violence against the child, or situations where the child witnesses violence
- Prevention of the unnecessary removal or detention of the child or other cruel treatment
- Protection of the child's rights, claims and interests
- Support for the child's talents, abilities, interests and potential for development
- Consideration for the child's opinion, according to their maturity

- Prevention of harm that the child might suffer by taking action against their will
- Prevention of the child's conflicts of loyalty and causing feelings of guilt
- Stability and continuity of care and living arrangements.

In Article 25 of General Comment No. 6, the CRC Committee states:

*"Pursuant to article 12 of the Convention, in determining the measures to be adopted with regard to unaccompanied or separated children, the child's views and wishes should be elicited and taken into account (art. 12(1)). To allow for a well-informed expression of such views and wishes, it is imperative that such children are provided with all relevant information concerning, for example, their entitlements, services available including means of communication, the asylum process, family tracing and the situation in their country of origin (arts. 13, 17 and 22(2))."*

Based on the best interest determination, social workers should collaborate with the child to make decisions about where they should be placed and what support they need with the aim to find a durable solution that addresses all of the child's protection needs.<sup>86</sup> This process must actively involve full participation of the child (at any age and developmental stage) using appropriate methods according to maturity. Participation should extend beyond the initial stages of case planning to encompass the entire case management process from start to finish. Children should be given a say in and be provided with information about all situations and decisions that affect their lives.<sup>87</sup>

While legislation frequently references children's right to express their opinions and be heard, practical implementation often falls short. Staff involved in decision-making affecting children's lives require training and awareness raising to develop skills for facilitating meaningful participation, even with very young children or those with significant intellectual or communication disabilities.<sup>88</sup> Additionally, there is also a need for interpreters trained to work with children to enable communication whenever required.

In Sweden, Save the Children conducted a pilot programme to gather unaccompanied children's views about their experiences of life after their arrival in the country. They involved former unaccompanied children in the design of the methodology to ensure that it was appropriate and relevant to the experience of the children they would involve. Through activities with the unaccompanied children, concrete recommendations emerged regarding accommodation, guardianship, education and future planning.<sup>89</sup>

**Action points for ensuring participatory best interest assessment, determination and planning:**

- 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.
- Jointly develop guidelines/operational procedures for the protection of UASC, in line with the Inter-agency Guiding Principles on Unaccompanied and Separated Children.<sup>90</sup>
- Ensure that all decisions made about (refugee) children in all settings are based on a thorough best interest determination.
- Ensure that children are informed of options being considered for them and given the opportunity to voice their opinion, which then is given due consideration, regardless of the child's age.
- Ensure interpreters trained to work with children are available to make full participation possible.
- Provide training to staff to help them develop the skills required to support participatory best interest determination and planning.

## 2. Ensure access to essential services

Alternative care for refugee and Czech children extends beyond providing basic shelter and sustenance, whether in institutions or in family placements. Through effective case management, children must receive comprehensive access to the whole range of services critical for their well-being and development. This includes fundamental needs such as education, health care and secure housing, and also legal counselling, family tracing, support to learn the Czech language and opportunities to develop relevant skills, including full access to and integration in community life. Access to these services, combined with supporting refugee children to integrate into society, is essential to prepare all children in alternative care for independence.

### Family tracing

For unaccompanied and separated children, providing accommodation represents only the beginning. The primary goal should be to find out if the child can be reunited safely with their family if that is in their best interests, and if so, locating family as soon as possible.<sup>91</sup> A centralized database containing information on UASC plays a vital role in tracing family and should include information on any contact that the child has with any relatives. Effective family tracing requires strong coordination between OSPOD and UMPOD, and while unaccompanied children reside in institutions, coordination with those facilities remains essential.

Family tracing serves purposes beyond potential reunification for unaccompanied or separated children. Even when children cannot return to their families, maintaining contact with them proves crucial for the child's mental health, development of identity and sense of belonging. Supporting these connections should be prioritized and supported in every way possible.

## Trauma and mental health support

Mental health support services that help process traumatic experiences form an essential component of services for refugee children. In their General Comment No. 6, the CRC Committee states in Article 47:

*“take into account the fact that unaccompanied children have undergone separation from family members and have also, to varying degrees, experienced loss, trauma, disruption and violence. Many of such children, in particular, those who are refugees, have further experienced pervasive violence and the stress associated with a country afflicted by war. This may have created deep-rooted feelings of helplessness and undermined a child's trust in others. Moreover, girls are particularly susceptible to marginalization, poverty and suffering during armed conflict, and many may have experienced gender-based violence in the context of armed conflict. The profound trauma experienced by many affected children calls for special sensitivity and attention in their care and rehabilitation.”<sup>92</sup>*

Therefore, trauma-informed mental health support must be offered as standard practice in all settings that regularly work with refugee children and UASC. The higher risk of trauma and mental health problems exist even when not immediately apparent upon meeting a child. This requires implementing comprehensive capacity-building initiatives focused on trauma-informed support within institutions and schools.

Schools can play a dual role in both identifying and providing interventions in mainstream, collective settings,<sup>93</sup> complementing the more traditional role of the health care sector in mental health screening. To strengthen schools' capacity to play a stronger role in identifying and supporting children with mental health challenges, teachers need training to develop the necessary skills and to understand referral pathways for community-based support. It is also essential to have speakers of the languages relevant to the refugee children present to enable communication that allows identification and support to take place.<sup>94</sup>

Incorporating mental health awareness and resilience building into the curriculum as standard can benefit both Czech and refugee children. Trauma-informed counsellors should be available at all schools and institutions, proactively reaching out to refugee children with support to identify and process trauma and mental health challenges. These counsellors should foster an environment where refugee children feel safe, secure and supported, enabling them to access necessary services and interventions tailored to their experiences.

A pilot programme in Kent, UK, called 'Child and Family Training' demonstrates the importance of trauma-informed support. This programme trained foster parents of UASC in managing distress and promoting well-being in children who had experienced severe trauma. Despite their years of experience as foster carers, foster families expressed shock at the 'enormity and extremity' of the experiences that UASC disclosed to them. The foster parents found the programme very valuable, as it helped them support children in opening up and enabled them to deal better with the stories, moods and behaviour they were confronted with. Similar training could prove beneficial for all professionals working with UASC.<sup>95</sup>

**Action points for ensuring access to essential services:**

- Through case management, ensure access to education, health care, mental health and psychosocial services, legal counselling, language acquisition, skills development and secure housing to support integration into society and preparation for independence.
- Family tracing and working towards possible reunion, or at minimum establishing and supporting communication, should form a standard part of the care plan for each UASC.
- Those involved in assessment of the child, as well as social workers, caregivers and teachers need training to increase their skills in noting and recording information shared by the child that could assist with family tracing, and to familiarize them with referral pathways.
- Provide training to all staff in institutions and schools on trauma awareness and skills that includes:
  - trauma-informed practice
  - identifying trauma and mental health problems
  - referral paths for community-based support
  - creating safe spaces; and
  - integrating mental health awareness and resilience in the care plan and curriculum.
- Make trauma-informed counsellors available in institutions and schools and ensure they actively reach out to all children with a high likelihood of trauma, including refugee children.

### 3. Develop and support family-based care options

The recommendation to provide refugee children with stable, nurturing environments in a family setting necessitates moving away from the institutions that fall under MoEYS toward family-based care under MoLSA. However, MoEYS can play an important role in driving and supporting this transition from institutional to family-based care, as well as providing specialized training on working with refugee children.

#### Gatekeeping

An effective gatekeeping system should prevent unnecessary separation of a child from their families, aligning with the CRC. Currently, in part, what stands in the way of ensuring robust gatekeeping in the Czech Republic is a lack of official definitions and standards to support the practice. While gatekeeping may appear to be a simple check point, in reality it is a complex system encompassing child welfare and protection services that help prevent more invasive interventions or removal of the child. It also includes the technical expertise required for determining 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 child protection typically focuses on preventing unnecessary removal of a child from their family, countries where residential, and particularly institutional, care is part of the alternative care system, require 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. The Czech Republic currently lacks effective implementation of either level of gatekeeping. Establishing both levels of gatekeeping proves essential for system improvement.

### Specialized foster care

Expanding available types of foster care is crucial for transitioning away from institutional care toward predominantly family-based alternatives. Currently, certain groups of children are considered (almost) impossible to place in family-based care under the current circumstances and typically enter institutions. However, this situation stems from insufficient development of family-based care options in the Czech Republic to accommodate children with more complex needs.

Many countries successfully and routinely support children with complex care needs, challenging behaviour, severe trauma, different ethnic or cultural backgrounds, and siblings in their own families or in family-based care. This often occurs through 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 possess special qualifications.<sup>96</sup> These 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 the same verbal language or share a similar cultural or religious background as the child placed with them. These foster carers may receive salaries enabling them to stay at home with the children and focus on their care. MoEYS can contribute significantly by sharing their experience and knowledge with MoLSA and collaborating on developing training and support programmes for foster carers specialized in caring for refugee children, as well as children with challenging behaviour.

Studies show better outcomes for unaccompanied children placed in foster care compared to other forms of alternative care. Germany, Italy, Sweden, the UK and Türkiye have extensive experience with placing unaccompanied children in foster care. Their experience demonstrates that successful foster care placement of an unaccompanied child depends on several factors: foster carers receiving support and training to understand asylum processes; children being placed with families of similar backgrounds; provision of language support and assistance to attend mainstream education; and if needed access to access specialized services and counselling to help them process their experiences.<sup>97</sup>

### Action points for developing and supporting family-based care options:

- Develop effective gatekeeping mechanisms that ensure children, including refugee children, are not placed in alternative care or in institutions unless it is in their best interests.
- Collaborate with MoLSA on developing training and support programmes to make the placement of refugee children in specialized foster families feasible.
- Ensure capacity building of professionals in handling the case management of refugee children and the families they are placed in to increase their competence in this responsibility.

## 4. Strengthen community-based services

Successfully preventing unnecessary separation of children from their families and strengthening opportunities for them to enter family-based care requires community-based services to be available. These community-based services need adequate, predictable, transparent funding with multi-annual funding cycles that enable long-term planning and development. Access to these services plays a crucial role in strengthening families and ensuring that institutionalization does not become the only way for children and families to receive the support they need. MoEYS plays an important role in this process.

The types of drop-in centres, outpatient services and access to education for children with challenging behaviour as day pupils described in the observations represent initial steps toward making the support available in institutions accessible to the community. By further developing these and other services provided by institutions in ways that are accessible to children and families living in the community, MoEYS can help make institutional care redundant, while preserving the useful services offered at the institutions for the public. This transition to community facing service provision also helps preserve the investments and livelihoods connected to the institutions. These services should remain fully accessible and inclusive and make a point of reaching out to refugee families and unaccompanied young people living independently in the community.

### Supported independent living

Following the Department of Conception of Social Services and Social Work's notification granting official permission to place mature teenage unaccompanied children in halfway houses, this option should be developed and strengthened further. Development can include partially independent accommodation provision programmes. The experience of placing teenage refugees from Ukraine in partially independent accommodation in the community has provided valuable insights, and young people in the focus groups expressed their preference for this type of accommodation.<sup>98</sup>

Supported independent living, while not family-based, should remain community-based to help young people to familiarize themselves with independent life in the community. It extends beyond simply providing accommodation and income support to teenagers aged 16 years or older. The 'supported' component involves regular supervision and support from a designated social worker providing counselling, mentoring and general support. Young people should know that they can contact their social worker with questions or challenges, whether practical or psychological. Hnízdo, a charity in Prague supporting unaccompanied teenagers from Ukraine, is a good example of the kinds of support these young people need. They provide counselling, psychotherapy and social services in the community.<sup>99</sup>

Supported independent living should form part of the continuum of care for older teenagers of both Czech and foreign backgrounds, to remove the need for institutional care for this age group and to help the young people feel supported as they prepare for fully independent living. Rather than imposing support, services must develop ways to reach the young people they are intended for and that makes them feel able to accept assistance.<sup>100</sup> Discovering effective approaches for this may require experimentation and should include consultation with young people themselves, as needs may differ for young people of different backgrounds.

The Organization for Aid to Refugees (OPU) has collaborated with UNICEF on the project 'Promoting Independent Living' for UASC. They have two apartments in Prague for four to five teenagers each, and an apartment for six young people in Brno serving as halfway houses. The apartments are supported by a social worker who visits during the day and offers advice. Young people can stay for up to a year, which can be extended by six months if needed, to help them learn to function independently and establish routines in study or work. Those young people earning income are expected to contribute a small amount towards the rent.<sup>101</sup>

In England, most UASC aged 16 and older are placed in supported independent living called 'supported lodgings placement', making up almost one-third of all UASC in 2016.<sup>102</sup>

### Action points for strengthening community-based services:

- Transition the services provided in institutions into drop-in centres and outpatient services, ensuring that these are fully inclusive and actively work to reach out to support UASC living independently.
- Develop the currently existing system of halfway houses and independent accommodation provision programmes into fully supported independent living for UASC mature enough to live in shared accommodation in the community.
- Ensure predictable, transparent long-term funding through multi-annual funding cycles to make community-based services sustainable and guarantee service provision.

## 5. Develop a strong care leaving programme

Alternative care programmes must include preparation procedures for independent living that begin several years before the young person – whether refugee or Czech – reaches adulthood, with support continuing beyond this transition. Research demonstrates significantly better outcomes for young people receiving ongoing supervision from the child welfare system compared to those who have to leave alternative care abruptly when they reach the age of 18.<sup>103</sup>

Support for transitioning out of foster care, supported independent living, or institutional care settings must form part of the care plan of any child in alternative care, particularly for young people not returning to their family. The programme should include orientation, career guidance, access to further education, social and life skills development, and support for independent living. These elements prove essential for facilitating smoother transitions to adulthood, avoiding the frequently seen negative outcomes described in the situation analysis and providing greater opportunities for future success.

Georgia, Romania and Türkiye offer examples where young people may continue living with their foster families as they transition into adulthood, aligning their situation closely with young people growing up in their own families.<sup>104</sup>

**Action points for developing strong care leaving programmes:**

- Develop programmes helping young people transition gradually and successfully from alternative care placements to fully independent living.
- Decide on the steps of this transition together with the young person and include them in his or her individual care plan.
- Ensure support does not stop abruptly on a young person's 18th birthday (or later) but reduces gradually as they become increasingly more capable of handling independent life.

## 6. Support integration and social inclusion

The current segregation based on lack of command of the Czech language in both institutions and schools must end. This requires legislative change, as current laws consider limited Czech language skills valid grounds for segregated placement in institutions. Language learning occurs most effectively through immersion, enabling faster integration. Therefore, support should focus on enabling this process. Children who do not speak Czech fluently should be evenly divided over classrooms and living groups in institutions and receive support with their language learning while still spending most of their time with their peers. Successfully implementing this approach requires training of teachers and caregivers to manage groups of children with differing levels of fluency in Czech.<sup>105</sup>

Awareness must increase regarding the limitations of simply placing someone from a different country in a regular class or family group does not automatically lead to integration. Teachers and caregivers need capacity building to support genuine social integration and to actively address racism, bullying and social exclusion when they occur.<sup>106</sup> This proves essential for providing truly inclusive (ideally non-residential) education and care, with comprehensive support for children's individual needs and ensuring a safe environment.<sup>107</sup>

The Grafická primary school in the Prague 5-Smíchov district demonstrates good practice in this area. Through the determination of the director of the school, it went from being a segregated Roma school in danger of closure to being fully inclusive, successfully integrating Roma and non-Roma pupils, children with disabilities and those with various nationalities.<sup>108</sup>

**Action points for supporting integration and social inclusion:**

- Ensure that children in institutions, halfway houses, independent accommodation provision programmes and classrooms are not segregated based on their fluency in Czech.
- Push for legislative change to end the support for segregation based on language skills in laws and policy.
- Provide training to staff in institutions and schools to enable them to:
  - Promote integration and inclusion
  - Support language development
  - Break down stigma and prejudice among peers
  - Address bullying and racism when encountered
- Overcome conscious and unconscious biases that may exist.
- Provide support with learning Czech in a way that creates the minimum amount of disruption of regular daily activities or class attendance possible.

## 7. Promote a coordinated multi-sectoral approach with robust monitoring and data collection mechanisms

Ensuring streamlined support for refugee children in and out of alternative care, requires a coordinated multi-sectoral framework strengthening collaboration among MoEYS, MoI, MoLSA, OSPODs, schools, and community organizations. Integrated systematic data collection, combined with monitoring and evaluation mechanisms across all settings, proves essential for assessing alternative care practices and ensuring that appropriate care and support is offered to refugee children and that the outcomes are as envisioned. Data, monitoring and evaluation also enable informed and effective decision-making and policy development regarding alternative care for refugee children. They provide useful information about areas of the alternative care system requiring strengthening or adjustment. Effective support services for refugee children in alternative care requires comprehensive data collection and monitoring and evaluation systems. Understanding the types and scale of services needed depends on gathering detailed information about the children's backgrounds. It is essential to collect data on factors including but not limited to the number of refugee children, whether they are accompanied, separated or unaccompanied, their age and nationality, the support they require, the type of alternative care placement they are in, etc. Establishing effective data collection requires clarity on what data are needed for decision-making and monitoring and evaluation. The following key questions need to be addressed:

- What information needs to be measured, for what purpose, and from which data sources?
- What are the specific targets against which progress will be monitored?
- How can these elements be measured effectively, and which indicators and variables will best capture meaningful data about progress and challenges?

The development of a 'logical framework' can support this effort. This framework must include the impact and outcomes – for both the system and the service users – that the alternative care system for refugee children works to achieve. From this, targets and effective indicators can be developed to guide data collection.

Unaccompanied and separated children require particular focus. Supporting their successful identification by authorities and effective support both in and out of

alternative care relies on three key elements: a robust coordination framework for all sectors and actors coming into contact with and bearing responsibility for UASC, to enable speedy referral and provision of protective services, targeted outreach to identify UASC who prefer not to come forward for registration, and a comprehensive central database. This database should contain UASC's details and, where possible, their biometric data to support planning, track missing children, and facilitate family tracing.<sup>109</sup>

The current lack of systematic monitoring and evaluation, combined with unclear indicators for data collection and minimum standards for inspection, makes it impossible to guarantee equitable provision of services for all children in alternative care, including refugee children. Effective monitoring or inspection must extend beyond checking whether or not required procedures are followed, and whether facilities are in order; it must examine the quality of the services provided through evaluation of the outcomes and changes in the situation of refugee children both in and after leaving alternative care, as well as through feedback and complaint mechanisms and safe reporting channels.<sup>110</sup>

An effective monitoring system requires several interconnected components. The social workforce and the service users – both adults and children of all backgrounds – must be actively involved in the monitoring and evaluation process through easily accessible feedback and complaint mechanisms, surveys and focus groups.<sup>111</sup> The system needs clearly defined standard benchmarks that follow the principles of objectivity, consistency and consensus.<sup>112</sup> The effectiveness and efficiency of the funds spent in alternative care require careful examination, particularly whether they are spent according to the best interests of the child.<sup>113</sup> Regular evaluation of the public administration and national-level coordination of the alternative care system for refugee children should be implemented,<sup>114</sup> paying particular attention to the effectiveness of social inclusion measures and to whether any measures (inadvertently) encourage social exclusion in the alternative care system.<sup>115</sup> When changes are made to the alternative care system, particular attention should be paid to whether they produced the intended outcomes or if revision is needed.<sup>116</sup> The monitoring system should be executed by an independent inspection body, with a clearly defined mandate – <sup>117</sup> if given a strong mandate, the Committee on the Rights of the Child could play an important role. Capacity building for those in charge of monitoring and evaluation of alternative care must be included.<sup>118</sup> Finally, there should be clearly defined and enforced sanctions for those who fail to meet minimum standards, fail to implement policies and guidelines on alternative care for refugee children, or are in violation of anti-discrimination legislation.<sup>119</sup>

### Action points for promoting a coordinated multi-sectoral approach:

- Develop a coordinated multi-sectoral framework to strengthen collaboration between relevant stakeholders involved in alternative care for refugee children.
- Data collection must be based on a clear understanding of what needs to be measured regarding refugee children in alternative care, with targets and effective indicators. 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 regulations for alternative care for refugee children, to monitor progress and to evaluate outcomes and lead to course adjustments and/or enforcement of rules if outcomes are not as required.



# Conclusion

Since the start of the COVID-19 pandemic, the situation of refugee children in the Czech Republic has shifted significantly. Before the pandemic, few unaccompanied and separated children stayed in the country, as most were on their way to Germany. This pattern changed when Germany closed its borders during the pandemic, leaving UASC stranded in the Czech Republic. The subsequent influx of refugees from Ukraine, including some UASC, has placed considerable strain on the alternative care system. However, this situation has also created an opportunity to rethink and improve the system to ensure that it works in the best interest of these children. The current openness of different ministries involved in child protection and alternative care for refugee children to reform and improve their approach represents a major step in the right direction.

The recommendations in this report provide guidance for developing an alternative care system for refugee children that truly supports all of their rights, enables them to grow up in families and addresses their development and mental health needs. Achieving this requires close collaboration between MoEYS, MoLSA and MoI to define new, well-coordinated approaches that ensure appropriate support and protection to secure refugee children's best interests.

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