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Working Group on Children at Risk and in Care

Children in institutions: prevention and alternative care

Final Report

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Summary

In this report an attempt is made to address the issues that were defined in the terms of reference of the Working Group on Children at Risk and in Care.

The report starts with a discussion on the effect of institutionalisation on children and society at large. This is followed by an overview of the situation in Europe in terms of placement of children in residential care. Three distinct categories are identified: states with high rate of child residential care coupled with large institutions (Central and Eastern Europe); states with low rate of residential care and large institutions (South Eastern Europe); finally states where the process of de-institutionalisation, prevention and alternative care has already taken place, albeit in varying degree (more affluent European states).

The relationship between out-of-home placement of children and family support is addressed specifically. It is argued that there is a strong correlation between the two and the lack of a coherent family policy and fragmented services for families may lead to unnecessary placements. This is followed by an examination of different approaches in child protection systems among European states, which have important consequences for vulnerable children and families.

The report identifies several "best practices" in preventive strategies and programmes that have proofed to be effective among European states in relation to placement of children. It is argued that these practices conform to the best interest of the child in a more effective way than traditional methods.

Alternative care to large institutions is discussed, reforms in residential care and family-types of care. A special focus is given to foster care and competence building to meet different needs of children at risk and in care.

The importance of post-care support for children leaving care has been underestimated. The report highlights some of the issues that should be addressed.

Finally, some remarks are made on the role of the social worker in the process of child placement, which may have crucial impact on children and families.

Introduction

"The family is the fundamental group of society and the natural environment of growth and well being of all its members and particularly children ….The child should grow up in a family environment, in an atmosphere of happiness, love and understanding"[1].

The emphasis on the importance of the family when focusing on children at risk and in care is self-evident. In a healthy, well functioning family the child is embraced with love, nutrition and care. The child's needs for stimulation, recognition and security are accommodated for and the child can most satisfactorily grow into adult life. Conversely, if the child has no family, is abandoned or lives in a family where abuse and neglect takes place - a family setting which is high in criticism and low in warmth - the child is likely to experience harmful effects for the rest of his/her life. Consequently, every effort in society that aims to ensure the future of our children, needs to focus on this double edged question: how can we empower the family to fulfil it's basic role in the upbringing of children and simultaneously ensure an effective mechanism of intervention when the family fails to do so – in a manner that is more supportive than destructive to the best interest of the child.

This report deals with some of the fundamental issues concerning social intervention and care of children at risk in Europe. Specifically, the issue of residential institutions will be focused on in relation to prevention, alternative measures and provisions with the aim of social re-integration of children in institutions.

Institutionalisation of Children

The development of residential institutions for children in Europe took off with industrialization and urbanization. The industrial revolution brought about changes within family structures. Parents took on new roles, moving away from production within the household economy to production for an employer beyond the home. Children ceased to be an economic asset for domestic production and their economic dependency increases. The families´ survival now depended on the sale of labour-power that in times of economic recession, diseases and wars meant even more insecurity for larger number of children than ever before. Large-scale poverty and the resulting inability of families to care for their children demanded social reaction. Hence, residential institutions for children came into being as a positive measure for vulnerable children all over Europe.

Although residential institutions have assumed the responsibility of upbringing of millions of children in Europe for centuries, there is a long time since educators and child specialists were abundantly aware of the shortcomings and the negative effects of institutions for the development and well-being of children. Outcomes of repeated observations in many countries during the last decades have reinforced this awareness. Large residential institutions may contribute to social exclusion and stigmatisation of children. They are likely to alienate children and prevent them from an active participation in society during the childhood as well as in adult years. Residential care as a long-term environment for children may deprive them of

[1] Convention on the Rights of the Child, the preamble, 1989

emotional nourishment and the development of social skills besides being associated with increased risk both during care and following it. It may hamper intellectual and cognitive development as well as to limit the children's ability to bond and form a lasting relationships with others. In the words of Save the Children: "Children's rights may be ignored or directly abused and this has significant effects on their quality of life, effects which may have an impact lasting into adulthood"[2].

In particular it has been demonstrated that social orphan-hood may leave the most harmful scars in the mental life of a child. Besides contributing to the delayed physical, mental and social development, it can directly cause anxiety and personal uncertainty, passivity, aggressiveness, and inclination to antisocial behaviour. Statistics from Russia reveal the scope of these sets of problems that shows that every fifth orphan who leaves an orphanage develops a criminal career, every seventh becomes a prostitute and ten percent of previous orphans commit suicide[3].

The infringement of children's rights and cases of abuse of children in institutions has been demonstrated in numerous researches during the past years[4]. Children in residential care are not only in danger of being abused by persons in positions of trust but also other children within the residential environment.

Taken together, the case against institutionalisation of children is certainly strong and merits efforts to bring about changes. The institutionalisation of children can also be seen to be a threat to society. In the words of UNICEF: "We are also coming to realise what institutional care does to societies. It perpetuates discrimination, by providing tacit approval for the idea that certain groups of children, whether orphaned, abandoned, living with disabilities, from families affected by AIDS or by poverty should live apart from society….the use of institutional care also impedes the healthy development of communities and society as a whole".[5] The Stockholm declaration of the second international conference on Children and Residential Care, May, 2003, this position is emphasised in the following way: "There is indisputable evidence that institutional care has negative consequence for both individual children and society at large".

Children at Risk and Residential Care in Europe

Existing data on the scope of residential care in Europe is fragmented and difficult to interpret. Official data is collected in different ways between states, and even within states where the responsibilities are divided between different ministries or other official bodies. International comparison in this respect is also difficult due to definitional obscurity in terms of target groups, type of care, reasons for out-of-home placement, legal status of the child, etc.

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[2] International Save the Children Alliance: Last Resort – the growing concern of children in residential care; www.savethechildren.net

[3] Pashkina (2001) quoted in J. Holm-Hansen, L. B. Kristofersen and T. M. Myrvold ed.: Orphans in Russia, NBR-rapport 2003:1; p. 83

[4] See for example: N. Stanley ed.: Institutional abuse, Routledge 1999; C. Barter: Who's to Blame: Conceptualizing Institutional Abuse by Children, Early Child Development and Care 133: 101-14; E.R.Blatt: Factors Associated with Child Abuse and Neglect in Residential Care Settings, Children and Youth Services Review 14: 493-517

[5] UNICEF Statement at the second international conference on Children and Residential Care, held in Stockholm, May, 2003

In order to supplement the existing data on residential care among the member states, the Working Group decided to submit a questionnaire to the member states that among other things included the number and rate of children separated from their parents, type and reasons for placement, the organization of child protection and national policy and legislation on children at risk. A copy of the questionnaire is annexed to this report.

An examination of residential care of children in Europe is a difficult undertaking due to complex nature. Among the different aspects that needs to be taken into account are the rate of institutional placement, nature of residential care, incl. the size, the profile of children in residential care (in terms of age and sex), the reasons for placement and the quality of institutional care (number of staff, training, specialized services etc.). In the following an attempt will be made to present a brief overview of the situation in Europe. At the risk of some oversimplification, a three categories of nations can be identified in terms of child institutionalisation.

It is apparent that in terms of rate of institutional placement of children, that many of the member states in Eastern and Central Europe represent a distinctive category. Bulgaria, Russia and Romania are leading in child institutionalisation with between 10 and 20 children per 1000 living in residential institutions[6]. Poland, Hungary, Moldova, Lithuania, Latvia, Estonia are among the states that also have a relatively high rate, between 5 and 10 children pr.1000. It is not only the high numbers of children in residential care in these countries that give causes for concern, but also the nature of the residential environment in the region. It is here that we find the largest institutions for children in Europe with the poorest quality of life for the children. The old soviet time structure of institution with from 100 to 300 children is still common in the region. And it is well documented that shortage of funding have led to major problems in safeguarding supplies of nutritious food, adequate heating, clothing, maintenance and basic health care. These problems are also documented in other countries although their rate of residential care of children is significantly lower. Thus Armenia, Georgia and Ukraine have also faced serious difficulties in this respect.

One of the most disturbing features of residential care of children in this region is the high number of orphans. It is a striking fact that, for example in Russia, almost all children in orphanages are "social orphans" who have a living parent, and this also applies to children in shelters[7]. This tells a grave and painful story of the social and economic conditions that many families do experience in this region. The high rate of infants in residential homes is another sad characteristics of residential care in the above mentioned members states as well as in other states in transition like Croatia, the Czech Republic, Slovakia and "The former Yugoslav Republic of Macedonia". This reflects a social heritage that takes a great effort to change.

Most of the states in Central and Eastern Europe have developed important policies and introduced specific measures in order to improve the situation for vulnerable

[6] Important sources include: N. Madge: Children and Residential Care in Europe, National Children's Bureau, 1994; "Children and Residential Care", Country Reports, 2nd International Conference, Stockholm University, 2003; A Decade of Transition, Regional Monitoring Report no. 8, UNICEF, 2001; J. Holm-Hansen, op. cit.

[7] Children at Risk in Central and Eastern Europe: Perils and Promises, UNICEF, 1997; and J. Holm-Hansen op. cit.

children and children in institutions specifically, some of which will be referred to later. In some cases, a significant progress has been made, like the decreased rate of institutionalisation and the development of alternative care in some parts (e.g. Romania), structural changes in institutional arrangement (e.g. parts of Russia, Slovakia) and the decrease of infant homes (e.g. Hungary, Estonia). However, the process of change is a slow one and in some important areas there has been an adverse development. The increasing public and private poverty in many parts of the region has brought about the escalation of social problems with significant rises in the number of children deprived of parental care and in need of public care. In Russia, for example, the number of children per year that became orphans rose from 49,000 in 1990 to more than 123.000 in 2000[8]. The increased rates of children placed in infant homes in some parts of the region are also alarming. In Russia, for example the number of children aged 0-3 placed in infant homes has almost doubled since 1989 and in Latvia the increase has been nearly 80% during the same period[9].

The second category that can be identified as having common characteristics in relation to child residential care in Europe are a number of states in South-Eastern Europe, Albania, Turkey, Serbia and Montenegro, Bosnia-Herzegovina, and the Caucasus states of Armenia, Azerbaijan and Georgia. These states have a relatively low rate of child institutional care, typically 1 to 3 children per thousand. Otherwise these countries have institutions for children that bear resemblance to the type of institutions that are to be found in Central and Eastern Europe. Thus the dominant form of residential care is large institutions with up to several hundred children. Another factor is a high ratio of infant care and orphans. Turkey is a case in point. In spite of the fact that Turkey has one of the lowest rates of institutionalisation, almost 90% of institutions accommodate more than 60 children with a considerable number over 100 children (40%). Another significant feature is a relative high ratio of preschooler (10%) and long duration of placement (most 5 years or more). The main reasons for placement includes poverty, family breakdown and child abuse and alternative out-of-home placement hardly exists. In Greece, institutions are not as large (however, most accommodate more than 30 children), the rate of preschoolers in residential care is considerably lower (2-3%) and alternative care (fostering) and preventive measures are more developed. However, the duration of and reasons for placement of children are much the same.

For the purposes of this report, the more affluent states in Europe can be seen to represent a special category in spite of considerable variation within the region, for example between Southern Europe (Spain, Italy) and Northern Europe. Thus the rate of residential care of children varies from around or less than 1 per 1000 children UK, Norway, Iceland to 5 - 7 children per 1000 in Denmark, Germany, France and Portugal. In Sweden, Finland, Ireland, Belgium, Netherlands, Italy and Spain, the comparative figure is typically between 1.5 and 3[10]. These figures do not, however,

[8] J. Holm-Hansen op. cit., p. 21

[9] A Decade of Transition, op. cit., p.151

[10] Important sources include: "Children in Institutions: The Beginning of the End, Ch. 1. Italy and Ch. 2. Spain UNICEF, 2003; "Care to Listen", Report on Residential Care in Ireland, Finland, Scotland and Spain, EUROARRC, 1999; Janet Boddy ed. "Working with Children: Social Pedagogy and Child Residential Care in Europe", Department of Health, April 2003; Care Work in Europe: Current Understanding and Future Directions, Mapping Care Services and Care Workforce, 2002, Thomas Coram Research Unit.

represent a good basis to assess the situation of residential care of children in general, as the residential care environment differs greatly between states as well as the comparability of the statistics may be obscured by definitional difficulties as referred to earlier. This becomes particularly transparent when other aspects are examined. Spain has, for example, a low rate of residential care (approx. 2 per 1000) but relatively large institutions (30-40 children) are still common. Denmark has, on the other hand, a relatively high rate of child institutionalisation (approx. 6 per 1000). However the vast majority of children in residential care in Denmark live in "mini" institutions, a high quality residential environment for only few children (4-8) that has in fact very little in common with the larger institutions that are to be found for example in Central an Eastern Europe. This is also the case in other Nordic countries where an emphasis is on a family-type residential care, which in the case of Sweden has been eloquently characterised as "hybrid homes"[11].

In most of the states in Western Europe, the small family-type residential homes are increasingly replacing the large-scale institutions and can be seen as the result of continuous development that is still in progress. In spite of the fact that a good progress has been made in many of the countries, it is important to notice, that this has been a slow and uneven process. This development in Europe started in different points in time in different countries between the 50s and the 80s and the path taken reflect the socio-economic and cultural peculiarities of each country. However, it is possible to identify different stages in this evolution according to the focus of the reform.

The first stage of this evolution can be characterised by the *specialisation* paradigm in which the problem and its categorisation is the focal point. This involves the identification of the children's needs and how they can be met within the institutional structure. The second stage can be referred to as the *normalisation* paradigm where the focus is on the organisational context to appropriately cope with the problem. This involves the principle of mainstreaming, that children live in physical and social environment as similar as other children do and enjoy interpersonal relations with others and participation in society. Finally, there is the paradigm of *children's rights* that focuses on the best interest of the child and the child's rights in particular. The Convention on the Rights of the Child places an important role in this paradigm, especially the child's right to a family environment. However, this development is far from having reached its goals[12].

[11] M. Sallnäs: Barnavårdens institutioner – framväkst, ideologi och struktur, Stockholm, 2000

[12] F. Casas (1993) quoted in Care Work in Europe op.cit, National Report Spain, CIREM Foundation, Barcelona, 2002, p. 45 Although this analysis is made specifically in relation to Spain it certainly has a much more general applicability.

Family Support and Children at Risk and in Care

Research on vulnerable children, children in care and child protection in European countries has shown that the vast majority of children at risk are victims of poor social conditions, family breakdown, poverty, substance abuse, lack of parenting skills, psychological/psychiatric problems, behavioural problems and child abuse and neglect. These common problems of European societies are clearly reflected in the national answers to the questionnaire send out by the Working Group to the member states on the main reasons for out- of –home placement of children. However, the answers also reflect national differences in the clusters of problems that are given as reasons for the separation of children and parents. Although almost all countries mention child abuse and neglect as one of the main reason for separation, placement, Central and Eastern European countries clearly reflect the lack of basic social services and family support that is more advanced in other parts of Europe. Thus, states in transition have to face larger problems of street children, orphans, abandoned children and unaccompanied minors – the manifestations of poverty and generally poor social conditions of a large part of the population.

The relationship between lack of services to families and out-of-home placement of children has been especially apparent in Central and Eastern Europe during the last decade. The most immediate social impact of the transition was the disintegration of existing services, such as disruption of the health care system and education, coupled by increased economic hardship for families (increased unemployment and fall in wages). This involved a very rapid rise in the number of street children, abandoned children and children in institutions, for example in Russia and Romania[13]. UNICEF has reported the marked increase in institutional care of Central Europe and the Baltic States during the period of transition, and especially drawn attention to higher rates of child abandonment and rises in poverty-related causes and dysfunctional parenting[14]. As referred to earlier, the fact that most children in Russia in residential care are classified as "social orphans" although they have a living parent(s) and less than ten percent of children become orphans as a consequence of parent's death or invalidism, is a case in point[15].

In the more affluent societies of Western Europe where social services and family support is more advanced, the rate of out-of-home care is considerably lower than in Central and Eastern Europe. Poverty remains one of the major reasons for placement in many Western European countries although in some countries legal provisions have been introduced to prohibit separation of children and parents due to poverty (e.g. the Nordic countries). Child neglect and abuse, lack of parenting skills, family breakdown and substance abuse are among the factors that most frequently are mentioned in the replies to the Working Group's questionnaire on the reasons for placement. The answers also reveal that behavioural problems of children and youth are increasingly the reasons for placements. Thus antisocial behaviour, delinquency, criminality and substance abuse are the most common causes for institutional placement of youth in the Nordic countries. Data from other counties are also disturbing in this respect. For

[13] Tatiana Balachova et. al.: Street Children and Orphans in Eastern Europe, an unpublished paper presented at the IPSCAN Conference, Denver, 2002
[14] A Decade of Transition; op. cit.
[15] J. Holm-Hansen, op.cit.

example, the number of children in prisons in the UK for instance is on the rise[16] and the Netherlands reports 2200 children deprived of liberty in the questionnaire. The rising number of unaccompanied children in institutions in the more affluent societies of Europe also merits attention, for instance in the Netherlands, UK, Norway and Sweden[17]. This development needs to be addressed specifically to ensure the best interest of this vulnerable group of children, especially those who are subject to human trafficking[18].

Prevention Strategies and Family Support

Welfare services and family support must be at the core of prevention strategies for children at risk and in care. There is a vast literature on this issue and no attempt will be made to provide a comprehensive account of the complex nature of this area. In the following some of the most important aspects will be discussed according to the traditional conceptual framework on different levels of prevention: primary, secondary and tertiary prevention.

Primary prevention refers to strategies and programmes, which aim to stop significant harm to children before it occurs. In relation to family support this obviously includes the fundamental structures of the welfare society which aim is to secure the basic quality of live: health, education, social security and housing[19]. Any breach in these fundamental services will result in harm for those families and children that are affected. Thus if a family for instance has not sufficient means of subsistence and secure housing, one cannot expect it to fulfil it's role in the upbringing of children. In addition there must be a range of provisions and services that specifically address the needs of families and children.

Important provisions and services to strengthen families with children include child benefits or family allowances, parental leave and day care services. Social and economic support to *single parent families* is of extreme value to counteract childhood poverty. Child maintenance which is secured by the state is a basic provision to that end. The level, quality and cost of day care services varies greatly across Europe and are important in terms of ensuring equal opportunities of men and women in work, training and education. Inadequate or too costly childcare may "force some parents to leave their children in unsatisfactory circumstances with unregulated carers"[20] and younger children are often left in the care of older siblings that have to shoulder a too heavy responsibility. Day care services and parental leave are important means to reconcile work and family life. The length, payments and flexibility of parental leave are of crucial importance for young families. Furthermore, these schemes can be used in order to encourage fathers to participate more in the care of their children than they do at present. Some countries have introduced a *father's*

[16] Bob Franklin ed.: The New Handbook of Children's Rights, Routledge, 2002, p.289

[17] Netherlands reports 12500 unaccompanied children in care. In 2002 there were identified almost 900 unaccompanied children in Norway and more than 600 in Sweden.

[18] The commitments made by senior officials of the member states of the Council of the Baltic Sea States, Belarus, Ukraine and Moldova to cooperate bilaterally and multilaterally with the aim of never to send an unaccompanied child back to the country of origin without making sure that there is someone to take care of the child is especially commendable. See: http://childcentre.baltinfo.org/news/ifid2457.html

[19] The European Social Charter, Esp. article 16

[20] Philips, A and Moss, P: Who cares for Europe's children, 1989

quota of leave, a step that should be recommended. These measures have resulted in a sharp rise in the proportion of fathers taken out paid parental leave[21].

Further measure to reconcile work and family live include flexible working hours and leave from the workplace due to family reasons, e.g. illness of a child. These issues may become increasingly important in light of the increased demographic marginalization of families with children. In societies where the birth rate is among the lowest, the organization of public life to a lesser extend accommodates for the needs of families with young children.

Prevention with regard to families of children with disabilities has much to do with how society perceives disability. The traditional medical and deficit model of disability, that assesses children with disabilities in terms of their limitations rather than their potential, has been prominent in some European countries. Thus the treatment of disable children is seen as a medical issue[22]. Consequently, they need to be separated from their families so that they can receive the specialized training necessary to "catch up" with the rest of society. Since many children will never be made "normal", institutions become their permanent homes. The medical model is rapidly giving way for the "social" model that emphasises the social nature of disabilities, the principle of participation and right-based approach to services. This development needs to be encouraged by further support to families with disabled children.

An important part of any prevention strategy for families consists of education and awareness rising concerning the many issues that affect the well being of families. This includes, for example, issues like parental alcohol and drug abuse, mental illness, domestic violence and child sexual abuse that affect the development and well being of children. Awareness raising and training of professionals working with children is also an important aspect of these strategies.

It can be argued that one of the problems concerning family prevention in contemporary societies is a lack of a coherent *public family policy*. This involves introducing family policy as *a perspective*[23]. The different provisions and services of modern welfare societies have generally developed to meet specific social problems or needs of particular groups in society: the health services for the ill, housing for the homeless, services for the disabled etc. The needs of the family, as a basic unit of society and in all its forms, has generally speaking not been the target of vigorous assessment and strategies, but only in a fragmented form. This is especially true in terms of explicit family policy in which objectives for families are deliberately structured. Family planning, parent education, adoption services, disabled children, child protection, immigrant families, maternal and child health, parental mediation and family counselling are illustrative. Implicit family policy on the other hand is measures that affect families although family goals are not deliberately structured into them. Examples include taxation policy, special educational programmes for handicapped children, leisure activities for youth, prevention strategies for substance

[21] E.g. Norway and Iceland. In Iceland the mother and the father have an independent right to three months paid parental leave each and additional three months at their own discretion, a total of nine months.

[22] C. Barnes, G. Mercer and T. Shakespeare: Exploring Disability, Polity Press, 1999

[23] Shirley L. Zimmerman: Understanding Family Policy, Sage Publication, 1988

abuse etc. Implicit family policies may be regarded as latent family policy because of their less obvious dimensions. Most policies in Europe that affect families and children are implicit policies or latent in this sense.

Another way to view policies from a family perspective is in terms of their *family consequences*. These may be intended or unintended, direct or indirect, manifest or latent. A crucial factor in assessing, monitoring and reviewing decisions that affect families and children is effective dissemination of information and the creation of comprehensive data systems and research based knowledge.

Family policy needs to be based on universality and individual rights, but also by a pragmatic attitude in the pursuit of goals for social protection, integration, solidarity and child welfare. It needs to be introduced at all levels in society, whether central, regional or municipal. This involves a definition of responsibilities, coordination and collaboration between governmental agencies, voluntary organizations and the private sector. Examples of important steps in this respect have been taken in Europe, for instance in Norway where a special Ministry has been established which is responsible for children's and family affairs, and in Iceland where the Parliament has passed a resolution on public family policy, including the establishment of a family council with a consulting function to the Government.

Child Protection and Family Support

The distinction between secondary and tertiary prevention is often blurred. *Secondary prevention* refers to strategies and programmes, which aim early detection in order to minimize the effects of significant harm once it has occurred. *Tertiary prevention* on the other hand refers to intervention with the aim of preventing the reoccurrence of a harm and further deterioration. In all countries in Europe there are to be found specific services which respond to harm or injury after it has occurred and most often these same services are generally involved in tertiary prevention, i.e. in treatment and rehabilitation to restore and prevent relapses..

A fundamental factor in the implementation of secondary and tertiary prevention is the existence of a public child protection system, which is responsible for administering the appropriate intervention. In most European countries scholars and practitioners have been aware of the conflicting approaches in policies and practices in child protection and family support. On the one hand there is the "family support" model which puts the emphasis on measures to strengthen the family in order to facilitated it's functioning with regard to it's role in the upbringing of children. This is reflected in the nature of interventions by the child protection system, which typically is supportive accompanied by the overt goal of partnership with parents in finding solutions to the problems they are facing. On the other hand there is the "child rescue" model, the view that by focusing on helping parents, the rights of the child can be jeopardized as the child may have to continue to live in an abusive environment without the security and supportive care she/he needs. This typically involves investigatory, policing and procedurally driven focus on child protection in which the aim is to "rescue" the child from apparent danger. The increased attention of the mass media in child abuse in relation to highlighted cases of child deaths and sever child

sexual abuse over the last years has reinforced political interest in this approach in Europe[24].

It can be argued that most of the child protection systems in contemporary societies include elements of both of the contrasting models mentioned above. At the risk of some oversimplification, the child protection system in USA could be seen as a prime example of the "child rescue" model while the model of family support is dominant on the continent of Europe and in Scandinavia[25]. In UK a conscious attempt has been made to reconcile these different approaches by the Children's Act 1989. There is, however, a current debate on the nature of the implementation of the Act as to whether an appropriate balance has been reached[26].

Existing literature on child protection in Europe as well as the replies to the questionnaire of the Working Group to the member states, clearly points to the general political consensus among European states toward the model of family support[27]. However it is apparent that the implementation of supportive measures to families with the aim of preventing the separation of children and parents in vulnerable social groups is often very limited. This may not only be due to scarce resources but also lack of coherent policies and plans of actions in social interventions and services.

Although a political consensus on family support is apparent in Europe, there are however important differences in the child protection systems between countries that need to be considered. No two systems or their associated practices are alike and any attempt of classification is in danger of obscuring as much as it reveals. Research on the child protections practices in Europe has revealed the nature of some of the structural similarities and differences[28]. One aspect is the principle of *subsidiarity*, which means that whatever smaller and more localised institutions or group can do on their own, must not be removed by a higher level of competence or the power of the state. Responsibility and decision-making should rest with the people directly involved and the role of the state should be limited to support local and regional institutions in developing networks. This principle is particularly important in Germany, Belgium and the Netherlands and to a certain extend resembles the emphasis on local government empowerment in Scandinavia and the UK. The second feature is *welfare pluralism*, which emphasises greater involvement of voluntary organisations, and the private sector where public and private agencies are strongly interwoven, yet with minimal central government management of social work. Examples of this are France and Germany but it is arguable whether this is the case in the UK. This is not a characteristic of the Scandinavian model in which welfare services and social work is almost exclusively the role of the public sector. The final aspect mentioned her is the difference in the *concept of rights* in matters that involve families and the state. In the Anglo-American tradition, dominant in UK and Scandinavia, the concept individual "rights" does not yield social practice embodying

[24] N. Parton: The Challenge of Child Abuse in Late Modern Societies, a paper presented at the Nordic Child Protection Conference, Reykjavik, August, 2003
[25] I.K. Berg and S. Kelly: Building Solutions in Child Protective Services, NY 2000
[26] N. Parton, et. al.: Child Protection and Family Support, London 1997
[27] An Overview of Child Maltreatment Prevention Strategies in Europe, Vol. 1, The European Commission 1997
[28] R. Hetherington: Protecting Children, Messages from Europe, Russell House Publishing, 1997

social rights in the same way as on the continent. This reflects the different social tradition depending on understanding of the "individual" or the "family" as the basic unit, and explains greater emphasis on the family on the continent.

Comparison of this nature can be useful in that it can deepen our understanding and reveal strengths and weaknesses of different strategies and work practices. In a cross-country research in Europe on child protection practices, continental practioners made the following comments *inter alia* on the UK child protection practices:

- too little time devoted to talking about the family and children in their own right and too limited focus on reaching an understanding on the family's problem
- the tension between investigative duties on the one hand and treatment/therapeutic objective on the other were apparent
- the system appeared to encourage conflict between professionals and families and thus to accentuate policing functions of social workers where parents are un-cooperative

The comments made by the UK practitioners on the continental system reflected different concerns:

- that parents rights were not protected or attended to
- that actions could be taken without evidence of abuse or harm
- that too much time was devoted to discussions on family dynamics but too less time planning any clear course of action
- unacceptable risks were taken with respect to the child's safety[29]

A further examination of the nature of work practices and systems of child protection in Europe should be of interest - especially for the new democratic states in Central and Eastern Europe that are in their infancy in constructing their child protection services.

A number of positive developments are taken place in the countries of transition. Examples are Latvia, Bulgaria, Romania and Georgia that all have established child protection services at the local level coupled with a state agency for coordination and monitoring of services. A common obstacle for most of the states in transition is the lack of tradition of local government management and administration. Local government empowerment is a prerequisite for the development community services with family support and child protection objectives. It has been pointed out that, for example in the context of the Baltic Sea countries, that it is not enough to define the responsibilities of those who are to protect children and their right. There is also "a need to focus on the implementation of legislation on a local level as decentralised structures are more likely to identify specific needs and provide the appropriate services, sensitive to the needs of children and families, than are centralised institutions"[30].

[29] R. Hetherington, op.cit, p. 97-98

[30] Working Group for the Cooperation on Children at Risk, Council of the Baltic Sea States: Priority Paper for the work of WGCC, 2002, http://childcentre.baltinfo.org/news/ifid2457.html

Prevention Strategies: Examples of "Best Practices"

Without effective prevention strategies and programmes, positive outcomes for children at risk and in care remain a distant dream. Fortunately there are hosts of well designed projects, work procedures, programmes and strategies that have been developed in many countries with the aim of furthering the best interest of the child. In the following some important examples that directly bear on support to families with the aim of prevent out-of-home placement are introduced. It should be noted however, that many other good examples of preventive work can be found in the literature[31].

Gatekeeping as a Mean to Family Support

The concept "gatekeeping" refers to systematic assessment with the goal of matching services to individual needs. On the one hand it is used to ration and make effective the use of scarce resources. On the other to focus on the child needs and thus targeting services. Gatekeeping aims to ensure that services are provided only to those who meet tightly specified eligibility criteria – others are debarred. In terms of child protection, family support and out-of-home care this would involve a defined set of criteria where measures of family support would have to be implemented as a prerequisite for placement in institution or foster care. Put differently, the separation of a child and his or her parents would only be possible if all other means of support has been proven to be ineffective. This derives from the principle that on the one end of a continuum the interest of the child is best secured in his/her family, and at the other end of the continuum, out-of-home placement is generally the most expensive means to ensure the safety of the child.

The organization of out-of-home placement in Iceland is an example of an effective gate keeping services for children at risk. According to the legislation, out-of-home placement should be intervention of last resort. The local child protection services should provide all the support services appropriate in order to empower the family to overcome the problems it's facing. Only if this fails and the separation of the child from his/her family is judged necessary, the local child protection services can refer the case to the Gov. Agency for Child Protection. It's the responsibility of that agency to assess if the criteria of the law has been fulfilled. Only if that assessment is positive, the out-of-home placement becomes possible.

Alternative management of gatekeeping is to apply economic means. In Sweden, for example, the cost of institutional placement is to be covered by the local authorities, which also are responsible for the operation of community services and family support. As placement of children is generally more expensive than community services, an inherent incentive for family support has been established.

There are important elements of gatekeeping that need to be adhered to[32]:

- an agency responsible for co-ordinating the assessment of the child situation

[31] See for example: Klein Pierre: "Valuing Children, Valuing Parents, ATD Fourth World Europe, December 2003

[32] A. Bilson and J. Harwin: Draft paper: Gatekeeping Services for Vulnerable Children and Families, A Concept/Discussion paper, September 2001

- a range of services in the community to provide help and support to children and their families
- decision-making based on assessment and review of children's needs and family circumstances
- information systems to monitor and review decisions and their outcomes and provide feedback on operation of the system

Research has show that there are considerable variations in how different groups of child welfare professional prioritise and use information to make placement decisions following instances of child abuse[33]. Consequently, good practice of gatekeeping needs to be based on ethnical ground-rules such as fair and understandable criteria for the entitlement to services and a transparent decision-making.

Partnership with Families

Historically, the place of parents in child welfare services is long and varied as attempt to both involve and exclude them have swung like a pendulum. Today there is a professional consensus on the value of partnership with parents in child protection. There are two different notions underpinning the concept of partnership: one based on empowerment (involving de-professionalisation, decentralisation and anti-oppressive practice) and the other based on consumerism (power of choice, quality assurance, rights of the individual)[34]. Thus partnership implies a lot more than cooperation between the professional and parents. It means a kind of pooling of resources, trust, a potential or actual agreement on common goals and means of achieving them. Underlying principle is that "families are really experts in their own families". Furthermore, it recognises the many research findings about the impact on children's lives of decision-making and the experience of care, which shows the involvement, and links with parents has positive outcomes for the child.

The implementation of partnership practices involves the identification of partners (e.g. involvement of relatives, friends), the duration (normally long-term), power relationships within the family (power imbalances) and the need for recognising that power need not be total and planning needs to be realistic. The needs of the family to be appointed an advocate (not a legal person) have also to be considered.

ATD Fourth World has for forty years worked in Europe and other continents to enable the poor to come together and contribute to the development of a society that includes the poorest in its plans and projects. The basic strategy has been to promote work practices embodied in protecting children by working *with* families rather than working *on* families. In the booklet "Talk with us – not at us" the outcome of a two-year project of partnership between very vulnerable families and professional worker is reported. The aims of this partnership were twofold. On the one hand, to identify how disadvantaged families can overcome the obstacles that prevents them to feel confident with professional workers and from contributing to the life of the

[33] See for example: Turid Vogt Grinde: Nordisk barnevern Terskelen for barnevernstiltak og beslutningsprocessen ved brug av tvang, a paper delivered at the Nordic Child Protection Conference, Iceland, 2003; and P. A. Britner and D. G. Mossler: "Professional's decision-making about out-of-home placement following instances of child abuse", in Child Abuse and Neglect, 26, 2002

[34] S. Petrie and A.L. James: Partnership with Parents, in The Child Protection Handbook, London 1995

community they live in. On the other hand it was to discover the way in which the statutory and voluntary service providers can better understand the experiences and efforts of very poor people.

The work of the project consisted of three distinct strands of work: preparing for Family Workshop Days, running the Days and creating other opportunities for promoting partnership. The project's outcome yielded numerous valuable information and points that should be incorporated into all manuals for child protection. The following are just a few aspects:

- "Don't judge by crisis behaviour alone". It was highlighted that often families were assessed on the basis of one "incident" and on the basis of one or two social work visits in a period of family crisis.
- "Keep families informed". It is vital to the families to receive information on the decisions about their children, esp. those that were not living with them. Many parents felt forgotten once their children had been removed.
- "Keep families involved". Parents wish they would be listened too and taken seriously.
- "Create and build on trust". It takes time to build trust[35].

Family Group Conferences, FGC

One of the most structured implementation of the principles of empowerment and partnership with families is the Family Group Conferences approach. Somewhat ironically, this radical alternative to traditional social work methods, originates from New Zealand where it was developed to meet the cultural traditions of the indigenous Maori and Pacific Island communities[36]. The essence of the Family Group Conference (FGC) is to establish a mechanism that engages *the wider family* in decision-making where children at risk, or are offending, where existing service is lacking or not appropriate, or where families are unwilling to engage in these services. The basic principle is that every family is unique, with it's own culture, personalities, social dynamics and history. This is seen as a valuable resource, a potentiality to address whatever problem the child may be experiencing.

The practical guidelines in implementing FGC consists of several steps:[37]

Step 1. Referral: An agreement is reached between family members and professionals that an intervention is needed and a plan for the child is necessary.

Step 2. Preparation: An independent coordinator plans for the FGC, including preparing the family members for the meeting and arranging practical matters.

Step 3. The Meeting: a) At the FGC professionals share information with the family about their concerns, their responsibilities and the services they can offer; b) The family has a private time to discuss the issue and develop its plan for the care and/or protection of the child; c) The coordinator/professionals rejoin the family to agree a

[35] ATD Fourth World: "Talk with us, not at us", Fourth World, London, 1996
[36] Carol Lupton and Paul Nixon: Empowering Practice?; Policy Press, 1999
[37] "Family Group Conferences – Principles and Practice Guidance, Barnado´s, FRG and NHC, 2002

plan and negotiate services, including any contingency plans and/or plans to meet again.

Step 4. Reviewing the plan: A review family group conference is often arranged to assess the implementation of the plan and review or make new plans if necessary.

One of the most significant characteristics of the FGC is the role of the professionals as coordinators, providing information, counselling, support and services their agencies may be able to provide. The professionals are charged with agreeing the family plan unless they have strong reasons for believing that it will place the child at risk. This gives the family group clear and important role in decision-making and the professional role is correspondingly redefined and circumscribed. And it is clear that the procedure is aimed, where the child has been removed from the family, at returning the child to his/her family and to ensure the child's protection within the family.

The FGC approach has reached wide acceptance among the professional community in many European countries. In the UK it has become established practice in many local authorities and the Family Rights Group is campaigning for legislative measures of FGC in child protection and youth justice[38]. The experience of FGC from Ireland, the Netherlands and the Nordic countries show that the approach can easily be adopted to the different cultures with positive gains for children and families.

Enhancing Parenting Skills - Parent Management Training, PMT

One of the outcomes in the ATD Fourth World project of partnership mentioned above was the importance of training parenting skills. It was highlighted that many parents had spend their childhood years in care. Hence, it is not surprising that they have difficulties in running a home and bringing up family themselves in the absence of a role model. The parents spoke about their need for knowledge about how to better care for their children. They did not want to be punished for their lack of knowledge but, rather, to gain the information and skills, which would make them, succeed. In the highly interesting study visit of the Working Group last December to the ATD Centre for the promotion of families at Noisy-le-Grand, Paris, the Group members learned how enhancing parent skills worked in practice. Not surprisingly this issue was high on the agenda in the discussion with parents and staff. It was clear that the parents at Noisy-le-Grand shared the views of the English parents participating in the ATD project of partnership.

In contemporary societies it is not only the disadvantaged parents that are in need of education in parenting. Earlier a reference was made to the "demographic marginalization" of families with children, a consequence of the low birth rate in many societies. This implies that the organization of social life does not reflect the needs of young children. Research has shown that the time-intensive two income lifestyles is prone to create time pressures on the child-parent relationship and in turn give rise to *child-parent conflict* that may have detrimental socio-psychological effect

[38] "Green Paper on Children at Risk", Submission by Family Rights Group on family led decision making, 2003

on the child[39]. Parents need to recognise this structural cause of potential harm in children's upbringing.

The two-income lifestyles often reflects the characteristics of the consumer society, of materialism, a decline in spiritual values and the strife for promotion and upward social mobility. Integral part of this is the instant gratification of socially constructed needs that counteracts the development of self-discipline in the home. Thus parents serve as undisciplined role models for their children – they are the "Do as I say, not as I do" parents. Consequently, the child is unlikely to develop a sense of self-discipline in his/her childhood. Life is a series of problems and discipline is the basic set of tools we require to solve lifts problems. It has been forcefully argued that this may be one of the major obstacles for our children to achieve mental and spiritual health[40].

There is a great need to bring parenting nearer to the core of our family life. Adults that grew up with parenting that they want to avoid passing on to their children, need to learn how. At the same time parents need support to preserve and nurture those parts of parenting that proved to be positive and helpful for them in their own childhood experience[41]. An important example of good practice in this area is the work of the International Federation for the Education of Parents (Fédération Internationale pour l´Education des Parents (FIEP) which is a forum for the study, reflection and exchange in the area of education and psychopedagogy. Its purpose is to make available, and adapt to the needs of different countries, the various methods that the School of Parents, as well as other organisations in the area of parenting, have already experimented with. In Belgium, for instance, Ecole des Parents et des Educateurs (EPE), has during thirty years developed a number of training methods for preventing conflicts and/or relational malfunctions[42].

Many parent are faced with serious behavioural disturbance of their children, even from a very early age, due to various psychosocial and genetic disorders. If these problems are not addressed at an early stage, they can be precursors to antisocial behaviours, crime and alcohol and drug use. Number of methods has been developed to support parents in dealing with these problems. One of the most effective programmes is the PMT – Parent Management Training.

The PMT programme is a treatment choice for parents developed in the USA and is at present implemented nationwide in Norway and in its preparatory phase in more European countries like Denmark and Iceland[43]. The theoretical background is based on the socio-ecological perspective, especially from social learning theory. It is assumed that the child learns behaviour through his or her interactions with other people. When children express disturbed behaviour and become excessively

[39] Kristjánsson, B.: Families with Children and (the Lack of) Time Control, in Building Family Welfare, Stockholm 1995

[40] M. Scott Peck: The Road Less Travelled, Touchstone book, 1978

[41] J. I. Clark and C. Dawson: Growing up Again, Hazelden 1989

[42] See: Linda Adams: "Communication Efficace", Ed: Le Jour – Collection Actualisation 1993 (The Gordon Method); Palonares & Ball: "Programme de développement affectif et social", Ed: Le Jour – Collection Actualisation, 1987 (The Prodas Method); Claudie Ramond: "Grandir", Ed: La Méridienne, 1989 (Transactional Analysis); and Guy Ausloos: "La compétence des familles", Ed: Erés, 1995 (Systemic Analysis)

[43] This programme is developed by dr. G. Patterson, dr. M. Forgatch and co-workers at the Origon Social Learning Center (OSLC), US, see website: http://www.oslc.org/

demanding for their caregivers, they are more likely to receive negative responses from their parents and their environment. In these circumstances, there is a risk of the child becoming trapped in a negative behaviour pattern. Stress factors, such as illness, divorce or financial worries, can reduce the probability that the parents respond positively to a demanding child. A vicious cycle can therefore form in the interactions between parent and child. It is to this that the intervention of the PMT therapists is directed.

The core of the PMT treatment consists of directions, skill encouragement, setting limits, problem solving, anger control and positive involvement. Parents are thought to approach their child in a positive way, give clear directions, control their own temper and establish a positive working relationship with the child's school. The treatment sessions are strongly based on role-playing, which gives parents an opportunity to practice the methods and get a better understanding of how the child feels. Parents meet the treatment specialist once a week for 10 - 20 weeks and are supported by phone calls or even contacts with institutions such as the child's school between sessions[44].

The implementation of PMT in Norway is an integral part of a large-scale project to address serious behavioural problems among children and youth, and to improve competence and knowledge and services in this area. PMT is designed for children between the years 5 to 12. MST (discussed below) is directed at youth 13 to 18 years and the third programme, the "Webster-Stratton" model specifically addresses the youngest population, the pre-schoolers[45]. Research on the implementation of PMT in Norway already indicate very positive results[46].

Multisystematic Treatment, MST

Earlier a reference was made to the fact that a substantial and a rising number of children in many countries in Europe are placed in institutions due to behavioural disturbances, drug abuse, delinquency and crimes. For some time have serious doubts been raised as to the outcomes of institutional treatments for young people and the feasibility of the allocation of resources in this respect. A major research project conducted jointly by Norway and Sweden, that *inter alia* covers an overview of great bulk of the major outcome assessments of institutional treatment that are known, points to the conclusion that outcomes for children are generally poor, and can even be harmful[47]. This is especially true in terms of long-term effect on behavioural disturbances of low risk young people subjected to intensive institutional treatment. However, some treatment models give more positive outcomes than others, especially if the young people's family is involved in the treatment and post placement support is provided[48]. Research shows that community-based treatment is generally more effective, although placement in institutions can be necessary for a limited period for some young people. Thus, the main conclusions is that there is a good cause to seek

[44] M. Sigmarsdottir: The PMT Project in Hafnarfjordur, Iceland, 2003
[45] For information on the Webster-Stratton model see the website: http://www.incredibleyears.com
[46] Marion S. Forgatch: Researching the Norwegian Implementation of PMTO, a paper presented at the conference: Alvorlige atferdsproblemer: metoder og strategier, Adferdsenteret, Oslo, 3-4 November 2003
[47] Tore Andreassen: "Behandling af ungdom I institutioner – hva siger forskningen?", Oslo, 2003
[48] T. Andreassen: op. cit. Chapter 9.

for alternative approaches, in particular a family based approach such as Multisystematic Treatment (MST)[49].

Multisystematic Treatment, like Parent Management Training (PMT), originates in the USA and is based on some of the same principles[50]. It has been in operation for the last 15 years and has demonstrated long term reductions in criminal activity, drug relate arrests, violent offences, incarnation and other out of home placement. It has been implemented in Norway nationwide and on a small scale in a number of European countries (Sweden, Denmark, UK, Ireland). In Norway by 2003 there were 25 MST teams in operations in the 17 county municipalities and hundreds of families had received services. Although more time needs to pass to fully evaluate the outcome of the Norwegian experience, the results so far are very promising[51].

MST in an empirically derived approach to a community-based treatment of high-risk young offenders, substance abusers and adolescents with anti-social behaviours. As an intervention, it reflects the components of assessment and service that have strong research support. MST can best be described as an intensive family and community based approach to promote behavioural change in the young people's natural environment. The treatment addresses the known causes of antisocial behaviour, the sources of conflict within the family and the adolescent's functioning in school. MST can be seen as a "treatment package" that integrates concepts from family therapy and parenting techniques such as the use of contracting and problem focused interventions in the peer and school settings. As a treatment model, MST is pragmatic and goal orientated, the most important goals being:

- to reduce the number of criminal offences, drug use an out of home placements
- to improve caregiver discipline practices
- to enhance family relations
- to decrease the young people's associations with deviant peers and promote contact with pro-social peers
- to improve the young people's school or vocational performance
- to engage the young people in positive recreational activities
- to develop a natural support network of family, neighbours and friends to help caregivers to achieve and maintain such change

One of the most interesting features concerning the implementation of MST is that it is less costly than traditional institutional treatment besides yielding better results for and their families - a fact that must be extremely appealing for most countries.

The implementation of MST and PMT in Norway is a beautiful example of a social experiment for the benefit of children, based on research evidence and subject to continuous assessment, evaluation and further quality development during the course of the implementation. Other European countries should be recommended to observe

[49] See: S.W. Henggeler et.al. Multisystematic Treatment of Antisocial Behaviour in Children and Adolescents, New York, 1998

[50] For further information see: http://www.mstservices.com/

[51] Terje Ogden: "Fra forskning til praksis", a paper delivered at the conference: "Alvorlig atferdsproblemer, metoder og strategier", Adferdsenteret, Oslo, 3-4. November 2003

this Norwegian initiative as it can prove to be a milestone in effective prevention and alternative services to institutional placement[52].

Developing Competence and Family Services

Secondary prevention by definition involves an early intervention with the aim of empowering families and children to counteract deteriorating situations, in this context processes that point to exclusion and displacement of children and adolescents. It has been pointed out that families who face "multi-problem" situations can become a "multi-agency families". This may result in that the family's every day life becomes compartmentalised in the professional system in which each expert assesses the situation from his/her professional glasses[53]. While this may lead to good insight in specific problems, the consequence may be that the social context of them is lost to the disadvantage to the family. Further, this may even lead to more confusion when different professionals have different conception and offer conflicting interpretation of the family's situation. A comprehensive approach to family services thus needs to be interdisciplinary to be effective.

As referred to earlier, there are many positive developments in the countries in transition in Eastern and Central Europe. It's instructing to briefly examine examples of "best practices" in this context.

Tartu Child Support Centre (Tartu Laste Tugikeskus), Estonia[54] is a non-profitable organization, dealing with abused and/or neglected children and their parents. In addition to counselling Tartu Child Support Centre provides university students and professionals in the field of education, police and law with various courses concerning this subject. The main goals of the Tartu Support Centre for Abused Children are:

- to provide psychological counselling and psychotherapic help in crises, medical care and counselling for abused children and their family members;
- to organize retraining courses for specialists, parents, volunteers, university students and others who take an interest;
- to develop the psychosocial support system of abused children and their family members.

One of the most interesting feature of the Tartu Support Centre is the interdisciplinary and multiagency nature of the services where the different professionals who all have special training in child abuse work together: paediatricians, psychologists, social workers, prosecutor, juvenile police officer and volunteers.

Another interesting aspect of the services is the nature of the prevention work which includes: enhancing social awareness of abuse and violence issues; identifying risk groups in co-operation with teachers, medical practitioners and social workers and finally work with street children by the means of the Project "Big Brother, Big Sister", a community based support.

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[52] For more information on the implementation in Norway, see the website: http://www.atferd.uio.no

[53] For a highly interesting discussion of possible effect of this compartmentalisation see: Tom Erik Arnkill (Stakes, Finland): Early intervention –anticipation dialogues in the grey zone of worry, a paper presented at the Nordic Conference on Child Protection, Iceland, 2003

[54] See homepage: http://home.delfi.ee/~ch.abuse/

Another interesting example of good practice in this respect *Dardedze, Centre Against Child Abuse* in Latvia. This is a multidisciplinary centre that provides services to children that are victims of abuse and their families. Weekly meetings of different professionals, "case conferences", establish a common goal and plan for intervention. The centre operates a temporary shelter, the Support House, where the child as well as a supportive family member can stay until crisis situations are normalised. The police, the social services, the courts, the medical professions and schools make referrals of intervention in the Support House but children their families can also request services. The Dardedze Centre has a forensic interview room for investigating child abuse as well as observing relationship and interaction of parents and children. Training and education play an important role in the operation, organised on the basis of defined projects and programmes.

Alternative Care to Large Institutions

As discussed earlier, the evolution of residential care in Europe can be characterized by de-institutionalisation, restructuring of residential care and the strengthening of preventive measures and alternative care. This development started many decades ago in the North and Western Europe, and some states in Southern Europe like Italy and Spain. The most significant feature of this development is the emphasis given to foster care as an alternative to institutional care. However, residential care is still the most common out-of-home placement in most European countries. In UK, Ireland, Netherlands, Austria, Switzerland and the Nordic countries (Denmark excluded), foster care is on the other hand the dominant form of out of home placement.

Coupled with the rising share of foster care in out-of-home placement in the more affluent states of Europe, generally there has been a comparable decrease in institutionalisation of children. However, Germany is an important exception where there has been a substantial increase of children in residential care during the last decade. Important changes in the residential environment have also taken place by limiting the number of children in each unit with the aim of creating a family type environment. This development has in many states (the Nordic countries) even blurred the distinction between foster care and small institutions for children. Important aspect here is that foster families are no longer solely seen as substitutes for children who do not need special treatment. The needs of children separated from their parents because of abuse, neglect and abandonment, have made it a compelling task to develop and support foster parents to acquire the competence to work as a member of professional team. This new understanding on the potentialities of foster parents for making a difference for children in need have resulted in the development of professional foster families who may, for example be pedagogues or teachers, and spend 24-hours on the care job[55]. An important competence building in this respect is the PRIDE –training program, which will be discussed below.

In Eastern and Central Europe and the regions of South East Europe, the process of de-institutionalisation has started as a number of the states in these regions have established policies with the aim of reforming the care environment and strengthening alternative care, including fostering. Examples of restructuring residential care are

[55] Tine Egelund and Anne-Dorthe Hestbæk: Anbringelse af börn og unge uden for hjemmet, Social Forsknings Instituttet, 03:04, p. 62

"*family-type orphanages*" and "*family like boarding schools*" (regulated e.g. in Russia)[56]. The former consists of a married couple willing to bring up from five to ten children. The latter are kind of institutions where no more than eight children live together, a group that is referred to as a "family" and with separate living quarters, entrances and way of life.

In Central and Eastern Europe, as in many other regions*, adoption* has been given a priority as a solution for children who are left without parental care, albeit on a larger scale. This is primarily an option for infants and very young children and the rate of adoptions for this group has been growing considerably during the past decades in some parts of the region (Russia, Latvia)[57]. This has not, however, counteracted the growing rate of children in infant homes, as was earlier referred to.

The most common family-type care in Central and Eastern Europe and the Caucasus is *guardianship* – which generally is care by relatives. Guardianship differs from adoption in the way that legal relationship with the child's parents does not come to the end. Guardian parents may receive economic support from public funds to cover the cost of living of the child when it has been established that the children's parents are unable to take care of them or the parental rights have been terminated. They may also be entitled to privileges in services for the child such as kindergarten. However, the remuneration and support for guardians is generally very limited, in some regions absent, and delayed payments and underpayments are common problems.

Guardianship is a very important alternative care in many regions and there has been a significant rise in the rate of guardianship in many of the states of Central and Eastern Europe and the Caucasus (for example, Russia, Latvia, Ukraine and Armenia). In fact it has been pointed out that this tradition of kinship care contains potentialities as resent research has suggested that care by relatives can have advantages over foster care: children have fewer placement changes, they may remain in close contact with their families and they may experience fewer emotional and behavioural difficulties[58]. However, negative factors can also be identified as often it is difficult to ensure the quality of guardianship. And the fact that a large proportion of the kinship carers are grandparents or other elderly caregivers, give rise to causes for concern if they fall ill or die.

Other important alternatives in the care of orphans that should be recommended are the so called *"family upbringing groups*", *"replacement families"* and *"patronage families"*, all different form of family support[59]. A "family upbringing group" consists of an ordinary family that assumes care of children from a specialised institution and receives active assistance from the institution in this undertaking. This is especially used in cases where the children have shown positive outcome in the process of social rehabilitation. The family upbringing group may change its status by becoming a foster family, a guardian family or even adopt the child. On the other hand a "replacement family" is a family that hosts a child for a certain period of time with the aim of offer the child the experience of a family life. A negative aspect of this arrangement is however that this can lead to a traumatic experience if the child is left

[56] J. Holm-Hansen ed., op. cit , p. 84
[57] J. Holm-Hansen ed., op. cit. p. 92
[58] A Decade of Transition, op. cit. p.105.
[59] J. Holm-Hansen ed., op. cit. pp. 98-100

once again without parental care. The "patronage family" has the same shortcomings as it involves temporary placement. The difference consists of the "professional" nature of the patronage system in which typically a teacher assumes the role of the patron. This can especially be feasible in cases where children are temporarily separated from their parent with the aim of reuniting the family again.

SOS Children's Villages is one alternative to large institutions with the aim of providing a family-like childhood to children without parental care. The SOS Children's Villages have a history of more than a half a century, the first being established in 1949 by the Austrian Hermann Gmeiner. There are now several hundred SOS Children's Villages in the World in around 130 countries, including most countries in Central and Eastern Europe. The philosophy of the SOS Children's villages consists of an emphasis on four components: the mother, brothers and sisters, the house and the village. Generally, each family comprises of an SOS mother and four to ten children living together in a house of their own. The mothers have been selected on the basis of strict criteria and are assisted in their work by professionals. The village itself is usually made up of between eight and fifteen such families. Normally, the children are admitted up to the age of ten and siblings are not separated. Every child receives individual support, education and training until they achieve self-reliance.

It is apparent that de-institutionalisation efforts cannot be expected to become a reality without effective programmes to strengthen and expand foster care. This involves creating an infrastructure that regulates the basic element of a successful foster care, including recruitment, assessment, training, support, monitoring and funding. A number of states in Central and Eastern Europe and the Caucasus have already taken important steps to introduce legislation and programmes to bring this about (Hungary, Croatia, Bosnia and Herzegovina, Poland, "The former Yugoslav Republic of Macedonia", Romania). Sadly, however, in some states little progress has been achieved and in some cases the numbers of children in foster care have even decreased drastically (Serbia and Montenegro, Slovenia)[60].

Foster Care

It is generally agreed that foster family care is the least restrictive and most nurturing out-of-home placement for children in need of temporary substitute family care. However, the foster family may become a permanent care for those children that cannot be reunited with their parents. Foster care is especially attractive choice when out-of-home placement is unavoidable: it provides the child with an alternative family; it is potentially capable to accommodated for the different needs of children due to its flexibility; and finally, it is cost effective as it is estimated, for example, in Western countries to be only a fraction of the cost of residential care[61].

The flexibility of foster care to meet the different needs of children in varying situations can be demonstrated by pointing out the various types of foster care:

[60] "Children and Residential Care", Country Reports, op. cit.
[61] A Decade of Transition, op. cit. p. 103. Estimates between one fifth and one tenth.

Long-term fostering: Sometimes children cannot go back and live with their own families. However, the relationship between the child and the parent in most cases is still very important to the child and to the parent. Long term fostering allows a child to grow up in a safe and supportive environment and maintain relationship with their family.

Short-term fostering: Short term fostering can be anything from an overnight stay to few months, for example, due to illness in the family or the child may have been harmed or abused. Usually short term fostering provides a safe place for a child to live, until it is possible to reunite the child and the parents.

Emergency fostering: Emergency foster care is used when it is deemed essential to remove the child away from a particular situation. Long-term plans will then be considered for the child, or the child will return home as soon as the crisis is over.

Short-break fostering: Short break, respite or family link care are terms that cover a variety of different types of care. The aim is to relieve the child's family engaged in demanding care, for example, families with disabled children.

Remand to fostering: Young people who have been 'remanded' to the care of the local authority by the courts are sometimes placed in foster families. This is usually for short periods of time although it can last for several months.

Pre-adoption fostering: To adopt a child is a great commitment. Fostering as a pre-adoption measure can therefore be feasible to ensure that the prospected family is able to meet the needs of the child. A different type of pre-adoption fostering is when a foster family helps the child prepare for the move to the new family as well as the adoptive family to understand the child's needs and prepare for his/her arrival.

Mother and baby fostering: Some school-age mothers may need foster families who can support them and help them care for their babies. They need people who can teach and encourage them without taking over their responsibilities as mothers.

In order to develop an infrastructure for foster care it is necessary to regulate the foster care services, *inter alia* to establish official guidelines for foster family care. These guidelines need to specify the ground rules for foster care in relation to the child, the biological parents, the foster parents and the support team[62]. These should include the right of the child to be consulted in the plan of care, to maintain contact with the members of the biological family, how the child's developmental needs shall be provided for, as well as the preparation for placement, child's life book etc. The biological parents should have the right to dignity and respect, a participation in the planning of the child's placement, to voice opinions, thoughts and feelings etc. The guidelines should also define the rights of the foster family, identify the nature of the fostering agreement, the relationship with the biological family etc. Finally, the competent authorities and agencies should be specified, accreditation and monitoring established as well as identifying policy and procedures.

[62] See for instance, "The Child's right to grow up in a family", Guidelines for Practice on National and Intercountry Adoption and Foster Family Care, Sweden, 1997

The main concern in relation to foster care has been the lack of stability in long-term foster care. Breakdown of long-term placement can result in repeated placement with harmful effects for the child. Sporadic research has indicated breakdown rate as low as 10% for young children (Finland) and as high as 50% for teenagers (Sweden)[63]. Interestingly, both European and US research has revealed that the rate of breakdown is considerably lower when the child is placed in foster care with his/her relatives. Importantly, there is a consensus on the fact that the support and competence of the foster parents is crucial in this respect. Effective competence building and in-service for foster parents should therefore be highly recommended.

PRIDE – Competence Building in Foster Care

During the recent years, a number of European countries[64] have introduced a comprehensive, competency based program, Pride, for the pre-service training and assessment of prospective foster parents and for foster parents in-service training. Pride is an abbreviation for Parent Resources for Information, Development and Education, which originates from USA but promoted in Europe by the Netherlands. It is designed to strengthen the quality of family foster care by providing a standardised, consisted, structured framework for recruiting, preparing, and selecting foster parents. It also provides foster parents in-service training and ongoing professional development[65].

The program is based on the philosophy that the value of family life for children, however family is defined, is compelling. Because of this, knowledgeable and skilled foster parents are integral to providing quality services. They like social workers, should be qualified, prepared, developed, selected and licence or certified to work as members of a professional team, equipped to protect and nurture children and strengthen families.

The Pride program has established five essential competency categories:

- protecting and nurturing children,
- meeting children's developmental needs and addressing their developmental delays,
- supporting relationships between children and their families,
- connecting children to safe, nurturing relationships intended to last a lifetime,
- working as a member of a professional team.

There are two basic components of Pride. On the one hand it is the recruitment, preparation and assessment component, and on the other, ongoing professional development. The former consists of organisational planning, including standards and guidelines, pre-service training for prospective foster parents, and at-home family consultations and assessment with the aim of identifying the family's strength and need for support. The latter is a core-training program for foster parents, identifying the knowledge and skills for foster parents effectiveness in general, and to meet the challenges of children with special and extraordinary needs.

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[63] M. Kalland and J. Sinkkonen: Finish Children in Foster Care: evaluating the breakdown of long-term placements, Child Welfare, Sep/Oct. 2001:80:5; and T. Eklund and Anne-Dorth Hestbaek, op.cit p.142

[64] These include the Netherlands, Belgium, UK, the Nordic countries, Poland, Hungary and Slovakia

[65] Additional information on PRIDE can be found online at www.cwla.org/pubs

The experience of the implementation of Foster Pride is very positive as can be deduce from the rapid increase in circulation and application of the program in different countries in Europe.

Leaving Care - Pathways

As referred to earlier, there is an increasing awareness that the outcome for children that are placed in residential care, whether in terms of care or for treatment purposes, is generally poor[66]. There is, however, evidence that suggest that some treatment models yield more positive results than others. On the other hand, it is possible to identify negative and even harmful effects for youth, especially in closed institutions and involuntary placements. Furthermore, it is important to emphasise that outcomes for children in care largely depend on the *post-placement* care or follow up after leaving care.

There exists a bulk of research finding that suggests that future prospects for children in residential care are dim. Earlier in the report, a reference was made to statistics from Russia concerning criminality, prostitution and suicides among children leaving orphanages. Researches, for example from UK, Denmark and Sweden, on children leaving care demonstrate that children in transition from care to independent living are generally in a very vulnerable position[67]. Generally, youth leaving care are expected to commence their independent living at a very early age, considerably younger than their peers, especially those who experience breakdown in placement. Family network and support is often absent or very poor. Educational achievements, social competence and life skills are generally poor. Physical and mental health is below average and children used to collective upbringing often experience loneliness and social exclusion after leaving care. Problems in housing and means of subsistence create additional difficulties. Research finding that show high rates of unemployment, homelessness, early pregnancies, substance abuse and criminality among leavers of residential care are therefore not surprising.

In some European countries specific measures have been taken in order to improve the situation of children leaving care (e.g. Scandinavia, UK, Ireland). In the UK, for example, the Children (Leaving Care) Act 2000 defines the "Pathway plan" for children leaving care, a procedure that should be highly recommended[68]. The plan must be based on an assessment of the young person's needs. The youth him/herself should be actively involved in the assessment process to inform and develop the Pathway Plan. Also, significant others like parent and other family members, foster carer or staff in residential home etc. should be consulted. The assessment and the Pathway plan is directed at the following needs:

- family and social relationships
- practical and other skills necessary for independent living
- accommodation
- education, training and employment

[66] Tore Andreassen: op. cit.
[67] An excellent overview of these research finding are to be found in T. Eklund and A.D. Hestbaek, op. cit, ch. 9.
[68] See on the world wide web: http://www.doh.gov.uk/qualityprotects/work_pro/pathwayplan1.pdf

- health and development
- financial arrangement

The Pathway plan is in the form of a formal agreement, signed by the young person and his/her personal advisor. As the implementation of the Pathway plan is only possible by the cooperation of different agencies, their signature may also be required.

Studies on post-placement support show that specific programmes that are directed at provide appropriate housing and enhancing life skills, further educational achievements and strengthen positive self-image and social integration, are most likely to produce positive results[69].

Evidence suggest that resources allocated to support children leaving residential care as a proportion of the cost of operating residential institutions are minimal in most countries. This clearly reflects the shortcomings of focusing on care but ignoring the basic issue of outcomes of care for children.

The Role of the Social Worker and Other Professionals in the Placement Process

Repeated researches have established that the role of social workers, attitudes and practices, can have a profound effect on the placement of children, the relationship between the child and his/her parents, family support etc. Earlier a reference was made to the fact that there is a great variation in the assessment of social workers and other professional on placement needs in child abuse cases. The discussion on family group conferences (FGC), partnership, empowerment, enhancing parental skills, compartmentalisation of problems families may face – all underline the importance of perceptions and values of the social worker and other professional in their practical work. These perceptions and values determine the role that the social worker assumes in his interaction with children and families. These roles, which are reflected in different patterns of behaviours, can be destructive or constructive, measured against the best interest of the child. Thus, the social worker can be controlling or empathetic, authoritarian or understanding, bureaucratic or therapeutic, aggressive or supportive, etc.

As the professional roles can be seen as an articulation of values, perceptions, knowledge and ethical beliefs – this should be examined and made explicit, with the aim of establishing ground rules for sound practice in work with children at risk and in care. Only a few ground rules in relation to the placement process will be offered:

a) *The right of the Child*: Repeated researches reveal that the child's voice is often not a primary concern in the placement process. Consultation and collaboration with the child should be ensured from the onset in decision making around care plans. A dialog with the child - to inform the child, to offer explanations, to learn of the child's feelings and desires – should be the guiding principle of every placement procedure.

[69] T. Eklund and A.D. Hestbaek, op.cit, p.240.

b) *Family support*: Out-of-home placement should always remain the last resort. This entails that every effort should made to support families and in this report some strategies to that end have been identified. However, if placement becomes necessary, every effort should be made to maintain the child's link with her/his parents. Whatever the circumstances, the child's parents should be shown respect and dignity, and partnership and empowerment of the family should be promoted as possible.

c) *Care plans*: Individual care plans should reflect the aim of promoting physical and mental development and autonomy of the child. In particular, an emphasis on educational development should be stressed as it is well documented that educational achievement plays a crucial role in the future opportunities of children in placement.

d) *Social integration*: Placement should encourage full participation of the child in society, including leisure and cultural activities. All effort should be made to prevent social exclusion and stigmatisation.

e) *Minority Ethnic Groups*: It is established that children from ethnic minorities are over-represented in the care population. Consideration should be given to the ethnical, cultural and religious background of the child. Special measures should be taken to prevent discrimination and social exclusion.

f) *Code of Ethics*: It should be recommended that codes of ethics should be established in order to set out the standard of practice for professionals working with children and families. The codes of ethics should be consistent with the Convention on the Rights of the Child[70].

[70] An excellent example is the "Code of Ethics for Child Care Workers" issued by FICE - Fédération Internationale des Communautés Educatives; see: http://www.childrenwebmag.com/infobase/code%20of%20ethics.html

QUESTIONNAIRE

Request for information on children at risk and child in care

1. How many children are separated from their families in your country, according to recent statistics, e.g. the statistics for 2001? Please could you indicate:
   i) the percentage of children separated from their parents on 1 January 2002 for the following lengths of time: a) less than 6 months, b) 6 months to 2 years, c) 2 to 5 years, d) longer than 5 years;
   ii) the number of children by age group: a) 0-2 years, b) 2-6 years, c) 6-15 years, d) 15-18 years, e) over 18 years old.

   Please refer to the enclosed table and complete, if possible, one table for permanent placements and another for temporary placements.

2. What are the most common reasons why children become separated from their biological parents?

3. What is the accreditation and monitoring system for the various types of care? Are there any norms/rules concerning the quality of care and the rights of children in care?

4. What problems do you encounter in the field of child protection and which ones do you hope to overcome first in your country?

5. Is there a nationwide policy or action plan in place or in preparation as regards children at risk? If yes, give a brief description.

6. How is child protection organised? Is it done through a specialised agency? If so, what are this agency's powers and responsibilities? Which are the main actors: the State, the regional and/or local authorities, NGOs, the private sector?

7. Has your country been affected by a decision of the European Court of Human Rights in the field of child protection. If so, what changes has this decision prompted in national law and/or practice?

8. What legal and structural developments have there been concerning children at risk and children in care following ratification of the United Nations Convention on the Rights of the Child?

Table relating to question No. 1

Care arrangements		Number of under 18-year-olds						Total	Average duration of placement (in years)
		Orphaned or abandoned	Disabled	From ethnic minorities	Unaccompanied immigrants	With behavioural problems (educational purposes)	Other situations		
Institutions according to their size	Fewer than 10 children admitted								
	10-30								
	30-60								
	60-100								
	More than 100 children (how many?)								
Foster family									
SOS Village									
Other types of care (please describe briefly)									
Total									
Average duration of placement (in years)									
Number of children adopted									
Number of street children									