

CHILDREN IN ALTERNATIVE CARE

NATIONAL SURVEYS

JANUARY 2010 – 2ND EDITION

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PREFACE BY EUROCHILD

As President of Eurochild I am pleased to introduce our latest publication which originates from the work of one of our thematic working groups – ‘Children in Alternative Care’.

Eurochild - the network which brings together over 80 children's organisations from 32 European countries - finds its strength in the commitment and engagement of its members. This collection of national surveys on children in alternative care is testament to that commitment. In early 2009 the first action of the newly created thematic working group on children in alternative care was to examine the links between children in care, poverty and social exclusion. The first step was gain a basic understanding of the situation of children in alternative care in each Member State. The results of the survey, first published in June 2009 and now updated to cover all EU Member States (plus Moldova), provide a unique resource for practitioners, campaigners and policy makers as regards situation of children who are among the most vulnerable section of society in Europe today. I would like to thank all those who contributed to such a valuable piece of work.

Eurochild campaigns for the realisation of children's rights across Europe. We focus particularly on those children at risk of poverty, social exclusion and marginalisation. Our members are working directly with children and families or are campaigning on their behalf. Thematic working groups give members a range of forums in which to exchange knowledge and practice in specific areas and include groups on children's participation, family and parenting support, early years education and care, and children in alternative care.

I cannot emphasise enough how valuable it is for those of us working at both national and regional levels to exchange and learn from across Europe. Through Eurochild we have access to a wealth of knowledge and experience which enables us to compare and contrast the reality of children's lives across different Member States. However far advanced we think our systems may be there is always something for us to learn and this collection of surveys is just one example of how this can be achieved.

I congratulate the work of the thematic working group on children in alternative care and trust that their ongoing work and commitment will lead to positive changes at national and regional level to ensure that the rights of every child are respected.

January 2010



Catriona Williams

Eurochild President

PREFACE BY YOUNG PEOPLE

It is with honour, pride and support that Power4Youth and the IFCO¹ Youth Committee collaborated to compose this preface to the Eurochild Survey on Children in Alternative Care. The converging intersection of Power4Youth, IFCO and Eurochild's agendas are the promotion of child protection and child rights in Europe and beyond. Every child has the right to protection: the information, statistics and data which are made available through this Eurochild European-wide survey will inform policy and agenda-setting for the European Union institutions, EU member states, and other organisations and agencies working in the areas of child protection, child poverty and social exclusion.

Eurochild's mission is '*to promote the welfare and rights of children and young people in Europe*'. An active project addressing this production of the Eurochild Members' Survey on Children without Parental Care. The Eurochild Thematic Working Group for Children in Alternative Care focuses on the linkages between poverty, social exclusion and children who are in, at risk of going into, or leaving alternative care. This agenda raises the issue of the lack of statistical data directly linking poverty and social exclusion as factors for Children in Alternative Care. The aim of the members of Eurochild's Thematic Working Group on Children in Alternative Care is '*to identify key issues and policy implications for achieving a better synergy between child protection policy and social inclusion strategies at EU and national levels*'. Their immense work to produce this Eurochild Survey is testament to the trojan work done on behalf of children in alternative care.

Power4Youth (P4Y) is a European platform for youth with (alternative) care experience. Its origins stem from the Quality4Children Quality Standards in Out-of-Home Child Care in Europe. Since then, an active group of young people have steered, written and now work towards a P4Y mission of '*ensuring consultation, involvement, empowerment and support for youth, in order for young people with (alternative) care experience to reach their full potential*'. As European young people with (alternative) care experience, we ourselves are all too often aware of the links between being in, or coming out of care and the issues connected with this. Poverty and social exclusion are two terms that blanket across a lot of issues and barriers for young people. Eurochild's publication will shed light on European member states and how we, as societies, treat this particularly vulnerable group of young people and children. It will make EU member states comparable through the statistics, policies and agendas for each nation state. A simple but effective comparison illustrates that many countries now have quality standards for children in (alternative) care which exist as *written legislation* rather than just guidelines. We feel this should be a priority for the European Union and its bodies and member states as we move towards a more inclusive society.

IFCO (International Foster Care Organisation) is an international charity which promotes and supports family-based care as the best solution for children in alternative care. Our advocacy, training and voluntary works are always underpinned by the principles of the United Nations Convention on the Rights of the Child. Stemming from this, we have an active youth membership and youth committee, involved in our decision-making body as well as their own networking and training programmes. The IFCO Youth Committee welcomes this immense work by Eurochild which will shed light on the number of children in care systems throughout the European Union; but also provide an insight into what their life is like; which and how their needs are being met, what their outcomes are after care and what legislation, policies and standards ensure positive outcomes for all such children and young people. The importance of statistical data will inform decision-making at all levels, but necessarily so at European Union level, where immense change and protective measures can be made on behalf of all children in care, in every member state.

One of the main conclusions that can be reached from literature on children in alternative care is that there is a statistical over-representation of children in alternative care as having experienced poverty and/or social exclusion. However, literature and statistical data to support poverty and social exclusion as *causal indicators* of children being placed in alternative care is largely under-researched and under-represented. This highlights the need for in-depth analysis of this reality in order to monitor and change this situation for children in alternative care in Europe.

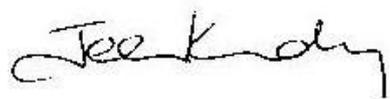
The European Commission and the EU Social Protection Committee acknowledge that the monitoring of vulnerable children (including children in alternative care) needs to be addressed; this recognition now needs

¹ *International Foster Care Organisation*

PREFACE BY YOUNG PEOPLE

to be *acted upon*. The collection of data, its interpretation and use, to promote the well being for children in alternative care, needs to be acted on at European Union level as well as at member state level. This will ensure that we, as those accountable for *child protection and well being*, are continuously *working for every child to the best of our collective ability*.

January 2010



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NATIONAL SURVEY ON CHILDREN IN ALTERNATIVE CARE

EXECUTIVE SUMMARY

In 2009 Eurochild carried out a survey of the situation of children in alternative care in Europe through its member organisations. The survey requested information on the numbers of children in alternative care including residential, community and family-based care; the profiles of children in care; the outcomes for children in care; the institutional framework and availability of data; and the existence of standards and support for children's participation. 30 European countries participated, including the 4 nations of the UK and Moldova. The survey was not intended as a scientifically rigorous research exercise but rather to identify what information is readily available and to note some common trends across Europe.

A few general observations can be drawn from the survey.

1. THERE IS A LACK OF CONSISTENT AND COMPARABLE DATA

It is clear from the responses that data is not collected in a consistent way across the 30 European countries. There are different definitions of types of alternative care. Residential settings may for example include boarding schools, 'special schools', infant homes, homes for mentally or physically disabled children, homes for children with behavioral problems, institutions for young offenders, after-care homes. Furthermore, there is no common understanding of what constitutes family or community-based care.

The system of data collection varies by country. For example, the Netherlands does not have data available on the number of children in alternative care, but instead has data on the number of beds available in institutions in four different sectors of residential youth care. There are differences in understandings of foster care, guardianship, kinship care and data collection methods.

2. AN ESTIMATED 1 MILLION CHILDREN IN THE EUROPEAN UNION ARE IN ALTERNATIVE CARE

Despite the lack of data, it can be roughly estimated that around 1% of children are taken into public care across the EU – approximately 1 million children. This proportion of course varies between countries. In Latvia around 2.2% of children are taken into public care. In Sweden approximately 0.66% of the child population is affected. In Romania, approximately 1.6% of the child population is under special protection – more or less unchanged since 1997 (1.66% of children).

3. INSTITUTIONAL CARE IS STILL WIDELY USED FOR CHILDREN WITHOUT ADEQUATE PARENTAL CARE ACROSS THE EU

Although most countries recognize placement in an institution as the solution of last resort after family support services and family-based care, the number of children in institutions is stable or rising in several EU countries.

In the Czech Republic, for example, only around 25% of children are in foster-care settings and the number of children in institutions has increased since 2000 (Unicef Transmonee). Latvia and Lithuania have also seen an increase in the number of children in institutions.

Since new legislation was introduced in Romania, the number of foster care placements has increased by 35%, compared to January 2005. Nonetheless an estimated 24,126 children are still in residential type services (2008).

In Bulgaria, whilst there were 7,276 children in residential homes in 2008, there were only 72 children placed in foster care (less than 0.01%).

4. PLACEMENT OF UNDER 3S IN INSTITUTIONS STILL TAKES PLACE IN SEVERAL MEMBER STATES

It is widely recognized that infants in institutional care for several months suffer irreversible damage to their brain development. Healthy psychological development is severely impaired when an infant's fundamental need for attachment is not met. Nonetheless the practice of placing under the 3s in institutions still exists in several Member States.

Data from the Czech Republic (Institute of Health Information and Statistics – UZIS) of 2007 indicate that 1,407 under 3s are in institutions. In Romania, although new child protection laws in Romania forbid the placement of children under 3 in institutions, maternities and paediatric hospitals effectively act as institutions in cases of child abandonment (4,000 newborns were abandoned in 150 medical units in 2004 – Unicef & the Ministry of Health). As a result of a procedural void, 31.8% of children left in hospitals/paediatric hospitals do not have identification papers – leaving them particularly vulnerable to exploitation including trafficking.

There is a lack of data on the situation of under 3s in our survey from other member states, but a 2005 study of the World Health Organisation estimated 21,955 under 3s were in institutional care in 2003 across Europe.

5. DISCRIMINATION MEANS CERTAIN VULNERABLE GROUPS ARE OVER-REPRESENTED IN CARE STATISTICS

It is clear that not all children enjoy equal rights to quality services and family support. In Bulgaria, Roma children account for approximately 45% of children in care. In the Czech Republic in 2007 24% of children in baby homes were Roma. In Hungary, children of Roma origin are over- represented in institutions, sometimes by a factor of 11, compared to their representation in the population as a whole (officially it is not allowed to collect data based on ethnic origin on the basis of right to privacy).

The institutionalisation of children with disabilities is a major concern in many countries of the EU. In Latvia the survey reports that municipalities do not have the resources to give additional support to children with minor physical or behavioral disorders. Placing children in institutions avoids this cost – they are not under municipality authority.

6. FAMILIES FACING POVERTY AND SOCIAL EXCLUSION ARE AT GREATER RISK OF THEIR CHILDREN BEING TAKEN INTO CARE

Despite the fact that most Member States exclude poverty and material deprivation as a reason for placement of a child, it is clearly an underlying cause in many countries. Indeed, the lack of data surrounding the links between poverty, social exclusion and placement of children obscures how poverty features in the decisions that result in placement, and how the most appropriate prevention approaches can be developed.

Families with young children, particularly those facing poverty and social exclusion, must receive the necessary support and encouragement as early as possible. Proactive intervention before problems occur is less costly and produces long-term benefits to society.

7. MANY CHILDREN WITH EXPERIENCE OF CARE CARRY PSYCHO-SOCIAL PROBLEMS INTO ADULTHOOD

The statistics that are available provide clear evidence that children who have been in care – and in particular in residential care settings – are more likely to end up homeless; to commit crimes; to have children before the age of 20 themselves; and to have their own children taken into care. The transition to independent living

is noted by many as a particularly sensitive period of change for the young person, when high quality, individualized preparation and on-going support is crucial for the individual to become independent.

Notwithstanding the overriding evidence of negative outcomes for children with care experience, there are too few longitudinal studies to show the circumstances under which successful outcomes can be achieved for such children. For example, the Finnish country analysis notes the results of a study that followed children who had grown up in an SOS children's village. Adults between 22 and 51 were interviewed and their life situation in relation to their education, employment and health, was not dissimilar from the rest of the population.

8. IMPLEMENTATION OF STANDARDS TO PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE IS STILL WEAK AND HAS LITTLE INVOLVEMENT OF CHILDREN AND THEIR FAMILIES

Although most European countries have standards to protect the rights of the children in alternative care, in many cases their implementation is very weak. There are still several countries, (e.g. Greece, Latvia and the Czech Republic) where standards are not yet implemented.

Concerning monitoring of the standards, in many countries we find that there is a lack of data, while in some others, like Estonia, Finland, Sweden, regular reports are published. In other countries such as the UK, the time and cost involved in regulation, monitoring and inspection are seen as being disproportionate to the actual benefits in terms of improved services.

Involvement of children and parents in the decision-making process still remains very weak in many of the European countries. In the case of Ireland we see that while regulations, standards and legislation are significant in comparison to other countries, the reality of proper consultation with children and their families is a separate issue. The Irish Social Services Inspectorate found that "*care planning was still more often determined by crisis management rather than long term planning*" where the voice and opinion of the child and family may not be considered. In the UK, although progress has been made with regard to involving children in alternative care in planning their own care, there is still much scope for improvement.

9. PEER LED GROUPS OF CHILDREN AND YOUNG PEOPLE WHO ARE LIVING, OR HAVE LIVED IN ALTERNATIVE CARE ARE STILL TOO FEW IN EUROPE

In most of the countries analyzed there are no formal structures through which the voices of children with experience of care are able to be systematically heard. Where structures exist, they are usually set up and supported by NGOs, as is the case in Austria, Denmark, Finland, Slovakia and Sweden. In The Netherlands we learnt of the National Client Forum Youth Care, which is an organization that represents the interests of the clients at provincial and at national level. The goal of the forum is to improve the quality of youth care.

In the UK there are several organisations which are supported by the government. These include 'A National Voice', 'The Debate Project', and 'Voices from Care Wales'. These work to empower young people who are currently leaving care or have already left by giving them the opportunity to share their experiences and to improve the care system for other young people in the future.

Very few country reports note the existence of peer led group of parents whose children are taken into care. In several countries there are extensive and sophisticated support arrangements for foster carers but little or nothing for the children's own families. Denmark and Sweden are exceptions, as they have national peer led groups of parents with children in care. In Slovakia the *Programme Pride* is a self-help group of foster parents which aims to help their work with the biological families.

The support and empowerment of parents whose children are in care is a crucial component of service provision for children in alternative care. Too often the child is removed and little is done to help the parents

improve their parenting skills in order for the child to be able to return home. Peer support networks can play a valuable role in this.

KEY RECOMMENDATIONS TOWARDS THE EUROPEAN UNION

1. MAKE THE COLLECTION OF COMPARATIVE DATA ON CHILDREN IN ALTERNATIVE CARE A KEY POLITICAL PRIORITY

⇒ The EU can provide leadership in this regard within the framework of the Open Method of Coordination on social inclusion and social protection which names the fight against child poverty and promotion of child well-being as a clear political priority. All member states should agree common definitions for the alternative care of children, as provided in the UN Guidelines for the Alternative Care of Children, for adoption across all member countries. The 'Manual for the Measurement of Indicators for Children in Formal Care' as produced by Unicef/Better Care Network in January 2009 could provide a common framework for alternative data care collection and reporting.

2. TAKE IMMEDIATE ACTION TO SUPPORT THE DE-INSTITUTIONALIZATION OF CHILDREN

⇒ EU member states should invest more in moving away from a child care system based on large institutions and move towards the provision of a range of integrated, family-based and community-based services. Among other things, this should include: early intervention family support services to prevent the separation of children from their families; reintegration of children into their family (where safe, possible and appropriate); gate-keeping; transformation of institutions into community based services or into centers for social services (such as day care for children with disabilities). EU guidelines should be issued with regards to the spending of EU structural funds to ensure that money is re-directed into increasing and improving services rather than renovating residential care buildings.

3. INTRODUCE A LEGAL BAN IN ALL COUNTRIES ON THE INSTITUTIONALIZATION OF CHILDREN BETWEEN 0 TO 3 YEARS

⇒ Family support and family-type care must be prioritized to ensure no child under 3 years is placed in an institution. Such a ban could be monitored at EU level.

4. PROVIDE A FRAMEWORK TO SUPPORT MEMBER STATES TO INVEST IN A CHILDREN'S WORKFORCE THAT PROMOTES INCLUSION AND ALLOWS DELIVERY OF PERSONALIZED SERVICES WHICH RESPECT THE DIVERSITY OF INDIVIDUAL FAMILY AND CHILDREN'S NEEDS

⇒ All professionals working with and for children, including those in the education, health care, child protection and social work sectors, need high quality on-going training and supervision. The EU can provide a framework for mutual learning and exchange to improve national and regional training and skills development, and ensure professional recognition. New professions such as personal assistants, language assistants, participation workers etc. must be strengthened and given professional recognition.

5. REDUCE RISKS OF SOCIAL EXCLUSION, BY ENSURING NO CHILD IS TAKEN INTO CARE DUE TO POVERTY, DISABILITY OR ETHNIC ORIGIN

⇒ The fight against child poverty must remain a key political priority of the EU. Social inequality denies children equal access to services and perpetuates the cycle of poverty. A strong political framework is required at EU level to ensure all member states put in place the necessary structural reforms to ensure all families have access to a minimum income and adequate services.

6. ENCOURAGE MS TO ALIGN THEIR NATIONAL CARE LEGISLATION TO THE UN GUIDELINES ON ALTERNATIVE CARE

⇒ The UN Guidelines for the Alternative Care of Children provide a clear framework for adoption of standards for all agencies involved in alternative care for children. Other standards such as

'Quality4Children' also provide a useful framework. Proper systems of monitoring implementation must be in place

7. ENSURE CHILDREN WITH CARE EXPERIENCE AND THEIR FAMILIES HAVE A VOICE

- ⇒ The involvement of children, young people and their families is crucial, both in the decision-making processes affecting them directly and in the development of alternative care policies and services. They should therefore be empowered to participate in all stages of the care process and the EU should encourage the development of peer led groups of children, young people and parents with experience of care.

COUNTRY: AUSTRIA

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

According to the Youth Welfare Report 2008 there were 6,076 children and young people in full-time care in Austria on 31st December 2008 (this figure includes all children in alternative care such as children's homes, shared living schemes and SOS Children's Villages families, but not those cared for in foster families).

"Paid Staff" can be presumed, as such facilities are subject to authorization, and staff with specialist training is a requirement for authorization. The size of the facilities cannot be determined – some shared living arrangements will be smaller. Size is not statistically recorded

■ **SOS Children's Villages**

Quick analysis of the data shows for the test day 1st January 2009

	Number of children
SOS Children's Villages families	483
Children's group homes	92
Diagnosis and therapy centres	13
Youth accommodation (including pilot project in Children's Villages)	234
Social-pedagogical and therapeutic youth residential facilities	64
Refugee projects	62
In addition there are advice centres, work projects, outpatient care and follow-up care – precise and differentiated statistics will be completed in summer 2009 by the Social-Pedagogical Institute in the Education Department	

■ **Foster Care in a private individual's home**

According to the Youth Welfare Report 2008 there were 4,481 children and young people in foster families in Austria in total within the context of "full-time care" measures on the test date of 31st December 2008.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Poverty/material deprivation is viewed as a factor in a multi-factor circumstance, and in this respect is not excluded. To our knowledge, poverty alone is not sufficient grounds for taking a child into care.

■ **What are the stated reasons for children coming into care?**

Since 1999 data on the reasons for children coming into care is no longer collected. In 1999 the reasons were as follows:

(This information relates to all types of child welfare intervention i.e. support measures as well as full-time care. The data totals 23,063 children and young people. Intervention is typically due to a combination of reasons.)

Child-raising difficulties	11,620	50%
Unfavourable economic circumstances	8,498	37%
Divorce/separation, illness or death of the caregiver	6,415	28%
Challenging behaviour on the part of the minor	7,216	31%
Alcohol abuse on the part of the caregiver	2,974	13%
Homelessness	945	4%
Abuse	1,585	7%
Drug abuse on the part of the caregiver	673	3%
Sexual offences against minors	739	3%
Alcohol abuse on the part of the minor	232	1%
Drug abuse on the part of the minor	161	1%
Other reason	10,498	46%

■ How long is the average length of stay in care?

The Youth Welfare Report 2008 contains the following data for Austria (excluding the state of Salzburg owing to technical problems with the database). The figures relate to all stays that ended in 2008.

Length of stay	Full-time care (excluding foster children)	Foster children
less than 12 months	845	238
up to 2 years	418	56
up to 5 years	395	54
longer than 5 years	240	151

■ What are the socio-economic circumstances of the family?

No significant information available – the problem of the “high number of unknown values” with regard to the parents’ social situation is also noted in the 1999 official child welfare statistics.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

No information available – in any case this is evaluated at regional level (state reports).

■ Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

Ethnic origin or immigrant background is not yet evaluated. The draft of a new youth assistance law makes provision for gathering information on immigrant background. However, this law is not yet in force. Studies on this issue suggest that children of immigrant backgrounds are under-represented in the care system when compared to their proportion in the general population.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

There are individual studies – e.g. SOS Children’s Villages Tracking Footprints (Spanning/Steden 2008), Study on the living situation of young adults from SOS Children’s Villages facilities (Hofer/Putzhuber 2000-2004), Former Austrian Children’s Villages children today (Schwerdtfeger 1981), but no official statistics exist.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

Responsibility at Federal level often changes when a new government comes in – responsibility for child welfare currently falls within the remit of the Federal Ministry of Economy, Family and Youth.

(<http://www.bmwfj.gv.at/BMWA/Schwerpunkte/Familie/default.htm>)

■ **How are responsibilities shared? At which level – local/regional/national?**

According to the Youth Welfare Act 1989, child welfare is funded by the states (Länder). The states fulfil youth welfare tasks through the district authorities (which is where the youth welfare offices are based) as well as a plethora of independent bodies that run facilities or offer services.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Quality regulations, standards etc. relating to alternative care have been developed at various levels. However, there are not currently any binding standards nationwide. A draft new Youth Welfare Act explicitly introduces the UN Convention on the Rights of the Child as a framework – but the Act is not yet in force. Individual projects include, for example:

Quality4Children Quality Standards in Out-Of-Home Child Care in Europe	www.quality4children.info
Graz Youth Welfare Quality Checklist	City of Graz/Office for Youth and Family 2000 [www.graz.at/cms/dokumente/10028006_739049/7b1b771d/Qualitaetskatalog.pdf]
Quality in Inclusion/Module 3- Alternative Care	http://www.donau-quality.at/
Upper Austria: Quality guidelines for alternative care	-

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

Participation is a central theme in the quality standards – precise information would require detailed research however.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.**

We know of two projects:

Power4Youth, a Quality4Children project	http://www.power4youth.eu/
Youth in Care	http://www.youthincare.at/

■ **Is there a peer-lead group of parents with children in care?**

There is no information available.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 38th session: 31/March/2005

The "Concluding Observations of the Committee on the Rights of Children: Austria" (January 2005) make several recommendations which also relate to children in alternative care. For example, they call for an intensification of activities to prevent discrimination; to encourage the participation of children; to prevent violence against children; to protect privacy, etc. They recommend strengthening awareness of the UNCRC through systematic CRC education and training activities for children, parents and people who work with children are relevant for children in care. They call for implementation of the UNCRC in the federal and state legislation.

The development of comprehensive statistics on children under 18 years is recommended ("with specific emphasis on vulnerable groups, including refugee and asylum seeking children").

In the field of child welfare, the demands for harmonization of legislation of different countries focus on the development of minimum standards for care in compliance with the Children's Rights, and the need for systematic monitoring and evaluation of these services in terms of quality, accessibility and availability.

Further action is also called for to ensure the adequate care and accommodation of asylum-seeking unaccompanied minors.¹

■ NAP

Children in alternative care are not mentioned in the NAP.

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

There is currently an annual Youth Welfare Report by the Department of Youth Welfare in the Federal Ministry, which is accessible online. In addition there are state reports, which each contain different information and have varying levels of accessibility (sometimes online in digital form, sometimes in print).

The "National Action Plan for the rights of children and adolescents", which was adopted in 2004, listed a number of projects concerning the following areas:

- Improving the psychosocial care of children and adolescents in crisis situations;
- Provision of sufficient, outside-the-family accommodation places for children and adolescents in need;
- Quality assurance of care and accommodation for children and adolescents;
- Provision of adequate financial and human resources for youth welfare;
- Better networking of institutions and services for children and adolescents in acute crisis situations and for permanent residence;
- Strengthening the self-and co-determination of children and young people on permanent, outside-the-family accommodation, and
- Elimination of barriers in the field of child and youth welfare.

The report on the implementation of 2004-2007 (presented and accepted at the Council of Ministers on 21.11.2007) mentioned two fields related to child welfare:

- Under the title of "Preventing violence against children" is listed an amendment to the Youth Welfare Law (came into force on 10 July 2007), which obliges teachers to report threats to the welfare of children to the relevant child welfare institution.

¹ http://www.kinderhabenrechte.at/fileadmin/download/nc-homepage_concluding_observations_deutsch.pdf

- Under the heading "Right to child-centered care and accommodation for children in crisis situations", the pilot project is called "child support". This kind of support is to ensure that the rights of children in contested family cases are granted.

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

The information is very heterogeneous, making comparison between states difficult. State figures and Federal Ministry figures also differ. Provision is made in a draft new youth assistance law for comparable statistics to be a Federal task – this law is however not yet in force.

Resources:

City of Graz /Office for Youth and Family: Qualitätskatalog der Grazer Jugendwohlfahrt [Graz Youth Welfare Quality Checklist], Graz 2000 (http://www.graz.at/cms/dokumente/10028006_739049/7b1b771d/Qualitaetskatalog.pdf).

Committee on the Rights of the Child: Concluding Observations of the Committee on the Rights of the Child: Austria (Zusammenfassende Arbeitsübersetzung und unedited version), 28.1.2005 (http://www.kinderhabenrechte.at/fileadmin/download/nc-homepage_concluding_observations_deutsch.pdf).

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COUNTRY: BELGIUM (FRENCH COMMUNITY)

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WARNING

Due to time constraints, with a few exceptions, we limit our answers to two points:

1. *Are there data available for this particular issue?*
2. *Are there (realistic) plans to collect data on this particular issue?*

*The most recent figures have been published in: **Françoise Mulkay, Michel Vandekeere, Nouvelles statistiques de l'aide à la jeunesse. Analyse des données issues de la base de données Sigmajed (2002-2006), Avril 2008.***

The main data source is an administrative register of all "measures of specialized help" taken for the "benefit" of children which have a cost and which are paid by public authorities.

This publication is available online at the following address:

http://www.oejaj.cfwb.be/article.php?id_article=271

The field covered is restricted to "specialized help" (as understood in the legal framework of the French community of Belgium): it concerns "children without parental care" excluding children with disabilities.

1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time care in residential homes (paid staff with 16 or more children) available;**

The total number of young people who have been taken care at least one time during a whole year was 15,659 (in 2002) and 17,677 (in 2006). Between 2002 and 2006, the number of young people who have been taken care during any single year ranges from 10,000 to 12,000; Extract (Mulkay, Vandekeere, 2008, p. 38).

In 2006, one out of two young people (9,067) was living in an environment outside of his/her family of origin. They represent 9.5 per 1000 young people under 18 years in the French community of Belgium. Only 3 young people out of 10 (5,361) were supported in the midst of family life. They represent 6 youth per 1,000 youth under 18 years in the French community. More than one out of 6 (3,249) were supported both in their mid family life and outside it. They represent just over 3 youth per 1,000 youth under 18 years in the French Community.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

This kind of care must be available at regional level (care in residential home for children with disabilities are financed by the Walloon region and the Brussels region)

■ **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children);**

Available. At any given day between 1st January 2002 and 1st November 2006, around 246 young people were in residential homes designated for children classified as "young offenders".

■ **Family-type care in small residential home with paid staff with 15 or fewer children SOS Villages (or similar) care:**

No family-type care of this kind exists in the French community of Belgium to our knowledge to date.

■ **Foster Care in a private individual's home:**

Available. At any given day between 2002 and 2006, there have been 3,347 young people in individual home foster care; Extract (Mulkay, Vandekerke, 2008, p. 43).

On average, 3,347 young people were supported simultaneously in foster care over the past 5 years, with a minimum of 3,199 (1st February 2002) and up to 3,441 young people (1st April 2006).

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

From a legal point of view, the answer is YES, but there are indications that this might not be the case in practice. Some evidence has been found in a study commissioned by the Federal Department for Scientific Policy (an abstract of this study is available in the annual report 2008-2009 of the "Service de lutte contre la pauvreté, la précarité et l'exclusion sociale"(see: chapter V: le lien entre pauvreté et aide à la jeunesse: une recherche qui appelle au dialogue, p. 189: available at the following address: <http://www.luttepauvrete.be/rapportbisannuel5.htm>).

■ **What are the stated reasons for children coming in to care?**

Not available: a new registration system is currently being developed to register the reasons why children come in to care.

■ **How long is the average length of stay in care?**

Not currently available.

Has been computed for all kinds of care: residential and non residential. Can be computed in the future.

■ **What are the socio-economic circumstances of the family?**

Not currently available but this information will be registered in the new "registration scheme" currently planned by the current Minister of foster care.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Not currently available but this information will be registered in the new "registration scheme" currently planned by the current Minister of foster care.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Not currently available but this information will be registered in the new "registration scheme" currently planned by the current Minister of foster care.

■ **Are there children left behind from parents who migrate for economic reasons who are placed in alternative care? If so, are there any official data on this phenomena?**

This question may be relevant to what are known as "mineurs étrangers non accompagnés"

There are some statistics as regards this demographic but they are at least partial and it is difficult to see how valid statistics could be collected because of the political tensions, not least between the northern and the southern part of Belgium.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- Education
- Conflicts with the law
- Health incl. mental health
- Employment
- Housing – number of homeless that have a history of alternative care?
- Ability to parent their own children

Little is known: that the best diagnosis about outcomes for children in alternative care

There are no data available. There are plans to register some kinds of outcome for children in alternative care in the new "registration scheme" currently planned by the current Minister of foster care

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- Which Ministry/government agency/department?

The Minister in charge of foster care for the French speaking part of Belgium is currently Evelyne Huytebroeck: see: <http://evelyne.huytebroeck.be/>

The department in charge of foster care for the French speaking part of Belgium is "la Direction générale de l'Aide à la Jeunesse": see: <http://www.aidealajeunesse.cfwb.be/>

- How are responsibilities shared? At which level – local/regional/national?

The responsibilities are at the community level (that is: French speaking people in Belgium: Brussels and Wallonia, excluding the German-speaking community: so it is not the same as the regional level).

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

YES: the main legal framework is the Decree of 4th march 1991.

Extract (see: <http://www.aidealajeunesse.cfwb.be/ajss-pro/legislationnbspbrspanle-decret-du-4-mars-1991brla-loi-du-8-avril-1965-span/ii-le-decret-du-4-mars-1991-relatif-a-laide-a-la-jeunesse/>):

The right to specialised assistance and the respect for fundamental rights are mostly based on the Convention on the Rights of the Child, signed in New York on 20 November 1989, ratified by the national State on 25 November 1991, but previously adopted as a decree on 3 July 1991 in the French Community.

They are reflected in Part II of the Decree (Article 3 to 19) immediately after the first articles on definitions and scope. The privileged position of these items already shows the importance that the law intended to give to the respect of these rights.

- These are mainly:

1° Regarding the rights of young people in general:

- The right to receive specialised assistance as such (Art. 3);
- The respect of the rights of young people and their religious, philosophical and political beliefs (art. 4);

- Informing people about their rights and obligations as well as the motivation and the notification of aid decisions (art. 5)
- Listening to people who offers help (art. 6);
- Written agreement of the young recipient of over 14 years or the people providing care if he is than 14 years (art.7);
- The possibility to be accompanied by a person deliberately chosen when requesting assistance (art.8);
- The priority given to the development of the young in his family life (art.9);
- Limitation of the duration of assistance or protection measures (art.10);
- Possibility given to the people concerned or their lowers to consult file on assistance (art.11).

2° Regarding the rights of young people placed in institutions:

- The right to communicate with the person of his choice and in any case with his lower (art.12);
- To receive the placement authority's visit (art.13);
- The right to have money (art.14);
- Safeguards to prevent the transfer / penalty and youth's preparation to his/her transfer (art.15).

3° Finally, with regards to the rights of young people who are in public institutions of youth protection:

- Care in secured places limited to public youth protection institutions;
- Guarantees regarding confinement measures;
- The establishment by the Government of a comprehensive settlement brought to the attention of the young placed in institution and access to institutions for young people prosecuted for acts classified as crimes (Art.16);
- The development of a psycho-medical report and the implementation of a social study for any permanence longer than 45 days, and reporting findings of these documents to the youth's lower (Art.17).

All these provisions allow young people to be an active subject (rather than a passive object) of law, without contravening the principles of civil law - which the Community had no competence to undermine - relating to parental authority. Their primary purpose, in line with the Convention on the Rights of the Child, is to give young people the opportunity to have their voice heard in all decisions that concern them directly.

They also point out that the underlying principle of these decisions must be the best interest of young people themselves. As further evidence of the importance given to the rights of youth, the Executive (now Government) of the French Community established by decree of July 20, 1991 (amended December 22, 1997) a Delegate General for Children's Rights whose mission, similar to that of an ombudsman, is to ensure the safeguarding of the rights and interests of all children and all young people.

■ **Are the standards included in the national child care legislation?**

Yes.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

A permanent monitoring of these standards is organized by the administration in charge of foster care policy (la Direction générale de l'Aide à la Jeunesse) through a working group called "Harmonisation des pratiques".

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living/have lived in institutional and/or foster care? Please provide details.**

Pedagogical committees must be organised inside every residential home: children in foster care are represented in these committees. Residential homes have to report annually on the organisation of these committees.

■ **Is there a peer-lead group of parents with children in care? Please provide details.**

Information unavailable at present time.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION?

The policies about all aspects of children in alternative care are fully documented in the "Rapport du Gouvernement de la Communauté française au Parlement de la Communauté française relative à l'application de la Convention relative aux droits de l'enfant" (every three years). This is the main source for the contribution of the French community to the national report to the UNCRC Committee (every 5 years). The latest report (2008) is available on the web site of the Observatory (see: http://www.oejaj.cfwb.be/article.php?id_article=289).

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

The official source is a database called "Sigmajed" which registers all "measures" of specialized help targeted at young people under 18 which are financed by public authorities; this registration system is currently re-engineered, notably to include more information on the reasons why the help is provided;

Due to the legislation on the protection of privacy, the database has restricted access.

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

Currently, there is one single main source of data: "Sigmajed". It is very consistent, it has obvious strengths (such as the availability of longitudinal data) but is yet limited in some aspects (this is why it is being re-engineered to include some currently missing information). Efforts are being made to include all relevant information from other sources (such as the annual reports from the providers of service) in a global system of monitoring.

COUNTRY: BULGARIA

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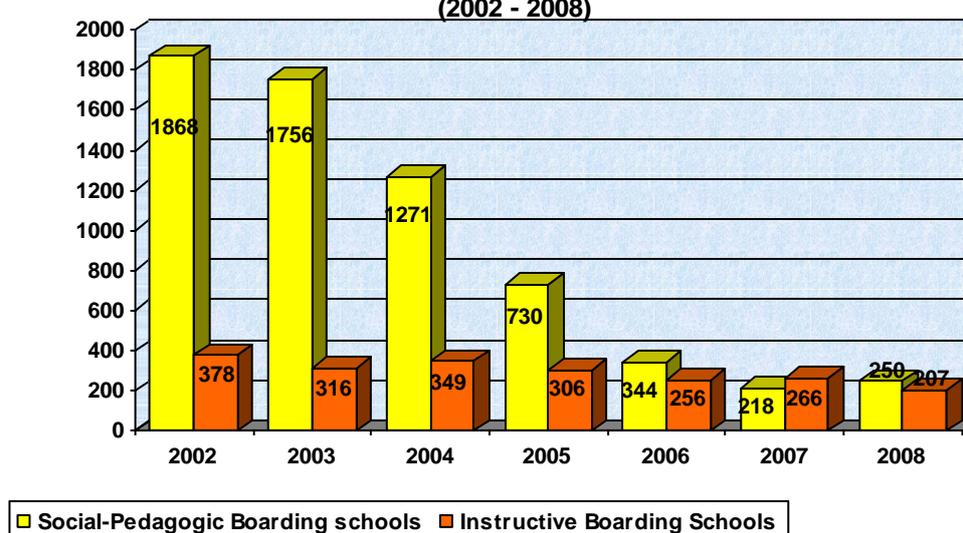
1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

Based on the official information for 2008 provided by the State Agency for Child Protection there are 7,276 children in residential homes in Bulgaria.

Within the above number there are 1,039 children with disabilities placed in residential care.

In addition to the 7,276 children in residential homes in Bulgaria there are 457 children placed in residential homes designated for children classified as “young offenders” including 250 children placed at social-pedagogic boarding schools, and 207 children placed at instructive boarding schools.

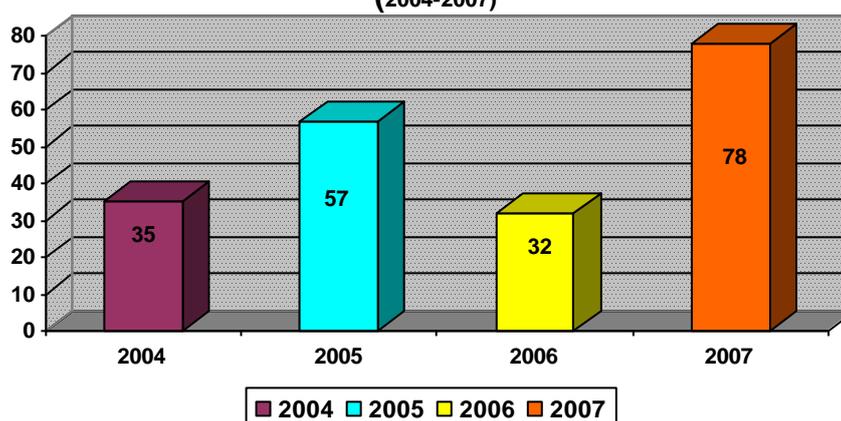
**Children placed at Social-Pedagogic Boarding Schools and
Instructive Boarding Schools
(2002 - 2008)**



■ Foster Care in a private individual's home

According to the data there were 135 children placed in foster care at the end of 2007 and 72 children were placed in foster care families during the first half of 2008.

**Number of approved foster families
(2004-2007)**



■ SOS Villages (or similar) care¹

Data to 31.12.2008	Children
SOS families in SOS Children's Villages Dren	99
SOS Youth Facility Sofia	37
SOS Youth Programme Sofia	15
SOS families in SOS Children's Villages Trjavna	108
SOS Youth Facility Veliko Tarnovo	34
SOS Youth Programme Veliko Tarnovo	27
Small family home Veliko Tarnovo	6

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Yes, according to the Child Protection Law a child may not be taken into care for material/poverty deprivation reasons. Moreover, the Bulgarian legislation foresees the provision of material support to parents who have insufficient funds to raise their children:

Article 46.

(1) The child and his/her family may be granted support, including financial support.

(2) Under paragraph 1, such support shall be granted for the purposes of prevention and family integration, child placement with relatives, friends and foster families.

(3) The financial support under paragraph 1 shall be granted:

- on a monthly basis;
- as a one-off benefit.

(4) The size of the support (including the financial support) shall be determined on the basis of the minimum guaranteed income determined by the Council of Ministers following the provisions of Article 12, paragraph 3 of the Social Assistance Act.

However, a significant number of institutionalized children have been abandoned by their parents as a result of poor financial conditions.

■ What are the stated reasons for children coming into care

There is no official data existing about the reasons for children coming into care.

■ How long is the average length of stay in care

According to 2006 data, most children in specialized institutions stay for 3 years or more (37%). This only fell 2% from the previous year.

The children from the '*Homes for Mentally Impaired Children and Youths*' usually stay in the specialized institution for longer periods of time. The number of children staying for 3 years and over is seven times greater than the number of children staying for less than one year.

In the '*Homes for Children Deprived of Parental Care*' the relative share of children with a length of stay 3 years and over is also very high at 41%, while the proportion of those with a length of stay one year or less is 27%. As compared to the data from the previous year, the number of children with a length of stay one year

¹ Information is provided from SOS Children's villages, Bulgaria.

or less has increased by 4%; alternatively, the number of children with a length of stay 3 years and over has decreased by 4%.

In the 'Homes for Medico-Social Care for Children' the biggest percentage is represented by the children with a length of stay of between 1 and 3 years - 42% or 1,153. Approximately the same number of children stay 1 year or less in these institutions – 1,127 or 41%. Only 16.8% (463) children stay for over 3 years.

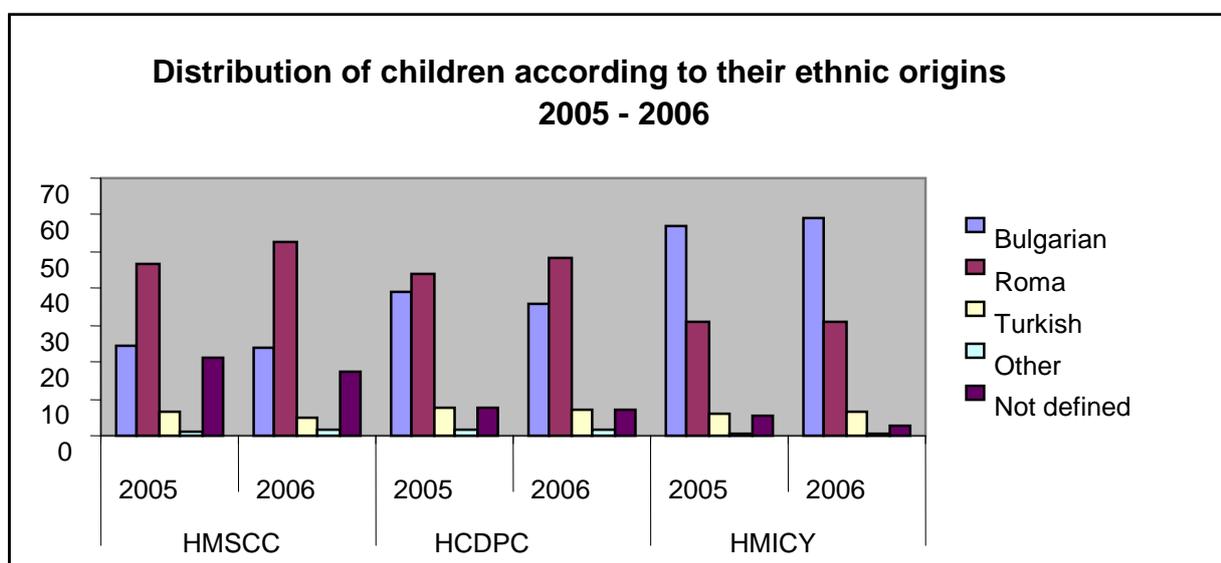
In the Homes for children between 0 and 3 years of age most children stayed 1 year or less in 2005, but in 2006 the share of children staying between 1 and 3 years was comparatively higher.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

There is no official data about the percentage of children in the different regions in Bulgaria. However, children from the Roma population in care in Bulgaria are over-represented as compared to all children in care. They represent about 45% of children in care.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

A comparative chart based on the type of institution and on the ethnic origin of the children is presented.



HMSSC – Home for Medico-Social Care for Children;

HCDPC – Home for Children Deprived of Parental Care;

HMICY – Home for Mentally Impaired Children and Youths;

53% or 1,446 of the children in the Homes for Medico-Social Care for Children come from Roma origin. The relative number of children coming from such origins is the lowest in the Homes for Children with Disabilities – 31% or 368.

As compared to the previous year 2005, the relative number of Roma children has increased - in the institutions governed by the Ministry of Health by 6%; and by 4% in the Homes for Children Deprived of Parental Care.

It is interesting to note that in 2006 the number of children coming from mixed marriages and other nationalities (Vietnamese, Russian, Nigerian, Syrian, Cuban, etc.) placed at specialized institutions has increased by 12% as compared to 2005. These children are most frequently placed in Homes for Medico-Social Care for Children where their relative share had increased by 34% compared to the previous year.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

In 2006 78% or 3,692 of the children raised in Homes for Children Deprived of Parental Care were of school age. 81% of these children went to regular schools while only 15% attended schools for children with special needs. As compared to the previous year, the number of children attending schools for children with special needs had decreased by 15%.

There were 17 children from the Homes for Children Deprived of Parental Care attending professional high schools; 4 children attending colleges and 2 children attending art schools. In addition, there were 7 children from such Homes who were enrolled in Higher Education Institutions, as well as 7 children enrolled in Professional Social Education Institutions.

Only 23 children placed in institutions for disabled children attended regular kindergarten in 2006, less than half compared to the previous year. 66 or 5.5% of the children living in the same institutions attended regular schools, an increase of 12% compared to 2005. A total of 245 children from the same institutions attended schools for children with special needs and their number had increased by 28% compared to 2005.

At the end of 2006 there were 587 children of school age raised in these institutions that did not attend school. 250 of them received education within the institution based on a special program of the Ministry of Labor and Social Policy; 314 of them were with severe brain damage and mental disability, which accounted for their inability to learn and be educated.

■ **Conflicts with the law**

We have no data on children coming into the care system due to offending.

■ **Health including mental health**

55% of children cared for in *Homes for Medico-Social Care for Children* were considered healthy (without any disabilities or chronic illnesses) in 2006: 4% more than in 2005.

Approximately 22% of children suffered malformations, and about the same number of children were in a different stage of delay in their psychological development.

13.5% of children (369) had been born prematurely. The number of children with hypotrophy had slightly decreased (by 3%).

In the Homes for Children with Disabilities, 94% of the children were in a different stage of mental retardation. Some 70 healthy children were raised in these institutions. Still, the number of such children had decreased twice as compared to the previous year.

In the Homes for Children Deprived of Parental Care, 72% of the children (3,415) were healthy at the end of 2006. Among all children with some kind of an illness or disability, the largest was the percentage of children with various forms of brain retardation – 16,5% or 779 children, followed by the children with chronic or somatic illnesses – 7% or 337 children.

The children with physical disabilities represented a very small number; at the end of 2006 they numbered 1.3% (61). 110 or 2% of the children in these Homes were born with malformations. The number of children with hypotrophy had decreased by 16% as compared to the previous year and at the end of 2006 they were 38 or 0, 8%.

■ **Employment/ Housing – number of homeless that have a history of alternative care?**

There is a lack of data on outcomes for children in care regarding employment and housing.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

■ **How are responsibilities shared? At which level – local/regional/national?**

State authorities

	Main responsibilities
National assembly	<ul style="list-style-type: none"> • Passes laws related to children • Approves the national strategy for child protection² • Executes parliamentary control over the implementation of the policies regarding children
Council of Ministers	<ul style="list-style-type: none"> • Passes legislative documents • Approves the National plan for child protection • Proposes to the National Assembly the National strategy for child protection • Passes a series of national plans and strategies
Ministry of Labour and Social Policy	<ul style="list-style-type: none"> • Implements child protection policies through administration, coordination and control and its structures of social assistance (ASA, SACP) • Develops and proposes the National plan for child protection
State Agency for Child Protection	<ul style="list-style-type: none"> • Manages, regulates, controls and monitors the measures for child protection: • Licences providers of social services for children • Controls the quality of social services for children to be as per standard • Monitors the observation of children's rights in different institutions (HCDPC, HMSCC, schools, kindergartens, NGOs, etc.)
Ministry of Education, Youths and Science	<ul style="list-style-type: none"> • Issues and approves regulations for military schools, SPBS, childcare homes, SS • Takes part in committees on child protection • Manages Home for Children Deprived of Parental Care and Home for Mentally Impaired Children and Youths
Ministry of Healthcare	<ul style="list-style-type: none"> • The homes for medical and social care for children up to age 3 are subordinated to it
Ministry of Justice	<ul style="list-style-type: none"> • Its powers are connected with the development of the national child policy, the regulation and implementation of adoptions
Agency for Social Assistance	<ul style="list-style-type: none"> -takes part in the development of policies -executive functions - control functions - regulatory functions

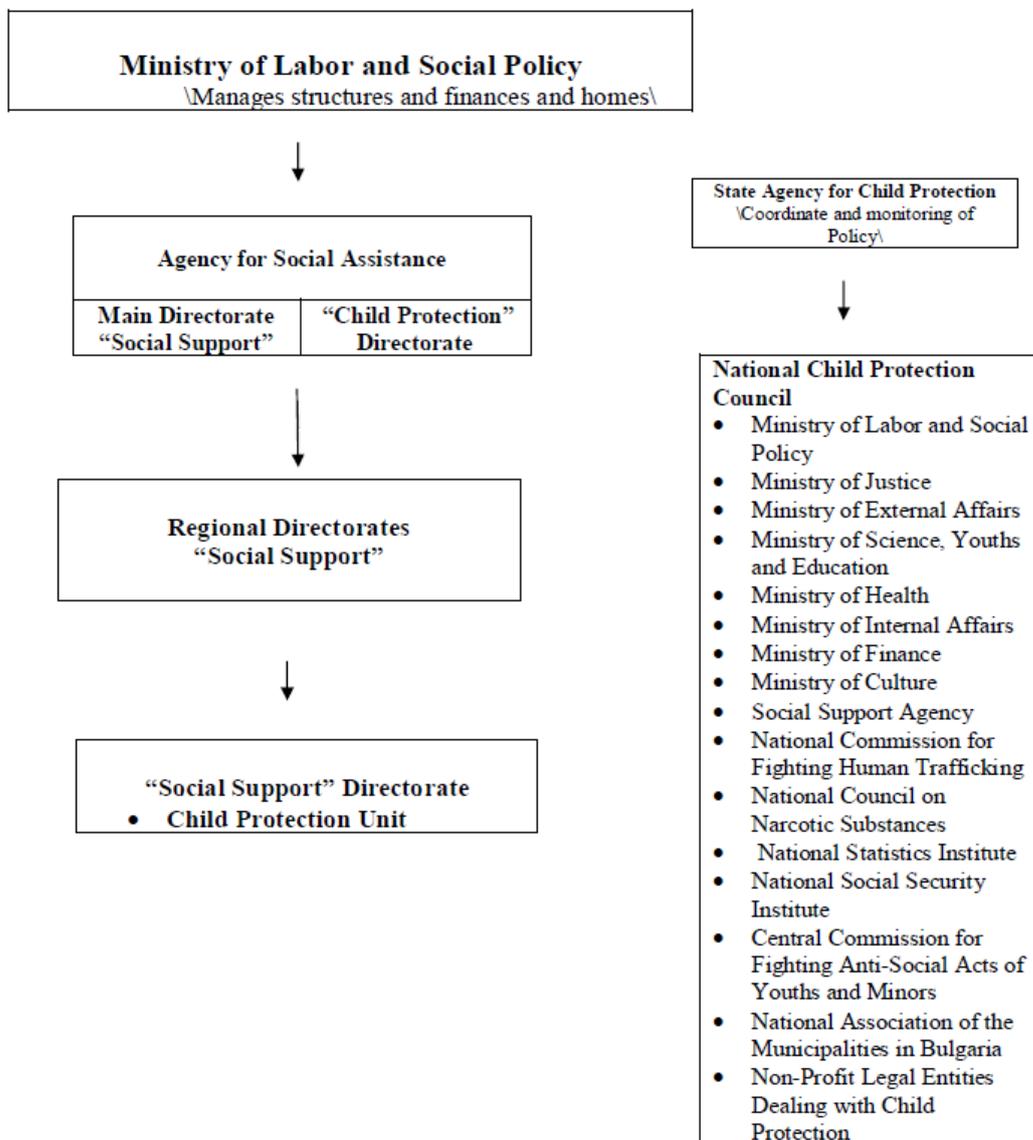
Local authorities

Municipal council	<ul style="list-style-type: none"> • Resolves questions connected to local policies in the field of social services • Approves the Municipal child protection programme • Establishes and closes specialised institutions
Municipal Mayor	<ul style="list-style-type: none"> • They govern the specialised institutions - Home for Children Deprived of Parental Care - between 3 and 7 years and - between 7 and 18 years. Home for Children and Youths with Mental Retardation at the Age of 3 - 18.

² National strategy for child protection 2008-2018 (publ. SG 12.02.2008).

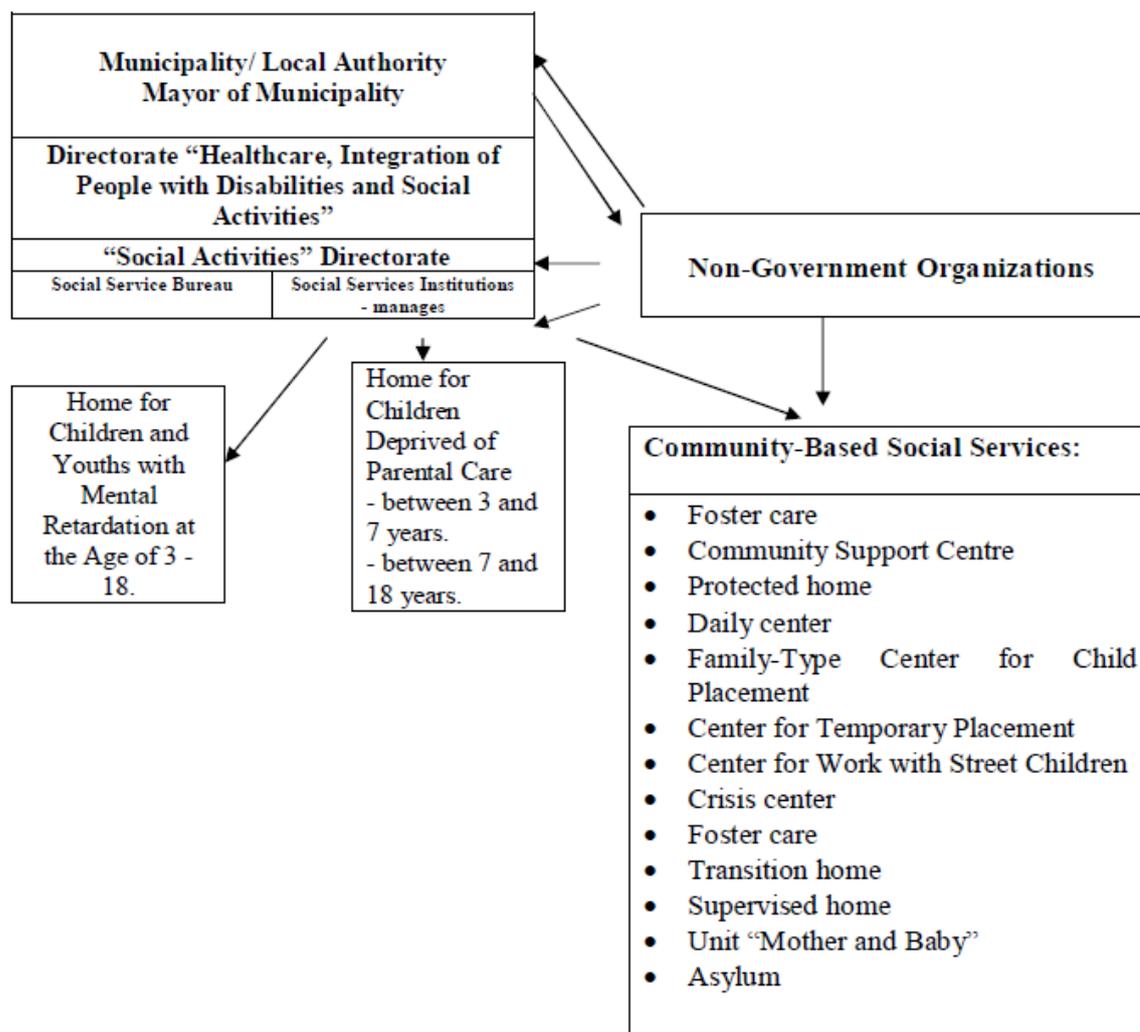
	<ul style="list-style-type: none"> • Negotiates the social services for the municipality with the providers • Is responsible for the financial provisions for the social services and the specialised institutions
Regional Directorate for Social assistance	<ul style="list-style-type: none"> • They implement on district level the state policies for: • Social assistance and child protection, rehabilitation and social integration of people with disabilities
Social assistance Directorate and in particular the Child Protection Dep. directly responsible for child protection	<ul style="list-style-type: none"> • They implement the child protection policy on an operational level

At national level

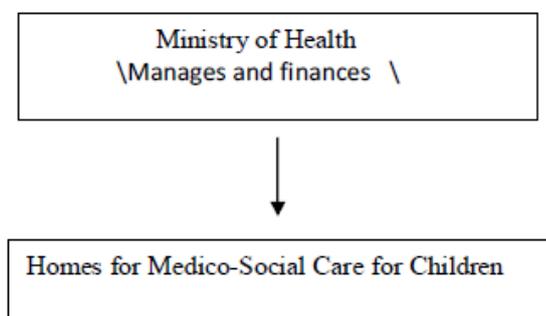


At local level

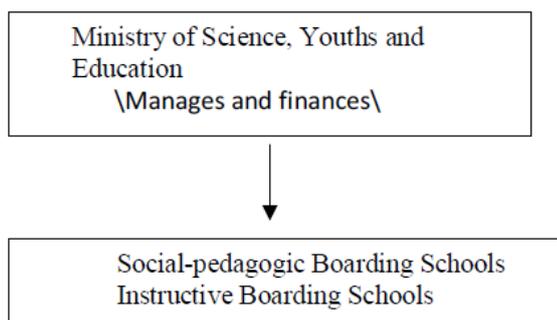
- Home for Children Deprived of Parental Care;
- Home for Mentally Impaired Children and Youths;



- Homes for Medico-Social Care for Children



- Social-pedagogic Boarding Schools
- Instructive Boarding Schools



5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

There is a special Regulation for the criteria and standards for social services for children which was developed as a result of the implementation of the National Strategy for Protection and the Action Plan for the Protection of the Rights of Children, approved with a special decision of the Ministry Council.

The provider of services informs the child and the family about the methods of service provision and about the members of the staff providing the services.

The child, the child's biological family, and the child's foster family are involved in the decision-making process regarding everything related to the child.

The provider has to ensure preconditions for free sharing of opinions and for independent decision making on the part of the child, as well as for active participation in the discussion of questions related to the internal order of the specialized institution.

The State Agency for Child Protection has full control over the implementation of the standards and criteria for the provision of social services to children. This control is managed through periodic checks based on a plan, previously approved by the Head of the State Agency for Child Protection or based on a signal for standard violation related to the quality of the services for children. If a violation has been proved, the license of the service provider is taken away. In 2008 there were no organizations that had their license taken as a result of a standard violation.

6. PARTICIPATION

- Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.
- Is there a peer-lead group of parents with children in care? Please provide details.

No, there are no such groups.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 48th session: 23/June/2008

The children placed in alternative care are discussed in a separate section of the report. The Committee recommends that our country should analyse policies regarding the alternative care of children deprived of parental care by developing a more integrated and clear system of support and protection by assisting the central state administration dealing with adoption, as well as the other organs involved in this process. The country should also continue its efforts towards the de-institutionalization of care provided to children deprived of

parental care and simultaneously provide appropriate alternative support for each child. The recommendations touch upon a wide spectrum of issues related to the improvement of the well-being of the children in alternative care. Some of them are:

- To increase our efforts to guarantee the right of the children to be actively involved in the decision- making process as regards all questions concerning them;
- To promote the right of the children to complain officially in cases of harassment and mistreatment in the institutions;
- To follow the provisions of the Committee regarding the physical abuse of children and all forms of physical punishment of children in institutions;
- To increase funding of alternative social services aiming at the placement of more children in foster families and adoption;
- To promote trainings and programs for foster parents and thus to further promote foster care in Bulgaria;
- To encourage campaigns providing information about the availability of social services to families at risk aiming at the prevention of child abandonment and neglect;
- To assist families of disabled children by the provision of social services targeted at such families and thus prevent the abandonment of these children;
- To develop a detailed program aiming at the improvement of the health of mothers and children, especially focusing on the health of mothers and children from the Roma population and the remote village regions;
- To guarantee funding for researching the sexual abuse and exploitation of children in care with the goal of preventing such violence;
- To develop and implement a juvenile justice system corresponding to the Children's Rights Convention of the United Nation;
- To initiate campaigns at all levels and regions in the country for the prevention of negative treatment and attitudes of the society toward the Roma population in the country.³

■ NAP:

The quantified targets set for 2010 are: Double increase of the number of children at risk accommodated in foster families. Generally, the policies for limiting the intergenerational transmission of poverty and social exclusion are grouped in the following categories:

Create an appropriate family environment for each child both in the biological family and in foster care; guarantee adequate income for the families with children; support for maintenance for the children; create better conditions for labour incomes of parents with children; better targeting of family and social assistance; better reconciliation of personal and professional life; support for raising and upbringing of children; promotion of responsible parenting.

All the policies and measures outlined above are part of the activities that we will continue to implement in 2008-2010. Additional measures will also be undertaken in the following directions: Continuation of the reform of child care at an accelerated pace from the capacity of the system to the care for each individual child; promotion of foster care, which is not popular enough (although it is well regulated legally); acceleration of the process of de-institutionalisation and sharp improvement of the quality of child care, etc; encouraging the non-governmental sector to have a more active involvement in the activities promoting the modernisation and improvement of institutional care for children; and promoting the organisation of charity initiatives to support of the reforms in specialised institutions for children.

For years improving quality of life in specialised institutions has been a serious challenge for Bulgarian policy. The modernisation of these institutions both for children and for their long term care is not related to material and financial aspects alone. Such investments are being made in the institutions. The more urgent task is the modernisation of the care itself by the implementation of new methods for individual work with users; training

³ <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC.C.BGR.CO.2.pdf>.

of the personnel, etc. Attracting the non-governmental sector as leading partner in the process is a challenge which has made no serious progress in the framework of the plan for social inclusion 2006-2008. Although the number of private providers of services increases, their readiness for partnership regarding institutional care is lower compared to their readiness for partnership in the field of community based social services. This is reflected in the growing number of public-private partnerships which are being developed mainly in the sector of community-based social services. The change of the public attitudes is an activity which also relies on serious partnership with the non-governmental sector.

De-institutionalisation: development of community-based social services; improvement of the child protection measures in the family environment in order to prevent institutionalization; improvement of the legal and financial frame of social services for children and families, strengthening cooperation with the non-governmental sector, etc.; complete reform for improvement of the care for children in institutions both materially and financially, and with a view to investments in the personal individualisation of the care; opportunities for reintegration and care similar to the care found in the family environment, etc.

Improvement of the capacity of the child protection system: introduction of new methods of work; training of all persons involved in child care; detailed methodical guidance; cooperation between all partners both in the context of the state administration and in the framework of the civil dialogue; measures for increased control regarding the observation of children's rights in Bulgaria; and increasing responsibilities and sanctions when there are violations including violations in provision of social services for children.⁴

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

Yes, there are official sources of information at the web sites of the State Agency for Child Protection and the National Statistics Institute. Additional information is available upon request to the respective institution. However, the overall sources of data are insufficient and the data is not complete. (www.sacp.government.bg / www.nsi.bg)

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The surveys and research usually provide incomplete information: they are usually quantitative and there is a lack of qualitative surveys.

Resources:

Annual Report on the State of Specialized Institutions for Children 2006

Statistical Data of the State Agency for Child Protection, 2006, 2007, 2008

www.sacp.government.bg

Statistical Data of the National Statistical Institute - Law on Child Protection, 2007, 2008

www.nsi.bg

Final Recommendations of the UNCRC Committee, 2008

Child Protection Law, 2009

Regulation for Application of the Law for Provision of Social Support, 2009

Regulation for the Criteria and Standards Governing the Provision of Social Services to Children, 2007

⁴ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/bulgaria_en.pdf.

COUNTRY: CZECH REPUBLIC

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time care in residential homes (paid staff with 16 or more children):**

UNICEF 2008 TransMONEE report (2006 statistics) > 24,517 (of which 2,957 are in State Boarding Schools). If these are deducted, 21,560 children are in full-time care in residential homes.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children) :**

UNICEF 2008 (2006) = 13,145 (note on this statistic from MOLSA "before new Social Services Act 108/2006")

Ministry of Labour & Social Affairs (MOLSA) = handicapped children 2005 = 10,345 / 2006 = 10,517

■ **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children):**

Ministry of Education web site = 1,430

2008 > Institute for Educational Information www.uiv.cz = 1,546

■ **Family-type care in small residential home with paid staff with 15 or fewer children SOS Villages (or similar) care:**

UNICEF 2008 (2006) = 1,270 (but not defined)

SOS web site 2007 = 112

MOLSA = 266

■ **Foster Care in a private individual's home:**

UNICEF 2006 (Guardianship & Foster Care) = 7,149

MOLSA 31/12/2007 = 7,583

Additional information:

UZIS (Institute of Health Information & Statistics of the Czech Republic) - "Baby Homes" for children aged 0-3 = 1407

www.uiv.cz – "children's homes" = 7,820

MOLSA – "children under care order to institution" = 9,064

Overview of the Czech system: <http://netx.u-paris10.fr/eusarf/ActePdf/Chrenkova.pdf>

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Yes, but it is often one of multiple causes.

■ **What are the stated reasons for children coming in to care?**

UZIS – statistics only for Baby Homes (0-3s) 2007 = 47.2% for social reasons, 19.9% for social and health reasons, and 32.9% for health reasons.

■ **How long is the average length of stay in care?**

Diagnostic institutions: 5.5 months

Children's Homes: 5.6 years

Children's Homes with Schools: 2.4 years

"Young Offenders" institutions: 1.3 years.

■ **What are the socio-economic circumstances of the family?**

No statistics kept.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

YES – Roma children (Ministry of Health Baby Homes Report).

UZIS – 2007 – 24% of children in Baby Homes were Roma.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

NO (but see above).

■ **What evidence is there that children of economic migrants are placed in alternative care?**

None.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

Outcome statistics are largely unavailable.

Conflicts with the law > see below the press release

15.10.2007

*The Government of the Czech Republic today discussed and approved, among other documents, its Strategy for Crime Prevention for the Years 2008 to 2011 and **Evaluation of the System of Care for Endangered Children, submitted by Interior Minister Ivan Langer.***

The Strategy lays down key areas of the Czech Republic's crime-prevention policy. Based on the current crime situation in the country, it proceeds from the latest findings of criminological research as well as domestic foreign experience. The prime aim of the Strategy is to keep raising citizens' feelings of security, while reducing the rate and serious nature of criminal offences. It defines the underlying priorities, principles and areas of crime prevention, outlining a recommended framework for drafting and implementing crime-prevention strategies for all the components of the public administration sector at the level of government ministries, regions and municipalities. The priorities include efforts to reduce property and violent offences, eliminate socio-pathological phenomena posing criminal risks, restrain opportunities for committing criminal offences, raising the risks for offenders when caught, and to brief citizens on the legal ways of protecting themselves against criminal activities.

*The key target groups to be granted enhanced attention are the children and youth who are threatened by socio-pathological phenomena or who have already had some criminal experience, first offenders, reoffenders and habitual criminals, and socially excluded communities. Czech Interior Minister **Ivan Langer** told a press conference: "The Government has agreed, in no uncertain terms, that its crime-prevention*

strategy figures prominently among its priorities. It has decided to earmark for that system in the next four years funds worth 400 million CZK, i.e. roughly 100 million CZK each year. We have also decided to make some additional conceptual changes. We want to strengthen the role of the regions and regional self-governments in defining their own crime-prevention systems to promote regional projects aimed at preventing criminal offences. Proceeding from relatively extensive studies, figures, data, and analyses at our disposal, we have come to the conclusion that we want to focus, more intensely than in the past, on towns with a population of 25,000 and higher, thus facilitating a longer-term and more conceptual implementation of their crime-prevention projects. In the past, such projects covered just one-year periods, now these municipalities will be able to submit four-year projects to be in a position to carry out more coherent crime-prevention programmes. Our key purpose is to help those municipalities get rid of their uncertainties, recurring every year, whether they will have sufficient funds for these areas. Furthermore, we want to promote research activities in this field, while ensuring cost-effective use of all the funds on the basis of detailed knowledge of the individual localities concerned“.

While preparing the document entitled *Evaluation of the System of Care for Endangered Children*, the staff of the Ministry of Interior, working in conjunction with the Ministry of Education, Youth and Physical Training, carried out a large-scale survey studying the life stories of children who left institutional care in the years 1995 - 2004; this involved as many as 17,454 children and youth. In its analyses, this study devoted attention to the development of socio-pathological phenomena and to the criminal history of such children, to the work of the authorities providing socio-legal protection of children, to the issues of early intervention and subsequent care (social integration), to adjudicated institutional care and protection, to the question of children's escapes from institutional care and cooperation among institutions looking after endangered and delinquent children and youth. Focus was also laid on the criminal history of children and adolescents after leaving institutional care. The research project has presented a number of alarming findings, primarily the fact that more than 50 percent of former wards in institutional care committed offences after leaving such institutions.

After the Government meeting Interior Minister Ivan Langer was quoted as saying: “On the basis of this research we have come to very sad and alarming conclusions. More than half of the children or rather persons who have passed institutional care eventually end up in the hands of law-enforcement authorities for committing criminal offences. In other words, even though we have institutions and a number of laws, even though we have a functioning mediation and probation service, and even though there is a great many non-profit and charity organizations active in this field, the system does not work as we would like. That is why the Government has decided to pay very close attention to the care for endangered children. While looking for the real causes of this situation, we have agreed that this system is like a mosaic composed of different pieces. There are many of them and they are not adequately coordinated and dovetailed to make a truly satisfactory overall picture. And one of the key goals ensuing from the Government negotiations, in addition to the need for a system of early intervention and the need to build a youth-protection team, it is vital to create a better coordinating mechanism to make sure that the individual departments and institutions are better managed. Once this goal has been reached, we will see better results in the future than those I have just discussed“, the Czech Interior Minister concluded.

Press Department of the Office of the Government of the Czech Republic

“Institutionally raised Czech children end up criminals” Government report / newspaper report in English and Czech

<http://aktualne.centrum.cz/czechnews/clanek.phtml?id=511601>

Criminal offences committed by institutionally raised children:-

- Most common crimes are crime offences against property 85%;
- Violent offences were committed by 15% of children, one of the young offenders committed no less than 139 crimes of violence;
- 21 children committed a murder; the youngest offenders were 13 and 16 years;
- Offenders with the highest number of crimes committed 479, 379 and 375 crimes;

- 360 children committed more than 50 crimes, 44 of them before and during their stay in institutional care;
- 81 children perpetrated more than 100 crimes, 14 of them were put into protective care (one of them was girl), 4 inmates had their institutional care changed to protective care. Before leaving institutional care none of these children was moved from institutional to protective care.

Focus on the girls

The total number of girls who had left institutional care during the last decade is 6,800.

- There were 2,153 girls among the children who had committed crimes;
- Girls make 21% of all offenders, which is double the rate of women committing crimes in the overall population;
- On average, girls committed 3 crimes, the most extreme example being 131 crimes;
- Before and during institutional care 214 girls committed a crime (10%);
- After leaving the institutional care, 90% of the girls (1924) committed a crime.

Out of a total of 17,454 children 9,751 children had committed a crime (i.e. 56%). 3,209 children (i.e. 18%) had experience of crime before and during a stay in institutional care, and the other 6,542 children (i.e. 38%) committed a crime for the first time after leaving institutional care (from this group 1681 committed their crime within one year of leaving care and 4 861 after one year).

Of course, the situation in the field of children committing a crime who have undergone institutional care varies according to the problems for which they were placed and the types of institutions in which they lived.

31% of children committed a crime in children's homes - 18.5% of them before and during their time in institutional care and 87.5% after leaving it.

In children's homes with the school the situation was much worse - 73% of children committed crime, 41% of them before and during their time in institutional care and 91% after leaving.

The situation in institutions for juvenile offenders was even worse - 79% of children committed crime, 39% of them before and during their time in institutional care and 61% after leaving.

Findings from the project "Prevention of Forced Removal of Roma Children from their Families to the Institutional Care through Support of Families and Dialogue with State Institutions"

<http://rodinnapohoda.cz/problem.html>

(Hana Žurovcová, Kumar Vishwanathan)

While respect for the sanctity of family life and privacy is fundamental to a free, pluralistic, democratic way of life with the state reverting to the role of the provider of support, we observe the lasting struggle of these values in our local environment. The state continues to believe more in its capacities and institutions over and above the wealth of parenthood. When families are in need, get into some kind of crisis – material or psychological parental aspects including the upbringing of their children - the state continues to opt for taking all responsibilities upon itself. To most observers, this must seem a very curious behaviour which results in shocking placements of children into institutional care. In the year 2003, Professor Kevin Browne from the UK's Birmingham University and his team revealed in his research "Mapping the number and characteristics of children under three in institutions across Europe at risk of harm" (supported by the European Commission Daphne program) that the Czech Republic, out of 33 European countries, has the highest percentage of children below the age of 3 in institutional care. In the Czech Republic there are 60 children per each 10 000 children under 3 in institutional care. For example, in the United Kingdom it is less than 1 child. Even in The Slovak Republic, which shares a communist past with the Czech Republic, the rate of the children under the age of 3 is lower at 31 children per each 10 000. We also have a very high number of children above three in institutional care and it is slowly increasing. In the year 2007 there exist 225 institutions where 7,600 children were placed, 80 children out of 100,000, according to Czech Home Ministry research, published in October 2007.

Now let us ask ourselves these questions: If the main reason for the placement of children in institutional care is a serious threat to the health, life or development of the child (as stated by the Czech laws) then how is it possible that in such a developed country with a high standard of living, a member of the European Union and a member of the OECD, there are so many children removed from their parental homes for social reasons? In its 2006 report, Institute of Health Information and Statistics of the Czech Republic (hereafter "UZIS", the Ministry of Health body for information and statistics), claims that 55% of children under 3 are placed in state care for social reasons. The UZIS Report 15/2007 states that of all the 1,673 children, taken into care during 2006, 21% were of Roma origin. From our experience, in almost all the child-care institutions that we have visited, a significant proportion of the children are Roma.

Failure of the Czech child protection system: We would like to identify the following constraints to accessing adequate social and legal protection by needy families:

Some important services for the support of endangered families are under developed or lacking:

Field assistance for families in their home environments

Emergency housing for whole families. The father is often forced to separate himself from the family because shelters only take in mothers with children.

Low or zero interest loans for the very poor. Unemployed or socially weak families have to resort to local loan-sharks or usurer - type firms to meet unplanned family expenses like family funerals, rental advances, medical needs, annual fuel and electricity bills etc. These loans are obtained at about a 100% per month interest rate. It is often beyond the capacity of the families to pay off its ever-mounting debts from these loans. The families often face eviction, hunger etc. and become highly endangered.

Short-term foster-care providers who are trained to respect and accept biological parents, and prepared to return the children back to the families. There is a general lack of distinction, in practise, between foster-parents and adoptive parents. This is because the number of children who may be adopted is very few. Families interested in adopting children are many. This situation results in a curious solution when families interested in adopting take in children as foster carers. Such families then have a strong resistance to co-operate and communicate with the child's biological parents. Foster care is generally seen as a service to families intending to have a child not as a service for the child.

Roma children in care have a poorer chance of being taken from institutions to foster families. There is a general fear of failure among the non-Roma families of accepting Roma children. The possibility for Roma parents to accept Roma children as foster carers is also untapped.

Free legal aid is not guaranteed in the Czech Republic for civic suits. This places most families at a disadvantage during court hearings. Romani families are particularly affected by this situation, due to their disadvantaged socio-economic situation in Czech Republic. Social workers from child protection departments are required by law to "revive the functional family". However, there are many barriers to their achievement of this responsibility. They are each overwhelmed by an average of around 350 cases, according the information that we received from the social workers in the field. Such intense pressure evokes a very formal, bureaucratic or disinterested response to needs of the family. Social workers in the Czech Republic are often seen by clients as resorting to repressive rather than supportive measures in their attempts to protect the interests of the child. They do not have any support services for reflection, supervision and client feedback. Social workers are not sufficiently prepared and competent to work with Romani families. Czech society is plagued by strong anti-Romani sentiments and distrust. These attitudes play into the upbringing, education, training and approach to Roma people. Social workers often play the representatives of societal values. They are often intolerant and demand behaviour from Romani families which was considered appropriate in their own past upbringing. In addition, Roma are hardly represented among the social workers in the Czech child protection system. There is no culture of respect for the individuality of families or differences in values. There is a strong middle-class orientated pressure on the families in Czech Republic. Material conditions of the child are given the highest priority. The interests of the child are also separated from the interests of the family. It is often claimed by social workers that they are helping the child and not the family. But they are constrained by many structural problems as social workers are constrained in their local environments by a lack of prestige for their profession. Pro-client opinions are often disregarded by municipal housing departments and local authorities. These departments often have conflicting interests. The social department tries to speak up for

the families while the housing department is primarily interested in financial aspects. Social housing is not defined by Czech law (unlike the Slovak law). Some municipalities grossly neglect their civic nature and function more as private corporations with no accountability to the socially needy in the field of housing. Social workers are entirely deprived of any means to prevent the forced eviction of families with children to the street, which is a widespread practise in today's Czech Republic.

NGO involvement in the child care and protection system in the Czech Republic:

Positive aspects

NGOs cannot be repressive but supportive.

2. Relations with family and child based on trust and mutual respect.
3. Activities based on Field Work and Field Experience in Roma Communities.
4. Roma assistants actively involved in support.
5. More intensive work with fewer families.
6. Flexible and timely intervention.
7. NGO advocacy and legal support help even out chances before state institutions and courts.
8. NGOs are capable of raising funds.
9. Capable of initiating new, innovative services to fill gaps in needs.
10. NGOs may raise awareness of key issues through creative media work etc. –

Limitations of NGO role:

1. Not a long tradition of NGO service in a post-communist environment- state institutions yet to overcome distrust, fear, lack of desire to co-operate.
2. NGOs are seen by state institutions as an "excitable group of non-professionals"; competitors rather than partners.
3. NGOs are challenged by system in the Grey legal area. Interest of the child vs. interest of the family.
4. Financial insecurity and dependency on state.
5. NGOs still tracing pathways, poor at using law to challenge current deficiencies in state child protection system, NGOs often on the defensive before the state.
6. NGOs do not and cannot work with clients who do not want to co-operate.

Further, in Czech Republic there is no tradition of consultation and co-operation in addressing the needs of the family. The decision to suggest institutional placement is often made by a single social worker. Traditionally, the court decision ordering the removal of a child from his/her family is based almost entirely on the merits of this suggestion. There are also strong financial motivations for institutions to take children into their care in the Czech Republic. Homes for children under the age of 3 receive 10,000 EUR per child per year. Institutions for children above the age of 3 receive about 8,000 EUR per child per year: Even if the children are on the run. Apart from these funds from the state, parents must also pay subsistence costs for their children in institutional care. The amount of the payment is dependent on the income of the parents. It can be around 20-30 Euro monthly per child. If the parent lives only from the social benefits on the living minimum, the subsistence costs can be excused. The money goes directly to concrete institution where child is placed and it can be use for any purpose. It is a criminal offence for families default on payments. Courts impose punishments on parents which generally range from several hours of public interest labour. It is possible for the courts to imprison the parents for a period of up to two years. Most children's homes are paid these enormous sums through state funds. Municipalities do not feel any responsibility and are under no pressure to address the needs of families in a timely and more effective manner through social assistance. The system of institutional care and also the funds are divided into the competence of three Ministries – Ministry of Health, Ministry of Labour and Social Affairs and Ministry of Education.

Apart from our deep concern about the extensive practice of forced removal of children from their parents in the Czech Republic, we are also worried by the following:

1. The criminalisation of children on the run from institutional care and their parents.
2. The breach of the rights of parents by restricting contacts with their children in institutional care.
3. The practice of removing parental rights for so-called 'parental disinterest' is immoral in our view. This extensive practice is used to prepare children for custodianship. In these instances, the parents lose all rights over their children but are left with the duty to pay for the subsistence of the children.

Our proposals for improvement

There is a need for stronger co-operation between state institutions and NGOs who are often closer to the families in need and therefore may be better placed to assist the families. Decisions to propose institutional placement of children should be made by social workers almost only after consultation with a team of external experts from different disciplines such as psychologists, teachers, doctors, police, field social workers, parents, the wider family and NGOs. Exceptions of course are life threatening situations. Courts must be obliged by law to re-open hearings on the placement of a child in state care at pre-defined regular intervals. The courts must also be obliged to make full inquiries on the merits of each placement by contacting all concerned subjects including the social workers and NGOs. The government must increase its support for the development of preventative field services, emergency housing for whole families, professional short-term foster-care providers, low or zero interest loans, free legal aid, and training social workers as well as increasing their number to bring down the client ratio. The responsibility for the providing and financing of the institutional care must to be centralized under the one state body. Finally, the Czech government must declare its decision to prioritise its support for children in their family environment rather than in child care institutions.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- Which Ministry/government agency/department?
- How are responsibilities shared? At which level – local/regional/national?

INFORMATION FROM MOLSA:

Ministry of Labour and Social Affairs (Department of Social and Legal Protection of Children methodology, body of appeal);

County Councils (Authorities of Social and Legal Protection of Children Department's executive body, body of appeal);

Municipal Office (Authorities of Social and Legal Protection of Children Department's executive body),

Ministry of Education, Youth and Sports (Department of Prevention, Special Education and Institutional Education),

Ministry of Health

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

No (MOLSA: "standards are planned to be set").

6. PARTICIPATION

- Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.

No (Czech Roma care leavers' group were briefly involved in the European Quality4Children project). The magazine for children in care is www.zamecek.net.

- Is there a peer-lead group of parents with children in care?

No.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 32nd session: 18/March/2003**

Alternative care:

The Committee notes the adoption of the Act of Residential Care in 2002 (EPS 16), but is concerned that it has not addressed the full range of rights covered by the Convention. The Committee also notes that children may be placed in institutions under the jurisdiction of three different ministries and that a court may order reformatory (preventive) upbringing of a child below the age of 15, which means that such a child will be placed in the same institution as juvenile delinquents in practice.

The Committee welcomes the policy of de-institutionalization, but remains deeply concerned by the increasing number of children placed in institutions by preliminary injunction and at the frequent use of this special measure, which can be revoked only after a lengthy and complex procedure. Furthermore, the Committee is concerned that the general principles of the Convention are not always observed in such situations and that:

- (a) Institutional responses to providing assistance to children in difficulty are predominantly used and a disproportionately large number of children are placed in a residential institutional care environment;
- (b) Temporary measures may be extended for lengthy periods and that there are no regulations for review of placement;
- (c) Children are often placed at significant distances from parents, who, in turn, may not be aware of their visiting rights; punitive measures such as limitation of phone calls or meetings with parents may also be used;
- (d) Contacts with parents are sometimes made conditional upon the behavior of children in care;
- (e) The conditions and treatment of children in some institutions may not be provided in a manner consistent with the evolving capacities of the child and the obligation to ensure his or her survival and development to the maximum extent possible;
- (f) Institutions are large and an individual approach to each child is lacking, child participation is minimal, and treatment in some institutions (such as diagnostic institutions) may have undesirable effects.

The Committee recommends that the State party:

- (a) Establish or strengthen, at the local level, the mechanism for alternative care within the system of social welfare, and take effective measures to facilitate, increase and strengthen foster care, family-type foster homes and other family-based alternative care and correspondingly decrease institutional care as a form of alternative care;
- (b) Take effective measures to strengthen preventive efforts aimed at reducing the number of children deprived of a family environment due to social problems or in other crisis situations, and ensure that placement in an institution is for the shortest time possible, subject to regular review in accordance with article 25;
- (c) Ensure that issuance of preliminary orders by courts is used as a temporary measure and that the best interests of the child remain a primary consideration;
- (d) Ensure that children under 15 years of age are not placed in the same institutions as juvenile delinquents, in conformity with the principles and provisions of the Convention;
- (e) Take all necessary measures to improve conditions in institutions, in accordance with Article 3 of the Convention, and increase the participation of children;
- (f) Provide support and training for personnel in institutions, including social workers;
- (g) Provide adequate follow-up and reintegration support and services for children leaving institutional care. Committee welcomes the ratification of the Hague Convention of 1993 on the Protection of Children and Cooperation in Respect of Intercountry Adoption and ILO Convention No. 182 on the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour.

Pursue implementation of the new foster care modalities contemplated by the 2002 legislation.¹

■ **NAP:**

Progress in relation to the National Action Plan for Social Inclusion for 2006-2008 and problems listed in the Joint Report on Social Protection and Social Inclusion from 2007. The second priority objective focused on strengthening family cohesion, support for socially excluded families or those at risk of social exclusion and the development of the adoption and foster care system.

The objective to increase awareness concerning the forms and conditions of adoption and foster care was met through the distribution of flyers. The flyers contained information on the foster care institute, on the conditions for placing a child in foster care and on the foster parent selection process. In addition, a five-part documentary series on foster families entitled *Malí a velcí [The Small and the Great]* was produced and aired on Czech Television. Attention is focused on the preparation of applicants for adoption or foster care. Since 2006, ensuring such preparation falls under the jurisdiction of the regions was a focus. For the purpose of ensuring a unified approach when preparing applicants for adoption or foster care, the *Doporučený rámec přípravy žadatelů o náhradní rodinou péči [Recommended Framework of Applicant Preparations for Adoption or Foster Care]*, which methodically details the content and extent of preparations and the manner of evaluating the process and the results of the preparations, was published. At the close of 2007, an *interdepartmental working group* from the Ministries of Education and Labour and Social Affairs was established to address current problems concerning the protection of children. The working group is processing a joint methodology *for cooperation between institutional establishments and institutions for the social-legal protection of children*, in monitoring the situation of a child in institutional care and while evaluating the possibility of returning the child to the family or placing the child in adoption or foster care. The methodology will be completed in 2008.

Support the economic self-sufficiency of socially excluded families or those at risk of social exclusion; support young people, leaving institutional care or foster care, in preparing for an independent life; develop the adoption and foster care system and increase the effectiveness of cooperation in terms of facilitating adoption and foster care.

In terms of the preparation of young people, leaving institutional or foster care, for an independent life, *projects for long-term mentoring and counselling for children in foster care and young people leaving foster care*, focused on their preparation for independent life, will be supported. *The interoperability of all interested individuals and subjects in the process of preparing children and young people for independent life after leaving foster care*, especially cooperation among facilities for the care of children, foster families, institutions involved in the social-legal protection of children, social service providers and local government, will be further expanded.

Concerning development of the adoption and foster care system and improving its effectiveness, *the projects of accompanying and supporting services* for children in foster care and for individuals caring for children in foster care will be supported. *Specific adoption and foster care institutions*, especially temporary foster care and facilities for the provision of foster care, will be further developed. The involvement of NGOs in the system of facilitating adoption and foster care, primarily oriented at the cooperation of delegated individuals with regional authorities and MOLSA in searching out appropriate adoptive and foster parents will be strengthened. Materials will also be expanded and an *information campaign aimed at increasing public awareness* of the adoption and foster care system and increasing the number of applicants to accept a child into adoption or foster care will be realized.²

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

Yes (see sources below). Most are available on the web and at www.vzd.cz.

¹ [Ht bv vbhttp://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.201.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.201.En?OpenDocument)

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/czech_en.pdf

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

The information is relevant but the methodology is inconsistent.

See the comments in paragraph 1 of the November 2006 Czech Statistical Office Report for UNICEF:
http://vzd.cz/sites/default/files/System_in_support_of_children_without_parental_care_in_CZ.pdf

Resources:

Children homes - Statistika Ústavu pro informace ve vzdělávání <http://delta.uiv.cz/>

Disabled, foster care, children in need ...Statistické ročenky MPSV <http://www.mpsv.cz/cs/3869>

Baby homes - Údaje Ústavu zdravotnických informací a statistiky o kojeneckých ústavech a dětských domovech pro děti do 3 let http://www.uzis.cz/download.php?ctg=20&search_name=kojeneck®ion=100&k...

*UNICEF Children with Disabilities – 2005 CEE / CIS Regional Report – see Table 1.5 comparative statistics on page 16:
<http://www.unicef.org/ceecis/Disability-eng.pdf>*

UNICEF TransMONEE 2008 (2006 comparative CEE / CIS statistics) – see 2 reports which are attached.

Tables_TransMONEE_2008_Child_Protection.xls (1776KB), CR_Monee_database_2008(2).xls (853KB)

COUNTRY: DENMARK

Contact details of person responsibleName: **Geert Jorgensen**

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Phone: +45 40 63 67 09

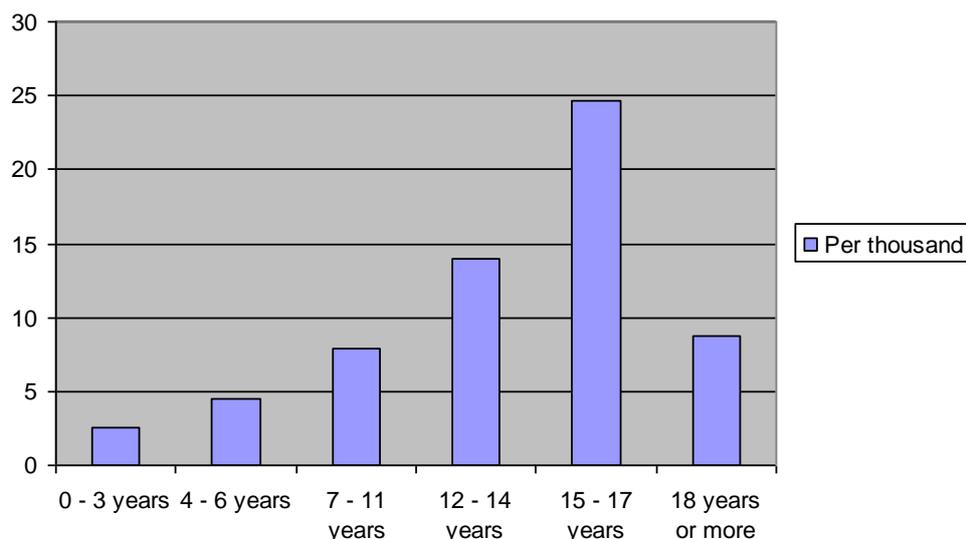
1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE¹

Type of placement 31.12.2007	Number	Percent
Foster Care - in all	6.372	43%
Foster family from child's own family	248	2%
Foster family from network	314	2%
Professional or semi-professional foster care	5.810	39%
Public residential homes	3.591	24%
Residential homes	3.134	21%
Acute homes	316	2%
Secured residential homes for young offenders	141	1%
Private residential homes	2.749	18%
Boarding schools (as a placement)	770	5%
Sailing projects	62	1%
Own room/flat with support	923	6%
Other or unknown	493	3%
Total in care	14.960	100%

We have no overview of the number of children in care in different sizes of residential homes. Public residential homes have an average size of app. 12 children.

Private residential homes have an average size of app. 6 -7 children. I will estimate that 2/3 of private residential homes are built around a family also living in the residential home.

¹ Resources: *The National Social Appeals Board, Children and youth, placed in out of home care. Statistics of the year 2007.*

Part of total population of children in care 2007²

For the whole population of children up to 18 years approximately 1.2% were in care in 2007.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Poverty/material deprivation is not mentioned as a reason to be taken into care.

■ **What are the stated reasons for children coming in to care?**

Figures concerning decisions of placements in care		
Decisive conditions in relation to the <u>child/youth</u> for the decision of placement in care		
2007	Number of decisions	Percentage
Outreacting behavior and/or adjustment difficulties	1.259	42%
Introvert behaviour and/or adjustment difficulties	535	18%
Problems concerning school	1.042	34%
Problems in leisure time and/or friendship, network asf	948	31%
Self damaging, attention seeking behaviour	563	18%
Substance abuse	347	11%
Criminal behavior	382	13%
Youth sanction (Sentenced in court)	59	2%
Missing family relations, street child	204	7%
Developmental disorder (Autism, ADHD, asf)	255	6%
Arrested development	131	4%
Mental disorder	94	3%
Physical ability reduction	76	2%
Health conditions, health in all	290	10%

² Resources : The National Social Appeals Board, Children and youth, placed in out of home care. Statistics of the year 2007.

Language problems	72	2%
Unaccompanied refuge (parents abroad)	10	0%
Other decisive conditions in the child/youth	775	25%
No decisive conditions in the child/youth	370	12%

Does not sum up to 100%, as responders could state more than one condition.

Decisive conditions in relation to the <u>family</u> for the decision of placement in care		
2007	Number of decisions	Percentage
Intensive disharmony in the home	1.186	37
Substance abuse of the parents	552	17
Mental disorder of the parents	381	12
Gross neglect (left the child/obstruct treatment asf)	321	10
No care (imprisonment, the child/youth thrown out)	274	9
Violence or threats of violence towards the child/youth	258	8
Sexual abuse, incest	60	2
Other criminal behaviour in the home	76	2
Bad physically health conditions in the home	174	5
Parents death, orphant	33	1
Other, serious disease or death in the home	129	4
Arrested development on parents' side	113	4%
Physical ability reduced on parents' side	69	2%
Placement in preparation of adoption	2	0%
Other decisive conditions in the family or in the home	1.356	39%
No decisive conditions in the family or in the home	349	11%

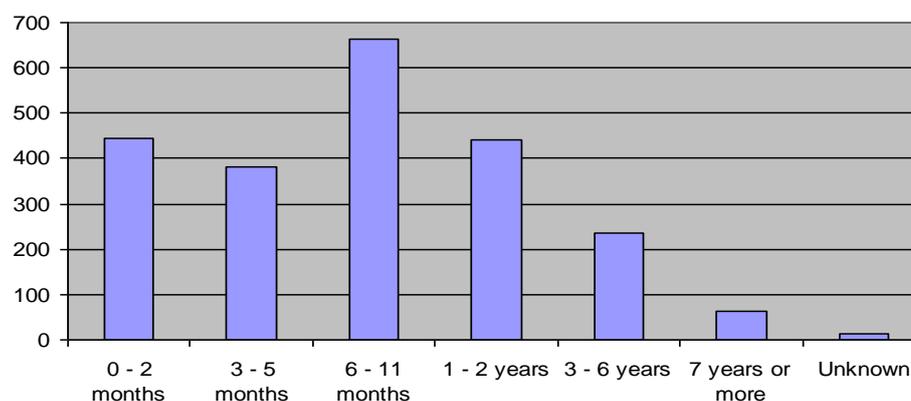
Does not total 100%, as responders could state more than one condition

Resources : The National Social Appeals Board, Children and youth, placed in out of home care. Statistics of the year 2007

■ How long is the average length of stay in care?

Average length of stay in care for children who left care in 2006:

2006



Average stay in care: 1 year

Resources: StatBank Denmark, BIS77

■ **What are the socio-economic circumstances of the family?**

Over representation of children from poor families, especially single mothers.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

There are variations between the 98 local municipalities in Denmark, with a higher representation of children in care in the larger cities and poor outskirt municipalities.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

No evidence.

■ **What evidence is there that children of economic migrants are placed in alternative care?**

No evidence.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

1/3 of children in care receive special education, either in public school or in special needs schools. Fewer of them finish their education, and as a group they have a shorter education than average.

In 2006, 33% of those who left lower secondary school after grade 9 and the same percentage of those who left after grade 10 applied for vocational education and training (Nielsen, 2007). However, as many as up to 25 % leave vocational education and training without a diploma (Danish Ministry of Education, 2004).

■ **Conflicts with the law**

Children in care are overrepresented in criminal statistics, both when young people and adults.

■ **Health incl. mental health**

Research shows that children in care have more psycho-social problems than other children, including cognitive, behavioral, mental, health and developmental difficulties. More of them have a diagnosis, and they score worse on the SDQ-scale. This follows them as adults. They are over-represented among suicide figures.

■ **Employment**

Fewer are employed as adults and receive assistance from the welfare system.

■ **Housing – number of homeless that have a history of alternative care?**

Approximately 30%.

■ **Ability to parent their own children**

Higher risk of having their own children in out-of-home care.

In all areas there is a connection between the children's problems and those of their parents.

There exist 4 possibilities for support after the young person comes of age:

- 1) maintain the placement;
- 2) appoint a personal adviser;
- 3) appoint a regular support worker; and
- 4) establish leaving care support (Lov om social service §62a). According to figures from Ankestyrelsen, 14 % of the young people in care get further support after leaving care at the age of 18.

In 53 % of the cases the placement was maintained, in 6 % of the cases the municipality appointed a personal adviser, in 22 % of the cases a regular support worker was appointed and in 21 % of the cases it was decided to use the forth possibility: leaving care support (Ankestyrelsen 2008).

The longitudinal study mentioned below will, over coming years, give a precise overview of the outcomes for children in alternative care. The answers in this section (3) are based on several studies.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**

Ministry of Interior and Social Affairs, Children's Office.

- **How are responsibilities shared? At which level – local/regional/national?**

Responsibility for placing children in care and the law of social service rests with the local municipalities. The local municipalities decide which support a child should receive. They run the public residential homes (except a few that are run by the 5 Danish regions). The private residential homes must be approved by the local municipalities in which they reside. The local municipalities also supervise and inspect them.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

There are some requirements in the law and in guidelines: for smaller children depending on their ability; for children over 12 years they should be heard; and children over 15 years must give their agreement (except forcible placements). Children (youngsters) must be heard in case of placement, and also in case of parents wanting to end a voluntary placement in care.

- **Are the standards part of the national child care legislation?**

According to the law of social service, parents and children shall be involved in placing children into care.

6. PARTICIPATION

- **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

TABUKA, www.tabuka.dk, tabuka@tabuka.dk , Tlf. +45 24 46 00 28

- **Is there a peer-lead group of parents with children in care?**

FBU, www.fbu.dk, sek@fbu.dk, Tlf +45 70 27 00 27

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

- **UNCRC: 40th session: 23/Nov/2005**

Alternative care

The Committee notes with concern the increasing number of children placed in out-of-home care. It is particularly concerned that: (a) A thorough assessment of the need for out-of-home placement does not always take place; (b) A significant number of young children (0-7 years) have experienced three or more placements; (c) Children of ethnic minorities are over-represented in alternative care facilities; (d) Contact between the child and her/his parents is very limited.

The Committee recommends that the State party strengthen its efforts to support children and their parents in order to avoid as much as possible placement in out-of-home care. In particular, the Committee recommends that the State party: (a) Ensure that any placement of children follows a full assessment of the need of such placement; (b) Ensure that in all cases the objectives and the means to achieve them are part of a plan of action drawn up before the child is placed and that the plan is developed with the active participation of the child; (c) Take all necessary measures to ensure continuity for the child in out-of-home care; (d) Take all necessary measures to recruit foster families and institution staff of non-Danish ethnic origin; and (e) Actively promote and support regular contact between the child and his or her parents whenever such contact is not contrary to the best interest of the child.³

■ NAP:

Foster care reform

In January 2006, the Government's *Foster Care Reform* came into force. The reform aims to strengthen early preventive activities for disadvantaged children and young people and their families, while also improving casework in local authorities. Another objective of the reform is to raise awareness of the schooling of children and young people in care.

The National Strategy Report of 2006 mentioned various initiatives aimed at strengthening socially disadvantaged children's schooling. Projects have been launched to establish co-operation between the school and the social authorities on the teaching of children in care, on children without tuition offers and on parental counselling.

In relation to the first project on cooperation between the school and the social authorities about teaching of children in care, a partial survey has now been concluded about cooperation at the stage of eligibility assessment and data on foster children's schooling have been compiled. A final, qualitative partial survey about foster children's schooling is about to commence, after which all accumulated knowledge will be analysed and presented.

Also in relation to the networking problems of children and young people, a range of initiatives have been initiated, for instance in relation to those currently or previously in care. Funds have also been allocated for attempts to establish peer-to-peer counseling at the basic level of vocational training programmes with a view to retaining the weak students in the programme. However, it is assessed that concentrated action in the area still has potential.

In relation to children and young people in care, the Government regards it as essential that the social network of these highly vulnerable groups is strengthened. Several voluntary associations today expend major efforts in offering these young people a network, and a pool is being established to support these valuable efforts.

At the same time, it is important to strengthen children's contact with adults. Based on the useful experience from *Adult Friends for Children*, schemes will be established to build relations between vulnerable children and privileged older people. The children obtain a 'best friend'. A pool is being established from which voluntary associations, among others, can apply for funding.

The Danish NAP refers to existing legislation and initiatives but does not report on how the legislation is implemented.⁴

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

Annual statistic on children without parental care is produced by The National Social Appeals Board, and is accessible on their website www.ast.dk.

³[http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/eaede798716f0f49c12570d2002ed8c9/\\$FILE/G0545111.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/eaede798716f0f49c12570d2002ed8c9/$FILE/G0545111.pdf)

⁴http://ec.europa.eu/employment_social/spssi/docs/social_inclusion/2008/nap/denmark_en.pdf

Data can also be found on the website of Statistics Denmark StatBank Denmark :
<http://www.statistikbanken.dk>

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

The information from both is relevant and consistent.

Furthermore SFI – The Danish National Centre for Social Research are doing a number of studies and reports on children without parental care. At the moment one of the studies is a longitudinal study in which they follow all children born in 1995 who were at any time placed without parental care. They are followed and compared with 5.000 children who are subject to a population study of SFI.
<http://www.sfi.dk/Default.aspx?ID=4844&Action=1&NewsId=114>

COUNTRY: ESTONIA

Contact details of person responsibleName: **Eda Heinla**

Organisation: Tallinn Child Support Center

Email: eda.heinla@tlu.ee

Phone: +3725165373

1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE (2009)

■ **Full-time care in residential homes (paid staff with 16 or more children)**

1,322 children

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

116 children

■ **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

78 children

■ **Family-type care in small residential home with paid staff with 15 or fewer children**■ **SOS Villages (or similar) care**

76 children

■ **Foster Care in a private individual's home**

1,458 children

In 2000–2003 the number of children registered as children without parental care remained unchanged for the first time, and started to decline after 2003. As of the beginning of 2006 a total of 822 children were registered as children in need. They continued to live in their family under the monitoring of social or child protection worker. Within a year additional 1,680 children without parental care or children in need were registered (Table 3, Figure 1). One fourth of all registered children were separated from their families (654 children) and as of the end of the year social workers or child protection workers continued to process the cases of 1,848 children who stayed with their families.

Table 1. Registered children without parental care (by social services) & children in need, 2000–2006¹

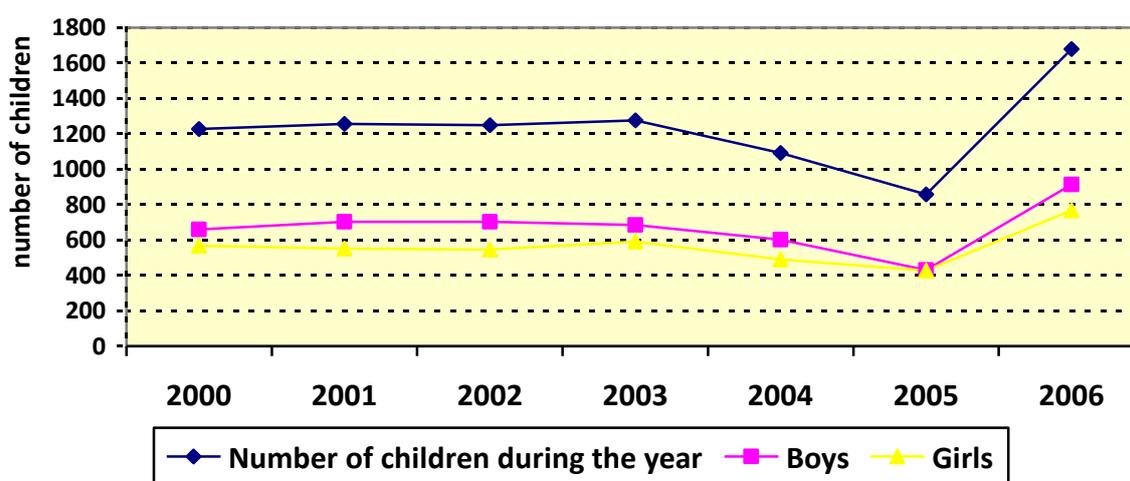
	2000	2001	2002	2003	2004	2005	2006
The number of children in the beginning of the year (children from the biological families)	...	...	...	...	...	...	822
The number of children during the year	1227	1255	1249	1276	1092	858	1680
Boys	659	703	703	685	602	431	913
Girls	568	552	546	591	490	427	767
The children were placed in ²	1305	1288	1301	1326	1073	979	654
e.g. institution of child welfare	157	202	238	184	226	175	160
e.g. a new family	597	455	392	381	266	261	231
e.g. biological family ³	320	411	441	453	371	416	71
e.g. shelter	231	220	230	308	210	127	191
The number of children who stayed in family at the end of year	...	...	...	...	...	...	1848

¹During 2000–2005 the statistics reflected orphans and children left without parental care, since the statistical data was adjusted in 2006, and the children in need were added.

²The number of children who were placed in the years 1998 – 2005 is bigger than the number of registered children because there were children in previous year who were not placed into care.

³In 2006 only those children who have been separated from the family and have been placed back into the family are included.

Source: Ministry of Social Affairs.

**Figure 1.** Registered children without parental care and children in need, 2000–2006

Open care services are defined as services provided to a person who lives independently or is supported by the family in his or her natural environment. In the end of 2006, the number of 24 hour care institutions amounted to 175, including 116 institutions for adults (except for persons with special mental needs), 38

institutions providing substitute home services for children, and 28 institutions providing 24-hour care for persons with special mental needs. Seven of the 175 institutions provided services to several target groups at once.

The total number of users of 24-hour care services by the end of 2006 was nearly 8,600. More than half (55%) of them were users of care services for adults, 26% were users of services for persons with special mental needs, and 19% users of social welfare services for children. The aggregate percentage of the users of all three abovementioned services was 0.64% of the total population at the end of 2006. It means that 64 of every 10,000 residents were on 24-hour care in a social welfare institution. In comparison to 2000, the number of service users per 10,000 residents has increased by 9. With regard to the total number of service users, the percentage of 24-hour care service users increased in 2006 by 14% in comparison to 2000. The users of care services for adults accounted for the main part of the increase, with an increase of 45%.

Upon placement of guardianship the guardian shall act as legal representative of the child, but such action shall be limited by restrictions provided in the Family Law Act. The biological parents of the child retain the obligation to provide maintenance to child. The annual number of children placed under guardianship has remained within 200–275 children during 2000–2006. The majority of children placed under guardianship come from their biological family (51% of all children placed under guardianship in 2006) and social welfare institutions (32% of all children placed under guardianship in 2006).

Table 2. Children who are adopted and placed under guardianship, 2000-2006

	2000	2001	2002	2003	2004	2005	2006
Adopted children	164	200	133	130	165	152	158
Boys	89	107	74	71	86	82	82
Girls	75	93	59	59	79	70	76
Into another family in Estonia	60	81	46	52	74	49	57
Boys	33	50	29	27	37	25	31
Girls	27	31	17	25	37	24	26
Adopted by the citizen of foreign country	27	20	33	15	28	16	20
Boys	16	13	18	11	16	7	15
Girls	11	7	15	4	12	9	5
Children under guardianship	275	247	272	257	203	221	242
Boys	129	134	142	115	113	94	112
Girls	146	113	130	142	90	127	130

Source: Ministry of Social Affairs.

Table 3. Children who are adopted and children under guardianship 2000-2006

	2000	2001	2002	2003	2004	2005	2006
All adopted children	3409	3252	2985	2775	2562	2429	2352
Boys	1693	1629	1522	1418	1318	1265	1215
Girls	1716	1623	1463	1357	1244	1164	1137
Children under guardianship	2025	1926	1819	1788	1647	1572	1458
Boys	978	949	900	887	830	765	736
Girls	1047	977	919	901	817	807	722

Source: Ministry of Social Affairs.

The number of adopted children has varied during 2000–2006 (200 children in 2001, but only 158 children in 2006). The majority of adopted children are those who live with one of their biological parents and are adopted by the spouse of that parent (51% of all adopted children in 2006). One third of children are adopted in a new family in Estonia. The number of children adopted by the citizens of foreign state has varied over years; in 2006 it was 20, which constituted a little more than one tenth of all adoptions. Most of the children are adopted from a biological family (more than half), whereas one third of the children are adopted from child welfare institutions.

In terms of child development it is important to ensure that they are raised in a family environment. Therefore the purpose of substitute care is to ensure that most children in substitute care are raised in a family, not in a social welfare institution. When considering the proportion of children placed in substitute care, it appears that it has remained within the limits of 65–73% during 2000–2006, accounting for 69% in 2006.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Yes.

■ What are the stated reasons for children coming in to care?

The Social Welfare Act stipulates that if: the child's parents are dead; declared to be fugitives or missing; held in provisional custody or custody, a guardian has been appointed to the parents or the parents have been deprived of parental rights; or if they have been removed from their parents without deprivation of parental rights, then the state will refer such a child for social welfare or residential care service.

Table 4. Children staying in the safe house by reasons, 2003–2006, during the year

	2003	2004	2005	2006
Total number of children using the safe house service	1 798	1 354	1 237	1 156
Percentage (%) of children among all users	55	52	47	47
Users of the service by reason				
Lack of residence	292	127	138	138

Stray	327	265	230	152
Domestic violence	180	174	136	129
Other violence	24	8	5	7
Negligence at home	217	211	196	194
Alcohol abuse	48	36	51	59
Alcohol abuse by parents and other relatives	210	132	137	151
Drug abuse	166	94	77	45
Drug abuse by parents and other relatives	24	28	27	45
Other/ reason unknown	310	279	240	236

Source: Ministry of Social Affairs.

■ How long is the average length of stay in care?

Pursuant to Section 15 of the Social Welfare Act, the goal of the residential care service is that the service provider creates conditions to satisfy the principal needs of the child as they would be met in a family environment. This means a safe living environment which favours the child's development and prepares the child for life as an adult according to their abilities. The child may live in residential care until they become 18 years old or until they complete the daytime studies that they started before this age. After acquiring basic or secondary education, the child may remain in residential care until the start of the subsequent study year if they are taking admission exams to continue their education in a vocational school, institution of professional higher education or bachelor's studies in a university. The child may also stay in residential care until they acquire primary vocational or higher education in a vocational school, institution of professional higher education or bachelor's studies in a university.

■ What are the socio-economic circumstances of the family?

No statistics available.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

No statistics available.

■ Are statistics kept of the ethnic origins of children placed in alternative care?

No statistics available.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

There is little information in Estonia. Here are some examples where support was given to children in alternative care:

Since 1989 Estonian Children's Fund has given scholarships to orphans and children from children's homes which continue their education after grammar school. There were 133 pupils in 2003 and they studied in 55 different schools all over Estonia. Now scholarships are provided only for those who are going to university. All children who are living in care and are able to study at university are eligible for the project, both boys and girls from all nations. Students' organisations provide free additional training for the target group and involve those young people into the activities of the organisations. The slogan of the project is: 'From children's home to university!'

One example of outcomes: Programme for children in SOS Children's Village: There were 13 young people in 2006 and 10 of them are already able to manage independently. It is planned that the programme will continue as long as SOS Children's Village works in Estonia. The experience from the SOS initiative could help to develop similar programmes on the governmental level.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

The Social Ministry has responsibility (the principles and laws) and the local government (every child has his/her own rehabilitation plan).

Client focussed child welfare, where children and their different needs are the most important factors, can be best provided at the level of local government, because this is the most suitable level for development. It should offer services and support aimed at individuals in such a manner that they proceed from the specific person and their surrounding environment and, if possible, support their growing up in a family environment, which is the best way to direct, instruct, and care for a child.

Example from the law: § 24. Child welfare

For the administration of child welfare and the creation of an environment favourable for child development, **rural municipality governments and city governments shall:**

- 1) support children and persons raising children, co-operate with family members, other persons and agencies concerned;
- 2) develop and implement specific programmes and projects for the development and protection of children;
- 3) if necessary, appoint support persons or support families for children or persons raising children;
- 4) organise the guardianship of children;
- 5) assist in arranging adoptions.
- 6) organise care for a child in a family of which he or she is not a member.

(08.12.2004 entered into force 01.01.2005 - RT I 2004, 89, 603)

New positions of child protection officials shall be established in the social and health departments of counties and, as necessary, in rural municipality governments and city governments for the provision of assistance to children, families with children and other persons raising children. If necessary, a child welfare committee shall be established as an advisory body within a rural municipality government or city government.

From 1 January 2008, the local government of the child's residence must prepare a case plan for every child and this plan will be an appendix to the contract under public law. The case plan consists of an assessment of the child's need for assistance and an action plan for resolution of the child's problems. The case plan will be updated at least once a year according to the proposals made by the residential care service provider.

In order to ensure that the local government of the child's residence is better informed of the progress of the child in residential care, the local government must visit the child at least twice a year to inspect their development and assess their welfare.

■ How are responsibilities shared? At which level – local/regional/national?

Children's welfare is organised at both state and local government level. For the administration of children's welfare and the creation of an environment favourable for children's development, rural municipality or city governments shall support children and people raising children co-operating with family members, other persons and agencies concerned; if necessary, appoint support persons or support families for children or persons raising children; and organise the guardianship of children and assist in arranging adoptions. If the separation of a child from the family is inevitable (deficiencies in the care and raising of the child endanger the child's life, health or development or other measures applied with respect to the family and child have not

been sufficient), the child is provided either substitute care in a foster or guardian family or provided with a substitute home care in a children's welfare institution. Since 2005, rehabilitation services are also provided to minors with special behavioural needs.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

■ Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

Pursuant to Section 50 of the Family Act, parents have the right and duty to raise and care for a child and they are required to protect the rights and interests of that child. Pursuant to the Family Act, a parent is the legal representative of a child. As a legal representative, the parent has the authorisation of a guardian. Section 60 of the Family Act also stipulates that a parent is required to maintain his or her minor child and a child who has become an adult, needs assistance and is incapacitated for work.

■ Are the standards included in the national child care legislation?

The requirements set to residential care service providers will also be specified in the law in order to improve the quality of the service. One of the major changes is that all residential care service providers all over Estonia must have activity licenses from 1 June 2007.

The law also lists the obligations of residential care service providers, which are as follows:

- to guarantee care, education, development and safety of children in residential institutions;
- to guarantee that information and documents about the children in residential institutions is collected;
- to immediately inform the police and all parties to the contract under public law of an accident that results in the death of the child;
- to provide the residential care service or to be prepared to provide the residential care service to at least four children;
- to guarantee that the educational worker that is in contractual relationships with them meets all the requirements established by law.

■ Are there any reports on how these standards are applied and monitored in the care practice?

The institution of a Chancellor of Justice has been created in Estonia in order to exercise supervision over state authorities of legislative and executive powers and the compliance of legislation of general application of local governments with the Constitution of the Republic of Estonia and laws.

Statistical reports about residential care services are analysed by the Department of Social Policy Information and Analysis of the Ministry of Social Affairs, who uses them to prepare different service analyses that serve as the inputs for different statistical collections (e.g. social sector in numbers 2006 – [http://www.sm.ee/est/HtmlPages/arvudes2006koosinglise/\\$file/arvudes2006koos%20inglise.p](http://www.sm.ee/est/HtmlPages/arvudes2006koosinglise/$file/arvudes2006koos%20inglise.p)).

The Ministry of Social Affairs has already ordered a system for primary level information collection, processing and administration (STAR – SotsiaalTeenuste AndmeRegister/Social Services Data Register) that has a multi-level functionality and multi-functional application. STAR creates the basis for launching a client-based social services system, where people in need are offered services according to their needs, not their social characteristics. The main core of STAR consists of different numbers of PERSONS and the social services applied to them, which can be monitored and analysed on a timeline.

6. PARTICIPATION

■ Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?

Example: In Tallinn municipality there is an agreement that the child and child protection worker organizes aftercare at least half a year after the child has left the institution.

In addition, the child protection worker provides counselling and supervision or other family support services if there is a need for such. There is also a youth home for training and preparing young people for independent life.

In SOS village there is special program for children before leaving the village. The aims for children under the programme are: to find a job and have regular income, and to have permanent living premises according to the standards. The main activities to achieve these aims are pathway planning, personal advising, individual monitoring, guardian support/personal adviser, housing, support with special needs. Child involvement in the decision about his/her future is ensured, but psychological counselling is not available in this project. There are some children who have light mental disability in this programme. They have the same rights like others to participate in the programme.

Pregnant and underage girls with children have possibility to stay in the institution until they are prepared and independent enough to leave. There is also a joint project with NGO Caritas and NGO Tallinn Child Support Centre which is called "Mother's class", which is aimed at supporting under- age pregnant girls and girls with small children in continuing their education.

■ **Is there a peer-lead group of parents with children in care?**

No information available.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION?

■ **UNCRC: 32nd 17/March/2003**

The concluding observations of-- the Committee on the Rights of the Child (January 2003) welcomed the priority given by the State party to family support, but raised concerns about the high number of children in institutions. In particular it highlights that: a) 27.6 % (1999) of children in shelters are placed there because of their difficult economic conditions; b) conditions in institutions are poor and the system of periodic review of placement does not adequately take into account the views and best interests of the child by providing appropriate counselling and support or finding forms of alternative care other than institutionalisation; c) there is insufficient collection of adequate data.

The committee therefore recommended that the State party: a) undertake a comprehensive study on the phenomenon of institutionalisation of children; b) promote the family as the best environment for the child, through counselling and community-based programmes as well as financial support to assist parents in raising children at home; c) continue to increase and strengthen foster care, family-type foster homes and other family-based alternative care; d) place children in institutions only as a measure of last resort; e) take all necessary measures to improve standards and conditions in institutions; f) ensure that children in institutions enjoy all the rights set forth in the Convention, including the right to maintain personal relationships and direct contact with their parents and families on a regular basis; g) provide support and training for personnel in institutions, including social workers; h) establish effective mechanisms for complaints from children in care and for monitoring standards of care and establish efficient regular periodic review of placement, taking into account the best interests of the child; i) provide adequate follow-up and reintegration services for children who leave institutional care.

In relation to foster care and adoption, the Committee raised concerns about the lack of an effective system for the screening of foster or adoptive parents, including national standards and efficient mechanism to prevent the sale and trafficking of children, to review, monitor and follow up the placement of children, and collect statistics on foster care and adoption, including inter-country adoption.

The Committee therefore recommended that the State Party: (a) Establish a comprehensive national policy and guidelines governing foster care and adoption; (b) Establish a central monitoring mechanism in this regard¹.

■ **NAP:**

During the years 2006-2008 several amendments have been introduced to “State Family Benefits Act”. Financial support for foster care or guardian families has increased. In 2007 it was ten times the child allowance rate (1,500 EEK a month) and in 2008 it was increased to twenty times the child allowance rate (3,000 EEK a month). This aims to increase family-based alternatives for children who cannot grow up in their biological families. Foster parents have to pass the training PRIDE; the training is optional for adoptive families.

New measures include in-service training for the personnel of children’s homes, specialists who work with children as well as the circle of foster and guardian families. This aims among other things to increase cooperation between child protection professionals (Source: National report on strategies for social protection and social inclusion 2008-2010, Tallinn 2008)².

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

Subsection 6 8¹) of the Social Welfare Act stipulates that establishment of the formats of statistical reports relating to social welfare and the procedure for the submission thereof is a duty of the Minister of Social Affairs. On the basis of the same clause, the format of the statistical report relating to residential care service (<https://www.riigiteataja.ee/ert/act.jsp?id=12828228&subid=12828612>) was established with Appendix 11 to Regulation No. 44 Approval of the formats of statistical reports relating to social welfare and the procedure for the submission thereof issued by the Minister of Social Affairs on 9 May 2007. The above obligation to prepare statistical reports about residential care services was established for residential care service providers on the basis of Clause 15⁸ (5) 6) of the Social Welfare Act with the obligations to submit these to the country governor in the location where the residential care service is provided.

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

Eda Heinla and Anni Vaher have collected available information from the Estonian Ministry of Social Affairs.

¹ [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/eaede798716f0f49c12570d2002ed8c9/\\$FILE/G0545111.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/eaede798716f0f49c12570d2002ed8c9/$FILE/G0545111.pdf).

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/estonia.en.pdf.

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE¹

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**
- **SOS Villages (or similar) care**
- **Foster Care in a private individual's home**

In 2007 a total of 16,059 children were placed into extra-familial care², of which 8,095 (50%) children were placed in residential homes; 5,526 (34%) in foster care in a private homes; and 2,438 (15%) in other forms of extra-familial care (e.g. supported independent living). Of the children in residential homes, 2 676 (33%) were placed in professional foster homes, the SOS village or similar care.

Finland does not compile statistics regarding the size of residential homes. The maximum number of children in a residential home is 24 and 7 in one care unit. The minimum number for paid care staff is 7/one care unit. If there are several units in a residential home, the minimum for paid care staff is 6/one care unit.

- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

Finland doesn't have separate residential homes for young offenders or children with disabilities.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Yes, it does:

Child welfare Act Section 35 – Safeguarding the means of support and accommodation

(1) If the need for child welfare is to a significant extent due to inadequate means of support, poor living conditions or lack of accommodation, or if these factors form a material impediment to the rehabilitation of the child and family, the municipality must, without delay, arrange sufficient financial support and rectify the deficiencies in living conditions or arrange for accommodation that meets the need.

This means that economic difficulties of a family, poor housing, or homelessness cannot in any circumstances be the only reason for placing children into extra-familial care.

¹ Lastensuojelu 2007; Child Welfare Act Section 59.

² 1.2 % of all children under 18 years of age.

■ What are the stated reasons for children coming in to care³

The main two reasons are substance misuse and mental health problems of parents - especially those of mother. Other reasons, often in connection with substance misuse and mental health problems, are neglect of child's basic care, family violence (physical, mental and sexual), exhaustion of parents, accumulating social problems, and problems with bringing up a child, problems with communication with other people, and difficulties adapting to the rules of the surrounding society.

The stated reasons for young people coming into care are problems in school, committing a crime, substance misuse, self-destructive behavior, and other serious psycho-social symptoms. Sometimes placement in extra-familial care is requested by a young person or parents because communication between them is problematic or has stopped. In these cases, restoring communication is normally enough to resolve the problem and the placement time is short.

■ What are the socio-economic circumstances of the family?⁴

In the family's background you can find problems with employment, education and housing. Parents often suffer from long-term economic and social ill-being. Most common features are low educational background; under-employment; unemployment or no working life experience; low socio-economic circumstances; financial difficulties; poverty and living in a rented apartment in certain area in a city.

The families are described as being multi-problematic and hard to assist, and they often suffer from accumulating and multi-generational ill-being. The family structure seems to differ from the rest of the population. Most common are single parent families, families with three or more children, and blended families.

In the society as a whole, the underlying causes for children requiring extra-familial care are numerous: income disparities between population groups have grown; the child poverty rate has increased; the decline of the real value of income transfers for families with children has severely undermined the living standards of low-income families; and finally, the cuts made to preventive and open care services continue to contribute to the increasing need for child protection and extra-familial care.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?⁵

Traditionally, the children in need of child protection services usually live in urban areas. Also within a city, the division between good and bad neighbourhoods is clear. The economic slump during 1990's changed the situation and led to a growing number of children requiring child protection services in the countryside and in "good urban neighbourhoods". High rates of employment, higher salaries and the educational background of parents did not necessarily predict child's well-being or ill-being anymore.

■ How long is the average length of stay in care?⁶

Less than a year	31%
1-3 years	45%
4-9 years	16%
10 years or more	8%

The length of stay is thus mainly less than 3 years. This table does not take into account whether a child is taken into care several times but is returned home at points during their stay. Statistics also show that if a child is taken into care between 0 and 2 years of age, the child is likely to return to extra-familial care at some point (ca. half the cases).

³ Rousu 2007; Myllärniemi 2006.

⁴ Rousu 2007; Finland and its children 2008 ; Heino 2007 ; Lastensuojelu 2007.

⁵ Rousu 2007.

⁶ Känkänen & Laaksonen 2006; Heino 1999.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

There are no standard follow-up surveys done on outcomes. More substantial work research was undertaken in the 1980's but after this point there were only occasional and limited surveys.

One research (2001)⁷ found out that children who had required child protection services and extra-familial care during 1991-1997 were at a threefold risk of dying before 25 years of age when compared to the rest of the population in the same age. Self-destructive behavior was the most common reason for death; substance misuse, accidents and suicide. The riskiest time was when leaving extra-familial care for independent living. Adequate aftercare is thus crucial for the survival.

Compared with the rest of the population, the children in need of extra-familial often become clients of child protection services as adults when having children of their own. One underlying reason is that their childhood experiences do not support their ability to care for their own children and to act as responsible parents. Still, positive life experiences when in care and later social support can protect them from mental health and other problems despite whatever mistreatment they faced in childhood.⁸

There is also a very interesting recent publication (2009) on the follow-up.⁹

Markku Jahnuainen and Minna Hyytiäinen have followed the footsteps of children who grew up in SOS villages. In their research, these children, now between 22 and 51 of age, were interviewed about their current life situation and on their experiences in growing up in a SOS village. The result was that the life situation of these children, their education, employment and health, equaled the life situation of the rest of the population. This result is remarkable as these children are typically considered to be at risk of school drop-out and unemployment.

Some differences were found, though, when comparing such children's life experience with the rest of the population. Statistically, they were over-represented among small income households, and girls were more likely to have children when under 20 years of age.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

Ministry of Social Affairs and Health

■ How are responsibilities shared? At which level – local/regional/national?

General planning, steering, and monitoring at national level belongs to the Ministry of Social Affairs and Health. At regional level, it belongs to the state provincial offices. At local level, municipalities are responsible for organizing all welfare services including extra-familial care. Municipalities can produce the services themselves or buy services from private service providers, NGOs, other municipalities, or state.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

■ Are the standards included in the national child care legislation?

General regulations concerning extra-familial care are listed in Child Welfare Act and in other legislation such as Social Welfare Act and the law concerning the monitoring of private services. The regulations thus exist but not in one "extrafamilial care package".

There are no nationally approved quality standards for extra-familial care, which is why the Central Union for Child Welfare published quality standards for residential and foster care in 2004, with other relevant actors in the field. These standards do not have an official status, however.

⁷ Kalland, Pensola, Meriläinen & Sinkkonen 2001.

⁸ Rousu 2007.

⁹ Jahnuainen & Hyytiäinen 2009.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

In the Child Welfare Act, there are several regulations concerning the involvement of parents and children in decision-making and in the different stages of the process of placing children into extra-familial care.

E.g. Child Welfare Act Section 5 – Views and wishes of the child or young person

The children's right to obtain information in a child welfare case affecting them, and the opportunity for them to present a view on the case must be safeguarded for the child in a manner in keeping with their age and level of development. When assessing the need for child welfare, a decision concerning a child or young person or the provision of child welfare must pay special attention to the views and wishes of the child or young person.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

State provincial offices monitor the providers of private social and health services. Private providers are responsible for reporting regularly to the provincial offices. Monitoring is normally based on the reports only; if no neglect is suspected, there are no regular inspections done on the spot. Provincial offices have a right to do inspection visits also without advance notice, but their resources are scarce and they hardly do any. Municipalities monitor the social and health services that they produce themselves or buy from other providers.

The Central Union for Child Welfare sees that the supervision of extra-familial care services is inadequate and ineffective; what is more, monitoring practices vary across the country.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

■ **Is there a peer-lead group of parents with children in care?**

There are some regional and national peer-lead groups for children and parents. Many of them meet under an umbrella of a NGO. Below you'll find some examples. Unfortunately, their internet sites are in Finnish only.

SINUT (Suomen sijaiskotinuoret – Youth in Care Network, Finland)

SINUT-group was founded in 1992 and its main purpose is to give young people in and after extra-familial care a chance to meet with peers. Biological children of foster families are also included in activities. SINUT organizes events and camps all over Finland. SINUT wants to promote young people's own perspectives in decision making concerning extra-familial care. www.sinut.fi

Sukupuu (Family Tree)

The foundation Sukupuu offers peer support and information on extra-familial care for biological parents and relatives. Sukupuu's main purpose is to support the maintenance of family ties during the placement of a child. It also tries to promote the position of biological families by strengthening cooperation with social workers and the respective authorities. www.sukupuu.fi

Nuorten Ystävät (Friends of the Young Association)

Nuorten Ystävät foundation mainly develops networking between authorities in child protection work and social work with substance abusers. It also supports peer networking for biological parents.

www.nuorten-yst.fi/etusivu

Pesäpuu (Centre of Expertise of Child Welfare)

Pesäpuu foundation offers piloting peer group activities for foster parents in Helsinki and Jyväskylä cities. www.lapsitieto.fi/prodo/index.phtml?s=434

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION?

■ UNCRC: 40th session: 20/Oct/2008

In the reporting year 2003, the Committee recommended that the State party continues its efforts to develop a system for the comprehensive collection of data on children, in particular children belonging to the most vulnerable groups, in order to allow detailed analysis of their living conditions and the implementation of their rights.

The Committee noted that children are often placed in alternative care without their views being adequately taken into account, and it was concerned that the authorities do not always adequately support the maintenance of fundamental parent-child links.

The Committee recommended that the State party addresses the root causes of the increase in the number of children placed in alternative care, including the need for adequate support to parents. The State party should also ensure that children (if they are raised in institutions) live in small groups and are individually cared for.

The Committee also recommended that the State party sufficiently take into account children's views in any decision regarding their placement in alternative care.

Furthermore, it recommended that the parent-child relationship not be negatively affected by placement in alternative care.¹⁰

■ NAP:

The Finnish NAP/Inclusion 2008-2011 does not give any real notice to children in alternative care. It is mentioned that the number of children placed into extra-familial care is rising. The government aims to reduce the number, but no actions are mentioned.

There is a reference to a follow-up report¹¹ on the living conditions of young Finns that has been published annually since 2001. In the 2008 yearbook, the polarization of living conditions was the main theme. The majority of young people are doing well or excellently but some seem to be accumulating social problems.

Child welfare covers those children and young people have been taken into care or who are provided with support after the end of foster care who. Based on a decision by the municipal social welfare board, they must be provided with non-residential care services. In 2006, the number of children and young people placed in a foster home was approximately 15,600. The number of children taken into custody was approximately 9,500 in 2006 and that number has been rising. The well-being of children and young people has been emphasised in two policy programmes included in the Government Programme of Prime Minister Vanhanen's second cabinet.

On 31 January 2008, the Council of State adopted a national development plan for social and health care services for 2008-2011, called the KASTE programme. The number of children placed in foster homes will begin to decrease.¹²

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

The main source of information is the new **National Institute for Health and Welfare (THL)**. It started operating on 1 January 2009, after the merger of the National Public Health Institute (KTL) and the National Research and Development Centre for Welfare and Health (STAKES). THL is a research and development

¹⁰ [http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/18f215ecc51f5e48c125708c004c062d/\\$FILE/G0544356.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/18f215ecc51f5e48c125708c004c062d/$FILE/G0544356.pdf).

¹¹ Autio, Eräranta & Myllyniemi 2008.

¹² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/finland_en.pdf.

institute under the Finnish Ministry of Social Affairs and Health. It is the statutory statistical authority in health and welfare and maintains a strong knowledge base within its own field of operations.

THL is responsible for the application of its knowledge. It serves the broader society in addition to the scientific community, actors in the field and decision-makers in central government and municipalities. The information is reliable and quite easily accessible. Individuals' right to privacy sets some limits to receiving material. Some information is thus accessible only after receiving a research permit. The applicant for permit has to fulfill the requirements set by THL and includes a fee of 200 Euros.

http://www.thl.fi/en_US/web/en/home

SOTKANet is a web-based databank maintained by THL that supports policy-makers and experts in the social and health sector in planning, monitoring and decision-making. The service offers free population data on welfare and health in Finnish municipalities dating from 1990 onwards. The data can be broken down by sub-region, region, province and hospital district, or presented at the national level.

<http://www.stakes.fi/EN/tilastot/sotkanet/sotkanet.htm>

Statistics Finland is one of Finland's oldest government agencies. It compiles all kinds of general statistics, e.g. housing, labour market, population, health, environment, manufacturing, government finance etc.

http://www.stat.fi/index_en.html

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

The information is relevant and consistent. As it has been collected by a few nationwide institutions (THL, Statistics Finland), it is easy to find and make comparisons.

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

141,599 children are in alternative care, either under the responsibility of the local authority (Conseil General) through the Service of l'Aide Sociale à L'Enfance (ASE) (social action for childhood) (122,401 children), OR directly under the responsibility of a judge (19,198 children).

■ **Full-time care in residential homes (paid staff with 16 or more children)**

Of the 122,401 children under the responsibility of the local authority in 2008, 47,577 children were in residential homes.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children) :**

106,642 on 31st December 2006.

■ **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children)**

Nearly 2,000 minors are in secure units.

Nearly 3,500 minors are in jails or in prisons for juveniles. They are supported by a social pedagogist working for the Protection Judiciaire de la Jeunesse , PJJ (Judiciary protection of Youth).

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

No specific data about smaller residential home. There are included in the residential home data.

■ **SOS Villages (or similar) care**

There are more than 600 children living in one of the 13 SOS Children's Villages, 12 SOS Children's Villages are in mainland France and 1 SOS Children's Village is in the French Overseas Departments and Territories, in Papara, Tahiti (French Polynesia). 111 SOS mothers and 98 care workers are dedicated to children. Each SOS Children's Village has an average of 10 houses with each family accommodating between 4 and 6 children. In addition, SOS Children's Villages support **3 centres intended to promote social and professional integration of young adults in difficulty.**¹

■ **Foster Care in a private individual's home :**

66,491 in 2008

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

¹ http://www.villages-enfants.asso.fr/20-Decouvrir/30-20_Carte_Village.asp.

No.

■ **What are the stated reasons for children coming in to care?**

The reasons for children coming into care are defined in the Act of 5th March 2007 reforming the child protection² Article 1 (extracts):

'Child protection aims to prevent the difficulties that parents may face in carrying out their educational responsibilities, to support families and when necessary, in a manner appropriate to meet their needs, to provide alternative care on a part or a full time basis. Child protection includes for this purpose a set of interventions for children and their parents. These interventions may also be intended to adults under twenty-one years facing difficulties that may seriously compromise their wellbeing. Child protection also aims to prevent difficulties that minors can face when temporarily or permanently deprived of the protection of their families and to ensure their care.'

Article 3 (extracts):

'Providing material support, psychological and educational for both children and their families or to any holder of parental authority, facing difficulties that might endanger the health, safety, morals of these minors or seriously threaten their education or their physical, emotional, intellectual and social development, as well to support emancipated minors and adults under twenty-one facing family, social and educational difficulties likely to seriously compromise their wellbeing.'

■ **How long is the average length of stay in care?**

Children, adolescents and young adults who left care in 2004 were in care on average for a more than a year. They include children in institutions (*maison d'enfants a caractere social -MECS*), in small institutions (*lieu de vie*) and in SOS villages.

The length of time depends on the type of care: it ranges from

- 6 months to 11 months in small institutions,
- 1 year and half in MECS and
- 5-6 years in SOS children's villages, whose mission is to accommodate the long-term siblings with no one able to care for them.³

What are the socio-economic circumstances of the family?

Several recent reports (ODAS, CAS) highlight the increasing role of social isolation as a factor in the growing number of children at risk. For many years, poor parental care was reported as the dominant factor (6 children reported out of 10). However social isolation of families is becoming more important as it increases their vulnerability and insecurity due to the loss of social ties and social identity⁴.

■ **Are there children coming from a certain geographic region or belonging to a certain minority overrepresented in alternative care?**

The rate of children in care (which is 1.9% nationally) varies from 1.5 to 2.8% depending on the region. Among the population of young adults in care, the rate varies from 0.5 to 1.2% regionally, with a national rate of 0.9%. Comparing the two maps (minors and young adults) showed both regions where the rate of support in child protection is very high whatever the age group (as in Upper and Lower Normandy, in the Nord-Pas-de-Calais, Aquitaine and Limousin), and other regions where the rate is among the lowest compared to the national level (Pays de la Loire, Provence - Alpes - Côte d'Azur and Corsica). This comparison also shows strong intra-regional variations depending on for minor or major. For example, in Poitou-Charentes the rate of children in care is among the lowest, while the one for young adults is very high. Conversely, in Burgundy, the number of minors in care is high while the one for young adults is low⁵.

² [Http://www.reforme-enfance.fr/images/documents/loi05032007.pdf](http://www.reforme-enfance.fr/images/documents/loi05032007.pdf).

³ *Etudes et Résultats, DREES-September 2006:* <http://www.sante.gouv.fr/drees/etude-resultat/er525/er525.pdf>.

⁴ http://www.odas.net/IMG/pdf/200711_protection_enfance_2007.pdf.

⁵ 2008 Extract of the ONED report: http://www.oned.gouv.fr/docs/production-interne/rapports/rapport_oned2008_020209.pdf.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

No data supplied by France on ethnic origins.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Ability to parent their own children**

See "Bilan critique de 50 ans d'études sur le devenir adulte des enfants placés" (Critical review of 50 studies on the fate of adult children in care) *Neuropsychiatrie de l'Enfance et de l'Adolescence, Volume 56, Issue 3, May 2008, Pages 135-147*, I. Frechon and A.-C. Dumaret.

This article proposes a methodology and thematic analysis studies on the future of adults previously in care. More than 30 French and international studies were identified for the last 50 years on this subject.. Thematically, current thinking which highlighted the risk factors (crime, alcoholism, reproductive behaviour of investments) has been replaced by the concept of protective factors (educational level, occupation, residential status, health, relationships with family and friends). Despite the difficulties of comparison, the future of these former children in care defies conventional thinking, showing social inclusion increasing with age⁶.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

■ **How are responsibilities shared ? At which level – local/regional/national**

Local level: Aide Sociale à l'Enfance - ASE (Conseils Généraux) (social action for childhood, local council)

The Social Assistance for Children: a matter for Local Councils.

The main feature of the French system is that since de-centralisation in 1984, the ASE is under the authority of the Presidents of General Councils (provisions governing the service of the ASE contained in Articles L 22,161 *et seq* of the Code of Social Action and Families).

The departments (local administrative area), governed by the General Councils, are responsible for organising and implementing the child protection policy (allocation of benefits and amounts, financing ...). They use accredited facilities and services (public and private sectors) which accommodate children in their care.

National level: the Department of Labour, Social Affairs, Family, Solidarity and the City.

Link to website of the Ministry: <http://www.travail-solidarite.gouv.fr/ministere/presentation-organigramme/>

Missions (Source: Légifrance: Decree n ° 2007-1000 of 31 May 2007 concerning the powers of the Minister of Labour, Social Affairs, Family, Solidarity and the City: Version reviewed on 26th July 2009 <http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000278721&dateTexte=>)

1. It prepares and implements the policies on working conditions, collective negotiation and employee's rights;
2. It develops and implements government policy on family, children, seniors and people with disabilities. It is responsible for social care professions;
3. It develops and implements rules for French social security, pensions organization schemes, pension insurance, work accidents and work diseases, family allowances as well as rules in relation to the management of French social security and pensions organisation;

⁶ http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6X26-4S563KN-2&_user=10&_rdoc=1&_fmt=&_orig=search&_sort=d&_docanchor=&view=c&_searchStrId=992693500&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=2e3fd61dbf2de00f3bc0f128669c66c8

4. It develops and implements policy for deprived areas. It is responsible for urban renovation policy, which aims to reduce social inequalities in the national program of urban renovation.

Among the Departments within the jurisdiction of the Ministry in social and family welfare:

The General Department for Social Action (DGAS)

(leaflet DGAS French / English http://www.travail-solidarite.gouv.fr/IMG/pdf/Brochure_DGAS_3_.pdf)

The public policies developed by the DGAS cover major social issues whose complexity is notably due to the range of legal and financial resources at stake, as well as to the diversity of the stakeholders and decision makers involved.

The General Department for Social Action was set up in 1970 and re-organised in 2000, mainly through the integration of the inter-ministerial delegation for the Revenu Minimum d'Insertion (RMI, minimum income benefit). The DGAS is in charge of developing, co-ordinating and implementing welfare, health and social and solidarity policies.

In 2009, the DGAS became a new Department, the General Department for social cohesion.

The General Department for social action undertakes the following activities, in cooperation with the relevant Departments for labour and solidarity, urban affairs, and health:

- Co-ordinates preventive actions and implements specific programmes aiming at combating social exclusion and improving the integration of people facing financial difficulties;
- Elaborates the rules and oversees the financial monitoring and implementation of the following allowances: minimum income support, incapacity benefit, and single-parent benefit, It co-ordinates the services provided by ministries in charge of social affairs, ensuring provision of minimum income schemes;
- Defines, implements and co-ordinates policies related to persons with disabilities, ensuring their social integration, providing home support and encouraging their independence;
- Participates to the elaboration of regulations related to the protection of vulnerable adults;
- Sets and implements policy covering prevention of and combating abuse of the elderly and persons with disabilities;
- Determines measures concerning social assistance and action for families, children, the youth and the elderly;
- Defines the rules related to social assistance and ensures their implementation;
- Defines policies related to social work training, working conditions and codes of ethics;
- Elaborates legislation concerning the creation and functioning of welfare and social and health institutions and services;
- Defines the general framework for intervention by professionals in this sector and ensures that users' rights are respected and access to quality services is maintained.

The Department of Research, Evaluation, Studies and Statistics (DREES) *(Under the authority of The Minister of Labour, Social Affairs, Family and Solidarity, together with Minister of Health, Youth and Sports and Minister of Budget, Public Accounts and the Public Service):*

DREES aims to:

Provide the entire health and social care administration with better observation skills, expertise and foresight in its action and its environment;

Make available statistics, studies and research produced to the public and all stakeholders in the field of health and social care.

It undertakes the following activities:-

- Designs some of the statistical system, ensures the collection, use and dissemination of large surveys and databases;
- Guides research policy, contributes to developing the work of researchers and to using their results positively;
- Conducts summarised work (health and social security accounts) and decision-making analysis, conducts studies and socio-demographic, economic and financial projections;
- Participates in the design, validation and implementation of methods of evaluating social policies and assesses their structural effects, drawing international comparisons;
- Publishes and distributes the work which it oversees and makes statistics, studies and research available to social actors.

Since 2007, the French Government has established a **High Commissioner for Active Solidarity against Poverty and a High Commission for Youth**, under the responsibility of Mr Martin Hirsch. The High Commissioner for Active Solidarity against Poverty is responsible for preparing the reform of income support and government-sponsored jobs / work contracts. It also develops programs against poverty and exclusion.

The High Commissioner for Youth is responsible for preparing and implementing government policy on youth and community life.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**
- **Are the standards included in the national child care legislation?**
- **Are there any reports on how these standards are applied and monitored in the care practice?**

One of the major orientations of the **act dated 2nd January 2002 reforming social and social care** is to promote service users' rights⁷. (Source : <http://www.droit.org/jo/20020103/MESX0000158L.html>)

Respecting the rights of the service users (as defined in the Act) results in the association of the service user, their entourage and family in the design and implementation of the personalised support plan of the child in respect of his/her fundamental rights. It includes:

- Respect for dignity, integrity, privacy, intimacy and safety;
- Quality and personalised support with free and informed consent;
- Confidentiality for data concerning the service user;
- Access to information;
- Information on fundamental rights and appeal procedures;
- Direct participation to the support plan.

The implementation of user rights in social and social-care service (including institutions) results in 7 resources defined in the Act of 2nd January 2002:

1. The welcome booklet (Article L 311-4): resource for the prevention of abuse, includes a Charter of Rights and Freedoms as well as the organisation's rules.
2. The Charter of Rights and Freedoms features the respect of some fundamental principles and rights:
 - the principle of **non-discrimination**;
 - the right to **appropriate care and support**;

⁷ <http://www.droit.org/jo/20020103/MESX0000158L.html>.

- the principle of free and informed consent **and of participation** of the service user;
 - the right **to protection** (ensure that all staff and persons involved in the care and support plan respect the confidentiality of the information to the service other as well as to legal representatives and family);
 - the right **to autonomy**;
 - the principle of **prevention and support** (the role of families, legal representatives or relatives caring for the person must be eased with agreement by the centre, with respect of service user as well as he one of his/her their relatives or representatives' religious or beliefs practices);
 - respect of **dignity** and **privacy** for the service users.
3. Organisational rules define the rights and duties of the service users.
4. Contract of stay: it is an individual care and support document which determines the objectives, nature and details of services offered and the estimated costs.
5. The conciliator / mediator intervenes in cases of conflict between the users, his entourage and the organisation.
6. The organisation's plan.
7. The Social Life Board (see below in Part 6-Participation).

6. PARTICIPATION

- **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**
- **Is there a peer-lead group of parents with children in care? Please provide details.**

One of the 7 resources created by the Act of 2nd January 2002 to implement the rights of users is **the Social Life Board (Conseil de la Vie Sociale – CVS)**. The procedures for establishment and operation of the CVS came into force with the Decree of 25th March 2004 and the **decree of 2 November 2005, (Article L. 311-6 of the Code of Social Action and Families)**. CVS members are elected by secret ballot by all the people from each social care service for at least one year, renewable (for a maximum of three years).

The formation of the Social Life Board: The CVS includes at least:

- Two representatives of persons accommodated or supported;
- a representative of families or legal representatives;
- one staff representative (in working time);
- a representative of the managing body.

CVS meets at least three times a year with a written agenda sent eight days before the meeting or at the request of two thirds of its members or the manager. **It gives its opinion and may make proposals on any issue concerning the functioning** of the institution, including:

- the internal organization and daily life;
- activities, socio-cultural and therapeutic services, facilitation of institutional life and the steps taken to facilitate relationships between participants;
- building work plan and equipment;
- the nature and price of services provided;
- the allocation of collective premises;
- the maintenance of premises;
- re-housing planned in cases of building work or closure;
- substantial changes affecting the service providing.

CVS deliberates on the agenda issues by the majority of members present. **It is necessary that the number of representatives of service users and families represent more than half the members for any notice to be validly issued.** Otherwise, the consideration of the item is postponed to a later meeting. CVS must be consulted to develop the operating rules of the organisation.

The minutes of conclusions of each meeting is established by the Secretary, appointed by and among the service users. This written document must be signed by the President of CVS and **must also be available for consultation at any time by the service user and their families.**

CVS should be informed of the outcome of its opinions and proposals by management.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC

Several studies highlight the influence of the Convention on the Rights of the Child (CRC) provisions and applications of the act of 2nd January 2002 reforming social and social-care in France (including a study by DEI France: <http://www.dei-france.org/CIDE/CIDEetloi2002.html>), such as **the links between rights reaffirmed in the Act of 2nd January 2002, granted to any service users and the rights enshrined in the CRC.**

Links between the user rights defined in the Act of January 2, 2002 and those entered in the CRC

According to DEI France, part of French law on the rights of users **"reaffirms and endorses all the principles** (of the CRC) by requiring institutions a practical and sustainable application of service user's rights. The Act of 2nd January 2002 remind us generally that **the rights and liberties are guaranteed to every service user**, and that respect for dignity, integrity, private life, privacy and security must be ensured (see part 5).

Another set of rights under the law of 2nd January 2002 is directly linked to **the best interests of the child** listed as one of the 4 principles of the UNCRC, *"the right to personalized and quality care and support that encourages the child development, autonomy and integration, appropriate to their age and needs, while respecting their free and informed consent must be sought if the child is able to express his/her will. More specifically, it will, especially through the personal care and support plan of the child, established with his/her participation and the one of his/her legal representatives that work will be done on individualized support"* (DEI).

Finally, the last right specified by the act of 2nd January 2002 and already written in the CRC is **the right to family life** for which the legislation introduced two main elements. In respect of the interests of the child and court decisions, it is called a hand **to prevent separation and** secondly **to establish a specific plan to reunite the family promptly.**

The new implications of the French Act of 2nd January 2002 do not lie in the provisions concerning the rights of people: **rather, the law reaffirms the existing rights in the continuity of the principles enshrined in the UNCRC.** The innovation of this law, according to DEI France *"lies in the fact that Parliament was not satisfied to list the rights. It has subsequently mandated a number of resources to guarantee their application"*.

8. DATA/ SOURCES OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

Data/ source of information

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

Official sources of information are numerous, accessible and reliable. Few studies exist yet on the future of former children in care once they reach adulthood.

ONED – National Centre for Children in Danger : <http://www.oned.gouv.fr>

Ministry of Labour, Social Affairs, Family, Solidarity and the City

DREES Branch of Research, Evaluation, Studies and Statistics

<http://www.sante.gouv.fr/drees/index.htm>

DGAS Department-General for Social Action: <http://www.travail-solidarite.gouv.fr/ministere/presentation-organigramme/ministre-du-travail-relations-sociales-famille-solidarite-conjointement-avec-ministre-du-logement-ville-autorite/direction-generale-action-sociale-dgas.html>

Ministry of Justice: Juvenile Justice Category <http://www.justice.gouv.fr/index.php?rubrique=10042>

ODAS – National Observatory of Decentralized Social Action: <http://www.odas.net>

The ODAS was created in 1990 following a report by the Economic and Social Council calling for the construction of a neutral observation and evaluation of local policies for social action. It carries out the following activities: promotes knowledge, evaluation and prospective analysis of social welfare policy communities and public institutions; supports developments initiated by local authorities (departments, cities ...) through the implementation of their policy advocacy; initiates and disseminates the debate among politicians, professionals, institutional leaders, researchers; and contributes to the professionalism of responsible social action in local authorities.

Finesse: This data called "directory **Finesse** is managed by the Ministry of Health.
<http://finess.sante.gouv.fr/recherche.jsp>

Resources:

Directory data and ass Social and Health Councils 2007, June 2009; L'aide sociale à l'enfance : p.45 à 49 Welfare of Children: p.45 to 49

A.Child abuse, the figures and their legal basis in France, A. Sturz et P. Sturz and P. Gerbouin-Rérolle, INSERM-LAVOISIER, 2009 Gerbouin Rérolle- INSERM-Lavoisier, 2009

Report of the Ombudsman for Children Rights Committee of the Child United Nations, December 2008, 91 pages in pdf: http://www.defenseurdesenfants.fr/pdf/Rapport_Geneve.pdf

*Direction Générale de l'Action Sociale Department General for Social Action
http://www.travail-solidarite.gouv.fr/IMG/pdf/Brochure_DGAS_3_.pdf http://www.travail-solidarite.gouv.fr/IMG/pdf/Brochure_DGAS_3_.pdf*

*ONED http://www.oned.gouv.fr/docs/production-interne/rapports/rapport_oned2008_020209.pdf ONED
http://www.oned.gouv.fr/docs/production-interne/rapports/rapport_oned2008_020209.pdf*

*"Les bénéficiaires de l'aide sociale départementale en 2008" (Etudes et Résultats-août 2009) :
<http://www.sante.gouv.fr/drees/etude-resultat/er-pdf/er700.pdf>"The beneficiaries of welfare county in 2008" (Studies and Results-August 2009) <http://www.sante.gouv.fr/drees/etude-resultat/er-pdf/er700.pdf>*

*"Les bénéficiaires de l'aide sociale départementale en 2007" (Série Statistique-Documents de travail-avril 2009) :
<http://www.sante.gouv.fr/drees/seriestat/seriestat130.htm>"The beneficiaries of welfare county in 2007 (Statistics Series-Working Paper-April 2009) <http://www.sante.gouv.fr/drees/seriestat/seriestat130.htm>*

DREES (Etudes et Résultats-Novembre 2008 "Les structures pour enfants handicapés en 2006"DREES (Studies and Results-November 2008 "Structures for disabled children in 2006" <http://www.sante.gouv.fr/drees/etude-resultat/er-pdf/er669.pdf> <http://www.sante.gouv.fr/drees/etude-resultat/er-pdf/er669.pdf>

*Ministère de la Justice-Chiffres-clés de la justice des mineurs :
<http://www.justice.gouv.fr/index.php?rubrique=10042&ssrubrique=10271>Ministry of Justice, key figures of the juvenile justice system <http://www.justice.gouv.fr/index.php?rubrique=10042&ssrubrique=10271>*

COUNTRY: GERMANY

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ Full-time care in residential homes (paid staff with 16 or more children)

There are 52,793 children in residential homes (residential care, assisted living) (2007).

There were 28,706 new interventions in 2007 (residential care, assisted living) (2007).

■ Family-type care in small residential home with paid staff with 15 or fewer children

15,995 (one-group facilities) (2007)

■ Foster Care in a private individual's home

49,673 (full-time foster care) (2007)

New interventions in 2007: 13,080 (full-time foster care) + 111 (integration support for mentally handicapped young people) (2007)

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Poverty alone is not a reason for or against care, but it is an important background factor:

58% (16,655 of 28,706) of those who came into residential care in 2007 came from families who lived on benefits. And even 72.6% (9,502 of 13,080) of those who came into foster care in 2007 came from families who lived on benefits.

■ What are the stated reasons for children coming in to care?

The federal statistics show 10 main reasons for children coming into care. The most frequently mentioned reasons are:-

Low educational competence of the parents: 19.7%

Engagement of child welfare: 17.4%

Insufficient aid for the children in their families: 17.4%

■ How long is the average length of stay in care?

Residential Care and assisted living: 29 months

Foster Care: 59 months

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

No evidence.

- **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Statistics show that percentage of children in residential care with one foreign parent is 23.3% and 20% in foster care, and about children from families with German not as main language (residential care: 12%; foster care: 8.8%)

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- **Education**
- **Conflicts with the law**
- **Health incl. mental health**
- **Employment**
- **Housing – number of homeless that have a history of alternative care?**
- **Ability to parent their own children**

Prof. Klaus Wolff recently published a review of the few studies that deal with some of these questions¹. With regard to children in care's later success in life, important factors are the attention given to the child during his/her institutionalization and his/her participation in his/her educational process (when it is possible, together with his/her own family). More than that, one of the above-mentioned studies highlights that if social workers are satisfied with their work environment, this has a positive impact on the success that institutionalized children will have in their life. Another study summarized by Prof. Wolff stressed that while ensuring children do not feel not marginalized during their stay in institutions is not a guarantee of success, it is certainly a pre-requisite for it. In other words, children who perceive themselves as marginalized will never undergo a successful educational process nor will they be likely to have a successful life.

Another interesting study concerns young people who lived part of their care in single apartments rather than in institutions. The experience was defined as positive above all for those young people who had less fragmented care, i.e. those who – before living in their single flats – experienced at least a long-time relation with a foster family. The more fragmented the care was, the less successful moving to a single apartment proved to be. Furthermore those young people who were given the opportunity to live in a single flat when they were relatively older (about 16) perceived the experience as more positive than young people who could go and live on their own when they were relatively younger (about 15). Finally the young people who have profited more of this experience proved to be more able to keep stable contact and relations with friends, relatives and other people who were important for them, compared to those young people for whom the single-flat experience was a failure.

Finally, a study on the experience of children in foster families with biological children has proved that one of the important success factors for foster care is the proportion of foster and biological children: if the foster children are more or less equal to the biological children in a family, the experience seems to be generally successful. If, on the other hand, they are not treated as equals, this can raise frustrations and negative feelings from both the foster children and the biological ones.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**

On the federal level the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth is responsible by legislative means.

¹ K. Wolf (2007), "Metaanalyse von Fallstudien erzieherischer Hilfen hinsichtlich von Wirkungen und „wirkmächtigen“ Faktoren aus Nutzersicht", University of Siegen.

■ **How are responsibilities shared? At which level – local/regional/national?**

Local authorities are mainly in charge for implementation.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

There are some papers and negotiated agreements which are also used in quality-development –processes. Although it is not specifically related to children in alternative care, one example is a position paper issued by the IGfH (Internationale Gesellschaft für erzieherische Hilfen)² - the German national section of FICE (Fédération Internationale des Communautés Éducatives), a lobby for the rights and needs of young people in public care. The document suggested a series of steps to be taken to promote the effective participation of children and young people in the decisions that concern them and the respect of children's and rights as described by the German Constitution and the UNCRC. This position paper is unfortunately available only in German.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

The law states that parents and children shall participate in the decision-making process.

■ **Are the standards included in the national child care legislation?**

See above.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.**

Not really. There were quite a lot of experiments coming from the IGfH and PFAD, but the groups were rather unstable. But at the moment there is a movement of recent children in care who are fighting for compensation for things they experienced during 1949 – 1975 in residential child care in Western Germany.

■ **Is there a peer-lead group of parents with children in care? Please provide details.**

No information available.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 35th session: 26/Febr/2004**

There is no reference to children in alternative care within the most recent UNCRC Committee recommendations to the German government from 2004.³

■ **NAP:**

Children in alternative care are not mentioned in the German NAP/inclusion.⁴

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

² Internationale Gesellschaft für erzieherische Hilfen (2005), *Kinderrechte in der Erziehungshilfe*, www.igfh.de

³ [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/f5e0a6c96946e255c1256e750032ecbc/\\$FILE/G0440524.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/f5e0a6c96946e255c1256e750032ecbc/$FILE/G0440524.pdf)

⁴ http://ec.europa.eu/employment_social/spssi/docs/social_inclusion/2008/nap/germany_en.pdf

The statistic data are available at www.destatis.de. And there are quite a lot of reports from the federal states. The Working Group of the DJI/TU Dortmund is very important: www.akjstat.uni-dortmund.de. They provide information about and access to the different sources and interpretations of the data.

- **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

No evidence.

COUNTRY: GREECE

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**

According to the research of Roots Research Center NGO for the YOUTH Programme 2001, the total number of healthy children in residential care is 2,500, including the public baby centers (3 in total) and orphanages (religious and private) orphanages, foster care families and SOS villages.

We do not have specific number of children in care with mental disabilities. A large number of children with disabilities go to day-care schools and return home every afternoon.

Generally there is a lack of information and available statistics.

According to Roots, many disabled children stay at home and do not go to school for several reasons: parents fear their children will be excluded; the school is too far away; there is no special school in their home area; parents have no money to spend on transportation.

■ **SOS Villages (or similar) care**

SOS – Children’s Village Association of Greece operates the following programmes:-

SOS Children's Village, Vari, Attica. Opened in 1979. Includes 13 family houses for 95 children, a house for the Village Director and a Community House which contains offices, library and playground facilities.

SOS Children's Village, Plagiari, Thessaloniki. Opened in 1995. Includes 10 family houses for 75 children, auxiliary houses for the Director etc., the Community House which contains offices, library and playground facilities.

SOS Children's Village, Thrace, Alexandroupolis. Opened in October 2005. Includes 6 SOS family houses, a Day Care Centre for children with special needs and a Social Centre for children and families in crisis. It is the first Greek SOS Children's Village that combines closed social services together with open care and protection.

Youth House in Paleo Faliro, Attica, functioning since 1992, consists of 6 apartments for 36 youngsters, gym, library etc. The overall goal of this project is to prepare adolescents for adult life in self-sufficiency, to help them make realistic plans for themselves and to achieve their aims, and in general to teach them independence, responsibility and the skill of decision-making.

Youth House in Thessaloniki is functioning from September 2004. It consists of 2 apartments for 14 youth, library, office etc.

Social Center in Kypseli, Athens covers the needs of the local community, as far as it concerns children and families in crisis by providing psychological, educational support and vocational counseling. This program is helping more than 120 children on a daily basis.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

- **What are the stated reasons for children coming in to care?**

According to Roots Research Center NGO, the law provides that children may not be taken away from their families on the grounds of insufficient material or financial conditions. Children are taken away from their families for reasons such as neglect, abuse and if the parents are unable to care for them.

- **How long is the average length of stay in care?**

The average length of stay in care is 3 to 18 years. There is no specific data, because each institution keeps statistic information for private use only.

- **What are the socio-economic circumstances of the family?**

The social-economic circumstances of the family may include: one parent family with financial and social problems; parent or parents in jail; abandoned babies of unknown parents (single parents, illegal immigrants); abandoned ill babies of low profile parents.

- **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

No evidence.

- **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Officially it is not possible to collect specific data about ethnic origin, but there are estimates for Roma children, Albanians or other minorities. The total legal Roma population is estimated to be between 200-300 thousand with no specific number of children under 18. There are an estimated 1.5 million legal immigrants and 0.5 million illegal immigrants.

No data is provided on the numbers in alternative care.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- **Education**

Children in care go the public school of all levels; a high percentage finish high school but only a few go to Universities. We do not have statistics on children in children's religious and private homes. The boards insist that this information is private and do not answer questionnaires.

- **Conflicts with the law**

We have no data on children in conflict with the law.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**

1. Ministry of Health and Social Welfare, Department of Social Welfare

2. Ministry of Justice, Department of the Public Prosecutors office for young children

■ **How are responsibilities shared? At which level – local/regional/national?**

Responsibilities are shared between the national and regional level. Co-operation between national and regional level is generally very poor. There are too few social workers: there are only 7 social workers for the prefecture of Athens with 4 million inhabitants, for example. There is no social worker at the Public Prosecutors office for young children, and only three cities have Public Prosecutors for children. Local authorities have to send children to the main cities. There is a large number of Institutions in Athens and a few in different areas of Greece. There are no alternative care homes for young children between the age 12-18 with social disorder.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

There is no specific regulation, though NGOs promote the rights of children. No campaigns for children in need and in alternative care.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

We do have quality standards which include the involvement of children and parents. But we do not have data regarding actions. There are parents associations but they are poor on decision-making and they do not have any connection with them. They are not consulted and cooperation between institutions and NGOs is generally poor.

■ **Are the standards included in the national child care legislation?**

There are standards at the national child care legislation, but the Social Welfare uses these differently at each case and we do not have information or statistics

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

There are no such groups to our knowledge

■ **Is there a peer-lead group of parents with children in care?**

There are peer-lead groups of parents with disabled children in day care. They are active in their children's rights.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 29th session: 01/Febr/2002**

Respect for the views of the child:

The Committee is concerned that children's opinions are insufficiently taken into consideration in the context of judicial or administrative decisions, including in the context of child custody procedures following parental separation and decisions to place a child in a State institution, foster care, or another form of alternative care. The Committee is also concerned that the Youth Parliament does not represent the views of a sufficiently wide spectrum of children in the State party.

The Committee recommends that the State party: (a) Strengthen its efforts, including in respect of legislation, to ensure that children's views are heard and taken into consideration in all judicial, administrative and other decisions affecting them and in accordance with the child's age and maturity; (b) Ensure that the Youth Parliament is representative of all sectors of the State party's child population, including children from distinct ethnic, religious, linguistic or cultural groups.

Alternative care:

The Committee is concerned that: (a) Alternative care provisions for children, such as foster and institutional care, are inadequate, including as a result of inadequate funding and insufficient staffing; (b) There is a lack of systematic and effective coordination between welfare services and the courts; (c) The “juvenile protection societies” are inadequately resourced to fulfill their mandates effectively; (d) That children from some groups, such as Roma and illegal immigrants receive particularly limited protection of their rights in the context of alternative care mechanisms.

The Committee recommends that the State party: (a) Continue to strengthen further its ongoing efforts to improve the protection of children’s rights in the context of alternative care proceedings; (b) Strengthen the effectiveness of its efforts to prevent and reduce the recourse to institutionalization for children in need of alternative care; (c) Strengthen collaboration and coordination between the various relevant governmental and non-governmental bodies in the context of alternative care including, as relevant, with the courts; (d) Ensure that children’s views are heard and taken into consideration in alternative care decisions, in accordance with the principles and provisions of the Convention.¹

■ NAP:

The Greek long-term care system foresees both direct provision of care through social services and coverage of needs through social security funds as well as specific support for indirect care services through tax relief measures. Standard services are offered by state services, by Non-Profit Private organizations and Profit making Private Organizations. From an institutional perspective, there are neither discriminations nor access restrictions insofar as the accessing persons reside legally in the country. However, in practice there are deviations from the general model to the extent that most services are concentrated in urban areas while semi-urban and rural areas suffer from serious shortages and scarcity of specialized services (e.g. After-Care or Rehabilitation Services). This means that there is a need to extend the successful structures and services which have been created as pilot projects, but also to use the important experience gained through reform actions in the Mental Health sector.

The National Social Solidarity and Cohesion Scheme foresee a series of measures to safeguard integrated access to healthcare and long-term care. These measures include:

- preventing and combating institutionalization by mitigating the stigma effect and dealing with the medical-social consequences of referring such individuals with family medical problems to closed-type care services;
- redesigning of adoption and fostering programmes;
- establishment and operation of ‘supported living’ houses.²

8. DATA/ SOURCE OF INFORMATION**■ Are there official sources of information on children in alternative care and how accessible are they?**

There are some (poor) official sources of information on children in alternative care for public institutions supported by the Ministry of Health and Social Welfare. Private institutions do not give information. Religious institutions do not give information, though all of them belong legally to the Ministry of Health and Social Welfare.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

It is not easy to collect information as each source does its own research. Only the National Statistic Office provides public statistics. Much information is restricted access.

¹ [http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/7ad07bede689f193c1256bd70037dce9/\\$FILE/G0240976.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/7ad07bede689f193c1256bd70037dce9/$FILE/G0240976.pdf)

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/greece_en.pdf

COUNTRY: HUNGARY

Contact details of person responsible

Name: **Maria Herczog** and **Zsofia Bakonyi**

Organisation: Family Child Youth Association

Email: zsofia.bakonyi@eurochild.org

1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**
- **Foster Care in a private individual’s home**

According to the latest national data gathered and published by KSH, the Hungarian Central Statistical Office in 2007¹, the total number of children in residential care is **6,585** including the **children’s homes** (2,808 children) and **group homes** (3,777 children).

Group homes are family houses or formal residential settings divided into independent units accommodating a **maximum** of 12 children.

If we take all kinds of residential settings including **boarding schools, after care homes, infant homes** and **homes for children with behavioral problems**, there are **9,288** children in care.

Total number of children in the **foster parent network** is **11,856**. The total number of children in residential care and foster care is **21,144**. (Including over-18s in after care).

The total number of children in Hungary (under 18) according to the year 2005 micro census was 2.074.949. The percentage of children in residential and foster care is close to **0.85%**.

3,285 children in care have a mental disability (2006), this number includes children who are temporarily or permanently into care. But in practice we know that most children in of these cases stay in care.

- **SOS Villages (or similar) care**



SOS-Children's Village Association of Hungary

The Hungarian Foundation of SOS Children’s villages is the only organization in Hungary which is running a professional foster parent network operating only with the employment of full time professional foster mothers and parents.

There are three SOS Children’s villages in three different cities (running three different foster parent networks) and three Youth-houses (of which two are functioning as group homes and one as after-leaving-care home) where they take care of a total of 294 kids.

¹ *Statistical Data of Child-and Youth Protection, Hungarian Central Statistical Office in 2007.*

Beyond running the foster care networks there are some special services provided by SOS Children's villages:

- Placing many siblings who form one family together;
- Local services, like organized free time activities, internet access, coaching;
- Differentiated foster parent waging;
- Supporting care-takes as replacing foster parents- professional care taking and providing stability;
- Controlled family-budget (It is highly important that the use of money given for looked-after children to foster parents or any kind of financial or non-financial support has an easily controllable system. It is the organization's responsibility to ensure that these supports are used properly according to the original aims, in the interest of the child. They have created such a system to check the budgets, so that they can claim and control the expenses.);
- Non-refundable support for young people leaving care.

In 2008 an extensive follow-up survey was carried out with the participation of people who have left care since 1986. There were two main conclusions: First of all, even if girls leave care they have children at an earlier age than the average population, and it is a great achievement that they can take care of them, particularly as most of their children do not go into the care system. Most of the people who have left care are working in a job corresponding to their education, but unemployment is higher among them than on average.

SOS Children's Villages Hungary (diverging from the Gmeiner-principles in conjunction with the International SOS Children's Villages) is also employing couples as foster parents, not only single mothers.

In the past 4-5 years they have also extended the foster-parent network with foster parents living outside the children's villages in their own household, whether that of a professional or traditional foster parent. It is also among their future plans to increase number of foster families living in their own homes and not in the villages.

They put strong emphasis on maintaining contact between children and their relatives to preserve their emotional attachment, to improve the responsibility of parents and to develop their parental skills.

In each SOS-village there is a building especially provided for children keeping in touch with their family: to talk, to play, even with several children in the same time, together with their sisters and brothers. In half of the meetings the SOS Village takes the children to their parents - to the closest official place for keeping in touch.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

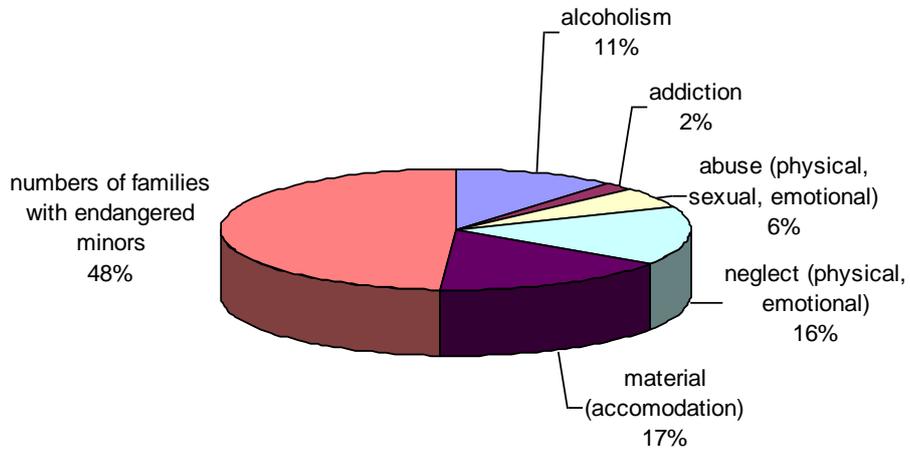
■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

According to Herczog and Nemenyi "the law provides that the child may not be taken away from his/her family on the grounds of insufficient material, financial conditions, and that instead, the family should be assisted to take "good enough" care of their children so as to eliminate the factors endangering the child. Research conducted in this area suggests that the poverty of the parents, as well as ensuing problems (like neglect, alcoholism, etc.), still represent a significant motive behind child institutionalisation.

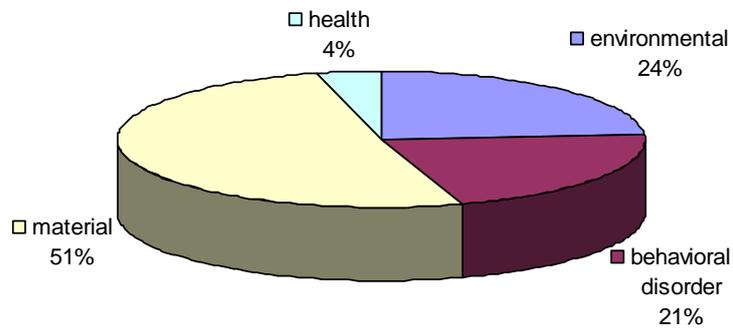
■ What are the stated reasons for children coming in to care?

Stated reasons for children coming into care²

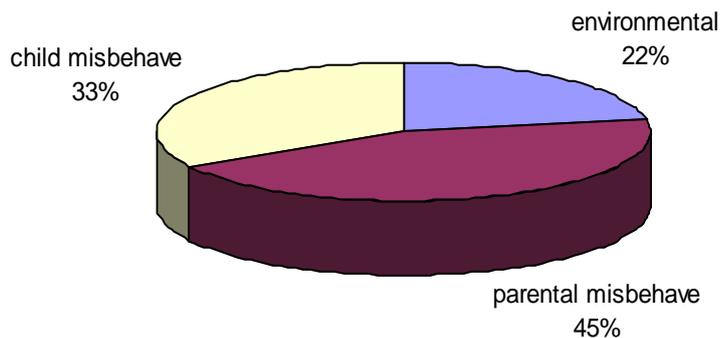
Minors at Risk



Minors at Risk



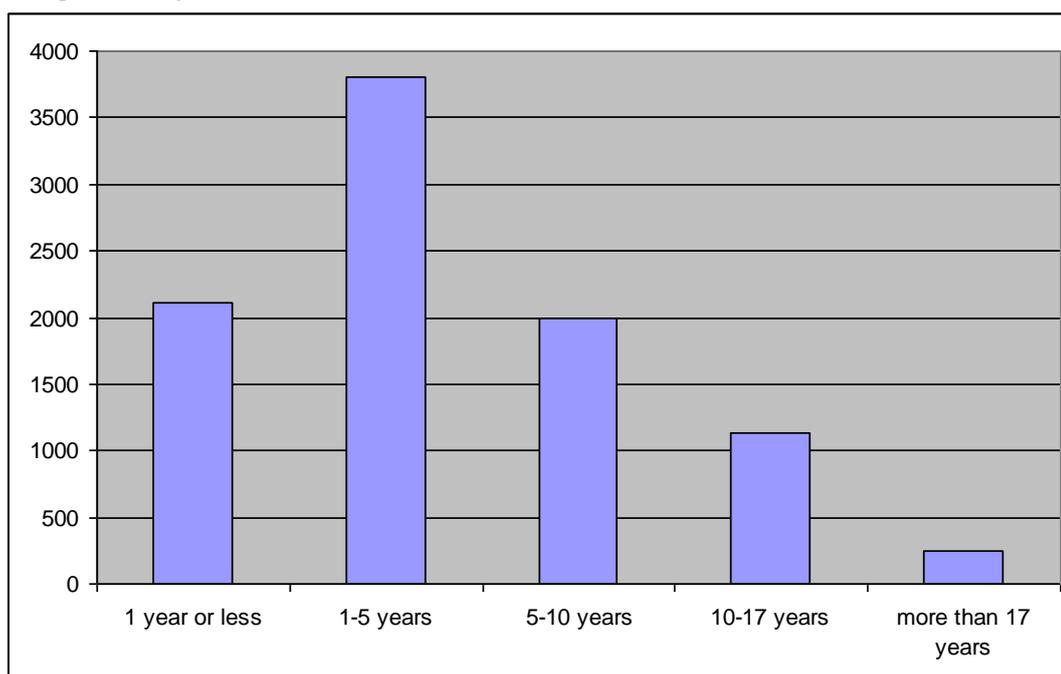
Children coming into care in 2007



² Statistical Data of Child-and Youth Protection, Hungarian Central Statistical Office in 2007.

■ **How long is the average length of stay in care?**

Average length of stay in care³



Average stay in care is **5.4** years.

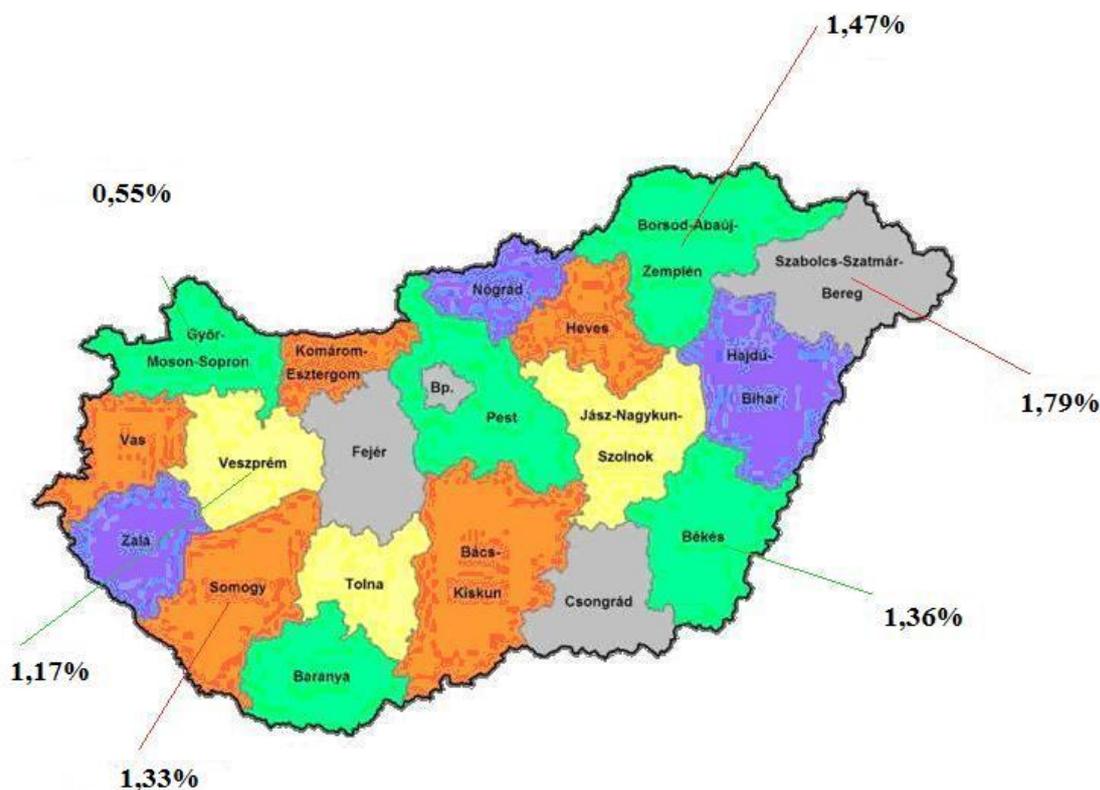
■ **What are the socio-economic circumstances of the family?**

■ **Are there children coming from a certain geographic region or belonging to a certain minority overrepresented in alternative care?**

County	Number of children in care(2007, Central Statistical Office)	Total number of children (2005, Central Statistical Office, Micrucensus)	Percentage
Győr-Moson-Sopron	494	88 734	0,55 %
Veszprém	632	74 705	0,84 %
Békés	1 081	79 308	1,36 %
Vás	453	52 114	0,86 %
Heves	913	66 749	1,36 %
Nógrád	562	44 833	1,25 %
Fejér	1 104	90 597	1,21 %
Zala	659	56 246	1,17 %
Komárom-Esztergom	597	65 289	0,91 %
Bács-Kiskun	1 228	113 388	1,08 %
Csongrád	879	85 365	1,02 %
Pest	1 950	254 590	0,76 %
Jász-Nagykun-Szolnok	1 083	88 446	1,22 %
Budapest	1 607	279 449	0,57 %
Toha	847	51 234	1,65 %
Baranya	1 445	80 686	1,79 %
Hajdú-Bihar	1 807	126 597	1,42 %

³ Statistical Data of Child-and Youth Protection, Hungarian Central Statistical Office in 2007.

Szabolcs-Szatmár-Bereg	2 609	145 032	1,79 %
Somogy	917	68 881	1,33 %
Borsod-Abaúj-Zemplén	2 504	169 700	1,47 %
Total	23 371	2 081 943	1,12 %



■ Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

Officially it is not possible to collect data about ethnic origin, but there are estimations and decisions based on it (e.g. adoption).

The rate of Romani children in the population and in the research sample

Territorial unit	Rate of Roma in the population between the ages of 0 and 14*	Research sample**	Chance quotient of the institutionalisation of Romani children***
Baranya	10.3	41	3.98
Bács-Kiskun	5.6	12	2.14
Békés	8.4	27	3.21
Borsod-Abaúj-Zemplén	27.6	73	2.64
Csongrád	3.6	17	4.72
Fejér	4.2	18	4.29
Győr-Moson-Sopron	2.3	26	11.30
Hajdú-Bihar	11.8	41	3.47
Komárom-Esztergom	6.5	10	1.54
Nógrád	24.3	42	1.73

Somogy	14.4	52	3.61
Szabolcs-Szatmár-Bereg	21.3	44	2.07
Jász-Nagykun-Szolnok	17	33	1.94
Tolna	10.3	34	3.30
Vas	4.4	20	4.55
Zala	9.8	47	4.80
Total	14.8 ¹²	38	2.6

*The first column shows the ratio of Romani children within the child population of the given county, according to the multi-source estimation provided by László Hablicsek. László Hablicsek is a senior researcher, and vice-director of the Demographic Research Institute of the Hungarian Central Statistical Office.

**The second column indicates the ratio of Romani children in the sample of our examination. The last column includes the chance quotients, revealing how many times the rate of Romani children in the child protection system is greater than the proportion of Roma within the child population of the given county.

***The column "total" indicates the averages of data coming only from the 16 counties that were "useful" for our research. The original figure in Hablicsek referring to the entire country is 13 percent.

■ What evidence is there that children of economic migrants are placed in alternative care?

We did not find any children of economic migrants being placed in alternative care. One phenomena that has been identified in Hungary is that of infants left behind by foreign-citizen mothers immediately after birth. The mothers are predominantly from Romania. There are estimated to be around 200 such cases at the moment, but most of the children are returned to their country of origin within two years.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ Education

Children in care on average have very low educational achievement; and a high percentage of them never finish school.

Children successfully finishing their secondary studies while living in children's homes.⁴

	Type of school	Number of students 31st December 2007	Succesfully graduated 2007
		a	b
01.	Secondary school	250	46
02.	Technical school	451	68
03.	Vocational training	1 079	89
04.	(Of 03): industrial vocation	456	28
05.	(Of 03): agricultural vocation	112	13
06.	(Of 03): trade and catering trade	287	32
07.	(Of 03): health	53	5
08.	(Of 03): other	171	11
09.	Technical courses	34	6
10.	Total (01+02+03+09)	1 814	209

■ Conflicts with the law

Children in care who committed an infringement or crime

⁴ Statistical Data of Child-and Youth Protection, Hungarian Central Statistical Office in 2007.

			Number of children			
			Was not at risk	At risk	Registered	Total (a+b+c)
			a	b	c	d
01.	Case of infringement	Below the age of 14	1 257	1 213	499	2 969
02.		Below the age of 18	2767	1 765	722	5 254
03.		Total(row 01+02.)	4 024	2 978	1 221	8 223
04.	Case of crime	Below the age of 14	382	342	226	950
05.		Below the age of 18	1 079	861	5984	2 538
06.		Total(row 04+05.)	1 461	1 203	824	3 488
07.	Total (row 03+06.)		5 485	4 181	2 045	11 711

We have no data on children coming into the care system for reason of offending. According to a research on offending children and young people, the number of offenders referred to care was 65 out of 4000 known cases in 2006. There is no correlation between the interventions and the offences committed.

■ Health incl. mental health

38% of children living in residential care attend special needs' children' schools. Other data on health and mental health does not exist.

■ Employment/ Housing – number of homeless that have a history of alternative care?

There is a lack of data on outcomes for children in care regarding employment and housing. However professionals in the field acknowledge that children with a history in care have high rate of unemployment and approximately **40%** of them become homeless after leaving care.

■ Ability to parent their own children

There is a lack of data.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

■ How are responsibilities shared? At which level – local/regional/national?

Child welfare and protection system⁵

Local government	Notary
Provision of child welfare services: <ul style="list-style-type: none"> • regular child protection allowance • complementary child welfare allowance • exceptional child welfare allowance • child welfare services • day care of children (crèche, family based care, home based care), • temporary care of children(temporary homes and 	Specific responsibilities: <ul style="list-style-type: none"> • placing children on the register • temporary placement of children • record of the full scope fatherhood declaration • cause and case carer, case ward • temporary ward order • allowance of child welfare services

substitute family care)		
Local government		City Custodian Office
<p>Is legally required to provide :</p> <ul style="list-style-type: none"> • a crèche in settlements of over 10,000 inhabitants: • temporary homes for children in settlements of over 20,000 • temporary shelter for families in settlements of over 30,000 • child welfare service centers in settlements with more than 40,000 inhabitants and county capital cities 		<p>Specific responsibilities:</p> <ul style="list-style-type: none"> • advance payment of child alimony • accommodation support • temporary placement of children • children's placement into care • care supervision order • after care and after care services • parents' custody and financial issues of children, • guardianship and wardship • extended family care, adoption
County, city council with special status equal to county capital,		Regional Custodian Office
<p>Ensuring out of home care :</p> <ul style="list-style-type: none"> • county child protection institutes (child protection expert committees, guardians, foster care network, family case worker, after care) • out of home care, specific and special forms of care (foster care, children's homes) • after care, services in after care 		<p>Specific responsibilities:</p> <ul style="list-style-type: none"> • professional guidance and supervision for local custodian offices • appeal decisions • issuing permissions for the operation of children's services and institutions and their supervision • Coordinators for child and youth protection

Ministry of Social and Labour Affairs

- Guidance and professional supervision
- Management and supervision of institutions directly belonging to the Ministry (reformatory, correction institutions and special children's homes)
- Central Authority duties

National Adoption Center

Institute for Social Policy and Labour Affairs

National Expert Committee for Child Protection

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

Not known.

- Are the standards included in the national child care legislation?

Not known.

- Are there any reports on how these standards are applied and monitored in the care practice?

No, there are no special provisions however the Public Fund for Children's Rights (Gyermek- és Ellátottjogi Közalapítvány) is responsible for monitoring and dealing with individual complaint of those in the care system. There are no standards yet. (www.jogvedok.hu).

6. PARTICIPATION

- Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.

No.

- Is there a peer-lead group of parents with children in care? Please provide details.

Not answered.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

- UNCRC: 41st session: 17/Mar/2006

Separation from parents:

The Committee is concerned about the high rate of children placed in alternative care, often for financial reasons, many of them for a long period of time, including very young children and children with disabilities. It notes with regret that about half of these children are not in foster families but in institutions. The Committee is particularly worried about the considerable over-representation of Roma children among children in institutions. The Committee is also very concerned that not enough efforts are made to return children to their families as soon as possible.

The Committee is concerned by reports about the extremely low quality of many institutions and by the fact that children previously in state care are subsequently over-represented among the homeless.

The Committee recommends that the State party provide adequate family support in order to prevent separation and promote family-based assistance in foster care as a form of alternative care. The Committee furthermore suggests that institutionalization be used only as a measure of last resort, taking into account the best interests of the child. In this regard the State party should provide maximum support possible for the work of child representatives and child protection officers with a view to prevent and reduce placements in institutions. The Committee recommends that the State party ensure proper resource allocation, functioning and monitoring of the care institutions and foster care as well as a periodic review of placement in conformity with Article 25 of the Convention.

The Committee recommends that the State party undertake further preventive efforts to address root causes of poverty and to avoid that poor socio-economic conditions result in the separation of children from their parents. During placement in institutions, children should be assisted in maintaining contact with their families with a view towards achieving reintegration. The quality of institutions needs to be improved, staff should be offered additional training, psychosocial assistance should be provided for the children and the education

provided should seek to prepare children for an independent life in adulthood. The children affected should be directly consulted throughout the period of institutional placement.

Adoption:

The Committee welcomes the ratification of the Hague Convention and the designation of a central regulating authority, however it is concerned over the short period of time after birth during which the mother may withdraw her consent. The Committee is also concerned by the high number of Roma children who are maintained in institutions even though some of them might benefit from adoption.

The Committee recommends that the central regulating authority be provided with sufficient financial and human resources to comply with its mandate. Particular attention should be paid to the right of all children to know their origins. The Committee urges the State party to identify those children who could benefit from adoption and initiate the adoption process, taking into consideration the cultural background of these children in accordance with Article 20 of the Convention.⁵

■ **NAP**

The development of the residential social and child protection services – among other sources – will be funded from EU sources – containing replacement of institutions operated with a large number of people, replacement or modernization of the existing castle and manor buildings, as well as other buildings being less suitable for the provision of services. Instead of the former, rather outdated institutions, residential and apartment care homes, semidetached houses, institutions providing temporary placement integrated into normal residential environments can be established in order to provide better, improved services to the users of institutional services.⁶

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

Yes, on the website of the Ministry of Social Affairs and Labour and the Hungarian Central Statistical Office, but only from previous years and only limited scope, many only in Hungarian. (www.szmm.gov.hu)

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

It is relevant for basic provisions but no detailed data collection, few surveys or research data.

Resources:

Statistical Data of Child-and Youth Protection, Hungarian Central Statistical Office in 2007.

Hungarian Central Statistical Office: <http://www.nepszamlalas.hu/mc2005/index.html>.

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Hungarian Ministry of Social Affairs and Labour:

<http://www.szmm.gov.hu/main.php?folderID=13318&langchanged=eng>

⁵ [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.HUN.CO.2.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.HUN.CO.2.En?OpenDocument).

⁶ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/hungary_en.pdf.

 COUNTRY: IRELAND

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“Any alternative care system... must endeavour to not only meet the basic physical needs of children in care, but also to provide for their emotional, social and intellectual development. The guiding values and principle... should include..... continuity in the lives of children and young people – so their identity and education can be maintained and developed, their physical and psychological well-being promoted and their full potential achieved.”

(Report of the Working Group on Foster Care, Department of Health and Children, 2001 p.26-27)

 1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ Family-type care in small residential home with paid staff with 15 or fewer children

■ Foster Care in a private individual's home

The most recent and complete figures available on the numbers of children in alternative care in Ireland are from the Health Service Executive (here on referred to as HSE) Report 'Analysis of Child Care Interim Dataset 2005'. **The number of children in care in 2005 was 5,220.** Compared to 2004, where there were 5,060 children in care, there is a 3.16% increase. The gender breakdown of children in alternative care was 51% male and 49% female. The graph below shows the age profile and gender breakdown of children in care in Ireland until the age of 18.

Age Profile of Children in Alternative Care in Ireland 2005

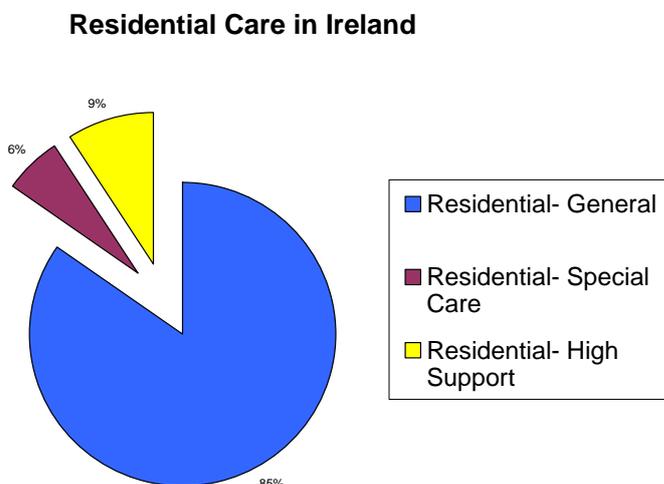


(Figures taken from HSE Analysis of Child Care Interim Dataset 2005: p. 14-21)

85.6% of children in alternative care in Ireland in 2005 were placed in foster care (including pre-adoptive placements). Of these 4470 children, 3000 (**66%**) were in Foster Care-General; 29 (**1%**) in Foster Care-

Special; 1410 (32%) in Foster Care- Relative; and 31 (1%) in Foster Care-Pre-adoptive. A high number of children are placed in Foster Care-Relative (32%) where they are placed in care within their extended family group. A study of 13-14 year olds who were in long term care for over one year suggests that a relative foster care placement show significant benefits to the child with regard to their education and also contact with their birth family (Daly & Gilligan, 2005: p.132).

The remaining 401 (7.68%) of children in care are in a type of residential care.



Of these children in residential care; 338 were in 'Residential-General'. 24 were in 'Residential-Special Care' and 37 were in 'Residential-High Support'. The only type of residential care in Ireland is the 'family-type in small residential home with paid staff with 15 or fewer children'.

It is important to note though, that Residential (General) care homes in Ireland have a maximum of six children at any one time where the 'practice' is usually 4 children. Also, a Court Order is needed before a child can be placed in 'Residential-High Support'. The Department of Health and Children issued guidance in the 2001 Homelessness Strategy

indicating that in emergency situations children aged 12 and under should be placed with families rather than residential centres.

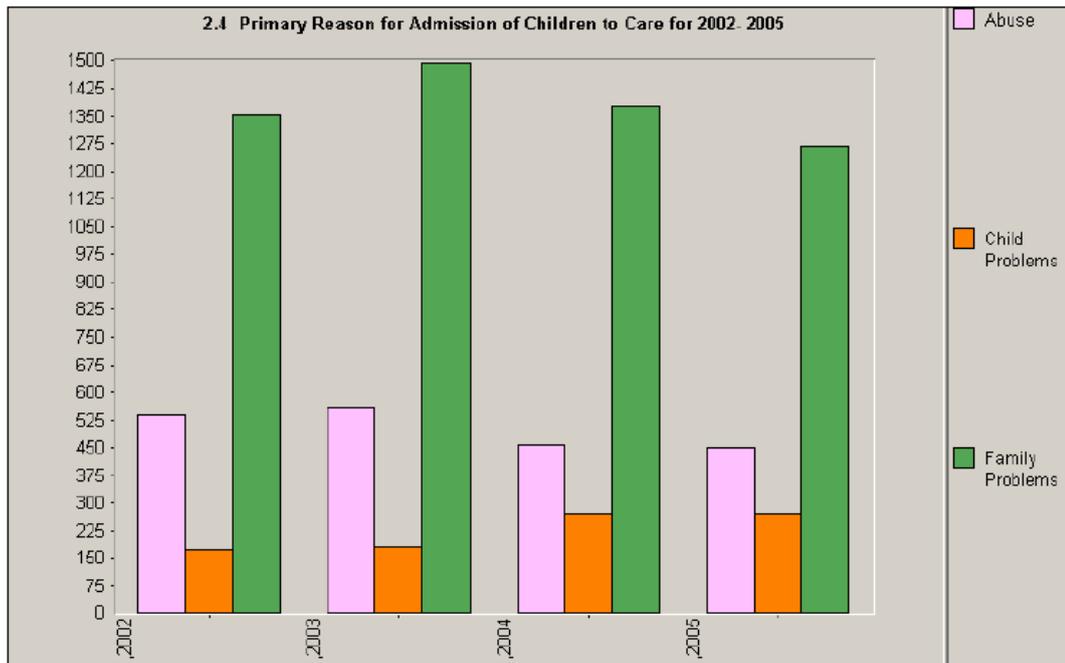
2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Child Welfare legislation in Ireland does exclude poverty/material deprivation as a reason to be taken into care. It must be highlighted that although poverty/material deprivation is not used as a reason to take children in to care in Ireland, according to the HSE (2005: p. 7), 'Family Centred Problems *including* 'family difficulty re housing/finance' accounts for 25% of the primary reasons for children being in care. According to the 'Child Poverty In Ireland 2005: An Overview' Report, lone parent families are three and a half times more likely to live in consistent poverty (End Child Poverty Coalition, 2005: p.6) "43% of children in care at 31st December 2005 were from Lone Parent Families," (HSE, 2005: p.7). These statistics suggest that while poverty and material deprivation are not reasons for children to be taken into care, they may indeed be *contributing factors* in given circumstances.

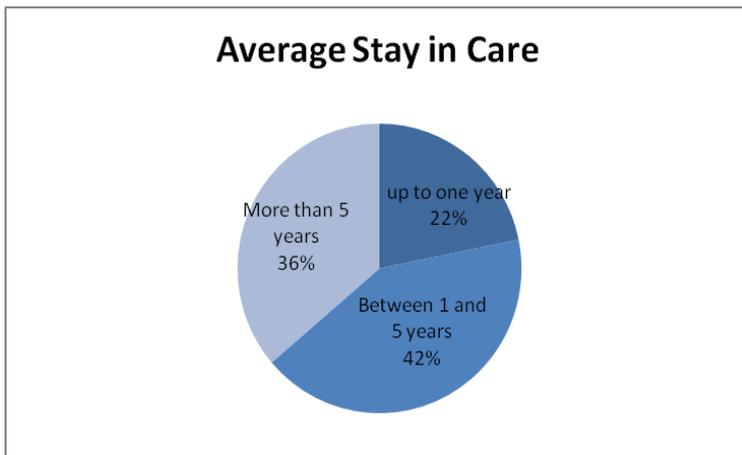
■ What are the stated reasons for children coming in to care?

There are two avenues for children to come into care. Firstly, the parents can voluntarily place the children in care, where they retain their parental rights but the parental responsibilities is with the corporate parent; the HSE. The second avenue is where the HSE (Government Agency) take the child into care through a compulsory Care Order, sought through the Courts. Section 18 of the **1991 Child Care Act** (the main piece of legislation relating to children in alternative care in Ireland) states that for a child to come in to care, the court must grant a 'care order' and be satisfied that; the child has or is being 'assaulted, ill-treated, neglected or sexually abused'; that their 'health, development or welfare has been or is being avoidably impaired or neglected'; or that their health, development or welfare 'is likely to be avoidably impaired or neglected' (quotes taken from legislation- Child Care Act 1991, Section 18.1). The categories of reporting used by the HSE are; Physical Abuse; Sexual Abuse; Emotional Abuse; or Neglect. The following graph shows the ratios of the Primary Reasons for Admission of Children to Care for 2002-2005. The most significant reason is 'family problems', followed by 'Abuse', followed by 'Child Problems'. These titles are very broad in their nature and justify more analysis.



(HSE Analysis of Child Care Interim Dataset 2005: p. 23)

■ **How long is the average length of stay in care?**



While this diagram shows that the average stay in care is between 1 and 5 years, this can be misleading as the '5 years +' category would include children who might have been in care since a very early age and stayed in the care of the HSE until reaching the age of 18. Irish research and legislation lacks a clear definition of what constitutes 'long term care'. Therefore, any attempt to create an 'average length of stay in care' would be misleading. Daly and Gilligan suggest that 'long term foster care is one of the key features of the Irish care

system' (Daly & Gilligan, 2005: p. viii).

(Pie Chart based on figures available in HSE Interim Dataset 2005: p. 39)

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Number of Children in Care

Former Health Board Area	Number of Children in Care
ERHA (Eastern Regional Health Authority)	2,102
MHB (Midlands Health Board)	335
MWHB (Mid Western Health Board)	432
NEHB (North Eastern Health Board)	435
NWHB (North Western Health Board)	208
SEHB (South Eastern Health Board)	564
SHB (Southern Health Board)	761

WHB (Western Health Board)	383
National	5,220

(HSE Analysis of Child Care Interim Dataset 2005: p. 13)

The above table shows the geographical breakdown of the Former Health Board Areas (now known in Ireland as HSE Regions) that are responsible for children in care in Ireland. When addressing the geographic regions, **the largest number of children in care is in the former Eastern Regional Health Authority (ERHA now known as the HSE Eastern Region) at 40.27%- 2,102 children.** However, this figure must be understood in terms of general population density. According to the Central Statistics Office Ireland, in 2006, 54% of the Irish population is in the Eastern region of 'Leinster' (www.cso.ie: 2009). With this in mind, the breakdown of density of children in care from this certain geographic region is without anomaly. The second largest geographical region is Southern Health Board (now know as the HSE Southern Region) where, in 2005, 761 children were in care (15.2%). This is in line with what Daly and Gilligan (2005: p.4) found when 39.6% of children in care in Ireland in 2002 were placed within the Eastern Region and 14.1% within the Southern Health Board. **There are no statistics addressing certain minorities except that of family structure and Separated Children Seeking Asylum.**

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Lack of data- there are no statistics available regarding the breakdown of the ethnic origins of children in alternative care. The only similar issue might be that of 'Separated Children Seeking Asylum' in Ireland, Refugee Act 1996 Section 8.5(a) where the definition is 'a child under the age of 18 who has arrived at the frontiers of the State [and] is not in the custody of any person'. The Child Care Act 1991 is then enacted where the child is then in alternative care until their case is investigated and their status confirmed.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

The educational outcomes of young people in alternative care are largely under-researched. Kelleher (2000) studied 56 young people leaving care, of which 60% had left school aged 15 years or younger and 56% had left with no qualifications (quoted in Emond, 2002: p.7).

One of the few official reports available with regard to educational outcomes of children in alternative care is that of Daly and Gilligan published in 2005 (funded by the National Children's Office) entitled 'The Educational and Social Support Experiences of Young People Aged 13-14 Years in Long Term Foster Care'. This study though very informative and interesting, must be read in context - it specifically addresses the outcomes of children in *long term foster care*. It does, however, give us a positive 'marker' (of education) when all too often, research on children in alternative care use negative 'markers' such as placement breakdown, conflict with the law and others.

One of the highlights of Daly and Gilligan's Report is the fact that 93.7% of young people regularly attended mainstream school and only 6.3% went to a special school (2005: p.30). The majority of young people were making good progress in the school subjects. While '5 out of 10 received some kind of specialist educational provision', a link was made between receiving educational provision and being first placed in care at a relatively older age. (Ibid: p. X).

In a study by Emond, on the educational experiences of young people in residential care, it was found that "a number of the young people had missed long periods of schooling before their admission to care" which may hamper educational success even though their school attendance had improved since admission to care (2002: p.20). A significant conclusion of this study was "the importance of teachers and fellow pupils, not just in relation to their learning but also to their sense of self, their friendships and their sense of belonging". This highlights the significance of educational experience for children in alternative care, not only in relation to any qualification or educational attainment, but to their overall sense of self, confidence and attachment. Again, this document must be read in the context that 8% of children in care in Ireland are in a type of Residential Care.

■ Conflicts with the law

Lack of data - there is a serious lack of research where any correlation directly linking conflicts with the law and care experience is confirmed. While the representative ratio of prisoners with care experience is supposedly 'high' compared with the general prison population, the lack of confirmed research exploring this, limits this discussion.

■ Health incl. mental health

There is a lack of qualitative research into the general health and mental health of children in alternative care in Ireland. Daly and Gilligan found that 191 of the children involved in their research (93.2%) were reported to be in good health according to their foster carers. Some of the other reported illnesses included 'asthma, repeated chest infections, TB, poor immune system, epilepsy, food intolerance (coeliac) and over active thyroid' (Daly & Gilligan, 2005: p.35).

When considering the mental health of children in care, a way of analyzing this would be the establishment of lasting meaningful relationships, attachment with adults, peers and others. Again the Daly and Gilligan report looked at friendship and participation in hobbies or leisure activities. 'The majority of young people has a regular group of friends' and 'over one third of young people were deemed to have friendship networks which were a good source of social support (Ibid: p. xi). There also seemed to be more social interaction surrounding hobbies and leisure activities among the young people who were categorised as 'having good friendship networks' (Ibid.).

■ Housing – number of homeless that have a history of alternative care?

A Focus Ireland Report (2007: p. 12) highlights that youth between the ages of 15 and 24 'are at risk of homelessness when they have been in care as children'. 11% of the total numbers of interviewees in this report were young people who had left the care system in Ireland.

To put this figure in context, it is important to note that although Focus Ireland and indeed other NGO's include 'those, living in inadequate accommodation and those *at risk* of homelessness' in their definition of homelessness, however, 'the State still tends to focus on the crisis element of homeless experience' (Ibid: p. 8). Young people with care experience may not be deemed 'homeless' by the Government whose definition does not include inadequate accommodation but often, young people with care experience may be in the 'inadequate accommodation category'. This is another area of research that is lacking.

Significantly, 'leaving care' is listed as one of the 9 risks and triggers to becoming homeless (Focus Ireland, 2007: p.29).

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

The Government Department with responsibility for children in alternative care is the **Department of Health and Children** within which there is the **Office of the Minister for Children and Youth Affairs (OMCYA)**. 'The role of the OMCYA which was set up by the Government in December 2005 is to improve the lives of children under the **National Children's Strategy**.' (www.omc.gov.ie, 2009). The Health Service Executive (HSE) was set up by the Government in 2005 to deliver on the obligations of the Department of Health and Children, including the care of children in alternative care and is the 'single body responsible for meeting Ireland's health and social care needs' (HSE, 2007: p. 1).

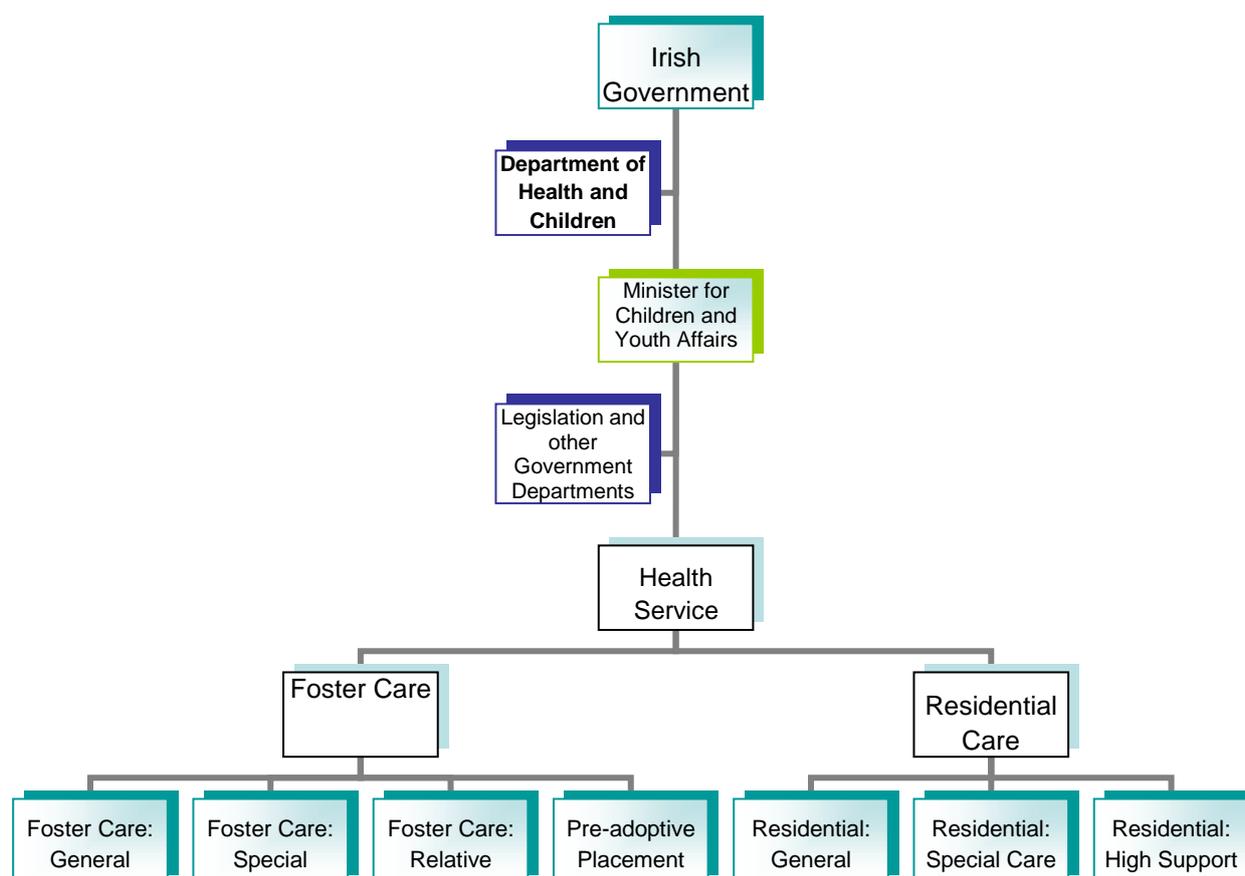
Specific legislation and standards that address children in alternative care in Ireland are:

Child Care Act 1991	Child Care (Placement of Children in Foster Care) Regulations 1995
Child Care (Placement of Children with Relatives) Regulations 1995	Child Care (Placement of Children in Residential Care) Regulations 1995

Child Care (Standards in Children's Residential Centres) Regulations 1996	Children First: National Guidelines for the Protection and Welfare of Children 1999
National Standards for Children's Residential Centres	Children Act 2001
Ombudsman for Children Bill 2002	National Standards for Foster Care 2003
Child Care Amendment 2007	National Children's Strategy 2000-2010

■ **How are responsibilities shared? At which level – local/regional/national?**

The HSE is nationally funded, regionally managed and locally placed and answers to the Department of Health and Children. Many services and facilities, in general and with specific regard in relation to children in alternative care are provided by the Health Service Executive (HSE). Section 3.1 of the Child Care Act 1991 states it is the responsibility 'of every health board to promote the welfare of children in its area who are not receiving adequate care and protection'. All foster carers, children's residential centres and detention centres have to register with the HSE, whether private, public or voluntary agencies. This is to ensure that all children in alternative care in Ireland who are the responsibility of the HSE (and the State) are cared for by agencies that adhere to all legislation and national standards of care. Ireland's 'Corporate Parenting' structure for responsibility of Children in Alternative Care is shown below.



Layout of Ireland's 'Corporate Parenting' of Children in Alternative Care

5. ARE THERE SPECIFIC REGULATIONS/STANDARDS/GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

■ Are the standards included in the national child care legislation?

National Children's Strategy (Department of Health and Children, 2000): First Goal: "Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity".

National Standards for Foster Care (Department of Health and Children, 2003, p. 13): Standard 3: "Children and young people are treated with dignity, their privacy is respected, they make choices based on information provided to them in an age-appropriate manner, and have their views, including complaints, heard when decisions are made which affect them or the care they receive".

National Standards for Children's Residential Centres (Department of Health and Children, 2001: p.13): Standard 4: "The rights of young people are reflected in all centre policies and care practices. Young people and their parents are informed of their rights by supervising social workers and centre staff".

National Standards for Special Care Units (Department of Health and Children, [awaiting finalisation: p.16]: Standard 5, subsection 32: "Young people and their families are fully consulted about decisions which affect their lives. Their views are sought and valued and are used to inform care practices and planning".

Various other pieces of Irish legislation which advocate for the provision for involvement of children and parents in the decision-making process include the Ombudsman for Children Bill 2002. Legislation in Ireland with specific reference to children and children in alternative care is underpinned by the United Nations Charter on the Rights of the Child, such as the Youth Homelessness Strategy 2001 (p. 19). It is noted that the emphasis on the majority of the above legislation is on the involvement, participation and consultation of the child and does not transparently include the parents in the decision-making process in some cases. However, that may be that these particular pieces of legislation are particularly child-centred and do not necessarily address the rights of parents (which may be covered under different Standards and legislation). The latest set of standards (National Standards for Special Care Units [awaiting finalisation]) states that "young people and their families" are to be fully consulted. This shows the shift in Ireland towards including the family in the decision-making process as well as the child.

However, the *reality* of proper consultation with children and their families is a separate issue. While regulations, standards and legislation significant in comparison to other countries, The Irish Social Services Inspectorate (SSI) found that "care planning was more often determined by crisis management rather than long term planning" (ISSI, 2007: p.5) where the voice and opinion of the child and family may not be considered. In a report on "The placement of children ages 12 and under in residential care in Ireland", the Irish Social Services Inspectorate (SSI) stated that "some children's views were not actively sought, and some of those sought were given very limited weight" (ISSI, 2007: p.5).

■ Are there any reports on how these standards are applied and monitored in the care practice?

The Children First: National Guidelines for the Protection and Welfare of Children 1999 implementation was monitored by the Social Services Inspectorate (SSI) and this report was published in January 2003. Until 2007, it was administered under the Department of Health and Children, when it was then established on a statutory basis as the **Office of the Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA)**. The Irish Social Services Inspectorate (SSI) conducts inspections of statutory residential childcare services (i.e. services managed by the Health Service Executive (HSE) **under statutory powers contained in Section 69 of the Child Care Act, 1991**).

Since 1999, Social Services Inspectorate (SSI) has focused on children in alternative care in Ireland, primarily on inspections of residential care, with two inspections of private foster care agencies. All inspection reports are published on their website (www.issi.ie). The Social Services Inspectorate (SSI) also assisted in the development of the National Standards for Children's Residential Centres, National Standards for Special Care Units and National Standards for Foster Care. However, it is important to note that the Health Service Executive (HSE) provision of fostering services and residential centres *are not inspected* by the Health Information and Quality Authority, or the Social Services Inspectorate (SSI). This suggests that private fostering agencies and privately run residential centres, though being the minority of alternative care for children providers, are the subject of more reports, inspections and monitoring, while the HSE agency are not inspected by this statutory authority.

The Children's Rights Alliance is an umbrella organisation representing over 90 organisations whose main aim is to see the UN Charter on the Rights of the Child fully implemented in Ireland. They regularly lobby the Government, write reports and get involved in media forums.

6. PARTICIPATION

■ Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?

There is a lack of data

■ Is there a peer-lead group of parents with children in care?

There is lack of (national) data.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 43rd session: 29/Sept/2006

Ireland ratified the UN Chart on the Rights of the Child (UNCRC) in 1992. Since then, Ireland had made two reports to the UNCRC, in 1997 and in 2005. The 2005 Report indeed celebrates the large steps that Ireland has taken to promote, consult and protect children, in particular, children in alternative care. This is evident by the list of Standards and legislation instigated in Ireland since 1995 (as mentioned previously). Ireland is due to submit a combined third and fourth report to the UN Committee on the Rights of the Child in early 2009.

The Committee on the Rights of the Child when considering Ireland's Second Report welcomed the establishment of the National Children's Office in 2001, the appointment of the Ombudsman for Children in 2004 and the establishment of the Office of Minister for Children in 2005 (UNCRC Committee, 2006: p. 2). The Ombudsman for Children Office published a Report to UN Convention on the Rights of the Child Committee in parallel to Ireland's 2005 Report where an entire chapter was dedicated to 'Family Environment and Alternative Care- Chapter 5' (2006: p. 21-25). The Committee also welcomed the establishment of the Social Services Inspectorate (SSI) "which conducts inspections of foster care and residential centres operated by statutory and non-statutory agencies for children without parental care" (2006: p.7-8).

With regard to how children in alternative care are dealt with in the UNCRC Committee Recommendations, the Committee: highlighted the 'lack of systematic and comprehensive data on children... which would enable analysis of the situation of particularly vulnerable children in Ireland, including... children in institutional care' (2006: p.4). It also highlighted the slow enactment of legal framework in Ireland, in particular with reference to incorporating the UNCRC into domestic law (Ibid: p. 5-6). It also identified a lack of a comprehensive legal framework in that regard and the absence of statutory guidelines safeguarding the quality of and access to health care services as stipulated in article 24 of the Convention, in particular for children in vulnerable situations, (ibid: p. 10). The Committee also suggests that the Irish Social services Inspectorate (SSI) 'strengthen its efforts to ensure and provide for follow-up and aftercare to young persons leaving care centres, ibid: p.7-8).¹

■ NAP:

The Report of the Working Group on Long Term Care was published in 2007 and it has been agreed that the Department of Health & Children will progress the issue of the future financing of long term care. Some preliminary work has been undertaken and it is expected that a more detailed consideration of the options will commence in late 2008.

The Children Act 2001 provides two distinct pathways to meet the needs of both groups of children: a juvenile justice route which emphasises a diversionary and restorative justice approach, and a health board welfare route which emphasises a care and protection approach.

¹ <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G06/450/74/PDF/G0645074.pdf?OpenElement>

Work on enhancing the quality of inspections of children's residential centres is ongoing within the Social Services Inspectorate which is part of the Health Information and Quality Authority (HIQA). HIQA incorporates the Office of the Chief Inspector of Social Services which has specific statutory functions in relation to residential care of children, older people and people with disabilities. It also incorporates the Irish Health Services Accreditation Board.²

8. DATA/ SOURCE OF INFORMATION

- **Are there official sources of information on children in alternative care and how accessible are they?**
- **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

All **legislation** in Ireland relating to children in alternative care is freely available, including downloads from official Government websites. However, this does not necessarily correlate to official sources of information and quality research on children in alternative care in Ireland.

While the HSE do produce Interim Datasets for children in alternative care in Ireland, it takes a long time to publish them and there is a focus on quantitative and not qualitative data. Also the HSE datasets have certain limitations, for example, when asking how long children have been in alternative care, the only published categories are: one year or less, between one and five years, and more than five years. This means that any children who have been in alternative care for over 17 years are still categorised in the 'more than five years' subset - this means that they may be 'lost in the system' where their needs cannot or may not be met since they are not even identified as such.

Research into alternative care in Ireland is often unacknowledged, limited or non-existent. Studies that are contrary to this, such as: Kelleher (2000) who addressed leaving care in Ireland; Emond (2002) who addressed educational experience of young people in residential care; Daly & Gilligan (2005) who addressed educational experience of young people aged 13-14 in long term foster care are examples of specific studies addressing issues surrounding children in alternative care in Ireland.

Resources:

Committee on the Rights of the Child 2006 Consideration of Reports Submitted by States Parties under Article 44 of the Convention on the Rights of the Child: Concluding Observations- Ireland
http://www.ohchr.org/doc.aspx/UNrightsofchild/Concluding_Obs_by_UNCRC_on_Ireland's_Second_Report.pdf [accessed May 2009].

Daly, F. & Gilligan, R. 2005 Lives in Foster Care: The educational and social support experiences of young people aged 13 to 14 years in long term foster care The Children's Research Centre: Trinity College, Dublin.

Department of Foreign Affairs 1996 Refugee Act, 1991 Stationery Office: Dublin.

Department of Health and Children 1991 Child Care Act 1991 Stationery Office: Dublin.

Department of Health and Children 1995 Child Care (Placement of Children in Foster Care) Regulations Stationery Office: Dublin.

Department of Health and Children 1995 Child Care (Placement of Children with Relatives) Regulations Stationery Office: Dublin.

Department of Health and Children 1995 Child Care (Placement of Children in Residential Centres) Regulations Stationery Office: Dublin.

Department of Health 1996 Child Care (Standards for Children's Residential Centres) Regulations Stationery Office: Dublin.

Department of Health and Children 1999 Children First: National Guidelines for the Protection and Welfare of Children Stationery Office: Dublin.

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/greece_en.pdf

Department of Health and Children 2000 National Children's Strategy Stationery Office: Dublin.

Department of Health and Children 2001 Report of the Working Group on Foster Care: Foster Care- a Child Centred Partnership Stationery Office: Dublin.

Department of Health and Children 2002 Ombudsman for Children Bill Stationery Office: Dublin.

Department of Health and Children 2001 Youth Homelessness Strategy Stationery Office: Dublin.

Department of Health and Children 2003 National Standards for Foster Care Stationery Office: Dublin.

Emond, R. 2002 Learning from their lessons: A study of young people in residential care and their experiences of education The Children's Research Centre: Trinity College, Dublin.

End Child Poverty Coalition 2005 Child Poverty In Ireland 2005: An Overview End Child Poverty Coalition: Dublin.

Health Service Executive (HSE) 2005 Analysis of Child Care Interim Dataset 2005 HSE: Dublin.

Health Service Executive (HSE) 2007 An Introduction to the HSE HSE: Dublin (www.hse.ie).

Kelleher, P., Kelleher, C., Corbett, M. 2000 Left out on their own: Young people leaving care in Ireland Oak Tree Press, in association with Focus Ireland: Dublin.

Social Services Inspectorate (SSI) 2003 Report on the monitoring of the Implementation of children First: National Guidelines for the Protection and Welfare of Children Health Information and Quality Authority: Dublin (www.issi.ie).

Social Services Inspectorate (SSI) 2007 The placement of children aged 12 and under in residential care in Ireland Health Information and Quality Authority: Dublin (www.issi.ie).

*Ombudsman for Children Office 2006 Report of the Ombudsman for Children to the UN Committee on the Rights of the child on the occasion of the examination of Ireland's Second Report to the Committee
<http://www.oco.ie/whatsNew/reports-to-un-committee-on-the-rights-of-the-child.aspx>*

National Children's Office 2005 Convention on the Rights of the Child: Ireland's Second Report to the Committee on the rights of the Child Stationery Office: Dublin.

COUNTRY: ITALY

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE**Table 1. Fostered children and children in residential services by region and autonomous provinces - ITALY**

31.12.2007 - (Absolute values)

Regions	N. fostered children	N. children in residential services	Total
Piemonte	1,634	990	2,624
Valle d'Aosta	41	16	57
Lombardia	2,454*	1,790	4,244
Provincia Bolzano	179	134	313
Provincia Trento	99	256	355
Veneto	793	880	1,673
Friuli-Venezia Giulia	166	453	619
Liguria	854	404	1,258
Emilia-Romagna	1,283	1,084	2,367
Toscana	1,397	774	2,171
Marche	309	358	667
Umbria	183	319	502
Lazio	2,338	1,585**	3,923
Abruzzo*	250	290	540

Molise	6	58	64
Campania	1,250*	1,570	2,820
Puglia	1,370	1,823	3,193
Basilicata	76	156	232
Calabria*	450	570	1,020
Sicilia	1,284	1,700*	2,984
Sardegna*	350	420	770
Italia	16,800	15,600	32,400

* *Estimation*

** 31/12/2006

To sum up (end of 2007):

16,800 children in foster care

15,600 children in residential care

A total of **32,400 children in alternative care** (3.2 per 1,000 children).

Source: Italian National Centre of Documentation and Analysis for Childhood and Adolescence (Quaderno 48 "Accogliere bambini, biografie, storie e famiglie" Edited by Valerio Belotti, Istituto Innocenti – 2009 www.minori.it).

Legislation today

Law 149/2001, *Discipline of adoption and fostering of minors* establishes that "Care in homes must be superseded by 31st December 2006 by fostering to a family and, where this is not possible, by integration into a family-type community characterized by an organization and inter-personal relationships similar to those of a family¹". This aim requires clearly establishing the differences and boundaries between the different types of residential homes for children: for this purpose, we refer to the definitions produced at the Conference of the Regions at the session of 13th November 1997². It defines "institute" as a large residential social-educational structure of the welfare-type, which can house a large number of residents - twelve or more children- with educational, recreational and assistance services, as stipulated by the ISTAT in accordance with the Inter-Regional Technical Group for policies on children.

On the basis of the *National plan of action for the protection of the rights and development of young children 2002-2004*, the National Observatory for childhood and adolescence was appointed to monitor the process of de-institutionalization.

In 1999, children in homes numbered more than 28 000 against only 10 000 who were fostered. In 2005, the proportion between children in homes and those fostered tends to be rebalanced with a strong growth in fostering and a constant reduction (although still not sufficient) in the number of children in homes. Early research shows that the situation is progressing and it gradually appears to be directed towards the provisions of Law 149/2001.

In early January 2008, the closure of the institutes appeared to have been essentially completed. In essence, it can be said that just over a year after the deadline set by the law, almost all children without a family have left the institutions. But there are still too many who have gone from the old orphanages to a family-type community and too few have been placed in a family through fostering, in the opinion of the Minister for

¹ Article 2 of Law 184/1983, as amended by Law 149/2001.

² Proceedings n. 357 of 13th November 1997.

Social Solidarity. (Source: Life after Institutional Care project by Amici dei Bambini. Children's homes: Institutionalisation and the Transition to Adult Life, Institute Synergia Milan, 2008).

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

Table 2 – Children in alternative care: age, gender, Italians or foreigners (31/12/2007)

	% FOSTER CARE	% RESIDENTIAL CARE
AGE / YEARS OLD		
0-2	39.8	60.2
3-5	57.6	42.4
6-10	58.7	41.3
11-14	53.2	46.8
15-17	41.4	58.6
GENDER		
Male	49.5	50.5
Female	56.7	43.3
CITIZENSHIP		
Italian	54.6	45.4
Foreigners	37.6	62.4

Source: adapted from Italian National Centre of Documentation and Analysis for Childhood and Adolescence (Quaderno 48 "Accogliere bambini, biografie, storie e famiglie" edited by Valerio Belotti, Istituto Innocenti – 2009 www.minori.it).

Concerning causes of placement, last available national data refers to 2003.

In particular, data collected in 2003 exclusively refers to the population of institutionalized children (i.e. public residential placements for more than 12 children).

Table 3 - Reason for institutionalisation of children in public childcare residential placements (30.06.2003):

Family financial problems	861	33.0%
Negative parental behaviour	313	12.0%
Breakdown of family relationship	222	8.5%
Parents' negligence or exploitation	132	5.1%
Judicial troubles of parents	122	4.7%
Loss of parents' employment	117	4.5%
Problematic family relationships	115	4.4%
Orphan hood	93	3.6%

Family housing needs	90	3.4%
Abandonment	70	2.7%
Refugees	68	2.6%
Sexual abuse	64	2.5%
Health problems	48	1.8%
School problems	28	1.1%
Child behavioural problems	24	0.9%
Others	245	9.4%
Total	2,633	100.0%

Italian National Centre of Documentation and Analysis for Childhood and Adolescence (2003) (www.minori.it)

(Source: Mauro Favalaro, Silvia Poloni in *Amici dei Bambini, 2008 Report on Child abandonment 2008*, pp.287, FrancoAngeli www.francoangeli.it).

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

The result of care interventions on children, referring to their stay in the residential structures, becomes an essential indicator of the result of the institutionalisation's process.

At the end of their care experience, only 1.6% of all the care-leavers start an autonomous life project (see table below).

This extremely low percentage³ (especially if considered in comparison with the achievement of autonomy by fostered care-leavers, who represent a higher figure of 11.1%) gives precise as well as worrying indications about positive outcomes in this care process. This figure shall be added to the figure of about 9.4% of children, whose fate is unknown after their departure from the residential community.

Nevertheless, this percentage is 'compensated' by the high figure of children re-entering their own family (52% of institutionalised children vs. about 42% of fostered children).

Table 4 - Children leaving residential communities and children having ended their fostering period, allocated per care result (percentages) on 31.12.2005.

	Residential structures	Fostering
Re-entering his/her own family	52.0	41.6
In a new residential structure	13.4	17.2
In a pre-adoption period	-	12.6
In a foster family	11.1	4.0
Adopted	2.3	-
Autonomous life project	1.6	11.1

³ ISTAT's data (2008, www.istat.it) referring to 2005 give the percentage of 8.5 % of young people leaving residential care for an autonomous life while it indicates as 33.7% the percentage of youths whom the fate is unknown once they have left residential services.

Staying after 18 yrs old	-	8.1
Other placements	10.1	5.3
Unknown fate	9.4	-
Total	100.0	100.0
Number	4,252	620

Italian National Centre of documentation and analysis for childhood and adolescence (Quaderno 43, edited by Ciccotti, Moretti, Ricciotti "Infanzia e adolescenza in cifre", Istituto Innocenti – 2007).

(Source: *Life after institutional care project by Amici dei Bambini. Children's homes: institutionalisation and the transition to adult life, Institute Synergia Milan, 2008*).

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

Child protection decision-making

The organisation and management of social policies and services in Italy - according to the Law 328/2000 - is decentralised to the Local Authorities (Regions and Municipalities).

The National Authority (Ministry of Welfare) is committed to childhood and adolescence affairs, social inclusion, immigration and disability and is entrusted with the task of guiding, coordinating and monitoring domestic social policies; it allocates the National Fund for social policies to the regions, and settles basic social services. The General Management for the Immigration of the Ministry includes the Committee for foreign children, an inter-ministerial body for safeguarding the rights of foreign non-accompanied children living in the country and foreign institutionalised children, as provided in the Convention on the rights of the child stipulated in New York on November 20, 1989 (ratified and entered into force by the law 176/91).

Apart from the Ministry of Welfare, child protection policies are subjected to the authority of:

- A. The Department for family policies (Ministry without portfolio), which is involved in:
- planning, orientation, coordination and monitoring of the measures in support of the family;
 - interventions to support motherhood and fatherhood, parenting and birth, aimed at accommodating working time and time that should be dedicated to the care of a child.
 - actions undertaken by the government with regard to the National Observatory on the Family, the Observatory against paedophilia and child pornography, the National Observatory on childhood, the National Childhood and Adolescence Documentation and Analysis Centre, and the Board for international adoptions;
 - management of the fund for family policies.
- B. The Ministry of Interior, involved in:
- fighting paedophilia and child abuse;
 - coordination of activities in support to distressed children undertaken by local boards and private organizations committed to social work;
 - fighting the phenomenon of bullying and sensitizing new generations to respect vulnerable individuals and fight against criminality in schools.

The governmental actions on child protection are mainly carried out by two organisms:

- the National Observatory on Childhood and Adolescence: it is a consultative body consisting of the representatives of all the Ministries (mainly those involved in child policies: Education, Health, Justice, etc.), Local Authorities (Regions), Professional Associations (e.g. Juvenile Court Judges,

Social Workers or Psychologists of Childhood) and of Non-Governmental Organisations committed in Child Affairs (as Amici dei Bambini);

- the National Childhood and Adolescence Documentation and Analysis Centre: it proposes and to develops research activities on childhood that aim at monitoring the condition of children in Italy and defining childhood policies.

Governmental and the Regional politics are coordinated by the permanent Conference on the relationships between State, Regions and the autonomous Provinces of Trento and Bolzano, which is entrusted with the task of encouraging cooperation between the actors involved and is widely acknowledged as “the centre” for political negotiations between central government and regional autonomous administrations. In particular, the State-Regions Conference allows the Government to obtain useful advices from the Regions on major regional prescriptive and administrative acts.

Based on the general directions archived by Central Authority, the Regions (21 Local Authorities) have the function to translate the general suggestions given by implementing programmes, standards and accreditation criteria, regional laws and action plans; they co-ordinate the services between Municipalities and Not-Profit Sector and regulate the distribution of regional resources (funds and personnel) to Municipalities.

The Regions have a very important and operating role in implementing services and policies. Often they adopt specific and different procedures one from another (in terms of Regional laws, organisational systems, methodology of intervention, etc.), according to their authority and autonomy as recognised by the Law 328/2000, this power should certainly improve the local management of services (with relation to the real needs and social features of the community). But on the other hand it provokes strong differences in supplied services, a dis-homogeneity in the countryside and the difficulty to reach similar data for collecting a Country-wide picture on the child's condition.

The Municipalities directly plan, organise and implement the local system of social services, involving all the social actors (public services and accredited NGOs). They manage the funds for social services and evaluate the functioning of the services (in terms of efficacy and efficiency). The small Municipalities elaborate a common Inter-Municipality (Zone) Plan, in order to optimise the management of services and resources on a small area. Larger Municipalities also adjust planned services activities according to Inter-Municipality Field Plans.

An overall analysis of the interviews has revealed poor coordination among the organizations committed to children and family affairs. Family Centres, Family Advice Bureaus and territorial socio-sanitary services may not be yet considered as a joint network of resources providing the best assistance to distressed families. Generally, precautionary assistance is not provided to families in their attempt to overcome evolving family problems. This may be partially being referred to Family Centres existing in the regional territory; although these facilities do not cover the whole territory and do not include professional figures qualified for child care activities. As a matter of fact, socio-sanitary services committed to child affairs are focused on child protection and emergency situations and do not have adequate resources for global intervention in favour of the whole family.

Another problem is related to the increasing number of children affected by psychological disorders placed in child-care communities who do not receive adequate qualified assistance. When communities operating outside the residential area of the child have to be utilised for the placement, the child is totally uprooted from his social context and organizational problems may jeopardize the efficacy of monitoring.

As specified above, the shortage of resources and qualified technical competences is a critical issue in the assistance of birth families. The number of foster family applicants is inadequate: generally, foster families can be easily found but the selection is restricted to a limited number of applicants so the risk of unsuccessful fostering experiences is too high. A similar problem has been observed with the communities: their number is adequate but they are unequally distributed in the regional territory and provide only a restricted range of services.

Family foster care is generally not well accepted by birth families as they fear that strong affective relationships may be established between the child and the foster family and, on the other side, foster families are not adequately supported by social services, with particular regard to the relationship between

the child and the birth family. The parameters for a standardised support to foster families have been defined in the recent Regional Directives.

Finally, the problems reported in the survey are to be understood in the context of a remarkable increase of social services users (i.e. 11% in 2003-2005) which is related to the growing number of foreigners in the population.

We can therefore conclude that at present, social services have given an adequate response to the increasing number of distressed families and the growing phenomenon of foreign immigration. However, this is a temporary condition: as there is a serious risk of re-institutionalization of child-care systems if the efficacy and the power of current child care and protection systems are not improved considerably.

(Source: Mauro Favoloro, Silvia Poloni in Amici dei Bambini, 2008 Report on Child abandonment, 2008, pp.282-285 and pp.304-305, FrancoAngeli publisher www.francoangeli.it).

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Child protection legal framework

The Child-Care Protection System in Italy is regulated by two main National Laws and a National Action Plan:

- Law n.328, dated November 8' 2000: "Law for the implementation of an Integrated System for Social Services and Actions";
- Law n.149, dated March 28, 2001: "Amendments to the Law n. 184, dated May 4, 1983, relating to the Rules for Adoption and Foster Care of Children";
- Document "Action Plan for closing Child Institutions before December 31, 2006" (issued by National Observatory on Childhood and Adolescence on March 16, 2004).

Moreover, a large number of regulations for the protection of underage children and the promotion of children welfare are now effective in Italy, including:

Law n. 285, dated August 28, 1997

"Provisions for the promotion of rights and opportunities for Childhood and Adolescence"

Law n. 66, dated February 15, 1996

"Regulations against sexual assault"

Law n. 269, dated August 3, 1998

"Regulations against new forms of slavery such as prostitution, pornography, tourism for sexual exploitation of children underage"

Law n. 154, dated April 4, 2001

"Measures against domestic violence"

Law n. 46, dated March 11, 2002

"Ratification and enforcement of the optional protocols to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and the involvement of children in armed conflicts"

Law n. 148, dated on May 25, 2000

"Ratification and enforcement of Convention n. 182 on the prohibition and the immediate suppression of Child Labour, and the relevant Recommendation n. 190 adopted by the 80th Conference of the International Labour Office (Geneva, June 17, 199)"

Law n.476, dated December 31, 1998

"Ratification and enforcement of the Convention on Child Protection and the cooperation on international adoptions (Aja on May 29, 1993). Amendments to law n.184, dated on May 4, 1983 on the adoption of foreign children"

Law n.77 dated March 20, 2003

“Ratification and enforcement of the European Convention on the fulfilment of children's rights (Strasbourg, January 25, 1996)”

Law n. 675, dated December 31, 1996

“Protection of persons and other entities with respect to the processing of personal data”

Decree of the President of the Republic, dated September 22, 1988, n. 448.

“Provisions on actions against underage defendants”

(Source: Mauro Favalaro, Silvia Poloni in *Amici dei Bambini, 2008 Report on Child abandonment 2008*, pp.281-282, FrancoAngeli publisher www.francoangeli.it).

6. PARTICIPATION

In its last **recommendations to the Italian government**⁴, **UNCRC Committee** urged the Italian government to secure special attention to the rights of every child to participate in decisions that concern him/her within the family, school, other institutions and society as a whole, paying attention to vulnerable groups. In its latest recommendations of November 2009 the Italian CRC group⁵ urged the Italian Ministry of Labor, Health and Social Policies to **consider with particular attention “children belonging to vulnerable groups”** in its work of involving children and adolescents. The following contribution about participation is taken from the Second Supplementary Report to the UN about the Monitoring of CRC (Convention on the Rights of children and adolescents) application.⁶

In recent years, promoting the participation of children and adolescents has had a significant growth in Italy, thanks to the impetus given by initiatives and documents promoted and developed at national, European and international level (first of all the UN Convention on the Rights of the Child and Adolescents, which allowed the central conceptual shift from minor "objects" of law to "subjects"). However, it is to be noted that participation in our country has not yet fully penetrated our institutional and social settings: initiatives of participation by children and teenagers in Italy take place mostly at the local level and in a non-continuous way, thanks to the initiative of some local governments, some NGOs and associations active in this field and / or schools involved in participatory processes, all of which present a variety and richness of content and approaches.

One form of participation of the child, which affects children in alternative care is listening to the child in judicial matters. The entry into force of Law 149/2001 only on 30th June 2007, as for the civilian issues, found its justification in the absence of detailed legislation implementing the same Law. ... Minors are a part, in a technical sense, of all proceedings concerning him/her, having the right to appoint a lawyer in all proceedings and not only in case of a conflict of interest with his/her parents. At present the situation is very confused with no uniformity of application. A recently conducted survey shows a wide disparity in treatment between the various Courts of Justice. The simple fact that the child is not legitimated to act actively (for example he may not seek or initiate proceedings concerning him/her) suggests that he/she cannot be considered a part (active part) in the full sense (neither in the proceedings *de potestate* -that is restrictive of parental powers- nor in the procedures of adoptability). Concerning the duty to listen to the child in judicial matters and how it should be carried out, once again a lack of uniformity of interpretation between the various Italian courts must be pointed out.

⁴ The latest recommendations of UNCRC Committee (Conclusive Observations) relative to the issue of participation date back 2003: CRC/C/15/Add. 198, point 26 b).

⁵ *CRC Group, a group working on the Convention on the Rights of Children and Adolescents*: this network is presently composed of 86 subjects of the Third Sector which have long been actively involved in promoting and protecting the rights of children and adolescents and is coordinated by Save the Children Italy. Group CRC was established in December 2000 with the primary objective of preparing the Report on the Implementation of the Convention on the Rights of the Child and Adolescent (Convention on the Rights of the Child - CRC) in Italy, in addition to that presented by the Italian government, to be submitted to the UN Committee on the Rights of children and adolescents at the High Commissioner for Human Rights of the United Nations.

⁶ Source: CRC Group, *The Rights of Children and Adolescents in Italy, Second Supplementary Report to the United Nations about the Monitoring of CRC Application in Italy*, November 2009, pp. 39-47.

The Italian CRC Group recommends:

1. Parliament to provide for a complete reform of the legal aid and of the court-appointed defence at State's expenses;
2. Ministry of Justice to consider establishing training courses for guardians *ad litem* and lawyers working with minors;
3. The Government to amend the declaration made upon ratification of the European Convention of Strasbourg on the Exercise of Children's Rights, in order to make the Convention applicable to all proceedings affecting children.

Some brief notes about **other forms of participation in Italy follow, which are essential if children are to be involved in decision-making about their lives in alternative care:**

The consultation of children and young people, enabling them to find information relevant to their lives; to hear their experiences, their concerns and their priorities which are key in decision-making forums. In this respect, we must underline: the commitment of the Pidida⁷ Coordination Group in raising awareness of this issue at many Italian schools through questionnaires, as well as a process of national participation of children sponsored by the government with PIDIDA in 2006, which unfortunately did not end up with concrete results, although interest in mutual cooperation is still alive.

Advice by children and young people, as a way of participating in community life, allowing children to collaborate with adults on issues that concern them directly. These experiences in Italy were born in the late 90s under various names such as municipal councils of children and young people. In recent years the number of Councils has gradually increased, but none of the existing national or regional structures is now equipped to work with extensive coordination in order to support these experiences appropriately.

Participation in school, although at ministerial level there is not a consultation process with young people, it is recognized that their participation is crucial for the establishment of a good climate and a democratic context. According to a government report, the listening function by teachers at school is a duty as is the right of the student to be listened to, as enshrined in the Charter of rights and duties of students. However, in practice their participation in school is not common yet: neither is the use of the CRC as part of the educational programmes nor the direct involvement of children except for processes involving Student councils. Moreover, the promotion of the CRC as a training tool for teachers does not have a structured form in Italy, which also has an impact on the attention given to participation in general by teachers and schools.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 32nd session: 18/Mar/2003

In its latest **recommendations UNCRC Committee** urges as a preventive measure improvements in social welfare and support for families to help them fulfill the task of raising children ...; take effective measures to implement alternative solutions to institutionalization, such as foster care in family homes and other family care systems ...; establish effective mechanisms to receive and forward complaints by children in care, to monitor standards of care⁸

Italian Law 149/2001 'Right of the child to a family', according to the rights enshrined in the CRC, identifies the preconditions for implementation of the right of every child to a family, giving priority to their own, and

⁷ PIDIDA - For the Rights of Children and Adolescents - is a free table of discussion and coordination open to all Associations, NGOs, and many in the Third Sector working to promote and protect human rights and adolescents in Italy and worldwide. The path of PIDIDA began in 2000: UNICEF-Italy invited the other Italian organizations who work with children and young people to work together in the preparatory process for the Special Session of UN General Assembly on Children (UNGASS), which would take place in 2002. Associations that joined set themselves the goal of working together to agree about necessary documents and participate in this international appointment. After the Special Session of the UN, the General Assembly adopted the document "A World Fit for Children" which is used by PIDIDA as a key research tool and promoted as such by all participating associations and NGOs, along with the Convention on the Rights of the Child and Adolescent and its two Optional Protocols. Pidida continues to be active on the issues of the Special Session, in particular participation of children and young people and focusing some areas of the Convention.

⁸ The latest recommendations of UNCRC Committee (Conclusive Observations) relative to of children in alternative care (out of family) make reference to Article 20 of the CRC and date back 2003: *CRC/C/15/Add. 198, point 34 b), c), e).*

assigns to the State, Regions and Local Authorities respective responsibility for supporting families in difficulty, in order to prevent abandonment and to allow the child to be educated in his/her own family. In particular, the law forbids that the conditions of needy parents can hinder, even indirectly, to exercise the right of the child to his/her family "and stipulated that the 'institutionalization' of children was due to be overcome by 31st December 2006 by relying on a family, a fostering family and, if this is not possible, through placement in family-type communities⁹.

■ NAP:

The general **objectives of the National Action Plan on Inclusion 2008-2010** foresee action of cooperation and shared responsibilities between public and private subjects, more unity of policies and services for children and adolescents, in order to give proper value to existing resources, strengthen them and / or create new resources and services for child protection and, in particular, to respect the right of children to grow in their families. ... When a separation from his/her family is foreseen as an exception in his/her best interests, the child must be placed in a family environment suitable for the full and harmonious development of his/her personality. Public institutions are required to take the necessary measures so that the family can play their role and make necessary efforts to ensure the child such protection and care necessary for his/her welfare

In order to generate actions aimed at preventing the suffering of families in difficulty and ensuring that the child is taken into care in a professional and efficient way with services near to the child's territory, the goal is to **strengthen services in three fundamental respects:**

- a) **prevention:** development of all initiatives to support the family in its many duties of care and education, so that it has competent and co-ordinated points of reference when confronting problems and difficulties;
- b) **protection:** interventions in situations of distress to be addressed in differentiated ways to ensure adequate economic conditions, social integration and security;
- c) **emergency:** cases related to situations of neglect and violence requiring rapid intervention of "social First aid"¹⁰.

Communities and foster care can be seen as responses to different needs, although the boundaries are often difficult to indicate. In principle, when infants and small children are the focus, the choice, also in cases of first aid intervention) should go to foster families who must be adequately prepared. As for larger children and adolescents feared to have been severely abused or ill-treated, a more appropriate solution seems placement in a community with professionals having specific therapeutic and healing abilities¹¹.

Family Fostering

Family fostering is one of the main forms of children protection in those cases where the family of origin is temporarily not capable of carrying out parental functions appropriately. This precious supportive tool for the child has developed over the years in Italy. However, it is weakly promoted, especially due to the relatively minimal action by Regions and Municipalities that have (the former) legislative and (the latter) managerial and organizational responsibilities for family fostering.

Main objective of the fostering project is the return of the child to his/her family of origin; it is a project requiring a large investment (in a wider sense) by services entitled to take over the child versus the his/ her family of origin. The project ... must contain a clear and explicit temporal perspective, the set of actions that the services intend to implement together with the child and his/her family of origin, in addition, of course, to those supporting the fostering family¹².

Liana Burlando¹³ reminds that foster care is a distinct and complex tool which finds its roots in the ethics of hospitality and in the sharing of responsibilities. "**It is an intervention in a network, requiring an ever greater**

⁹ Source: CRC Group, *The Rights of Children and Adolescents in Italy Second Supplementary Report to the United Nations about the Monitoring of CRC Application in Italy*, Nov. 2009, p. 66.

¹⁰ Source: Ministry of Labor, Health and Social Affairs, *National Action Plan for Social Inclusion 2008-2010*, Nov. 2008, p. 22

¹¹ Source: Istituto degli Innocenti, *Report on the condition of childhood and adolescence in Italy 2008-2009, Themes and Perspectives from the work of the National Observatory on childhood and adolescence*, Nov. 2009, p. 147.

¹² *Ibidem*, p. 144.

¹³ Source: Liana Burlando, spokesman for the National Coordination of foster care services, in her speech at the National Convention *Family fostering: towards the rights of the children*, organized by the National Association of adoptive and foster families, by the

integration and collaboration between different existing services and various professionals, between public and private, social private and voluntary operators, national, regional and local levels. Every foster care is made possible by the involvement of different actors (the child, the family of origin, the foster parents, operators caring for the child and those for the family), each of whom plays a specific and essential role for its success". Although the number of foster children has grown over the past ten years, we can identify **some critical points**: the preponderance of judicial fostering rather than consensual fostering; its long-lastingness; the fragmented nature of the interventions; the high turnover of operators engaged in the path of foster care; the precariousness of the services provided, the poor support to families of origin¹⁴.

The **Ministry of Labor, Health and Social Policies**, in partnership with the regions and the national committee for the foster care services, **intends** to enhancing the exchange of experiences and of best practice about foster-care services in order to train operators and give impetus to the development of foster care services across the country, thereby sensitizing the civil society through a national promotional campaign and in addition ensuring a quality action. All this involves a significant reduction in social intervention costs, and the chance to develop also a more efficient interrelation between public and private realms. The expected result is the promotion of regional coordination groups, thereby ensuring continuity in the exchange of best practice and support to the work of operators in foster care services. In this respect it is considered essential to achieve a set of initiatives aimed at training operators so that they are adequately prepared for the families interested in becoming a fostering family ... Organizing workshops will allow operators to fully use their knowledge and better activate and orientate their activities in order to ensure maximum effectiveness and efficiency to their work¹⁵.

In its 2009 recommendations, the **Italian CRC group recommends**:

1. **To Regions and Local Authorities**, within their respective powers, and in accordance with Law 149/2001: to promote foster families by allocating adequate funding, the necessary social and health-care personnel, making regular statistical monitoring surveys on the number, status and management of foster care cases, as well as providing forms of support in particular to difficult fostering cases;
2. **To Juvenile Courts**: to implement powers conferred on them, giving priority to fostering versus community-based solutions for children removed from their family and not adoptable; to accurately monitor through monthly reports sent by services about the evolution and conditions of the family of origin; to rigorously and timely implement Article. 5 paragraph 1 Law 149/2001, according to which "the fostered Child shall be heard in civil proceedings on parental responsibility, fostering and adoptability of the entrusted child"¹⁶.

Community residential services for children in alternative care

There are children and teenagers who spend a longer or shorter period of their life in a community rather than in their family. We can briefly **define a community** as a place (usually a house or an apartment) where a group of teenagers and children, usually not more than seven or eight, live together with some adults, an average of four or five. In some cases children live permanently in the community, and in others they live with a family one or more days a week. Similarly, there are situations in which adults live in the community and others in which adults work in the community and have their home outside it. Services of the area in which the community is located are used. In a community you do not do "anything special": there you live as in a family, doing things as you would do in a family¹⁷.

In identifying the family as a guiding principle of the system to protect children, the closure of institutions was the logical and natural consequence of policies aimed at enhancing the role of the family. *In fact, the imperative of overcoming the institution produced very different and confused interventions, which only partly led to the realization of the right of children to a family, mainly because of failure of regions and local*

Foundation for Social Promotion and by Welfare Perspective, with the help of CNSA (National Coordination of Foster Care Services), May 26, 2005.

¹⁴ Source: Istituto degli Innocenti, *Report on the condition of childhood and adolescence in Italy 2008-2009, Themes and Perspectives from the work of the National Observatory on childhood and adolescence*, Nov. 2009, p. 146.

¹⁵ Source: Ministry of Labor, Health and Social Affairs, *National Action Plan for Social Inclusion 2008-2010*, Nov. 2008, p. 22.

¹⁶ Source: CRC Group, *Second Supplementary Report to the United Nations about the Monitoring of CRC Application in Italy*, Nov. 2009, p. 70.

¹⁷ Source: CNCA (National Coordination of Hosting Communities), *Common Responsibilities, Closing institutes is not enough*, Comunità Edizioni, 2006, p. 9.

authorities. The aforementioned Law 149/2001 specifies that Regions, within their sphere of competence and criteria established by the **Permanent Conference for Relations between State, Regions and Autonomous Provinces of Trento and Bolzano**, should define minimal standards of services and assistance provided to communities. However, the Conference limited to providing two different community types in alternative to institutions: **family-type community**, located in normal houses with a maximum number of six users and **community-type structures** with a maximum of ten beds, plus two for emergencies. However, quality, organizational and structural standards were not defined¹⁸.

Actually, it should be of high importance to establish minimum homogeneous standards at the national level to which regions should refer¹⁹. Mainly structural and organizational quality standards are currently defined only at the regional level where regional inequalities are still quite evident.

In general, the impetus given by Law 149/2001 to the process known as de-institutionalization has facilitated the growth and diversification of daily and residential services, thereby producing a greater integration of these experiences in the local welfare systems. Nevertheless, there are still some critical issues that must be addressed, including: the delay of payments by Municipalities that seriously threaten the continuity of care given to children, and the collaboration with professionals; the absence of 'framework projects' for taking the child in charge that avoid his/her "long stay" in the structure and the lack of involvement of families of origin²⁰. Moreover, inadequacy of systems for verifying the functionality of the structures must be pointed out as well as the need for an adequate descriptive database of the complex experiences of hospitality that would allow their correct monitoring.

Italian Group CRC recommends:

- The **Conference between State and Regions** to redefine the minimum standards for the different types of communities, to which individual regional regulations should refer; they should be homogeneous throughout the national territory, and ensure effective monitoring of the existence and maintenance of the required standards, providing formal acts of closure when this is not the case.
- The **Ministry of Labor, Health and Social Policy** in consultation with the State-Regions Conference to make a serious monitoring of children in institutional care through the establishment and construction of 'a database' built on standard criteria shared among State-Regions. It is fundamental to involve the National Center for Documentation and Analysis for childhood and adolescence in the process of definition of monitoring criteria.
- The **Public Juvenile Prosecutors** to continuously monitor the situation of children in the community, as in accordance with provisions of Law 149/2001, ex art. 9, clauses 2 and 3 and art. 25 CRC, in order to let the minor actively request his/her right to a family²¹.

We can now draw some **final reflections** on the issues dealt with above.

We have seen the **benefits of Law 149/2001** in the direction of promoting the right of every child to a family, and at the same time the commitment to finding solutions alternative to staying with own family of origin, only where necessary. Since then much has been done towards creating conditions which are more suitable for the proper development and growth of the child.

The number of children in foster care has increased since 1999 by 64% until 2007, while the number of minors in residential communities is stable. It can be said that the increase of children outside the family tends to coincide with the increase of foster cases over the past ten years, a solution best suitable to the child, representing at the same time a smaller investment for the state.

Despite the growth of foster care over the years however, the relative development remains weak, mainly because of a lack of promotion at regional level. There is indeed little awareness about this important

¹⁸ Source: CRC Group, *The Rights of Children and Adolescents in Italy, Second Supplementary Report to the United Nations about the Monitoring of CRC Application in Italy*, Nov. 2009, p. 70.

¹⁹ Ibidem, pag. 71.

²⁰ Source: Istituto degli Innocenti, *Report on the condition of childhood and adolescence in Italy 2008-2009, Themes and Perspectives from the work of the National Observatory on childhood and adolescence*, Nov. 2009, p. 147.

²¹ Source: CRC Group, *The Rights of Children and Adolescents in Italy, Second Supplementary Report to the United Nations about the Monitoring of CRC Application in Italy*, Nov. 2009, p. 73.

tool and also scarce economic resources and psychological help to support the whole fostering cycle (the child, the foster family and the child, the family of origin and the child). Many foster cases fail because of these reasons. Also the fears that families have about foster care as a cause of suffering because of their inevitable separation from the child often remains overcome because of this lack of information awareness. Because of this, the number of foster families to date remains inadequate. Simultaneously and in support of this, many agreements between public and private institutions were established in order to form networks of foster families and promote the right to a family of children.

Moreover, despite what was established by **Law 149**, the steps needed for its implementation are presenting **difficulties in some relevant directions**, in addition to the critical issues mentioned above:

- Adequate support for the family to reduce cases of children leaving their family of origin (due to scarce economic resources and inadequate staff to implement the process.)
- The passage from educational/familiar communities to foster care: it would require a programme of investment, (promotion, training of services and families) requiring the courage to make radical changes and taking a long-term view.
- The correct duration of foster care, given the many difficulties which still exist today to intervene in supporting families effectively.

Generally speaking, the Italian welfare on children regarding alternative care uses an approach of emergency and crisis management, due to short-term vision linked to an increasingly limited budget and inadequate quantitative and qualitative resources. This situation is inevitably related to the often unstable Italian political situation, both nationally and locally, making it difficult to schedule operations in the medium to long term. This combination of factors does not help to address the emerging issues appropriately.

It is useful to remember that "to grow up" in a familiar environment which is healthy, protective and capable of care is not an option given to the child, but a right and as such it calls for the entire community to work for its enforceability A lot of sharing is going on in our country about this matter However, this should not distract our attention from the need to continually give children different ways to respond to their need for a family life, competent people and practical possibilities of integration into social life of their environment²².

In order to ensure foster care an adequate level of quality and organization in accordance with Law 149/2001, there are some things to keep constantly in mind: operators and their training; support to foster families and in particular the training of families that must be attentively prepared to host more delicate foster cases (adolescents, infants, migrants...); the need for heterogeneous resources to activate under different situations; the relationship with the associations; the need for repeated specific informative campaigns. ... Vocational and educational training, essential in such a delicate field and in managing conflict situations, should be supported and promoted²³.

Community hosting after the institutionalization era is based, on the one hand, on the relationships between children and hosting adults, between the latter and the family of origin, between the community and the territory, between children and their peers - and, on the other hand, on the sense of shared responsibility between communities and institutions²⁴.

In order to meet the needs of the 32.400 children in alternative care (2007 data) policies must be developed that are able to strengthen supportive interventions to families in difficulty, as well as able to implement supportive actions to fostering families thereby increasing interventions aimed at promoting well-being in the social community²⁵.

²² Source: CNCA and CARITAS Ambrosiana, by M. Zappa, Community Re-building. *Opening up to shared responsibilities to really close institutes*, Franco Angeli, Milano 2008, pp. 7-8.

²³ Source: *Liana Burlando*, spokesman for the National Coordination of foster care services, in her speech at the National Convention *Family fostering: towards the rights of the children*, organized by the National Association of adoptive and foster families, by the Foundation for Social Promotion and by Welfare Perspective, with the help of CNSA (National Coordination of Foster Care Services), May 26, 2005.

²⁴ Source: CNCA (National Coordination of Hosting Communities), *Common Responsibilities, Closing institutes is not enough*, *Comunità Edizioni*, 2006, p. 59.

²⁵ *Ibidem*, pp. 59-60.

8. DATA/ SOURCES OF INFORMATION

There is, generally speaking, a lack of specific data and source of information about children in residential or family-type care as well as concerning children leaving care.

“There is a growing need for a centralised collection of data concerning children removed from birth families and community placement availability for the optimization of matching between children and communities”.

(Source: Mauro Favoloro, Silvia Poloni in Amici dei Bambini, 2008 Report on Child abandonment, p.304, 2008, FrancoAngeli publisher www.francoangeli.it).

Resources:

www.minori.it

www.politichefamiglia.it

www.solidarietasociale.gov.it

www.istat.it

www.childoneurope.org

www.childout.org

www.aibi.it

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

The total number of children in Latvia is 443,146 (January 2008).

9,853 children were living in out-of-home care (custody, foster family, child care institutions) in 2007 (in 2006: 9,701 children), constituting 2.2% of the overall number of children in the country.

■ **Full-time care in residential homes (paid staff with 16 or more children)**

2,624 children were living in child care institutions (January 2008), constituting 24.3% of the overall number of children in out-of-home care in the country. Data show that the majority of children in institutions are aged from 7–17, due to difficulties of placing these children in foster families, in custody or for adoption.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

491 children (18,7%) of children in out-of-home care live in specialized children homes. These specialized child social care centers usually shelter children with special needs or behavior problems, handicapped or HIV positive. Child social care centers often shelter „dropped” children right after their birth or during the first two years of their lives, as well as child-orphans.

■ **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

Full-time care in residential home designated for children classified as “young offenders” is located in Cesis (the middle part of Latvia). There are 115 youngsters from age 14 to 18. (December 2008).

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

Such small residential homes started in the nineties but now only 3 homes are left, and in 2009, they care for 31 children in total.

	Totally in child care institutions	Social care centers of children-orphans	Orphanages – shelters	Specialized child social care centers	Family orphanages	Child social care centers of non-governmental organizations
Number of children	2625	491	1578	231	27	298
Number of children, %	100	18,7	60,1	8,8	1,02	11,3

Source: Department of social services of the Ministry of Welfare of the Republic of Latvia, Overview of performance of long-term social care and social rehabilitation institutions for children in 2007.

■ **SOS Children's Village (or similar) care**

2 SOS Children's Villages (125 children)

2 SOS youth facilities (22 children)

■ Foster Care in a private individual's home

6,673 children live **in custody families**, constituting 70.6% of the total number of children in out-of-home care. Most of the custodians are relatives. In the event of losing their parents, children without family problems are often placed in custody of relatives (grandparents, brothers and sisters of parents, etc.). A comparatively smaller number, **555 children, live in 326 foster families** (by 2007), constituting 5.8% from the total number of children in out-of-home care (sharp increase from 14 families on 2003). Most of the children placed in foster families are aged between 4 and 12 years.¹

■ Adoption

204 children were adopted from out-of-home, 90 of them were adopted in Latvia, 114 in foreign countries.²

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Yes. It mentions that poverty/material deprivation cannot be a reason for children to be taken into care.

■ What are the stated reasons for children coming in to care?

7,039 families with 14,071 children (by 2007) are at social risk in Latvia, and the parental rights of 1,372 persons with 1,652 children were terminated in 2007. An overwhelming majority of such children left without parental care still have at least one biological parent (Source: Latvian Central Statistical Bureau, *Children in Latvia*, 2008). There is small number of real orphans in Latvia. Reasons for taking such social-risk children in care include alcohol addiction in the family, lack of child care skills of young mothers (mostly from social risk families themselves), and children of single mothers or new partnerships after divorce or separation. Experts admit that the problems of children in families at risk tend to increase, as social services are working weakly and unemployment is on the rise.

The reasons for placing children in child care institutions are connected mainly to the termination of parental rights, mainly for social reasons. Termination of parental rights is also often connected to different offences against children. The number of offences against children connected to sexual abuse or seduction of persons under 16 has increased in 2007.

Experts share the opinion that the main problems in the protection of the rights of children are connected to unsatisfactory preventive work. Children get into care too late, when they are already adolescents. A majority of children in custody are between 13 and 17.

High risk groups include children whose parents migrate for work to other European countries to earn money. They are often placed with relatives or neighbours.

■ How long is the average length of stay in care?

No data available.

■ What are the socio-economic circumstances of the family

- Poverty, lack of adequate housing, sanitation and poor living conditions, lack of adequate nutrition of children
- Parents are not in paid employment, do not register for unemployment and work in the informal sector or face long-term unemployment.

¹Latvian Central Statistical Bureau, *Children in Latvia, 2008*; Department of social services of the Ministry of Welfare of the Republic of Latvia, *Overview of performance of long-term social care and social rehabilitation institutions for children in 2007*.

² Ministry of Children and Family Affairs.

- Families live on social transfers (state benefit for families with children, child care benefit, disability and other pensions, unemployment benefit, guaranteed minimum income). There are many families of that type in rural areas.
- Families have three or more children;
- Single families, where children have no stated paternity; or where parents have a new partner;
- Parental illnesses or disability;
- Alcohol, drug or gambling addiction;
- Problems attending school due to lack of equipment, clothing, books, and transportation facilities or other resources;
- Indifference of parents towards useful and educative leisure time activities, lack of possibilities to develop skills and talents;
- Physical and emotional abuse of children, cases of suspicion of sexual abuse (high number of registered cases often signify that Custody court or social worker perform better in these municipalities than elsewhere);
- Disinterest in supervision and raising of children, lack of care skills.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Some experts emphasize that **rural regions** are especially problematic, but others think there is no regional influence. It could be that families in rural areas become foster families in order to receive additional income from the municipalities or to use older children in field labor.

Towns and regions of the Republic of Latvia with the largest number of children in social risk families (2007) are Jurmala, Riga, Daugavpils and Ventspils; Bauska region, Madona region, Liepaja region, Aizkraukle region and Kuldiga region (*Source: Analysis of reports on work of Custody courts in 2007*).

Disabled children or those with health or behavioral disorders may be placed in specialized orphanages that are not under the financial responsibility of the municipality due to financial reasons rather than a proper assessment of the child's needs.

■ **What evidence is there that children of economic migrants are placed in alternative care?**

Children whose parents migrate for work to other European countries to earn money (mainly to Ireland and the UK) are at particular risk. They are often placed with relatives or neighbors and are at risk of developing adverse and criminal behavior. According to interviewed experts and observations in schools, this problem is widespread in Latvia.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Conflicts with the law**

Children from economic migrants left behind often come into conflict with the law. They play truant from school; participate in breaching the law, steal, lie and wander.

■ **Ability to parent their own children**

A social at-risk group are young mothers who themselves come from social risk families and have not experienced proper parental care. They may re-live their own family experience, and their children often end up in out-of-home care as well.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

■ **How are responsibilities shared? At which level local/regional/national?**

The issue of children without parental care and children with special needs is *partly* to the competence of the Ministry of Welfare, and *partly* to the competence of the local government. The national responsibility related to alternative care belongs to the competence of the **Ministry of Children and Family Affairs and the State Inspectorate for Protection of Children's Rights**. Other governmental actors include the **Ministry of Education and Science and the Ombudsman Bureau**. The **Cabinet of Ministers** elaborates main guidelines and policies and approves relevant state programs. The Ministry of Children and Family Affairs, in co-operation with other Ministries (Education and Science, Interior, Justice, Culture, Welfare, Health), shall formulate social services and social assistance policies; orphan alternative care policies; supervise the activities of child care institutions and the activities of the Orphan's Court. The State Inspectorate for Protection of Children's Rights is supervised by the Minister for Children and Family Affairs and supervises law observance. It follows up complaints and provides recommendations, compiles data and cooperates with providers, experts and institutions. The Ombudsman Bureau develops a family-type care system for orphans and children without parental care (foster families, adoption, guardianship).

On **local level**, 527 municipalities share responsibilities. Municipal Custody Courts are established as independent guardian institutions to examine complaints, take decisions on parental rights, supervision or abuse cases. They secure children's interests and cooperate with providers and social services.

There are **non-governmental organisations** providing services, elaborating relevant policy drafts or advocacy work and/or protecting interests of guardians and caregivers. Project implementation is directed towards various specialized groups of children and is partly state or municipality funded.

Deficiencies in the prevention system

Local social services and authorities formulate family assistance and support programs, which are often only formal 'papers', not real support. The municipalities are **not active enough in prevention work** and concentrate only on problem solving. The attitude of the management of the municipality is sometimes only to increase the number of persons obtaining social allowances. Social workers are dealing mainly with allocation of benefits and solving other economical questions. Social workers in schools help children instead of solving family problems.

There are a **lack of financial resources for preventive activities**, resulting in low quality social work, lack of permanency and lack of specialists and professionals working with children. In small rural municipalities **qualified staff is very difficult to find**. The quality of social services differs to a great extent. Many have too few social workers or employees with no adequate education or who have more than one job.

There is **no unified mechanism of coordination** for the harmonization of policies elaborated, which are implemented by different field actors. On state level there is no unified cooperation system of institutions and professionals.

There is **no precise and legitimate registration of families at risk** in the municipalities, which could be used as basis for proper organization and resource allocation.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

A general framework is provided by the Latvian Children's Rights Protection Law, by the regulations issued by the Cabinet for Foster Families and by the Law about Custody Courts and Civil Law.

But specific standards do not exist.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

Participation rights of children in orphanages or institutions are not sufficiently respected. Many children in out-of-home care do not have a possibility to meet with their parents during their stay in care. Very often Custody courts make their decisions in the interests of parents, not of children. Generally speaking, the responsible Custody court does not regularly review the real situation of the child in the out-of-home care institution or the guardian/foster family.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

Standard and monitoring deficiencies / violations of child rights in out-of-home care settings:

There are cases of families being assigned the status of foster family despite the fact that their life- style, methods of raising children and values do not correspond to their role. Here is a **need to strengthen the control mechanism of potential foster families**, assigning the status of foster family just to the families corresponding to the functions, evaluating individually each case as well as providing them adequate training. Some families are disadvantaging foster children over their biological children.

Orphanages and larger **institutions do not provide children-friendly environments** and do not ensure sufficient promotion of development, as too many children live there (from 50 to 100), and different placement levels contribute to the creation of an antisocial environment in the institution.

Some **institutions lack basics** like heating, regular nutrition or proper space for each child. There is a lack of possibility to use and develop skills (including sports activities, drawing, computer classes, cycling) due to a lack of financial resources in out-of-home care facilities.

Children living in institutions often face **social isolation, segregation** and discrimination.

There are occurrences of **emotional or physical abuse by foster parents, guardians, peers or teachers**. Experts state that child abuse is a widespread problem in the society and also in out-of-family care institutions. The highest risk of child abuse is characteristic to specialized orphanages, where children with severe behavioral problems and mental disorders are placed. Experts emphasize that the smaller is the orphanage or another institution the lower is the risk of abuse.

However, there have been recent steps to improve care systems. Targets have been set to reduce the number of children in institutional care by:

- Advising custody courts to choose an institution for a child only when no other solution (foster family, adoption, custody) is possible;
- Returning the child back to the biological family where possible and carry out regular reviews;
- Carrying out adoption campaigns every year to increase domestic adoptions;
- Establishing regional foster family consultants looking for potential foster families and supporting the existing families;
- Restructuring some existing institutions in order to create smaller units, decrease the number of children per room and per unit.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

■ **Is there a peer-lead group of parents with children in care?**

A 'care council' should be founded in each orphanage including children of the institution and representatives of the society.

Children are also involved in the planning and implementation of activities of the State Inspectorate for Protection of Children's Rights – every regional branch of Inspectorate have children group participating in planning the activities of inspectors. The children gather once a year and discuss actual problems – on violence among peers, intolerance and addictions. Proposals prepared in the result of the discussions are included in work plan of the Inspectorate – competitions of children's drawings, essays, etc.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN:(A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 42nd session: 28/Jun/2006**

The Committee is concerned that temporary or permanent suspension of parental rights has become a frequently applied measure, and that most of the children are sent to institutions. While recognizing that steps have been taken to increase the number of children in family-type care, the Committee is concerned that large numbers of children continue to remain in long-term residential care. Care for children separated from their parents shall be provided with priority given to a family or a family-type setting.

The Committee is concerned about children in care who have been left behind by **migrating parents seeking employment** outside the country. It recommends the development of a set of tools about how to work with families and children whose parents leave the country in search of better work. The country shall undertake a study on the consequences for the children of parents leaving Latvia for reasons of employment abroad or for other reasons. Based on the outcome of the study, it shall develop adequate mechanisms of support for children, where appropriate.

The Committee advises an **increase in support for social risk families** as regards health and education. The Committee is concerned about the **limited number of foster families** and that the foster-care system is **insufficiently regulated** and resourced. The Committee is also concerned that the number of children adopted domestically remains significantly lower than the number adopted through inter-country adoptions. It recommends **encouraging domestic adoptions**. It is further concerned that the necessity and appropriateness of institutional care is not subject to **regular and periodic review**, so that children who could return to their families remain in institutions. Regular reviews shall reassess the possibility for reunification. A positive evaluation is given concerning measures taken to stop violence against children. It however advises **strengthening child protection legislation**; create reporting system on cases of violence and negligence.³

■ **NAP:**

Several priorities related to children in alternative care are identified:-

Develop financial support system to foster families;

Improve services provided by out-of-family child care institutions – increasing the number of group house (apartment) in out-of-family care institutions and improving the support for children in courts and out-of-family child care institutions;

Improve accessibility and quality of alternative out-of-family child care forms – increase the number of foster families to 360 in 2008 and 420 in 2010; increase the number of children adopted *in* Latvia to 100 in 2008 and 120 in 2009 and 2010; reduce the number of foster families without any children placed by 50%) (MoCF, state budget) (*In 2007 there were 304 foster families, 90 adopted children in Latvia, 104 foster families without any child placed - although 47 foster families were not able to place any child.*)

Develop and improve family support and coordination system including: an additional multi-functional crisis centre; increased counselling for foster and adoptive families, guardians, and families in crisis situations; more support groups for families, foster families, adopters and guardians; develop a family support coordination system plan; more specialists trained in the sphere of protection of the rights of children) (MoCF, state budget).

In 2007 long term social care and social rehabilitation services for children were provided in 64 institutions: 8 state-financed social care centres (2 of them providing services also for adults); 42 municipal social care centres; 9 institutions of non-governmental organisations; and 5 institutions providing family type care (family-type children homes). These institutions provided social care services to 2,625 children, (compared to 2,621 in 2006 and 2,881 in 2005). The slight fall in the number of children in these institutions is due to the lower birth rate in the middle of 1990s, the wider scope of social work with families as of 2005 and the development of foster families within the state family social policy.

The total amount of financing from the state budget and from the local government budget allocated to social care institutions is increasing annually.⁴

³ <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G06/428/94/PDF/G0642894.pdf?OpenElement>

⁴ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/latvia_en.pdf

8. DATA/ SOURCE OF INFORMATION

- **Are there official sources of information on children in alternative care and how accessible are they?**
- **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

Collecting all relevant information can be a very time-consuming process. Most of data can be collected from local municipalities.

Some statistical data and information are available in Central Statistical Bureau (www.csb.gov.lv) in the Ministry of Children, Family and Integration Affairs (www.bm.gov.lv) and in the Ministry of Welfare of the republic of Latvia (www.lm.gov.lv)

COUNTRY: LITHUANIA

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time care in residential homes (paid staff with 16 or more children)**

9,005 children including 391 in infants' homes in 2007

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

724 children in 2007

■ **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children)**

127 children in 2007

■ **Family-type care in small residential home with paid staff with 15 or fewer children.**

258 children in 2007, Family group home with minimum 6 and maximum 12 children, one of the spouses is paid staff.

■ **SOS Villages (or similar) care.**

70 children in 12 family homes and 20 children in 2 youth home in, SOS village in Vilnius member of the SOS-Kinderdorf - International organization

100 children in 15 homes in village run by Catholic Church

■ **Foster Care in a private individual's home**

1,309 children in 2007, including 651 children in grand-parents' and 427 children in other relatives' families.

■ **Children living in two institutions**

Children living in two institutions are new phenomena resulting from the child care reform in 2008 following separation of functions between ministries. Three ministries are responsible for child care in institutions. The Ministry of Education and Science has been responsible for child care in '*internats*', where children were supposed to stay during week days and return to their families on week-ends. However, there many children whose parents' parental rights were restricted and they stayed in *internats* the whole week. The Ministry of Education and Science announced that it fulfills only the function of 'education' and Ministry of Social Security and Labour is responsible for 'child care'. This separation of functions resulted in a number of children staying in *internats* on week days and travelling (sometimes long distances) on the weekend to a children's home.

There is no data and statistics about this group of children.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Poverty is excluded as a reason to be taken into care. However in the National Report of Lithuania on Social Protection and Social Inclusion Strategies 2008–2010 it is stated that ‘poverty especially impends over children deprived of parental care’.

■ What are the stated reasons for children coming in to care?

Figures concerning decisions of placements are given according to reasons of placement and family characteristics.

Number of Children according to the reasons of placement in care in 2007

Parents did not care, educated in improper way, neglected, abused or showed no interest in a child	1846
Restriction of parental rights	354
Parents death, orphan	234
Children separated from their parents according the law	31
Parents went missing and are searched	38
Parents are find legally incapable	8
During three months after finding a child parents or relatives were not found.	1
Parents are announced being dead or missing by the court.	1
Parents temporally cannot take care of a child (because of imprisonment, illness or other reasons	311
Total	2824

Sources: Ministry of Social Security and Labour.

Characteristics of families whose children have been taken into care in 2007

Number of biological families whose children were taken into care	1,788
Number of children in those families, total	3,200
Boys	1,595
Girls	1,603
Family situation	
Two parents	716
Single parent (2 parents but 1 does not provide care)	993
Mother	784
Father	209
Widow/er	349
Divorced	331
One of cohabitant	313
Single mother when their is no data about a father	706
Number of children living with other people:	341
Grandparents	181
Sister/brother	17
Uncle/aunt	50
Other persons	93
Unaccompanied, child was found	16
Child was left in a hospital	52

Resources: Ministry of Social Security and Labour.

■ The reason for majority of children coming in to care is stated as following:

According to data in the tables above there are two main reasons for children coming into care:

- Parents showed no interest in their child, did not take care, educated in improper way and abused the child, 1,864 children out of 2,824 (66%).
- Single parent family, 1,699 families out of 2,415 (70%)

■ How long is the average length of stay in care?

There is no exact information; there is data on the reasons for care termination.

Reasons for care termination

	2004	2005	2006	2007
Children, those care was terminated because a child:	2,439	2,359	2,683	2,662
was returned to his/her family	936	911	1,026	1,101
reached maturity or was emancipated	1,319	1,281	1,396	1,299
was adopted	168	149	228	231
had married	9	8	13	13
had died	7	10	20	18
Children whose temporary care was changed to permanent care	1,770	1,743	1,562	1,333

Resources: Ministry of Social Security and Labour.

The data in the table demonstrate that majority of children stay in the care system until maturity (1,299 children in 2007). High number of cases of temporary care is changed to permanent care, 1,333 cases in 2007.

■ What are the socio-economic circumstances of the family?

There is no data about the socio-economic circumstances of a family, but according to poverty indicators regarding family composition, single parent families are at the highest poverty risk: 41,5 % in 2007. It is evident that poverty of a family is a reason for a child to be taken into care as 70% of children taken into care in 2007 were from single parent families.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

Children from rural areas are over represented in institutional care. In 2001 (according to data presented by Child Right Protection Agencies) 6.7 out of 1,000 children under 15 living in rural areas were placed institutional care compared to only 3.3 out of 1,000 children living in towns.

According to data for 2007, 6,000 out of 12,910 children in alternative care were from rural areas. Poverty levels are significantly higher in rural areas: 32.2% in rural areas and 12.7% in the cities in 2007.

■ What evidence is there that children of economic migrants are placed in alternative care?

There is no statistical data regarding children's placement in alternative care and statistics regarding the number of children of economic migrants is not evident. According to official data, 916 children were left without parental care in 2007 because parents emigrated from Lithuania for economic reasons. According to a survey, in 2006, 9,031 such children were identified, of which 3,725 children were left without permanent parental care. Other sources estimate a minimum of 20,000 children.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ Health incl. mental health

Children Right's Ombudsmen institution in 2008 conducted a survey about the extent of sexual abuse among children living in orphanages. 3,674 children were interviewed and 158 indicated that they themselves experienced sexual abuse (52 of them were abused in orphanage or school), 313 answered that they know

friends who are suffering or suffered from sexual abuse.
(<http://www3.lrs.lt/pls/inter/vaikai?kalbid=1&winName=normal&sakId=5299>).

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- Which Ministry/government agency/department?
- How are responsibilities shared? At which level - local/regional/national?

The responsible bodies at national level include:

Children's Rights Ombudsman institution is an independent child's rights monitoring and controlling institution.

Ministry of Social Security and Labour

- Formulate and implement policy of protection of children's rights
- Organize cooperation between governmental and local bodies in the area of child rights protection
- Accumulate, systematize and analyze information from government and municipal institutions regarding child right protection
- Attends children's accessibility to services

Interdepartmental Council on Child Welfare composed of representatives from government, municipalities and NGO's. The council coordinates planning of measures which secure children's rights and interests.

State Child Rights Protection and Adoption Service under Ministry of Social Security and Labour.

The aims of the Service are the following:

- To ensure the implementation of the measures for the protection of children's rights;
- To organize adoption to the citizens of the Republic of Lithuania and to foreign nationals in the Republic of Lithuania;
- To organize the implementation of the system of representation of children's rights and legal interests in courts;
- To organize the improvement of professional skills of specialists from Municipal Services of Children's Rights protection and the training of guardians/curators and adoptive parents.(Parliament Family and Child Commission, which operated from 1997 was dissolved in 2008).

The responsible bodies at local level are:

60 municipal **Children Right's Protection agencies** (one at each municipality). The responsibilities of the agency are:

- Implementation of the Convention on the Rights of the Child in the municipality;
- Protection of children's rights;
- Organization and supervision of child care for children without parental care.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?
- Are the standards included in the national child care legislation?
- Are there any reports on how these standards are applied and monitored in the care practice?

There are no approved standards. However the project of standards has been prepared by the Ministry of Social Security and Labour. There are two laws passed regarding child care: the Regulations of Children Temporary Care and Regulations on organization of Child Care. This legislation largely deals with the administration of care. The provision for involvement of children and parents in the decision-making process is foreseen in the Regulations of Children Temporary Care. There is a requirement that a child, foster parents, parents and other persons close to the family are heard during a review of child care plan.

6. PARTICIPATION

- **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

No.

- **Is there a peer-lead group of parents with children in care? Please provide details.**

No.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

- **UNCRC: 41st session: 17/Mar/2006**

The Committee welcomes several laws and regulations adopted during recent years aimed at protecting and promoting the rights of children, inter alia: Regulations for Organizing the Childcare and Foster Families; and General Regulations of the Child's Rights Protection Agencies.

Separation from parents:

The Committee is concerned that a large number of children are placed outside their homes and that many parents lose parental authority over their children when they are placed in foster care or in institutions by the courts.

The Committee recommends that the State party take all possible measures, including establishment of precise criteria for the limitation of parental rights, in order adequately to protect parental rights and the parent-child relationship and thereby ensure that a child is not separated from his or her parents against their will except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.

Alternative care for children:

The Committee welcomes the efforts made to implement its previous recommendations, particularly through the expansion of the foster care system. However, the Committee remains concerned that institutionalization is prioritized as a form of alternative care and that the foster care system is insufficiently regulated and resourced.

The Committee recommends that the State party: (a) Ensure that institutionalization is used only as a measure of last resort, meaning that it is professionally indicated and in the best interests of the child; (b) Systematically conduct periodic reviews of the placement of children, in conformity with article 25 of the Convention; (c) Carry out a reform of the alternative care system and ensure that there are enough qualified supervisors and adequate resources for the proper functioning and monitoring of the system; (d) Ensure that children, if they are raised in institutions, live in small groups and are individually cared for, that the parent-child relationship will not be negatively affected by placement in alternative care, and that family reunion or establishment of family environment is prioritized; (e) Provide targeted services to children who will soon become adults and leave the institutions and encourage their reintegration into society; (f) Strengthen and support the system of foster care, develop quality standards for foster care and significantly decrease the time spent in institutions by children without parental care; (g) Provide adequate social and economic support to the social risk families, including through the establishment of a support network and the creation of job opportunities for these families; (h) Consider creating a special fund to provide social service for a family in a

crisis situation; and (i) Adopt and implement the recommendations presented in the regional monitoring report “A Decade of Transition” (2001) of the UNICEF *Innocenti* research centre on the children under the State guardianship.¹

■ **NAP:**

Children in alternative care are mentioned in NAP/inclusion as a group experiencing poverty, but no measures are discussed for improvement of the situation. To date, long-term social care services are provided not only by institutions under municipalities and counties but also by individual enterprises, private limited liability companies, public institutions, religious communities, community centres and foster families.

Poverty in particular, hangs over children deprived of parental care. The number of such children has been recently declining, though still remains rather high: 3267 in 2004 and 2824 in 2007. In 2007, 5692 children grew up in child guardianship institutions (5838 in 2005) and 7560 children grew up in foster families (7777 in 2005). In recent years, though formally cared by parents, some children have been left for some time without parental care while their parents emigrate abroad. Such children are left alone or placed under guardianship of relatives (sometimes of non-relatives). This creates unfavourable conditions for children’s development and social integration.

Children raised by destitute families and families who experience social exclusion or children placed in the child guardianship institutions often fail to acquire appropriate education (e.g., they early leave the school) and skills necessary for becoming fully-fledged members of the society and therefore they are trapped by the child poverty. Children whose rights are not respected (they experience violence, insecurity and taunts) are also often trapped by the child poverty. The child poverty trap preconditions difficulties in learning and social integration and reduces career prospects. With the adulthood all these factors usually condition long-term unemployment, absence in the labour market, poverty and exclusion. This exerts a negative effect on their family members and their children, of-course.²

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

There is a list on statistical data for children - including children in alternative care – which is approved by the Government. The Department of Statistics under the Government of Republic of Lithuania is responsible for annual proclamation of data. They are available at website of the Department of Statistics:

<http://www.stat.gov.lt/lt/pages/view/?id=1878>

The Ministry of Social Security and Labour publishes Social report annually. Children protection and children in alternative care are discussed in the report.

<http://www.socmin.lt/index.php?93931350>

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

60 Children Right’s Protection services in the municipalities collect statistical data and supplies it to the Children Right’s Protection and Adoption service which is under the Ministry of Social Security and Labor. This Service systemizes it and transmits data to the Ministry of Social security and Labour and to the Department of Statistics.

¹[http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3153bc27a3138706c125716100228e85/\\$FILE/G0640971.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/3153bc27a3138706c125716100228e85/$FILE/G0640971.pdf).

²http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/lithuania_en.pdf.

COUNTRY: LUXEMBOURG

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time care in residential homes (paid staff with 16 or more children)**

995 minors on the 31st of December 2008

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

38 minors on the 31st of December 2008

■ **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

82 minors on the 31st of December 2008

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

85 young adults from 18 years on in SLEMO structures (“structure de logement en milieu ouvert”) – open small unit structures where young adults live alone and where they have external educational supervision

■ **SOS Villages (or similar) care**

68 minors on the 31st of December 2008

■ **Foster Care in a private individual’s home**

285 minors (day and night foster care)

205 minors (only day foster care)

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

No, it is not specifically mentioned as a reason to be taken into care. The law of the national youth protection foresees danger in the interest of the child as a reason to be taken into care.

■ **What are the stated reasons for children coming in to care?**

The stated reasons are sexual abuse; the physical or psychological mistreatment of children; carelessness of parents; preventive protection against physical or psychological violence; and the disappearance or death of parents.

■ **How long is the average length of stay in care?**

All children in alternative care in 2008:

< 1 year: 213 children

1-2 years: 59 children

2-3 years: 39 children

3-4 years: 27 children

4-5 years: 10 children

> 5 years: 24 children

■ **What are the socio-economic circumstances of the family?**

The families have mostly a disadvantaged background: unemployed parents, parents without any income, imprisoned parents, parents that are in debt.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

The children come from all over the country.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

The children that came into alternative care in 2008 (by nationality):

64 % Luxembourg

28 % EU country

8 % Non EU country

In Luxembourg, 45 % of the population has a different ethnic origin.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

Children in alternative care visit public school. Specialized teams inside the care structure help them in case of learning difficulties.

■ **Health incl. mental health**

The care structures provide psychological and medical care if required.

■ **Employment**

Together with the child or the young person, the care structure develops a "life project" which includes education and professional training. A special unit "Service d'insertion socio-professionnelle" provides trainings and organizes job opportunities.

■ **Ability to parent their own children**

Parents who cannot legally parent their children during the weekend or for some other periods have the possibility to visit their children in the two "Treffpunkt" structures. 270 children were involved in this programme in 2008. The "Treffpunkt" also helps parents who have lost communication and their relationship with children who are in alternative care or those children who live with only one of their parents due to divorce. The main aim is always to reintegrate the children in their families.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

Ministry of Family Affairs and Integration

■ **How are responsibilities shared? At which level – local/regional/national?**

Being a small country, all responsibilities are organized at national level in Luxembourg.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

Luxembourg University is managing a program that is developing quality standards for alternative care structures. Local child care organizations are also involved in the process. The quality process section will include specific child and parents participation standards.

■ **Are the standards included in the national child care legislation?**

No, they are not part of the national legislation.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

Luxembourg University will include a monitoring procedure in his proposal. National legislation includes the evaluation of the quality of the alternative care structures. For the moment, this evaluation must not be linked to quality standards.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.**

For the moment, no peer-lead group of children exists.

■ **Is there a peer-lead group of parents with children in care? Please provide details.**

A peer-lead group of parents who have children in alternative care structures does not exist. A foster care parent's organisation brings together parents who are looking for children to foster and promotes exchange between parents.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 38th session: 31/Mar/2005**

Parental responsibilities:

The Committee is concerned about the fact that parents automatically lose parental authority over their children when they are placed in foster care or in institutions by the courts, apparently without determining whether such an automatic measure is in the best interests of the child. The Committee recommends that the State party take all possible measures, including revision of the existing legislation, in order to adequately protect parental rights and parent-child relationship and that the transfer of parental authority be used only in exceptional circumstances and in the best interests of the child.

Periodic review of placement:

While the Committee notes that placements are reviewed every three years and that Youth Court judges frequently visit minors in institutions, it is concerned that decisions to place young people either in "open centres" (State Socio-Educational Centres) or in "closed centres" (Luxembourg Prison) are given for indeterminate periods and that review intervals are very long. The Committee recommends that the State party introduce the rule that placement of children in foster care or in institutions may only be ordered for a

fixed period, e.g. one year, with the possibility of prolonging the placement for another fixed period, which should provide for a regular review of the conditions of and the need for placement.

Administration of juvenile justice:

While the Committee notes the positive steps taken by the State party through the recent adoption of the Act of 16 June 2004, it remains concerned about:

- (a) The placement of persons under 18 in detention centres for adults, resulting in frequent contacts between both groups (even if they live in separate cells);
- (b) The fact that persons under 18 who are in conflict with the law and those having social or behavioural problems are placed in the same structures;
- (c) The fact that persons between 16 and 18 years of age may be referred to ordinary courts and judged as adults in case of crimes of particular gravity;
- (d) The placing of persons under 18 in solitary confinement (see paragraphs 32 and 33 above).

The Committee reiterates its previous recommendation that the State party fully bring the system of juvenile justice into line with the Convention, in particular Articles 37, 39 and 40, and with other United Nations standards in the field of juvenile justice, including the United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), the United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), the United Nations Rules for the Protection of Juveniles Deprived of Their Liberty and the Vienna Guidelines for Action on Children in the Criminal Justice System; and the recommendations of the Committee made at its day of general discussion on juvenile justice (see CRC/C/46, paras. 203-238). In this regard, the Committee recommends that the State party, in particular:

- (a) Establish separate detention facilities for persons under 18;
- (b) Take measures to prevent and reduce the use of pre-trial and other forms of detention and to make this detention as short as possible, inter alia, by developing and implementing alternatives to detention, such as community service orders, interventions of restorative justice, and so on;
- (c) Keep persons under 18 who are in conflict with the law separate from persons under 18 with social or behavioural problems;
- (d) Avoid, in all cases, persons under 18 being tried as adults;
- (e) Set up an independent monitoring body to inspect regularly juvenile facilities.¹

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

All information about children in alternative care is available in the annual report of the Ministry of Family Affairs and Integration that is published on the official Web page. www.mfi.public.lu

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The alternative care sector is financed by public funds. The alternative care structures provide all statistical data themselves. Some publish their own annual report. The ministry's report includes the information from the whole sector.

¹ [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.250.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.250.En?OpenDocument)

COUNTRY: MALTA

Contact details of person responsible

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**
- **SOS Villages (or similar) care**
- **Foster Care in a private individual’s home**

There are a total of 220 children residing within residential homes. The majority of these homes each cater for less than 15 children, however some homes consist of large complexes which are broken up into smaller units to provide a more family-type of environment for the children in care.

With regards to young offenders, there is currently a lacuna in terms of a therapeutic residential set-up working towards the rehabilitation of young offenders. Young offenders who have been convicted of committing a crime, or who are awaiting trial, are currently housed within the Corradino Correctional Facility. Males under the age of 18 are housed in a separate section at the Facility called YOURS (Young Offenders Unit Rehabilitation Service), whilst females are housed with adult offenders in the prison. In 2008, there were a total of 15 admissions to the facility (12 boys and 3 girls), between the ages of 13 and 17.

Whilst there is no residential home providing full time care designated specifically for children with disabilities, such children are cared for by institutions which provide services for both adults and children. At present, there are three children living in two such institutions providing services for both children and adults with disabilities.

At the moment, there are 160 children being cared for through foster care in private individual homes. Of this number, 81 are boys and 79 are girls. 65 children are fostered by members of the extended family (such as grandparents), whilst 95 children are fostered by a family who are not biologically related.

At present (May 2009) there are 26 unaccompanied immigrant minors in Malta, residing in two separate residences which were set up for this purpose. These minors do not fall within the national care system – indeed, whilst the responsibility for children without adequate parental care falls upon the Ministry for Social Policy, the responsibility of unaccompanied immigrant minors falls under the responsibility of the Ministry for Justice and Home Affairs.

It is pertinent to note that at present, a number of children resided within the family home, notwithstanding the issuing of a care order. In 2008, a total of 23 children (12 girls and 11 boys) resided within the family home, even after a care order was issued stating that the child should not be within the family environment, and should receive the care and protection of the State. A number of these children are on their way to be integrated again within their family and they are followed closely by their field social worker. Others are at home due to the lack of therapeutic residential facilities.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?
- What are the stated reasons for children coming in to care?
- Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?
- What evidence is there that children of economic migrants are placed in alternative care?

Under the Children and Young Persons (Care Orders) Act [Chap. 285, Laws of Malta], “a child or young person shall be deemed to be in need of care, protection or control if (a) he is beyond the control of his parents or guardian; or (b) he is not receiving such care, protection and guidance as a good parent may reasonably be expected to give and-(i) the child or young person is falling into bad associations or is seriously exposed to moral danger; or (ii) such lack of care, protection or guidance is likely to cause the child or young person unnecessary suffering or seriously affect his health or proper development”.

The above Act refers to the placement of children in care following the issuing of a care order. There is currently an issue of discrimination amongst children who have been placed in care following the issuing of a care order, and those who enter care voluntarily. The latter are often denied services which are granted gratis to children under a care order, and these children currently make up approximately 47% of the children in residential homes. The Office of the Commissioner for Children is currently attempting to address this by lobbying for the necessary legislation and legal framework regulating the placement of children in care.

- How long is the average length of stay in care?

There exist no official statistics on the length of stay in care; however unfortunately, out-of-home care is often approached as a long term measure, rather than a temporary measure aimed at reinstating the child within the biological family. There are very limited support services provided to families in supporting them to undertake their parental responsibilities effectively, and as such this makes it increasingly difficult for children to be reintegrated within their family.

- What are the socio-economic circumstances of the family?

Although there are no official statistics on the socio-economic circumstances of the family, the situation of children in out-of-home care is often linked with issues of poverty and social exclusion.

- Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

Whilst statistics are not officially kept about the ethnic origins of children in care, it is known that of the 51 children in residential homes under the age of 5, 25 of these children are Maltese whilst 26 of these children are refugees.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- Education
- Conflicts with the law
- Health incl. mental health
- Employment
- Housing – number of homeless that have a history of alternative care?

■ Ability to parent their own children

We do not presently have official research findings on the outcomes for children in alternative care. However, the Office of the Commissioner for Children is working towards this by means of a large scale research project aimed at identifying the long term outcomes of children in care. General research in this area has shown that youth leaving care are more likely to (i) be undereducated and leave school early; (ii) be unemployed; (iii) have a lower income or live below the poverty line; (iv) become a parent at a younger age; (v) be incarcerated or involved in the criminal justice system; (vi) experience homelessness; (vii) live in unstable housing arrangements; (viii) be dependant on social assistance; (ix) have mental health issues; and (x) be at higher risk of substance / alcohol abuse.

The research project currently being undertaken by the Office of the Commissioner for Children is attempting to address the research gap which currently exists in this area, and answer the most pertinent questions relating to the field of children in out-of-home care *as it applies to Malta*. The results of this research project will be available at the end of 2009.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

■ How are responsibilities shared? At which level – local/regional/national?

The Ministry for Social Policy currently holds the responsibility for children in alternative care in local government, however 89% of services for children in out-of-home care are currently provided by religious communities falling under the Catholic Church of Malta.

Unaccompanied immigrant minors (under the age of 18), who arrive in Malta by boat, are also issued a care order, however the responsibility for such minors falls under the Ministry of Justice and Home Affairs, rather than the Ministry for Social Policy. These minors are not included within the national care system. At the moment (May 2009) there are 26 unaccompanied immigrant minors in Malta, residing in two separate residences which were set up for this purpose.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

■ Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

■ Are the standards included in the national child care legislation?

■ Are there any reports on how these standards are applied and monitored in the care practice?

In Malta, we are in the process of setting up a regulatory body (Department for Social Welfare Standards DSWS) in order to monitor and assess social care services. This regulatory body is also responsible for drawing up standards of care. The DSWS has already issued Draft Standards for Out-of-home Care that were written by a working group that also consisted of children in care and their families, and young adults who have been in care. These standards are based on the Quality4Children Standards for Out-of-Home Care which were adapted to the needs of the local context. These standards specifically require the involvement of children and their families throughout the out-of-home care process. They specify that children and their families should be empowered and supported in order to participate fully in the decision-making processes that affect the lives of the children in care or at risk.

The draft standards were issued for broad consultation and have been revised in order to reflect feedback from stakeholders. Children in care and their families were given the opportunity to offer feedback.

The revised standards are also available in a children's version. The children's version was prepared with the help of a young adult who was in care and who also formed part of the working group that drafted the

standards. This children's version is illustrated by drawings of children in care who were asked to draw pictures about themes that are covered in the standards.

Once the standards are issued the assessors of the DSWS will start assessing the quality of care against the standards.

The DSWS has also issued a Manual of Model Policies and Procedures for Out-of-Home Care. This manual was issued for consultation and is being revised to take into account the feedback from the consultation.

The final version of the standards and of the policies and procedures will be launched this year. However, the sector requires more resources to be provided by the state if compliance to the standards is to become a reality in the near future. Reinforcement of these standards will not be possible without a legal framework in this sector, which is currently lacking.

6. PARTICIPATION

- **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**
- **Is there a peer-lead group of parents with children in care?**

N/A

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 24th session: 28/June/2000**

The Concluding Observations of the Committee on the Rights of the Child to Malta in 2000 made a few references to children in alternative care. In terms of the best interests of the child, the Committee's report states the following: *"While the Committee is aware that some measures have been adopted to incorporate the principle of the best interests of the child, the Committee is of the opinion that these principles are not sufficiently taken into account, especially within the family, the school, in care institutions and in the justice system. The Committee recommends that the principle of the best interests of the child be included in all relevant legislation affecting children and taken into account in all administrative and judicial decisions, as well as in all policies and programmes relating to children."*

In terms of alternative care measures, the report noted the following: *"Although the Committee notes that the draft Children Act includes reforms to strengthen the current procedures governing adoption and foster care, it expresses concern about the lack of compatibility of existing procedures for intercountry adoption with the principles and provisions of the Convention. Concern is also expressed about children's long stay in residential care (children's institutions) and about the limited alternative care measures for children deprived of a family environment. The Committee takes note that the State Party is considering accession to the Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption of 1993 and encourages the State Party in this regard. The Committee recommends that the State Party bring its legislation on domestic and intercountry adoption into line with the principles and provisions of the Convention. Furthermore, the Committee recommends that the State Party continue with its plans to develop and promote alternative care measures for children deprived of a family environment (e.g. adoption and foster care)."*¹

■ **NAP:**

Improving the physical and mental well-being of vulnerable children and the quality of child services by: extending related services particularly those of 'looked after children', fostering, adoption, weekend monitoring and supervised access visits; supporting families experiencing parental difficulties through more short-term and focused interventions by APPOGG agency; setting up of a central support structure to bring

¹ [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.129.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.129.En?OpenDocument)

together stakeholders from the social welfare sector to provide support to service providers working with looked-after children and young people; implementing the National Standards for residential care; re-evaluation of children's services and restructuring of the services' set-up; (h) consolidation of generic and early intervention through the development of community based resource and empowerment centres.

The 'Foster Care Act' (Chapter 491) was introduced in 2007 to facilitate the role of various professionals working in the field. Such legislation establishes the Fostering Board, which amongst other functions, upholds the role of determining the suitability or otherwise of foster carers; keeping an updated register of foster carers; reviewing reports and making recommendations to the Minister for the more effective implementation of the provisions of the Act. Following this legislation in November 2007, a Central Authority and a Fostering Board and Appeals Board were set up.

An Added Support Scheme was introduced to assist foster carers of children who are under a care order and exhibit challenging behaviour or have a disability. The 2008 Budget increased allowances: (a) the fostering allowance was increased by €12 to €40 per week; and (b) the orphans allowance was increased by €11 per week to €47 per week.

The Department for Social Welfare Standards (DSWS) has undertaken the following social welfare standardisation initiatives: the development of standards for residential child care through the compilation of a 'Standards for Residential Child Care - Consultation Document', which was launched in February 2008 and establishes agreed national standards of care aimed at improving the quality of life of service users and the development of common policies and procedures; and the expansion of the role of the DSWS to include legal responsibility for the accreditation of fostering agencies, as outlined in the Fostering Act.

The 2006-2008 National Action Plan on Social Inclusion placed children and young people at the centre of policy formulation and implementation efforts.

Some categories of children and young people who have been identified as being at greater risk-of-poverty and social exclusion include: for example children living in institutions or in care.

Community mobilisation and awareness on Children's rights through (a) information campaigns and (b) community participation and (c) building of a stronger knowledge-base on the quality of child residential services led by Office of the Commissioner for Children. National Standards of Care for Residential Child Care Malta

End Purpose of the Measure: Development of National Standards of Care to ensure the provision of quality care. Compliance to the standards of care will be taken into consideration when granting licences to service providers. The standards will also serve as a benchmark against which care services within the sector can be to assessed and monitored.²

8. DATA/ SOURCE OF INFORMATION

- **Are there official sources of information on children in alternative care and how accessible are they?**
- **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

There are no official sources of information on children in alternative care. Data is only provided to certain institutions with a right to access this data, upon request.

This particular issue has been highlighted in the Concluding Observations of the Committee on the Rights of the Child on Malta. Specifically, the report states in this respect that: *"While aware that the State Party's report and the responses to the list of issues include statistics on the situation of children's rights, the Committee remains concerned at the limited coordination in the collection of data for all areas covered by the Convention. The Committee recommends that the State Party continue updating its data collection system with a view to including all areas covered by the Convention. Such a system should include all children under*

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/malta_en.pdf

18 years of age and specifically emphasize vulnerable groups of children (i.e. children with disabilities, children born out of wedlock, refugee children and children belonging to minority groups) as a basis for assessing progress achieved in the realization of children's rights and to help design policies for better implementation of the provisions of the Convention."

COUNTRY: MOLDOVA

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

According to the latest national data gathered by the National Bureau of Statistics of the Republic of Moldova the number of the population (excluding localities from the left side of the Dniester River and Bender City – the self-proclaimed independent republic) as of the 1st of January 2008 totaled 3,572,703 persons. Out of the total number of the population 24.8% (889,343) are children below 18.

The Residential Care System for children in difficulty from the Republic of Moldova comprises 67 institutions under the responsibility of the three ministries and local public administration and has the following structure:

Mainstream boarding schools for orphan children and children deprived of parental care;

Auxiliary schools for children with mild mental disabilities;

Special schools and Children's Homes for children with physical disabilities and sensorial deficiencies (orthopedic disabilities, vision and hearing disabilities);

Sanatorium schools for children with psychological and neurological and cardiovascular disabilities;

Boarding schools for children with deviating behavioural patterns;

Children's Homes for severe disabled children;

Temporary Placement and Rehabilitation Centres for Early Age children.

The beneficiaries of the system are children aged 0 - 18. The total number of children in residential care (2006) was **11,096**. The percent of children in residential care was around 1.3%.¹

Table1. Types of institutions providing care

No.	Types of institution	Total number of institutions	Total number of children	Beneficiaries
I.	<u>Ministry of Education and Youth</u>			
1.	Children's homes	2	120	Orphan children and children deprived of parental care, children from vulnerable families and with poor economic and living conditions aged 3 - 18.
2.	Mainstream boarding schools	19	5033	
	Total	21	5153	
3.	Children's homes for children with sensorial disabilities	1	22	Children with hearing impairment aged 3 - 7.
4.	Special schools for children with physical disabilities and sensorial disabilities	8	946	Children with orthopedic impairment, visual impairment and hearing impairment aged 7 - 18.
	Total	9	968	
5.	Sanatorium schools	3	586	Children with chronic neurological and cardiovascular diseases
	Total	3	586	
6.	Boarding schools for children with deviating behavioural patterns	1	57	Children with deviating behavioural patterns and children in conflict with the law

¹Rapid assessment of the residential child care institutions from Moldova, Ministry of Education and Youth, Ministry of Social Protection, Family and Child, Ministry of Health with the support of UNICEF –EU Tacis Project "Integrated social services for children and families in risk situations", 2006-2008.

No.	Types of institution	Total number of institutions	Total number of children	Beneficiaries
	Total	1	57	
7.	Auxiliary school for children with mental disabilities	28	3264	Children with light and mild mental disabilities aged 3 - 18.
	Total	28	3264	
	TOTAL per MEY	62	10,028	
II.	<u>Ministry of Health</u>			
8.	Temporary Placement and Rehabilitation Centres for Early Age Children	2	290	Orphan children and children deprived of parental care. Disabled children. Abandoned children. Children from vulnerable families and with poor economic and living conditions aged 0 - 7.
	Total per MH	2	290	
III.	<u>Directorate for the Protection of the Rights of the Child from Chisinau municipality</u>			
9.	Municipal specialised children's home for Early Age Children	1	100	Orphan children and children left without parental care. Disabled children. Abandoned children. Children from vulnerable families and with poor economic and living conditions aged 0 to 7 y.o.
	Total	1	100	
IV.	<u>Ministry of Social Protection, Family and Children</u>			
10.	Children's homes for children with severe disabilities	2	678	Children with severe mental disabilities. Children from vulnerable families and with poor economic and living conditions aged 7 to 18 y.o.
	Total	2	678	
	TOTAL per system	67	11 096	

According to the Ministry of Social Protection, Family and Child's statistics for 2008 year the total number of children in foster care is 82 (in 66 families); in the family type home - 318 (in 76 families); in guardianship families – 6,437; 353 being adopted and around 700 children placed in small-scale temporary placement centres (usually established by civil society organizations in collaboration with local public authorities).²

By the 1st of May 2009 the total number of children in residential institutions belonging to the Ministry of Education and Youth was 8,042. As compared to 2006, the number of children in residential care has decreased by 1,986 due to a number of factors, amongst which are: the introduction of the gate-keeping mechanism at regional level, the introduction of community social workers who carried out prevention work with families and the closure of 5 institutions (in Chisinau municipality and Cahul raion).

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

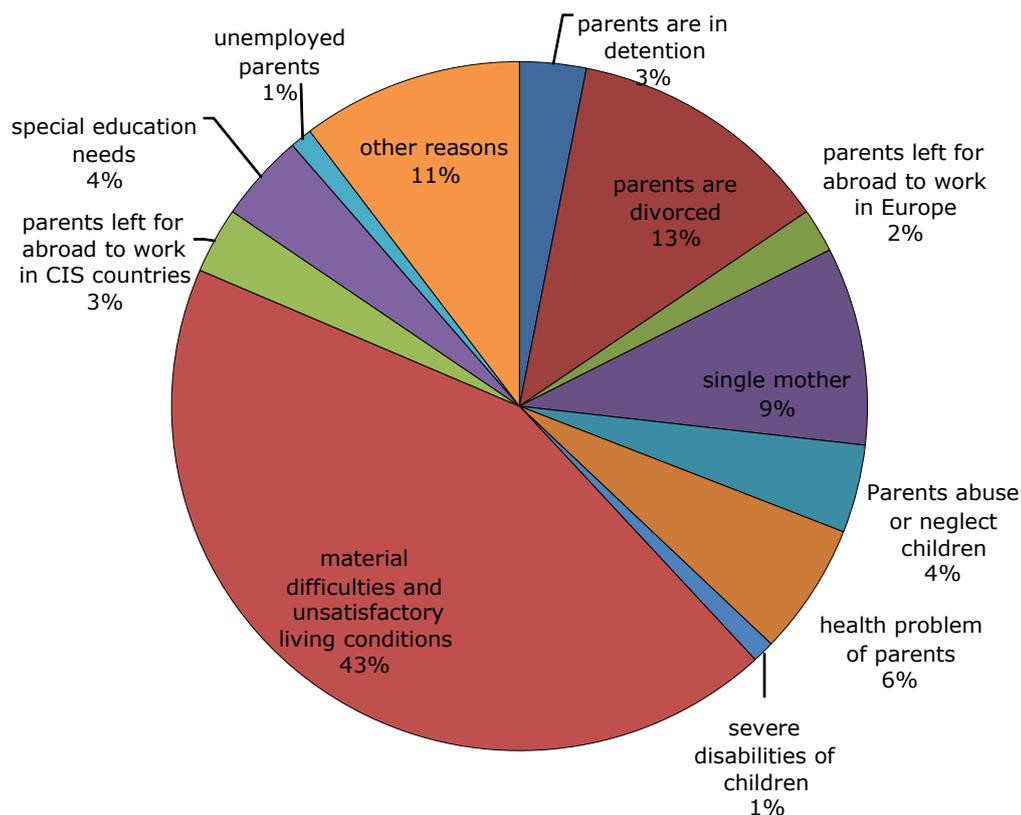
The National Strategy on the Reorganisation of the Residential Child Care System (2007-2011) stipulates that residential care should be considered to be the last resort. At the same time, the Moldovan legislation does not exclude poverty as a reason for the child to be taken into public care. For example, the Minimum Quality Standards for childcare residential institutions³ and the Regulations on the activity of the mainstream boarding schools for children deprived of parental care⁴ provide that beneficiaries of the institutions are children in difficulty with no other possibility to be cared for in a family environment **and children from very vulnerable households without minimum standard living conditions.**

According to the UNICEF Rapid assessment of the residential institutions data in 2006 43% of children were placed in residential care due to poverty and lack of adequate living conditions (see Figure 1).

² Evaluation of social services, the Ministry of Social Protection, Family and Child, 2008.

³ Minimum Quality Standards for childcare residential institutions approved through the Government Decision n. 432 of 20.04.2007.

⁴ Regulations on the activity of the mainstream boarding schools for children deprived of parental care approved through the order of the Minister of Education n. 521 of 28.11.1997.

Figure 1. Stated reasons for children coming into care, 2006

According to UNICEF the vast majority of the children who have been placed temporarily remain in the institution until their graduation. According to the case files, 9,134 out of a total of 11,061 children are placed temporarily; however, in reality the temporary placement turns out to become permanent institutionalisation until graduation.

More than half of the children with disabilities (57.9%) remain in school from 0 to 10 years, whereas 26.1% of children stay from 10 to 15 years.⁵ The path that disabled children follow after turning 18 years of age is the placement in other institutions such as Psycho-Neurological Institutions or asylums for adults.

Data on the geographical origin of institutionalised children show that the majority of children amounting to **61.75%** come from the district where the institution is located. **93.91%** of children living in residential care institutions for children with severe disabilities and **60.04%** of children with physical and sensorial disabilities come from other districts than the districts where the institutions are located. This is due mainly to the fact that institutions for children with disabilities are mainly republican, funded from central budget, and usually specialize in one per type of disability.

Table 2. Number of children living in institutions by their geographic origin

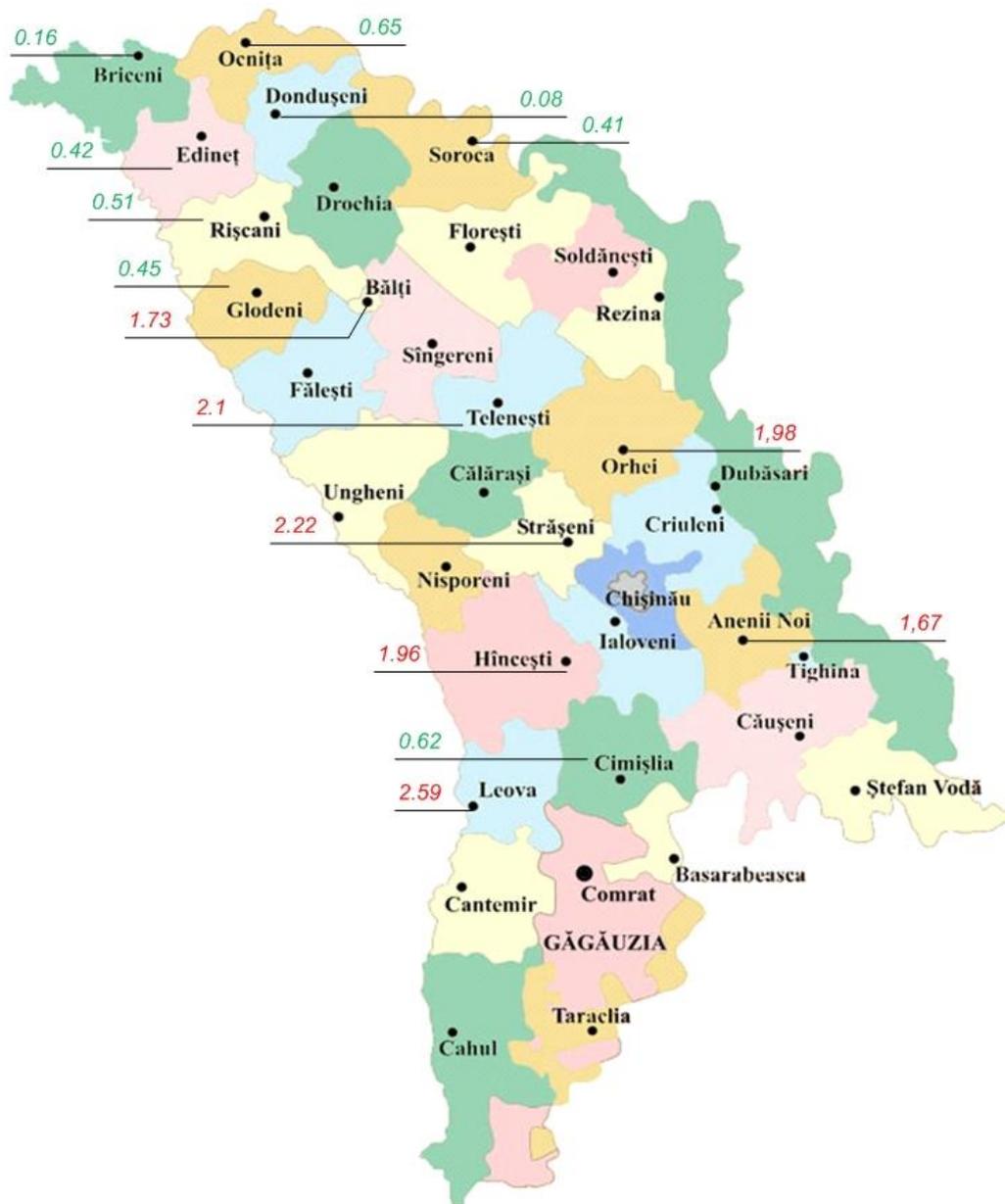
No.	Region/municipality	Total number of children living in institutions	Total number of children	Percentage
1.	Anenii Noi	361	21 603	1,67
2.	Balti municipality	544	31 401	1,73
3.	Basarabesca	60	7 932	0,75
4.	Briceni	30	18 066	0,16
5.	Cahul	326	33 479	0,97

⁵ Evaluation of Mental Health Program Opportunities in Moldova, Resource Center for Human Rights, www.CReDO.md.

6.	Calarasi	309	21 696	1,42
7.	Cantemir	239	18 906	1,26
8.	Causeni	189	25 782	0,73
9.	Chisinau municipality	2 077	153 133	1,35
10.	Cimislia	112	17 960	0,62
11.	Criuleni	207	20 287	1,02
12.	Donduseni	90	10 535	0,08
13.	Drochia	220	21 743	1,01
14.	Dubasari	85	9 112	0,93
15.	Edinet	83	19 319	0,42
16.	Falesti	245	25 391	0,96
17.	Floresti	386	23 437	1,64
18.	Glodeni	73	16 143	0,45
19.	Hincesti	693	35 252	1,96
20.	Ialoveni	324	26 810	1,20
21.	Leova	389	15 014	2,59
22.	Nisporeni	182	19 843	0,91
23.	Ocnita	78	11 877	0,65
24.	Orhei	655	33 035	1,98
25.	Rezina	223	13 882	1,6
26.	Riscani	90	17 376	0,51
27.	Singerei	178	27 539	0,64
28.	Soldanesti	119	12 403	0,95
29.	Soroca	106	25 727	0,41
30.	Stefan Voda	294	20 930	1,4
31.	Sraseni	543	24 351	2,22
32.	Taraclia	148	11 264	1,31
33.	Telenesti	483	22 913	2,10
34.	Ungheni	359	33 386	1,18
35.	ATU Gagauzia	399	41 816	0,95
36.	Other countries	56	-	
37.	Not specified	143	-	
	TOTAL	11 096	88 9343	

The data from the table demonstrates that the regions which have residential institutions on their territory have the largest number of institutionalised children (Hincesti, Orhei, Balti and Straseni, Leova). At the same time, there are regions (raions) where the number of children placed in residential care is quite small (Donduseni, Briceni, Glodeni, Riscani), which is due to the fact that the institutions are located at some distance away from urban areas, as well as to the specificity of northern regions of the country, which tend to follow more traditional family values. Usually, children deprived of parental care in these regions are placed in guardianship or other family-based care.

Figure 2. Regional distribution of children placed in alternative care.



There is no official data regarding the ethnic origin of children placed in public care.

According to the UNICEF data, 2% of parents of children placed in care are abroad in the European countries and 3 % of the placed children have parents who work in the countries of the former Soviet Union.

According to the Ministry of Education and Youth⁶ (MEY) data many of Moldova's emigrants who have gone abroad to earn money to support their young families have left their children, creating a new group of so-called "social orphans". The MEY in 2005 estimated that 35,000 children of school age had been left by both their parents and an additional 75,000 were with only one parent, the other having emigrated.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

Unfortunately, there is no national data available to reflect the outcomes of public care for children in Moldova. In some cases, every service provider had data about the children after graduation, but this data is not collected or analysed at the national level.

⁶ Report on Youth Policy in the Republic of Moldova, Ministry of Education and Youth, 2005.

It is important to mention that a number of leaving care projects have been implemented in the recent years which aim at ensuring better outcomes for residential care graduates.

■ Education

Non-official data indicate that children in residential care have very low educational achievement on average; very few continue their education in colleges or universities. Moreover, children who graduate from auxiliary schools have no legal possibilities to continue education due to the fact that they do not receive a diploma of graduation (only a certificate of attendance) which only make them eligible for some vocational courses. As a result, the vast majority of young graduates of auxiliary schools could not find official employment, being exploited in the non-official labour market.

However, EveryChild, who have been supporting national government to develop community and family based social services for the past 14 years, have experience of children who benefited from alternative care services. Some children actually have better outcomes in terms of their integration into mainstream pre-university and university education, family environment and community. As an example, according to the data collected at the level of Chisinau municipality around 15% of children who have been cared for in alternative family environment (guardianship, foster care or adoption) continued their education (pre-university and university) in comparison to only 2% in case of children in residential care.

■ Care of children who committed infringement or crime

In the Republic of Moldova there are three rehabilitation institutions where children who have committed minor crimes are placed. Annually there are about 120 minors cared for in these institutions.

According to the National Bureau of Statistics of the Republic of Moldova⁷ the percentage of offences committed by minors out of the total number of crimes is varying from year to year in between 7% and 10%. Over 247 crimes are registered per 100,000 children up to 17 years old. Over years, more and more crimes are perpetrated by girls.

In average, there are about 2 or 3 serious crimes per 100 offences committed by children. The most frequently encountered crimes are robberies and thefts – 79% out of the total number of crimes committed by children. It is very worrisome that there is a trend of increasing number of crimes committed by minors (9.7 % out of the total number of rapes in 2006 as compared to 6.5 in 2000). At the same time, during the last years there is a drop for crimes committed by minors repeatedly and in a group.

In general, teenagers would be more exposed to crime itself. Over the year more than 70% of minors having perpetrated crimes committed theft, especially through burglary. In average there are about 251 persons perpetrating crimes per 100 000 children up to 17 years old.

One person in ten out of the total of convicted persons is 14-17 years old. The majority of minors are convicted for theft (63%); robbery and brigandage (11.2%); hooliganism (3.2%); and drug-related crimes (2.4%). In 2005 the punishment of non-remunerated community work for minors who committed crimes was introduced. In 2006, one person in four out of the total number of convicted minors was punished with non-remunerated community work.

Table 3. Distribution of convicted minors, by main punishment measures set by the court

	2005	2006
Total convicted	1 888	1 316
of which to:		
Deprivation of freedom	224	227
Arrest	1	-
Penalty	142	116
Conditional conviction	1,236	624
Suspension of execution	-	2
Non-remunerated community work	234	320
Other measures	51	27

⁷ *Children of Moldova, National Bureau of Statistics of Republic of Moldova, Chisinau 2008.*

■ **Employment/ Housing – number of homeless that have a history of alternative care**

There is a shortage of data on outcomes for children in care regarding their future employment and housing. However, professionals in the field acknowledge that children with a history in care have a high rate of unemployment and become homeless after leaving care. If they are employed, they face communication problems with their employer, are often cheated on remuneration, do not stay too long in the post, etc.

■ **Ability to parent their own children**

There is lack of official data. But according to EveryChild data, 80% of parents with babies placed in the Chisinau Parent-and-Baby Unit (services that aim to prevent infant abandonment) are mothers who have graduated residential institutions and had no family experience. These mothers manifest high degrees of infant abandonment and have no parenting or independent living skills.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN THE NATIONAL GOVERNMENT

The central public authorities involved in social service provision (especially residential care) include the Ministry of Social Protection, Family and Child (MSPFC), the Ministry of Education and Youth (MEY) and the Ministry of Health (MH). The MSPFC is the public administration's specialised central body that is responsible for leading the development, promotion and implementation of national policies and programmes in social protection.

MSPFC	<p>Develops and improves the legislative-normative framework of family and children's rights protection, including orphan children and children deprived of parental care;</p> <p>Ensures the development of social protection mechanisms for families with children, the access of the child and family to qualitative social services;</p> <p>Provides methodological support to the development of community actions focused on the prevention of children's entries in the residential care system and their maintenance in the family environment;</p> <p>Monitors the application of minimum quality standards by types of services addressed to the child in difficulty;</p> <p>Manages and supervises institutions directly belonging to the Ministry (children's homes for children with severe disabilities).</p>
Ministry of Education and Youth	Manages residential institutions for children (62 for methodological coordination: out of the total number 42 are financed by the central budget and 25 are financed by local public administration).
Ministry of Internal Affairs	Responsible for street children and children in conflict with the law.
MoH	Responsible for Temporary Placement and Rehabilitation Centres for Early Age Children.

There is also a National Council for the Protection of Children's Rights, chaired by the deputy-prime minister for social problems. It coordinates development, approval and implementation of childcare and child protection policies between line ministries with responsibilities for childcare.

In 2008 the High Level Group for Children was established, chaired by the Prime Minister, which is responsible to coordinate issues regarding the de-institutionalisation of children and the development of alternative, community-based childcare services.

The local public authorities (raions and municipalities) are represented by the Social Assistance and Family Protection Departments, and the Directorate for the Protection of Child Rights in Chisinau municipality. These departments subordinate methodologically to the Ministry of Social Protection Family and Child and directly (financially) to the Raion Councils.

The Social Assistance Department has a network of social workers providing primary social services at the local (village) level:

<p>The Social Assistance and Family Protection Department/Directorate (specialist in child protection and specialist in issues of families with children at risk)</p> <p>Social assistants</p>	<p>Provision of child welfare services:</p> <ul style="list-style-type: none"> • Specialist services provided: guardianship service; adoption; foster care service; family-type homes; temporary placement centres; parent and baby units; residential institutions. • Primary services provided by community social workers (total number of social workers in the country is 1 135): family support for families with children; reintegration service for children; services in the community multifunctional centres; monitoring the situation of children coming from residential institutions and children who are in alternative family placements.
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At regional (raion) and local (village) level there are Councils for the Protection of Children's Rights responsible for the implementation of childcare and child protection policies at local level. At the regional level the Commissions for the Protection of Children in Difficulty (gate-keeping commissions) were established in 2008 with an aim to gate-keep children outside of residential institutions. These commissions are independent structures reporting directly to the Raion Councils.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

All the regulations and quality standards for various types of services are part of the secondary national legislation and are approved through the Government Decisions. The provisions of regulations and standards regarding the basic principles of the UN Convention Moldova are party to: non-discrimination (art.2); best interests of the child (art.3); right to life; survival and development (art.6); respect for the views of the child (art.12).

It is important to mention the following standards and regulations for social services for children which emphasise promoting and protecting the rights of the child in any form of social protection:

- Regulations of the family-type home;
- Regulations of the temporary placement centre for children;
- Regulations of the foster care service;
- Quality standards for family-type homes;
- Quality standards for foster care service;
- Quality standards for child placement centre;
- Quality standards for residential institutions;
- Quality standards for residential institutions for disabled children;
- Quality standards for day care centers for disabled children.

The Committee on the Rights of the Child welcomes the efforts of the Republic of Moldova to promote respect for the views of the child, *inter alia* through the provisions of the Family Code giving children the right to express their opinions in family matters affecting their interests, and to be heard during legal or administrative proceedings. The Committee, however, remains concerned that this principle is not adequately respected in families, in schools and other child care institutions and within the community, and that it is not fully taken into account in administrative and judicial proceedings or in the development and implementation of policies and programmes.

The Committee recommends that further efforts be made to ensure the implementation of the principle of respect for the views of the child. In this regard, particular emphasis should be placed on the right of every child to be heard in the family, at school, within other institutions and bodies and in society at large, with

special attention to vulnerable and minority groups. This right should also be incorporated into all administrative and judicial proceedings, laws, policies and programmes relating to children.⁸

It is important to mention that at local level, the above-mentioned gate-keeping commission is the only structure available for the children and families to make complaints about the care they receive. The gate-keeping commissions would directly report about the results of the investigation to the Regional Council. In November 2008, the Children's Ombudsmen (advocate) was created, observing the rights to physical, psychological, moral and social development of all children including those who are in residential and alternative care. The children's advocate maintains permanent cooperation with the other authorities with responsibilities in child protection (at local and national levels).

6. PARTICIPATION

There are no peer-lead groups of children/young people who are living /have lived in institutional and/or foster care. There is no peer-lead group of parents with children in care.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 50th session: 20/Febr/2009

Children deprived of a family environment:

The Committee acknowledges the approval of the National Strategy and the Plan of Action on reforming the system of child residential care (2007-2012) as well as the implementation in some districts of a model system for "preventing institutionalisation". However, the Committee expresses its serious concern at the large number of children placed in institutions, many of whom are not orphans. It further notes with concern that children in those institutions are frequently neglected and ill-treated and, due to a lack of resources, are not provided with proper care and appropriate basic services. The Committee is also concerned about the difficulties faced by children who leave institutional care at 16 years of age, in particular with regard to their right to access education and to an adequate standard of living.

The Committee recommends:

- Fully implement the National Strategy and the Plan of Action on reforming the system of child residential care (2007-2012) by providing it with the necessary human and financial resources;
- Develop programmes and policies to prevent the placement of children in institutions, inter alia by providing support and guidance to the most vulnerable families, developing, funding and providing parent-training programmes for parents from vulnerable families, and conducting awareness-raising campaigns;
- Strengthen measures to move towards de-institutionalisation whilst ensuring that alternatives to institutionalisation, such as supporting families and extending the network of foster care, are developed, and implement those measures throughout the country;
- Ensure the provision of training to staff involved in the provision of care both in institutions and in alternative care arrangements;
- Set clear standards for existing institutions and ensure periodic review of the placement of children, in light of Article 25 of the Convention and the recommendations adopted after the General Day of Discussion on children without parental care in 2005;
- Provide adequate follow-up and reintegration support and services for children who leave institutional care;

⁸ *Concluding Observations: Republic of Moldova. Consideration of reports submitted by states parties under Article 44 of the Convention. Committee on the Rights of Child, 30 January 2009 (CRC/C/MDA/CO/3).*

- Establish effective mechanisms to receive and address complaints from children in care and to monitor standards of care.

8. DATA/ SOURCE OF INFORMATION

The Ministry of Social Protection, Family and Child and the Ministry of Education and Youth have started to produce better statistical reports, but sometimes with quite limited volumes of information.

In general, data on children who are in residential care and in alternative care are not accessible and is usually dispersed. The information from different sources is not always relevant and there is no consistent methodology used by different structures which leads to a lack of reliable data.

There are very few surveys or research data available. These pieces of work are usually initiated and conducted by donors or NGOs.

Resources:

Rapid assessment of the residential child care institutions from Moldova, Ministry of Education and Youth, Ministry of Social Protection, Family and Child, Ministry of Health with the support of UNICEF –EU Tacis Project “Integrated social services for children and families at risk”, 2006-2008.

Evaluation of social services, the Ministry of Social Protection, Family and Child, 2008.

Minimum Quality Standards for childcare residential institutions approved through the Government Decision no. 432 of 20.04.2007.

Regulations on the activity of the mainstream boarding schools for children deprived of parental care approved through the order of the Minister of Education no. 521 of 28.11.1997.

Evaluation of Mental Health Program Opportunities in Moldova, Resource Center for Human Rights, www.CReDO.md

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National Bureau of Statistic of Republic of Moldova: <http://www.statistica.md>

Ministry of Social Protection, Family and Child of Republic of Moldova: <http://www.mpsfc.gov.md>

Women and men in the Republic of Moldova, National Bureau of Statistics of Republic of Moldova, Chisinau 2008.

COUNTRY: POLAND

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time residential homes with paid staff with 16 or more children**

(31.12.2007)

Total: 697 centres, 19 774 children

intervention: 29, children: 1 041

family: 239, children: 1 892

socialized: 273, children: 9 830

multi-functions: 156, children: 7 011

The number of children in residential homes has fallen in Poland, as the size of the homes has fallen. By the end of 2006 Poland had not achieved its planned standard of 30 places for children in each home, so other solutions were created. Multi-functional homes combine intervention, socialization and daily support. Branch homes are located close to the main institution, and accommodate between 6 and 14 children. They are usually flats in blocks or single-family houses. For example, in one Warsaw district – Bialoleka – there are 30 children in the residential home but 40 children living in 5 branch homes. Children in branch homes are included in foster care statistics.

There are also protected flats for foster children under the self-reliant programme (from 15 up to 18 years) with limited care. Those flats are allocated next to socialization and multi-function posts and also next to Poviast Center of Family Support.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

In 2007 (according to the **Ministry of Labour and Social Policy**) there were 3 556 children and youth up to 18 years in stationary social services posts, therein 1 842 in special departments for intellectually disabled children and youth (Social Support Homes).

In 2007 (according to **Ministry of Education**) there were:

Special boarding school (school and education): 352 centers with 19 836 children (all of them disabled). The care is provided throughout the year except vacation periods, although some of the centers may also provide the care during this period;

In the centers there are special schools and residences. Approximately one fifth of the children are directed by courts. The centers include children and youth who may be mentally disabled, have a visual or hearing impairment, or a psychiatric disorder;

Special homes (without schools): 51 centers with 2,920 children. Those children and youth go to external schools;

Revalidation – educative centers: 102 centers with 4,192 children.

In the centers listed above there are children with mental disorders (medium and strong), with autism and associated disorders.

The centers help those children with deep mental disorders to realize the necessity of schooling. The children are directed there by Family and Youth Courts or on parents request on the basis of diagnosis of disability and necessity of special education in Psychological-Pedagogical Centers.

■ **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

In 2007 courts of first instance judged educational, corrective or penalties against 26 821 youth connected to demoralization and 40 202 youth connected to misdeeds. The centers that are in Poland are as below:

Borstals – 61 centers with 3,649 youth who fall within the responsibility of the Ministry of Education;

Re-socialization centers are judged on the basis of act of youth by the Family and Youth Courts and youth over 13 years of age. Those centers have their own schools. Part of such centers are dedicated for children with mental disorders.

Youth Center of Socio-therapy: 49 centers with 2 591 children. Children are directed there on the request of parents or the Family and Youth Courts. There is a school in these centers.

Borstals: they fall within the responsibility of the Ministry of Justice.

In 2007 there were 1 909 children and youth and in 2008 there are 1 815.

■ **Family-type care in small residential home with paid staff with 15 or fewer children:**

Family Children’s Homes (from 4 up to 8 children): 239 homes with 1 892 children. Those homes hire 1 or 2 staff members.

■ **SOS Villages (or similar) care**

There are 4 SOS Villages with 440 children and youth: <http://www.sos-wd.org/>.

■ **Foster Care in a private individual’s home**

By the end of 2007 there were 37 349 foster families with 52 729 children up to 18 years old.

These include:

- Related foster families: 39 920
- Non-related foster families: 8 182
- Professional foster families not-related: 3 240:
- Family Emergency: 1 732 (they take up to 3 children for a stay of 12 months which can be extended to 15 months. The post cannot refuse to accept a child under 10 years old who is directed in the intervention mode.)
- Large professional: 1 387 (from 3 to 6 children)
- Specialist: 121 – for disabled, term sick and socially maladjusted children.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

It is very rare that a child is placed in care just because of poverty. There is no legal act that forbids to placing a child in a foster house for this reason but there is an act stating it can happen only if all the possibilities to support a family are exhausted.

■ **What are the stated reasons for children coming in to care?**

Children usually come from families with multiple problems including: addictions; alcohol; drugs; mental illness; mental disorder; criminality of parents; inadequate family structure; the volatility of the family system; difficult material and living conditions; unemployment; violence; neglect; harm; social isolation; and from

families including disability children. Very rarely is there only one of those problems, usually there are several of them and they are transmitted from generation to generation.

■ **How long is the average length of stay in care?**

The length of the average stay is very diverse but we can observe a tendency that for small children it is only couple of months and for older children it is relatively longer. The longest stay is for disabled children as it is the most difficult to find a foster family for them.

■ **What are the socio-economic circumstances of the family?**

The socio-economical status of family is usually related to low levels of education; low income; poor housing; social isolation; poor experiences of parents from their own families of origin.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

No, we do not observe any specific data to support this statement.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Yes, there are statistics regarding foreign children (their stay is paid by the government).

In the intervention outlets in Warsaw in 2004 (research Kolankiewicz M., 2005) there were:

Vietnamese - 30, Romanian - 8, Indian – 4, Chinese – 2, Pakistani – 2, Bulgarian – 5, Mongolian – 2, Russian – 1, Ukrainian – 2, Bielars – 1, Uzbekistan -2, German – 1.

Data collected by the Departments of Provincial Offices of Social Policy in 2006 show 33 foreign countries of origin of children in care facilities: 84 children Ukraine, Vietnam 67, Romania 36, Bulgaria 18, Chechnya 16, Russia 17, (report Kukolowicz M. NCF).

■ **What evidence is there that children of economic migrants are placed in alternative care?**

According to Bartłomiej Walczak's research 0.08-0.1% of children in alternative care are the children of economic migrants.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

■ **Conflicts with the law**

■ **Health incl. mental health**

■ **Employment**

■ **Housing – number of homeless that have a history of alternative care?**

■ **Ability to parent their own children**

There are no comprehensive studies on this subject, but professional experience shows that their situation is much worse than children in « normal » families. It is noteworthy that as the housing situation has improved, half of the children leaving the posts get their own flats and half of them return to their biological families.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

There are three ministries responsible for alternative care:

- Ministry of Labour and Social Policy
- Ministry of Education
- Ministry of Justice

■ **How are responsibilities shared? At which level – local/regional/national?**

At the local level, institutions subordinated to the Ministry of Labor and Social Policy - County Family Assistance Centers - organize, lead and finance institutions and foster families. They control and monitor the situation of families in the local environment. On the regional level there are Regional Offices of Social Policy, whose responsibilities are to control standards of facilities, to monitor the content, logging and recovery of placements.

On the level of institutions subordinated to the Ministry of Education:

- The Education Inspectorate: is responsible for approval of the transition institutions and the corrective action, checks to do (such as respecting the rights of the child). Thematic inspections and monitoring;
- Sanepid: is responsible for hygienic conditions, health, nutrition, exercise immunization, health of wards;
- Fire service: is responsible for fire conditions;
- Inspection of Work: conditions of employment of workers;
- County Technical Supervision: the technical performance of buildings;
- Supreme Chamber of Control;
- Ombudsman for Children – occasionally.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

There is a special regulation on the care and education of the Ministry of Labor and Social Policy. In all the statutes and rules of the centers it must be provided.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

According to the regulation in each municipality there must be a children's self-government. Plans to work with an individual child must be developed together with the child. Parents take part in developing a plan of work with the family (contract - Social Welfare Act).

■ **Are the standards part of the national child care legislation?**

Yes, the standards are done on the basis of Social Welfare Act, and Regulation.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

There are reports provided by Supreme Chamber of Control and Ombudsman for Children. District and provincial checks also include monitoring of the issue.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

There is only children's self-government. But children placed in foster families do not have that kind of representation. On the other hand parents are associated in local and national Association of Foster Families.

■ **Is there a peer-lead group of parents with children in care?**

No, there is not.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 31st session: 30/Oct/2002

Alternative care:

The Committee is concerned at the large number of children in the State party living in institutions, a significant proportion of whom are “social” rather than natural orphans.

The Committee recommends that the State party: (a) Ensure periodic review of placement of children in institutions which takes into account the views and best interests of the child while aiming, whenever possible, at reintegrating them into their families, with appropriate counselling and support, or at finding other forms of care than institutionalization; (b) Expand the foster-care system by providing greater financial support to foster families and increasing the counselling and support mechanisms for foster families; (c) Upgrade the capacity and skills of social workers so that they are better able to intervene and assist children in their own environment; (d) Establish procedures to ensure that children currently residing in institutions that are being closed down are fully informed and able to participate in deciding their future placement, and that these children retain their right to social protection.¹

■ NAP:

In 2006-2008 activities within the framework of the “Programme for Preventing Social Exclusion and Crime among Children and Youth” were carried out. In 2007, local self-governments at county level (*poviats*) received PLN² 2.1 million for the execution of local initiatives directed at children and youth. A special grant-in-aid (PLN 0.8 million) served to finance projects in 39 municipalities (*gminas*) and another PLN 1.3 million were spent on projects in 71 *poviats*. The projects implemented on the level of *gminas* were mainly projects for supporting families at risk of social pathologies and daytime forms of childcare. Project implemented on the *poviat* level were addressed to the youth in transition to independence and to children brought up in foster care centres.

In 2009, the following groups will be eligible for family tax relief: parents and the carers of children who live together with dependent children and foster parents. The support of foster families is the responsibility of regional government (*poviats*). The creation of local child and family support systems is also supported financially by the Minister of Labour and Social Policy. In 2008 the amount of PLN 7.8 million was allocated to co-finance the best programmes submitted by self-governments in: prevention and creation of environmental aid for families with children as well as interdisciplinary teams; professional promotion of foster families unrelated to the child; and training courses and aid in how to become independent for foster children above 18 years of age (brought up in institutions and foster families). The contest determined 322 programmes (139 *gmina* and 183 *poviat*), including 94 programmes preventing social maladjustment and crime among children and youth.

Other initiatives reported in the NAP include:-

- Setting up legal and institutional conditions for development of specialist and numerous professional foster families not related to the child (on account of the amendment to the Act on social assistance that entered into force on 1 May 2004);
- Promoting the creation of various forms of foster parenthood and training candidates for the role of foster family;
- Transforming residential centres into multi-facility posts. Small children's homes and more family- oriented forms of residential care are being promoted since 1990.³

¹[http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/954c1966f6476c85c1256c8000483eae/\\$FILE/G0245411.pdf](http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/954c1966f6476c85c1256c8000483eae/$FILE/G0245411.pdf)

² 1 € = approximately 4.02 PLN

³ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/poland_en.pdf.

8. DATA/ SOURCE OF INFORMATION

■ **Are there official sources of information on children in alternative care and how accessible are they?**

There are official data kept by the Central Statistics Office, ministries, locally by district and regional center for family support. Part of the data is available on the Internet.

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

There are differences in data considering number of foster families from Ministry of Labor and Social Policy and Ministry of Justice as they both use different methodology:

The Ministry of Justice includes the number of children up to 18 years old (as it is the law the age of parents' dependence – after turning 18 all cases are closed). The Ministry of Labor and Social Policy shows statistics for children up to 24 years old. Until 24 years old this resort supports financially youth who are adult according to the law (18 years old) but still in education. The data come from the small statistical yearbook 2008

http://www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_maly_rocznik_statystyczny_2008.pdf

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

'Alternative care for children' in Portugal officially refers to children and young people between 0 to 21¹ years old that are deprived of parental care and are therefore institutionalized in a 'formal care system'. The Portuguese 'formal care system' includes six key 'social responses':

1) Host families for children and young people² - where the child or the young person is assigned to a family or a person that fulfils all the legally and technically defined requirements for foster care. This service is a result of the implementation of a measure of promotion and protection for children and young persons. The purpose of the host families is to integrate the minor into a family environment.

2) Centres of temporary shelter³ - provide urgent and temporary care of children and young people in danger, for periods no longer than six months. The centres are based on the implementation of measures for promotion and protection of children and young people.

3) Shelters for childhood and youth⁴ - provide for the care of children and young people at risk for periods over 6 months. The shelters are based on the implementation of measures for the promotion and protection of children and young people.

4) Apartments for autonomy⁵ - integrated in the local community, these apartments support the transition to adulthood of young people who possess specific personal skills, through streamlining services that coordinate and maximize existing resources in a specific region.

5) Residential homes⁶ - designed to accommodate young people and adults with disabilities who are unable to reside temporarily or permanently in a family environment.

6) Life support centres⁷ - dedicated to the support and assistance of pregnant women or mothers with newborn babies who are at emotional or social risk.

Since 2003, the government submits an annual report to the parliament concerning the evolution of the life projects of those children or young people under the "formal care system"⁸. According to the 2008 annual report, a total of 13,910 children and young people were placed in foster care during that year in Portugal⁹.

The report also shows that the numbers have decreased over the last 2 years:

¹ According to the Law for the protection of children and young people in danger, all the person under 18 years of age are considered children or youngsters by law.

² Acolhimento Familiar para Crianças e Jovens. Foster family care for children and youth.

³ Centro de Acolhimento Temporário (CAT).

⁴ Lar de Infância e Juventude (LIJ).

⁵ Apartamento de Autonomização.

⁶ Lar Residencial.

⁷ Centro de Apoio a Vida.

⁸ The Annual report is entitled "Immediate Intervention Plan" [Plano de Intervenção Imediata – PII]. Since 2006, thanks to this document, it is possible to produce a description of the situation of all the children and young people under foster care. The aims of this report are (1) to conduct an annual analysis of the evolution of the children's and young people's life projects, thus motivating institutions to create a support network for these individuals - this network should work in tight cooperation with legal institutions, with the courts and the "Commissions for the Protection of Children and Young People"; (2) to normalize, whenever necessary, the juridical status of the children and young people in foster care; (3) to approach social security / welfare services and "shelter institutions". One of the outputs of these reports was the 2007 proposal to create an instrument that could contribute to reinforce the qualification of "shelter responses". Thus, in 2007 the "DOM Plan – Challenges, Opportunities and Change" [Plano DOM – Desafios, Oportunidades e Mudanças] began. In 2008, 111 shelter Institutions were included in this DOM Plan as were 3.844 children and young people.

⁹ Of those 13,910 children and young people in a shelter institution, 9 956 were effectively under shelter and 3.954 left the system during 2008.

2004	10,714
2005	13,833
2006	15,016
2007	14,380
2008	13,910

The number of children and young people that have left the system has also increased over the last 2 years:-

2006	2,771
2007	3,017
2008	3,954

■ Full-time care in residential homes (paid staff with 16 or more children under their care)

In 2008, a total of 9,038 children and young people were placed in full-time caring services in residential homes with paid staff. The classification "Residential Homes" includes all the "social responses" categorized above excluding "Host Families for Children and Young People". The non-existence of an organized official source prevents us from knowing how many children are currently in each Residential Home. Despite this, we are able to gather unofficial and un-systematised data.

■ Full-time care in residential home designated for children with disabilities (paid staff supervising 16 or more children)

We have no official record of the maximum number of individuals per institution. In Portugal, children and young people with disabilities are usually placed in foster care institutions with children that do not have disabilities. At the "Residential Home" (a designed to accommodate young people and adults with disabilities) we estimate that 193 children and young people were placed under care in 2008.

■ Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children)

In 2008, there were 45 children and young people classified as young offenders benefiting from full-time care in residential homes. This number includes children and young people that fall under a specific juridical measure: "Medida Tutelar Educativa".

■ Family-type care in small residential home with paid staff with 15 or fewer children

Official sources do not register the number of children per institution we have no record of which residential homes may have more or less than 15 children in care.

■ SOS Villages (or similar) care

In Portugal an SOS Village is considered a "Shelter for Childhood and Youth". In 2008, 6,799 children were placed under care within this form of social organisation.

■ Foster Care in a private individual's home

This type of care includes children and young people in the care of a "Host Family for Children and Young People". The total number for 2008 was of 918 children and young people. The Portuguese system distinguishes between two situations: "Host Families for Children and Young People" with whom the child has family bonds (189) and "Host Families for Children and Young People" without family bonds (729).

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

According to the Portuguese legislation, the status of Poverty/material deprivation is not a direct reason for a child to be placed into care. It is, however, acknowledged that several of the objective reasons that ultimately lead a child to be taken and placed under care are closely tied to poverty and material deprivation dynamics.

■ What are the stated reasons for children coming in to care?

The reasons include:

- Physical mistreatment.
- Psychological maltreatment: active rejection, threat, humiliation or depreciation; corruption; social deprivation; indifference (passive); abusive exercise of authority.
- Negligence: either in education or health; risky behaviours; lack of supervision or monitoring by the family, exposure to deviant parental models.
- Dropouts.
- Exposure to deviant behaviour models.
- Drug Addiction of the child / young person.
- Alcoholism of the Child / young people.
- Sexual Abuse: Suspicion of sexual abuse, sexual corruption, child pornography, child prostitution, rape; verbal / physical conduct of a sexual nature.
- Child labour.
- Mendicity.
- Misdemeanours classified as crimes by law (children under 12 years).
- Delinquency.
- Abandonment.
- Orphanhood.
- Absence of family support.
- War refugees.
- Health Agreement (within the PALOP¹⁰).

■ How long is the average length of stay in care?

Centres for temporary shelter: Legally, the average length of a period of stay in care in such “social response units” is 6 months. However, according to official sources, in 2008 the medium period in foster care was of 1 year.

Shelters for childhood and youth: although the government is taking efforts to reduce the time to stay in care in this kind of response in 2008 the average time that children and young people were in shelters was 4 years.

Host family for children and young people without family ties with the minor: In 2008 the average length of stay was 5 years.

In 2008, the number of children and young people (CYP) effectively under foster care within the formal system was 9,956.

Time period under foster care / 2008

No. of children & young people	time period
2,208	less than 1 year
1,703	1 year
1,905	2-3 years
1,647	4-6 years
2,020	More than 6 years
473	No information

■ What are the socio-economic circumstances of the family?

¹⁰ PALOP (Portuguese Speaking African Countries).

When a child is registered as being 'at risk' or 'in danger', the 'Commissions for Child and Youth Protection'¹¹ is notified. In 2007 this Commission reported that 30.4% of the children and young people registered came from families whose social environment was characterized by social problems. Housing is also a problem although only 1.8% of those families were living in barracks and 0.3% of the children had no registered address or housing.

■ **Are there children from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Yes. There are a significant number of children belonging to families from the former Portuguese colonies in Africa (PALOP). It is also known that a significant number of children and young people come from Social Housing, the majority of which are located in suburbs of major cities such as Lisbon and Porto.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Official sources do not display the ethnic origin of children placed in alternative care. Official reports just mention that "the number of children from foreign nationalities is increasing".

Several academic studies note the peculiar situation of Roma as a few children from the Roma community are taken from their families and placed in alternative care.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- **Education**
- **Conflicts with the law**
- **Health incl. mental health**
- **Employment**
- **Housing – number of homeless that have a history of alternative care?**
- **Ability to parent their own children**

Though a few academic studies have tried to analyse the above mentioned outcomes, official sources make no mention of the impact of alternative care.

In 2007 the government established the "DOM plan - Challenges, Opportunities and Change" nationwide. The main objective of DOM is to improve the quality of the network of "shelters" for children and young people. It should better promote and protect the rights of children and young people particularly with regards to education, citizenship and minimise their stay in institutions¹². Part of this Plan is also to analyse the consequences of the institutionalization of children and young people as such and as future adults.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**
- **How are responsibilities shared? At which level – local/regional/national?**

¹¹ *Comissões de Protecção de Crianças e Jovens - Defined as official institutions but without judicial character. They have the have functional autonomy to promote the rights of children and young people and put an end to situations which may affect their safety, health, training, education and integral development.*

¹² *Subject to the contributions and participation of the entities, (including the National Commission for Protection of Children and Young People at Risk, and the Office of Social Security Institute) the conceptualization of the Plan and its rules defined principles, rules and procedures that contributed to implement and evaluate a pilot group of shelters for children and young people. The implementation of the Plan is carried out by the Institute of Social Security through their city offices in connection to the Social Security of Madeira Island, the Social Welfare Institute of the Azores and the Lisbon Santa Casa da Misericórdia.*

The Ministry of Labour and Social Solidarity: the State Secretariat for social rehabilitation is legally responsible for the institutions that compose the “formal foster care system”.

The Ministry of Justice is legally responsible for the “young offenders” placed in “educative centres”.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Yes, such documents are available: the *Law For The Protection Of Children And Young People In Danger*; the *Convention For The Rights Of Children*; the *DOM Plan* that will soon enable quality assurance in the “social responses” of the “formal foster care system”; the Annual Report *Immediate Intervention Plan* that characterizes all the children and young people under shelter; the *Portuguese Constitution*.

■ Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

The DOM plan foresees that in the short term.

■ Are the standards included in the national child care legislation?

Yes.

■ Are there any reports on how these standards are applied and monitored in the care practice?

The annuals reports of the “Commissions for the Protection of Children and Young People” and the DOM Plan make efforts to monitor the care practice.

6. PARTICIPATION

■ Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.

There have been few experiences, mainly as a result of academic projects but none as a result of government practice.

■ Is there a peer-lead group of parents with children in care? Please provide details.

No.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 28th session: 06/Nov/2001

Alternative care

The Committee is concerned: (a) At the continuing emphasis placed on the institutionalization of children deprived of a family environment; and (b) That review of the placement of children in alternative care is inadequate.

The Committee recommends that the State party: (a) Place emphasis on foster care, including by providing adequate financial support and advice to foster families; (b) Develop de-institutionalization policies and continue its efforts to reduce the incidence of institutionalization of children; (c) Strengthen its review of the placement of children in alternative care, ensuring that it is conducted regularly and frequently and takes into consideration the views and best interests of the child.¹³

■ NAP:

¹³ [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.162.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.162.En?OpenDocument).

The Portuguese NAP specifically mentions the “Immediate Intervention Plan” as a Diagnostic tool to characterize and analyze the development of life projects of children and young people in alternative care. The above-mentioned aim is:

- To implement the Plan as regards children with an appropriate profile;
- To cover 25% of the institutionalized children with life projects defined and achieved.

Creation of national network of apartments to facilitate autonomy for youths in foster homes and who need to be autonomous. Youths in foster homes or who need to be autonomous owing to dangerous situations. Create 40 autonomy apartments for youths, by 2010.

Social maternity, paternity and adoption benefits – Decree-Law No. 105/2008 dated 25 June (MTSS).

Reinforcement of Parenthood Protection. Extending the rights envisaged for maternity to cases of adoption; Decree-Law No. 105/2008, dated 25 June, instituted social measures to reinforce social protection for maternity, paternity and adoption. It expanded these benefits to sections of society that were outside the labour market or did not have sufficient social security contributions and were not entitled to protection under the social welfare system.¹⁴

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

Yes, official sources are available: the *Law For The Protection Of Children And Young People In Danger*; the *Convention For The Rights Of Children*; the *DOM Plan* that will soon enable quality assurance in the “social responses” of the “formal foster care system”; the Annual Report *Immediate Intervention Plan* that characterizes all the children and young people under shelter; the *Portuguese Constitution*.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

Information is relevant but is nowhere near to achieving an accurate characterization of the children with specific ethnic origins and children with disabilities.

¹⁴ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/portugal_en.pdf.

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE**Table 1. Number of children in day care centers**

Type of social protection service	Number of children (active cases at 30.06.2009)
Day care centers, out of which	15,167
Day care centers administered by the Local Councils	4,411
Day care centers that are coordinated by accredited private institutions	4,860
Day care centers coordinated by DGASPC*	5,896

Source: National Authority for the Protection of Children's Rights, statistics from the ANPDC web site www.copii.ro
 DGASPC* General Direction of Social Services and Child Protection

Table2. Number of children in family type services and other residential services

Type of service	Number of children (active cases as of 30.06.2009)
Family type services, out of which	44,450
Maternal assistant employed by DGASPC	20,806
Maternal assistants employed by accredited private institutions	133
Maternal assistants employed by local councils	23
Relatives up to the IV degree	19,758
Other families/persons	3,730
Alternative services (Tutor)	2,050

Residential type services, out of which	25,386
Public placement centers	19,275
Private placement centers	4,311

Source: National Authority for the Protection of Children's rights, statistics from the ANPDC web site www.copii.ro

Table 3. Number of children with disabilities, young offenders in residential homes

Type of service	Number of children (active cases as of 30.06.07)
Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)	9,928 in public institutions and 532 in private, accredited institutions
Full-time care in residential home designated for children classified as " young offenders " (paid staff with 16 or more children)	According to statistics from the Ministry of Defense (2004) 1,197 children were imprisoned, out of which only 352 were in re-education centers. A further 10,376 children also benefited from probation services.

Source: National Authority for the Protection of Children's Rights, statistics from the ANPDC web site www.copii.ro

The number of children placed in institutions is slowly decreasing. This fact could be attributed to the policy developed within the field of child protection which has two major directions: de-institutionalization by creating some alternative services (family type units integrated within the community and foster care) and forbidding the placement of small age children (0-2 years) into institutions. As shown by records on the new entries in the protection system, the most vulnerable category of children losing parental care are infants (0-3 years old). In 2006, 30% of the children who entered the protection system aged 0 to 1 year and 14.2% were 1 to 3 years (*Cojocaru and Cojocaru, 2008*).

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

Table 4. Number of children in temporary family care

Indicator	Number	Percentage (from children in care)	Reference period
Number of children in professional foster families	20,402	27.84%	Dec 31, 2007
Number of children in extended families	21,888	29.87%	Dec 31, 2007
Number of children in other families	3,870	5.28%	Dec 31, 2007
Number of children in guardianship	2,012	2.75%	Dec 31, 2007
Number of children in custody for adoption	194	0.26%	Dec 31, 2006

Source: ANPDC www.copii.ro

Table 5. Number of children in permanent family care

Indicator	Number	Percentage (from children in care)	Reference period
Number of children in national adoption	1,421	1.93%	Dec 31, 2006
Number of children in international adoption	0	0	Dec 31, 2006
Number of children reintegrated in their biological families	3,531	4.81%	Dec 31, 2006

Source: ANPDC, www.copii.ro

■ SOS Children's Villages Family Based Care

SOS Children's Villages Romania runs three Children's Villages for children without parental care age 3 to 16 and five youth facilities for young people age 16 to 26 in Bucharest (2), Sibiu (2) and Hemeius (1). Table 6 shows the number of children in SOS family based care in 2008.

Table 6 - Number of children in SOS family based care in 2008 per facilities and location

Type of facilities and location	Bucharest	Hemeius	Sibiu	TOTAL
Children's Villages	1 39 children	1 25 children	1 49 children	3
Youth facilities	2 22 children	1 0	2 23 children	5
Other (Semi Independent living)	15 children	0	11 children	-

Source – National Office – SOS Children's Villages Romania, 2008.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

The legislation excludes poverty as a reason to be taken into care and requires the development of services to prevent a child's separation from his/her family.

■ What are the stated reasons for children coming into care?

According to Law 272/2004 children are taken into care only with the accord of the parents, unless the parents have not been denied their rights of parenthood or in cases where the parents have died. (Source: law 272/2004, ANPDC web site www.copii.ro)

Socio-Cultural Reasons

- Births in single parent families

National statistics suggest that in 2007, at national level, 214,728 babies were born out of which 26.72 were born into single parent families (mothers who are not married, are divorcees or widows). Single parent families are poorer and are confronted with various problems related to financial, material resources and to the fulfilment of parental roles and responsibilities.

- Child neglect

As shown above, the main form of child abuse which leads to some kind of protection is neglect. At ANPDC level, in the first 9 months of 2008, 8,913 cases of violence against children were reported,

out of which 5,865 were neglect cases (65.80%). 1,287 of the children entered into a form of protection (21.94%) and 3,868 received specialized services within their families (66.12%).

- Inadequacy of the parental abilities with the provisions of UN Conventions on the Rights of the Child
- Teenage mothers

Statistical data¹ suggest that a relative high number of births among the teen mothers (less than 19 years of age) is maintained. Thus, in 2006, 28,880 births were registered and 27,169 in 2007. In case of teen mothers, a high risk of child abandonment is registered due to the social immaturity of mothers, lack of support from the family and the social stigma manifested especially in rural areas. Grandparents, according to the applicable laws, take the decisions regarding the newborn when the mother is still a minor. The risk of child abandonment is even higher when the teen mother has her second child (17.76% of the births of teen mothers), the third, or even more (2.35%).

- Ethnical disparities

There are major differences in child-rearing styles used by different sections of the population. For example, the marriage between children within the Roma population represents an extreme risk of child abuse, leads to abandonment of their new borne and diminishes their opportunities for training, social and professional integration.

Psycho-social reasons

- Drug and alcohol consumption

In Romania there are no clear statistics regarding the consumption of drugs and alcohol. The activity within the field of child and family social assistance shows that domestic violence, and violence against the child in particular, is associated with the consumption of alcohol, which represents an important risk in child abandonment and the proper performance of parental competencies.

- Domestic violence

Domestic violence manifested as violence against a parent or child leads to an increased risk of child abandonment, and to his/her institutionalization or placement in foster care.

- Crime

The imprisonment of one of the parents represents an important risk in taking a protection measure for the children, being one of the cases of child separation from family.

Economic reasons

- Poverty(-Unemployment)

Even if it is considered to be one of the most frequent causes of child abandonment (according to official data, in 2008, 44% of the children benefited from one form of protection due to poverty), we consider that the lack of material resources necessary for providing the life standard is associated with many other problems (alcohol consumption, domestic violence, child abuse, lack of parental abilities, etc.).

- Precarious living conditions

The lack of a place to live represents the highest risk of child abandonment. One of the most severe reasons for taking a measure to protect a child is the lack of living conditions. DGASPC developed Mother and Child Centres (maternal centres) which provide accommodation for mothers and children for a limited period of time, until the crisis situation is overcome.

Health reasons

- HIV

¹ INS, 2008.

According to the statistics of Ministry of Health, (Prof. Dr. Matei Baş Institute of Infectious Diseases) on June 20, 2007, 5,384 persons infected with HIV lived in Romania, out of which 3,518 were children.

- Disabilities of the children or parents

A child's disability increases the risk of his/her placement with an institution or with foster care. Reintegration of children with disabilities is more difficult (the rate of family reintegration being 1.78% in 2007) compared with the one of children without disabilities (the rate of family integration is 5.22% in 2007). In 2006, 611 children with disabilities entered in the protection system, the largest group being those of over 3 years old. This is due to the fact that the parents do not usually identify the child's problems until he/she goes to kindergarten. There are no official statistics showing the situation of children separated from parents due to the disabilities of the parents.

■ How long is the average length of stay in care?

No specific data are available because the average length of stay in care depends on the particular case.

■ What are the socio-economic circumstances of the family?

According to a UNICEF report on Romania (2005), poverty rates in Romania were at 25% in 2005, with 11% of the population living in extreme poverty. The most vulnerable groups were described to be: families with more than 4 children; peasants; the unemployed; the self-employed; young people between 16-24 and children under 15. Approximately one million children (representing 24.4% of children under 18) lived in poverty in 2004, while almost 360.000 lived in extreme poverty (representing 8.2% of children under 18). The most vulnerable children were from families where adults were excluded from the job market, where there were a large number of children in the household, single parent households, extended families or poor rural areas, with the most affected area being the northeast of Romania.

Source: (UNICEF, Annual Report, 2005, www.unicef.org/romania)

■ Are children coming from a certain geographic region or belonging to a certain minority overrepresented in alternative care?

According to statistics, most children who benefit from alternative care come from the Northeast part of the country (www.copii.ro).

■ Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

There are no statistics concerning the ethnic origin of the children placed in alternative care, available on the NAPCR web site www.copii.ro.

■ What evidence is there that children of economic migrants are placed in alternative care?

According to UNICEF Romania, the estimated number of children in Romania affected by their parents' migration at the time of research was about 350,000, of which 126.000 have both parents working abroad. Half of these children of migrant worker parents are under the age of 10 years old. Moreover, 16% of children with both parents abroad spent more than a year without them, while 3% had to live parentless for over four years. (UNICEF Romania web page, 2008, <http://www.unicef.org/romania/children>)

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

- Education
- Conflicts with the law
- Health incl. mental health
- Employment

- **Housing – number of homeless that have a history of alternative care?**

- **Ability to parent their own children**

As stipulated by Law 272/2004, when a child reaches the age of 18, he or she must leave the protection system. If the young person continues with his/her studies, then special protection is guaranteed for the entire study period until he/she reaches the age of 26. In order to prepare children for leaving the protection system, residential services and structures such as social apartments provide “preparation for independent life” where children learn how to manage money, how to take care of themselves or find work. If they choose to study, children from the protection system are guaranteed special places at the Social Work University Program. This means it is relatively easy for a child to stay inside the protection system until he/she reaches the age of 26, if he/she decides to study social work. There are several NGOs which also offer integration programs for young people who are exiting the protection system. Statistics show that in December 2008, there were 5,246 young people of ages 18-26 benefiting from the social protection services and 683 in private social protection institutions (*source: National Authority for the Protection of Children’s rights, statistics from the NAPC web site www.copii.ro*).

Children over 18, who are still studying can benefit from housing in social apartments. Or they can find other apartments with the help of social workers from GDSSCP, where they pay a rent out of the social allowance or from the money they earn by working. Certain NGOs also help with finding these young people a place to live and to work.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**

- **How are responsibilities shared? At which level – local/regional/national?**

The Ministry of Labour, Family and Social Protection, together with the Ministry of Education, Research and Innovation, Ministry of Education, Research and Innovation, Ministry of Public Health and Ministry of Justice and Citizens’ Freedoms share the responsibility of children in alternative care at the national level. They collaborate at national level with the National Authority for the Protection of Children’s Rights (ANPDC). The latter is in charge of proposing strategies in the field of child protection, preparing the minimum mandatory standards for child protection services, monitoring of the way children’s rights are respected, writing reports on children’s rights and child protection services in Romania and supporting local authorities in developing child protection services. Another partner at national level is the parliament, responsible for initiating, adopting and promoting child protection rights, approving national child protection strategies and monitoring how children’s rights are respected. At regional level, the General Direction for Social Assistance and Protection of Children’s Rights (DGASPC) is responsible for monitoring child rights, organizing and managing child protection services, monitoring children’s rights at county level, and developing a county strategy regarding child protection rights in accordance with the national strategy.

At local level, the Municipal Council collaborates with the Mayor and the Public Service for Social Assistance (SPAS). The Municipal Council approves the local child protection action plan and approves the budget necessary for the development and functioning of social services at local level. The Mayor organizes and manages prevention services and provides necessary funds for the development of prevention services at the municipality level. SPAS prepares local strategies regarding child rights protection, develops local prevention services, and insures the convergence of social, medical and educational services at local level.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

- **Are the standards included in the national child care legislation?**

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

The quality standards for children in alternative care are included in the Order n. 21 from February, 2004, for the approval of the minimal standards concerning the protection of children who benefit from alternative care, emitted by the Ministry of Labor, Social Solidarity and Family and the national Authority for Child Protection and Adoption. While the child is in placement, families are provided with financial support, housing support, counselling and support in finding a job. Data on how the standards are applied and monitored are provided in the report on Social Exclusion of Children Placed in Out of Family Care (Romania Country Report, A. Baban, O. Marcu, C. Craciun, p.51-p.91 in "2008 Report Child abandonment: an emergency" M. Barbarotto, ed., Amici dei Bambini).

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

■ **Is there a peer-lead group of parents with children in care?**

The law states that the young care leaver must be monitored for 3 months since he/she left the Child Protection System. However, some participants admit that a formalized system of monitoring the youngster is difficult to implement for several reasons. First, when the youngster is not integrated in a NGO and chooses to leave the town, following his movements is a difficult task. Secondly, there are situations in which separation from the system was an abrupt, sudden event and the youngster chooses to "punish" the system by not keeping in touch with it. The third type of situation involves the fear of social stigma and the need for independence. There is also the case when youngsters keep in touch with a reference figure from the system: the social worker, the psychologist or other children or adolescents with whom they bonded. Interviewees also highlighted the idea that after leaving care, youngsters may ask for assistance such as legal advice, or may benefit from the network of formal relations between DGGSPC and other institutions. The "Viata si Lumina" NGO offers support and care to young people living the care system. Importantly, the law with reference to children and youngsters, particularly Law 272/2004 and the Minimal Compulsory Standards mentioned in previous sections, emphasise the state's obligations (particularly the specific representative institutions) towards the youngster rather than the obligations of the youngster towards the system, or his responsibility regarding the process of leaving care.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 51st session: 12/Jun/2009**

The Committee welcomes the adoption of many legislative and other measures taken with a view to implementing the Convention, including: the adoption in 2005 of a National Action Plan for child protection; the setting up of other relevant agencies including the Romanian Office for Adoptions, the National Agency for the Protection of the Family, the National Agency for the Roma, the National Agency for the Prevention of Human Trafficking.

The Committee encourages the State party to intensify efforts to implement the new National Strategy and other relevant policy instruments while taking into account the outcome document of the 2002 Special Session of the General Assembly of the United Nations "A World Fit for Children" and its mid-term review of 2007. The Committee recommends that the State party ensures adequate budget allocations and follow-up and evaluation mechanisms for the full implementation of the National Strategy; to regularly assess progress achieved and identify possible deficiencies. This Strategy should, specifically ensure that special attention is paid to children belonging to the most vulnerable groups (e.g. children living in poverty, Roma children, children with disabilities, children with HIV/AIDS, street children, children in need of alternative care).

The Committee notes with appreciation that the principle of the best interests of the child is incorporated into the State party's legislation, notably in Article 2(1) of Law 272/2004 on the protection and promotion of children's rights, as well as in Article 8 of Law 122/2006 on asylum. However the Committee regrets that the

principle of the best interests of the child is still not reflected as a primary consideration in all legislative and policy matters affecting children, especially in the area of juvenile justice, and that it is not well understood by the judiciary.

The Committee welcomes the decision taken to close down institutions and replace them with family type homes, and that between 2000 and 2007 the number of children in child protection institutions has more than halved. Moreover, foster carers have been selected and trained, and the number of children in foster care has almost tripled. The Committee is, however, concerned that: a) there is no harmonized set of standards to guide the decision on placing a child in out-of-family care, as well as its follow up and review; b) there is no unified protocol to guide the planning and monitoring of the intervention, including the assessment of the child's individual needs; c) there is no monitoring and evaluation of the quality and care provided, nor a mechanism through which children and their families can submit complaints; d) Law No. 272/2004, while forbidding the placement of children under the age of 2 in residential care, allows for such placement exceptionally in the case of children with severe disabilities, thereby discriminating against children with disabilities and opening the way for discriminatory practices against children who are otherwise placed in residential care; e) due to the closing of the former institutions and the lack of a sufficient number of foster carers, abandoned newborns often spend many months in hospital wards; f) the over-representation of Roma children in the care system is not accompanied with special culturally sensitive programmes for children, family support, and reintegration efforts.

The Committee recommends that the State party continue to promote foster care as a form of alternative care and, taking into account the Committee's recommendations issued at the day of general discussion on Children without parental care, held on 16 September 2005, take steps to ensure the protection of children's rights in alternative care, *inter alia*, by: a.) taking into account in all measures the views of the children, and providing them with child accessible complaint mechanisms in all parts of the country; b.) monitoring the status of children placed in kinship homes, foster care, pre-adoptive homes and other care institutions, *inter alia* by regular visitations, with the help of a national integrated assessment and documentation system; c.) developing care plans for each child in care which will be reviewed on a regular basis; d.) strengthen the system for supervision and training of foster care professionals with the help of residential staff, municipality workers, and social workers specifically responsible for the protection of the rights of the children in care; e.) revise the financial and in kind provisions for foster parents in order to encourage the intake of infants and small children into foster care.

Adoption

The Committee notes the entry into force of Law N°273/2004 on the legal regime of adoptions as well as N° 274/2004 on the establishment, organization and operation of the Romanian Adoption Office. However, the Committee notes with concern that under the current law the procedure required for declaring the child adoptable may be excessively lengthy, contrary to the child's best interests in cases where family reunification is not an option. In addition, social workers and authorities responsible for adoption are often overburdened with cases. The Committee notes that inter-country adoptions have been limited to cases where a family relationship exists between the child and prospective parents.

The Committee recommends that the State party evaluate the implementation of adoption laws from the viewpoint of the best interests of the child, and continue allocating sufficient resources, both human and financial, in order to ensure a more adequate duration for all stages of the adoption process, at the national level. The Committee further recommends that the State party create positive public awareness in the area of adoption and encourages potential adoptive parents, emphasizing the needs and rights of children to a family.

The Committee recommends that the State party, taking into account the new adoption laws and guarantees of legal procedures for inter-country adoption in conformity with the Hague Convention No. 33 on Protection of Children and Cooperation in Respect of Intercountry Adoption, withdraw the existing moratorium as a barrier to the full implementation of Art. 21 of the Convention.²

² http://www2.ohchr.org/english/bodies/crc/docs/co/CRC.C.BGD.CO.4_en.pdf.

■ NAP:

A continuous approach, on which the Romanian government must carry on with its solution efforts, is represented by the differences between the legislative provisions and their degree of implementation. As to the area of social inclusion, efforts shall aim at the actual implementation of sector strategies in the area, aiming at the improvement of the standard of living for various vulnerable groups, namely: youth moving out of foster care centres, elderly people, disabled people, children with difficulties etc.

Starting 2005, the interest in the child protection area focused on the implementation of the new legislative package regarding the protection and promotion of children's rights. Developing services to replace the placement in institutions was a priority in all the related programmes.

There are programmes of national interest developing in this sense, among which we mention: the "Setting up family-type placement centres" programme; the "Development of alternative services for children with disabilities/handicap/AIDS" programme; the "Development of the specialised services network for children who are victims of abuse, neglect and exploitation" programme; the "Development of the community network of social services for the child and the family and the support of families who are in crisis in order to prevent the separation of the child from his/her family" programme.

As to the social reintegration of homeless children, the Government approved the "Homeless children initiative" project, financed by the Council of Europe Development Bank with the amount of EUR 5,739 million, resulting in the setting up of 20 centres for 300 children and in providing approximately 150 social workers with training programmes.

In 2007, 2 programmes of national interest were carried out, namely:

- "Development of alternative services for disabled children/handicapped children/ children with HIV/AIDS", having a budget of RON 3,200 thousand, through which 26 professional child care assistants were recruited and trained, 12 child care assistants were hired to whom 12 disabled children were placed;
- Developing the community social services network for child and family and supporting the families in crisis with a view to preventing the separation of the child from his/her family", having a budget of RON 1,400 thousand, through which 210 persons within social assistance public services and 512 persons within the services of residential type were trained.³

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

The official source of information on children in alternative care is the National Authority for the Protection of Children's Rights (NAPCR) and its web page is accessible online www.copii.ro, providing reports on the activity of the institutions involved in the child protection system.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The National Authority for the Protection of Children's Rights (NAPCR) mainly gathers statistical data on the situation of the child protection system. There are other statistics on the situation of children's mental and physical health, which are being published by the Romanian UNICEF and WHO offices. The Romanian Health Psychology Association, together with Amici dei Bambini from Italy have been conducting semi-structured interviews and focus groups with both providers and beneficiaries of the social protection system. Two reports resulted from this work: the "Romanian country report on the social exclusion of children placed in out of family care" and "Life after institutional care. Equal opportunities and social inclusion for young people: Identification and promotion of best practice".

³ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/romania_en.pdf.

COUNTRY: SLOVAKIA

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ **Full-time care in residential homes (paid staff with 16 or more children)**

4,709 children in 98 children's homes.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

468 children.

■ **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children)**

786 children.

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

598 children in 333 professional families.

■ **SOS Villages (or similar) care**

■ **Foster Care in a private individual's home**

8,335 children (There are three types of foster care - foster parenting: 2,672 children, guardianship: 625 children and 5, 038 children in alternate personal care of close relatives, which has increased support by the law in recent years.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

According the Family Act, poverty (poor housing and lack of property) is not a reason for placing child in residential care.

■ **What are the stated reasons for children coming in to care?**

Reasons identified in the survey from the Society of Friends of Children from Children's Homes Smile as a Gift: "Reasons for taking children from families and a profile of the family at risk": -

- Before taking of a child in: 42% of children only lived with the mother; in 29% of cases with both parents and in 8% only with the father;

- In the last 5 year 19% have changed housing; 28% have changed housing several times; 6% are homeless; and 43% have stabile housing;
- Employment of mother: 52% long time unemployed;
- 54% have basic education; 16% left school early (so have not finished basic education);
- Employment of father: 11% in prison; 6% short-time unemployed; 38% long-term unemployed;
- Approach of parents to solving their problems: 46% did not know to solve problems; 11% were not able to solve problems; and 43% were not willing to solve problems.

Ethnic breakdown: 46% Roma; 47% non-Roma.

■ **How long is the average length of stay in care?**

In 2005: 4 years and 9 months. In 2006: 4 years 1 month. In regard to beginning of systematic work with the biological family, the length of stay will be shorter.

■ **What are the socio-economic circumstances of the family?**

More than half of families do not own housing or at the least, have rented housing.

■ **Are there children coming from a certain geographic region or belonging to a certain minority overrepresented in alternative care?**

There is no official evidence of children coming from certain region or minority.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

No there are no official statistics on the ethnic origin of children in alternative care.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

■ **Conflicts with the law**

■ **Health incl. mental health**

■ **Employment**

■ **Housing – number of homeless that have a history of alternative care?**

■ **Ability to parent their own children**

See comments below regarding the situation of children who left residential care.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

Ministry of Labour, Social Affairs and Family of SR and governmental agency, belonging to the mentioned ministry - Office for Labour, Social Affairs and Family.

■ **How are responsibilities shared? At which level – local/regional/national?**

The state institution Office for Labour, Social Affairs and Family has overall responsibility for alternative care of children.

Local offices have responsibility for placing of a child to alternate personal care in close relatives.

Central office – Intervention of foster care and guardianship, adoption.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Each alternative care institution has elaborated the individual plan of social development for each child.

The programme on preparing foster parents has defined standards on care.

Quality Standards for children out-of home care Q4CH are not implemented yet.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

No.

■ **Are the standards included in the national child care legislation?**

No.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

The Slovak National Centre for Human Right is responsible for the monitoring of the children's rights in practice.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

Some NGOs which provide services for foster and adoptive families support peer groups of young people from foster and adoptive families (NGO – Navrat / Return, Úsmev ako dar/ Smile as a gift).

Úsmev ako dar/ Smile as a gift supports peer group of young people from residential care.

■ **Is there a peer-lead group of parents with children in care?**

Programme Pride - self- help groups for foster parents who work with biological family.

Peer group of foster parents: Association substitute families (foster, adoptive and professional).

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 45th session: 10/July/2007**

The Committee recommends that the State party strengthen its efforts, in collaboration with non-governmental organizations (NGO) and UNICEF, to ensure that all of the provisions of the Convention are widely known and understood by adults and children. It also recommends the reinforcement of adequate and systematic training of all professional groups working for and with children, in particular law enforcement officials, teachers, health personnel, social workers and personnel of childcare institutions.

Cooperation with civil society

The Committee welcomes the cooperation between the State party and civil society when policies, strategies, action plans, and legal acts are being drafted and implemented in the fields of alternative family care, social and legal protection of children, and social guardianship.

The Committee recommends that the State party continue to further strengthen its collaboration with civil society and widen the scope of cooperation so as to cover all areas related to the promotion and protection of the rights of the child. The Committee also recommends that the State party encourage and empower the

active participation of civil society, including NGOs, in the follow-up to the concluding observations of the Committee.

Children without parental care

The Committee notes with appreciation the State party's indication that alternative care or foster care is preferred over institutional care and the adoption of a new Act on allowances promoting alternate custody. The Committee is, however, concerned that the already large number of children in institutional care has increased and that the Roma constitute the majority of this population, and that the number of children in foster care has decreased. The Committee also notes with concern that in facilities such as youth diagnostic centres, youth re-education homes and children's re-education homes, relaxation or protection rooms are often misused as a form of punishment and that guidelines in this regard are missing. The Committee is also concerned that most government residential homes are long-term rather than short-term facilities and that children from such homes have difficulty integrating into society at age 18 and are at increased risk of falling victim to trafficking.

The Committee recommends that the State party, taking into account the Committee's recommendations issued at the day of general discussion on Children without parental care, held on 16 September 2005, take steps to ensure the protection of children's rights in alternative care facilities, inter alia, by: (a) Taking steps to monitor the situation of child rights within facilities (b) Developing guidelines to be used by such facilities in elaborating their internal regulations on issues such as the employment of education and protective measures and the placement of children in relaxation/protection rooms; (c) Carrying out awareness-raising and educational activities in order to eliminate negative stereotypes in society about Roma children and increase their chances of being adopted by families within the country; (d) Taking steps to end the practice of municipalities of refusing by referendum the presence of children's homes just because of their high population of Roma children; (e) Providing a child accessible complaint mechanism; and (f) Providing training and education programs to prepare children for adult life.

Adoption

The Committee notes with appreciation that the new Family Act provides for the adopted child to have access to information on his/her biological parents. The Committee welcomes the ratification by the State party of the Hague Convention on the Protection of Children and Cooperation in Respect of Country Adoption. However, the Committee notes with concern the difficulties in finding foster or adoptive families for children of Roma origin within the State party.

The Committee urges the State party to ensure that its legislation on adoption is in full conformity with article 21 of the Convention and also that children of Roma origin are not discriminated against in the adoption process. It also urges the State party to ensure that the child's best interests are being met in all areas. Finally, the Committee recommends that the State party establish programmes to reduce misconceptions related to the adoption of Roma children.¹

■ NAP:

To reduce by 2011 the proportion of children in institutional care; to reduce the total number of children in substitute care by 8 percentage points against 2004; to reduce the average length of stay of a child with court-ordered institutional care in a children's home; to increase the number of children placed in professional families / independent groups / specialised independent groups established exclusively in separate family houses or in separate apartments in a residential building, where the one family house / apartment is to house only the one professional family / independent group / specialised independent group.

Average length of stay of a child in a children's home:

2005: 4 years and 9 months

2006: 4 years and 1 month

2007: 4 years and 5 months

¹ <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G07/429/29/PDF/G0742929.pdf?OpenElement>

2010 (targeted) 3 years and 6 months

The purpose of this objective is to support the quality performance of measures of socio-legal protection of children and social guardianship, and which will focus on solving the situation of the three target groups of children with court-ordered institutional care:

- a child in whose best interest it is to carry out measures in favour of reinstating their biological family;
- a child in whose best interest it is to carry out measures in favour of their placement in substitute family care;
- a child/young adult in whose best interest it is to carry out measures in favour of support for increasing the quality of their preparation for becoming independent.

This objective will allow responsible subjects to activate themselves towards improving the performance of measures of socio-legal protection of children and social guardianship in children's homes and towards the permanent increase in the number of professional families/independent groups/specialised independent groups whose spatial conditions and location create the conditions for raising the probability of the child's social inclusion. Fulfilling this objective will assist in reducing the number of groups of children placed in a single children's home.

Quality of measures for socio-legal protection of children and social guardianship performed at facilities implementing court orders:

This objective /indicator will support the current development trends in the approach to the clients, highlighting the importance of the permanent increase in the standard for carrying out measures in the socio-legal protection of children and social guardianship in connection to the requirements resulting from the current structure of social problems of the given region.

On this basis it is necessary to support the improvement of the organisational arrangement of facilities intended for executing a court decision (particularly children's homes) which will correspond in particular to the following characteristics: - a children's home that will be established by professional families / independent groups /specialised independent groups exclusively in independent family homes or in independent apartments located in apartment buildings, where the children's home in one family house/apartment will be established by only one professional family / independent group / specialized independent group; a children's home that will be established in one building of at most four independent groups or specialised independent groups (maximum numbers); a children's home that will establish specialised independent groups or professional families with specialised focus; a crisis centre that will establish professional families; a crisis centre / re-socialisation centre established in accordance with the current needs for ensuring the performance of measures in socio-legal protection of children and social guardianship in the framework of the region for children / young adults / persons of full age; ambulatory facilities performing socio-legal protection of children and social guardianship.

This objective / indicator will support the current development trends in the approach to the clients, highlighting the importance of the permanent increase in the standard for carrying out measures in the socio-legal protection of children and social guardianship in connection to the requirements resulting from the current structure of social problems of the given region.²

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

Statistics of the Office for Labour, Social Affairs and Family-accessible in v official Statistic yearly report.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovakia_en.pdf.

No evidence.

Resources:

Family Act 36/2005

Statistical data of the Office for Labour, Social Affairs and Family

The survey of the Society of Friends of Children from Children's Homes Smile as a Gift on "Reasons for taking of children from families and a profile of the family at risk"

Web pages (NGOs)

COUNTRY: SLOVENIA

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

From a systemic point of view, Slovenia's alternative care could be divided into care for:

- Children and youth with moderate, severe and profound mental disturbances

(5 centres)

- Children and youth with physical impairments and with mild or moderate mental disabilities

(15 institutions: 1 for blind and weak-sighted children; 2 for deaf and partially deaf children; 2 for children and youth with physical disabilities and 10 for slightly or moderately mentally disabled children)

- Children and youth with severe emotional and behavioural disorders

(11 institutions: 7 reformatory homes; 3 youth homes; 1 re-education home)

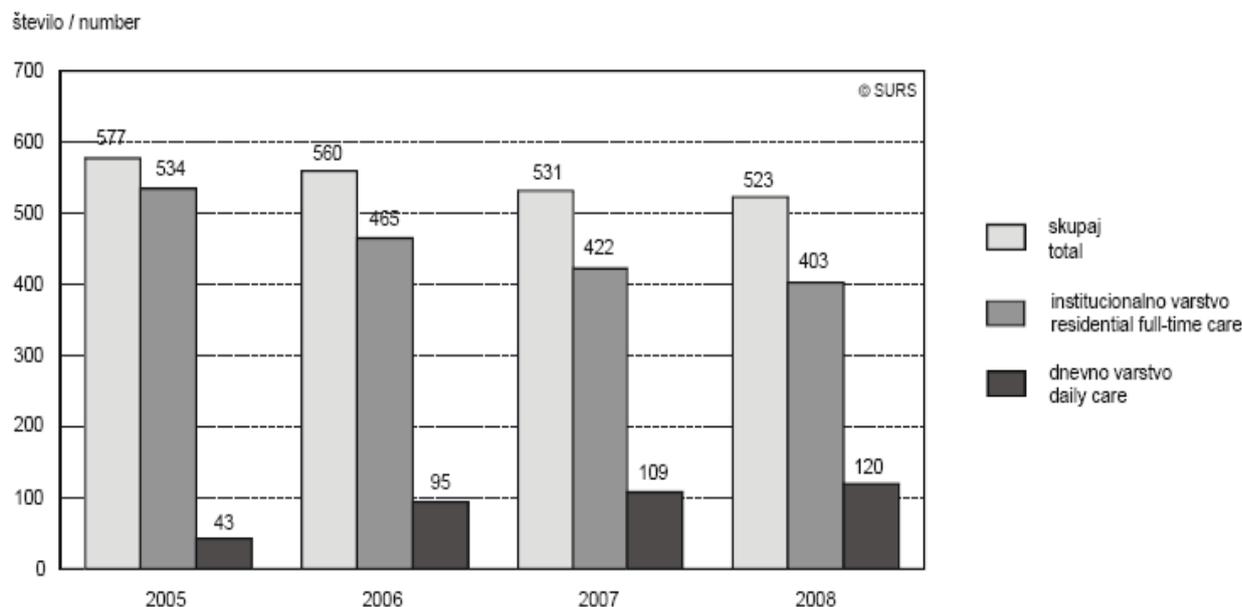
- Children in foster care
- Children in crisis centres for youth and children

(8 crisis centres)

Slovenia has a strong network of institutions for children and youth. Institutions providing alternative care vary according to the types of children and youth involved. This fact influences the whole design and logic of functioning of these institutions. As such, they differ in their goals; the levels of care provided to the children and youth; the length of stay of children; their staff requirements; the educational and qualifications options for youth and children, and in their provision of full-time care or provision of daily care.

1) According to the Statistical Office of the Republic of Slovenia there were **523** children and youth with **moderate, severe and profound mental disturbances** included in centres for training, work and protection in 2008. 403 of them were in residential full-time care and 120 were in daily care. The total number of included children as well as the number of children included in residential full-time care included in centres for training, work and protection has been falling in the recent years. On the other hand, the number of children in daily care is rising.

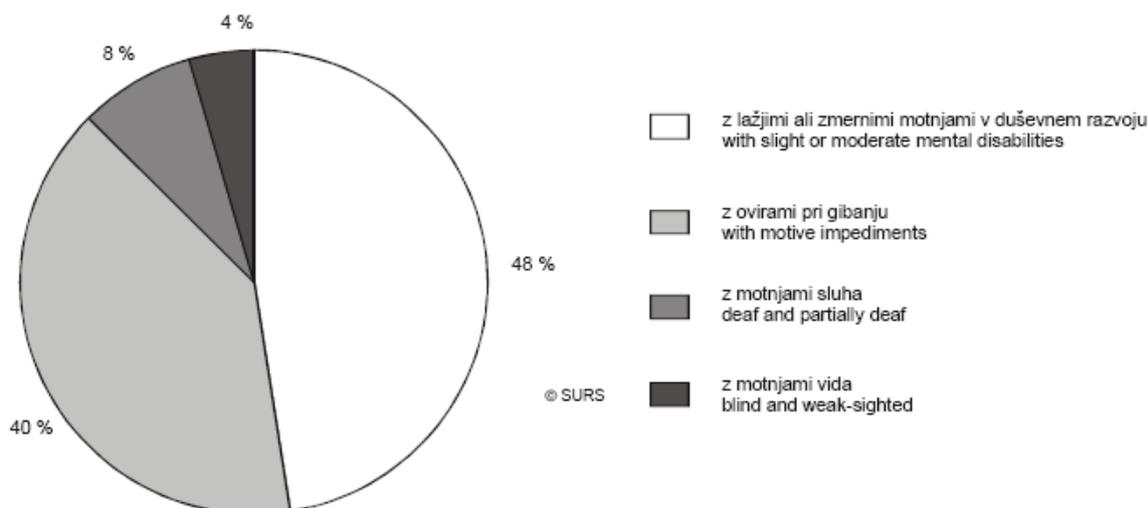
The majority of children who have these disabilities and are residing in centres for training, work and protection are not parentless. Just 7 of them are without parents; 93 are from a single parent household; 297 have both parents and 6 are from a foster family.

Chart 1: Number of children in centres for training, work and protection, Slovenia, 2005-2008

Source: SORS 2009

2) Furthermore, there were 534 children and youth that have **physical impairments or mild or moderate mental disabilities** that are placed for the time of their education in institutions and homes:

- 24 in institutions for blind and weak sighted children and youth;
- 43 in institutions for deaf and partially deaf children and youth;
- 213 in institutions for children and youth with physical disturbances; and
- 254 in homes for slightly or moderately mentally disabled children and youth.

Chart 2: Children and youth with physical impairments and with mild or moderate mental disabilities, residing in residential schools by type of disturbances, Slovenia 2008

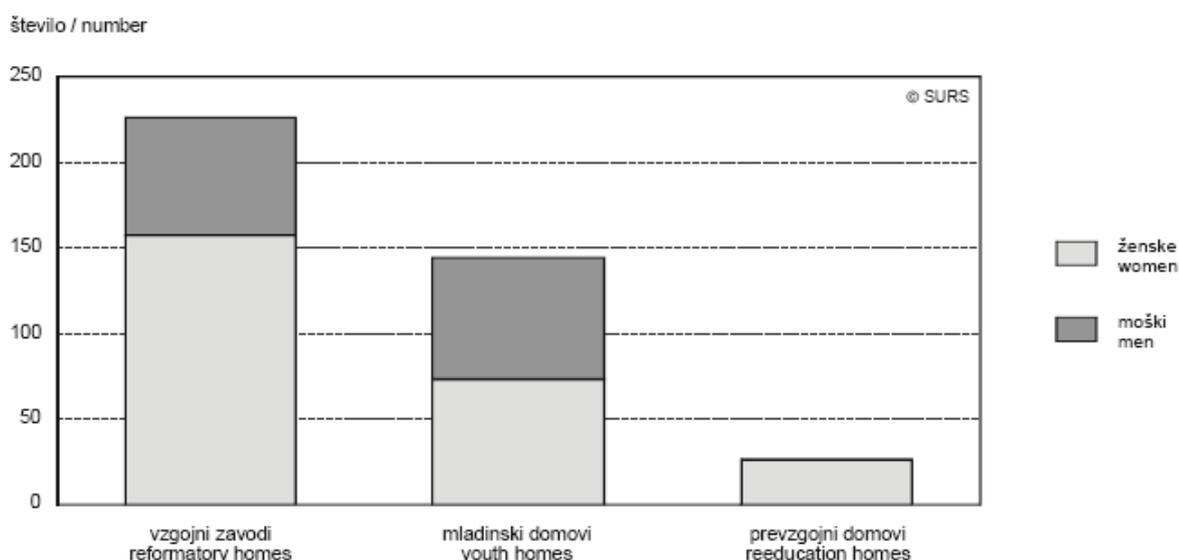
Source: SORS 2009

The majority of children who have these disabilities and are placed in institutions and homes for lodging are also not parentless. Just 3 of them do not have parents; 140 are from a single parent household; 366 have both parents and 23 are from a foster family.

3) **397** children and youth were included in institutions and youth homes for **children and youth with severe emotional and behavioural disorders**. They are residing either in reformatory (226 children), re-education (27 children) or youth homes (144). The gender distribution in these so called correctional homes is heavily in

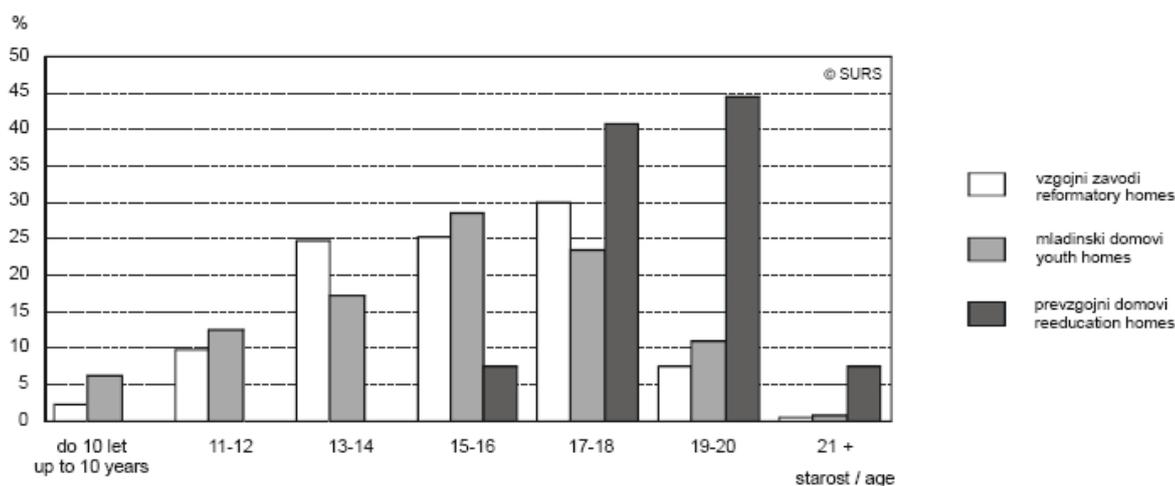
favour of boys. They represent approximately two thirds of all residents. The sex ratio was the most equal in youth homes, where in 2007 girls represented 49% of all residents.

Chart 3: Children and youth in reformatory homes, youth homes and re-education homes, Slovenia, 2008



Source: SORS 2009

Chart 4: Children and youth reformatory homes, youth homes and reeducation homes, Slovenia, 2008



Source: SORS 2009

4) Foster care is one of the most common institutions alleviating problematic situations of children without parental care. The function of foster care is to place children into “normal” and safe family surroundings. Foster care has a long tradition in Slovenia; it is well organized and monitored. This is one of the main reasons that Slovene welfare system does not have a place for institutions like orphanages.

Data for 2007 show that 1,301 children were placed in foster families. The number of foster families at the same time was 838. Longitudinal data of Centres for social work (Table 1) indicates that the number of children in foster care is falling steadily.

Table 1: Number¹ of children in foster care

Year	Number	Source of data
2003	1,470	Centres for social work
2004	1,279	Centres for social work
2005	1,278	Centres for social work
2006	1,307	Centres for social work
2007	1,301	Centres for social work

5) Along with the above mentioned forms of care, alternative care is also provided through **crisis centres**. Main goals and purpose of the crisis centres are to:

- Offer first social assistance and personal help to youth in need;
- Accommodate children and youth until their problems are solved efficiently (max. duration of stay 3 weeks with possibility of extension);
- Implement measures for return of the child back into his/her family;
- Co-operate with Centres for social work, state institutions and organizations responsible for dealing with children.

There are 8 crisis centres that are geographically dispersed throughout Slovenia. One of them serves as a centre for pre-school children for whom the centre for social work has established that removal from their family or school environment is of the utmost importance.

The latest data for 2008 show that there were 1,369 children who went through the crisis centres; 660 of them received only one day of non-residential treatment.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

There are various national documents arranging the alternative care of children such as Resolution on the National Programme of Social Protection for the period 2006-2010 (RNPSP 2006) as well as The Law on Marriage and Family Relations and Provision of the Foster Care Act. The diction of the laws is that **“the children and youth who are parentless or who are without family care are subjected to special protection of the state”**. The Resolution states that services of the institutionalized care (institutional care, daily care, alternative family placement etc.) are intended for children and youth:

- - Who are deprived of normal family life and are therefore facing problems in the period of growing up or cannot live with their parents due to unfavourable conditions.
- - Who are facing moderate, severe or profound mental disturbances.

In the 120th article of Law on marriage and family relations (Zakon o zakonski zvezi in družinskih razmerjih – ZZZDR) the Centres for Social Work are given the authority to take a child away from his/her family and place it under the care or upbringing of another person(s) or institution if the child’s upbringing has been neglected or if such an Act is in the child’s favour for other important reasons.

¹The numbers differ according to the source. According to the Ministry of Labour, Work and Social affairs and Statistical Office there were 1,369 children in foster care in 2003; 1,211 in 2007 and 1,166 in 2009.

We can conclude that poverty/material deprivation is not directly mentioned as a reason for placement in alternative care. Nevertheless expressions like “normal family life” and “unfavourable conditions” or “neglect of upbringing” when relating to whether a child can be placed into some form of alternative care leave the door slightly open for such an interpretation of the laws where extreme poverty could be viewed as one of the combining factors for placing a child into alternative care.

■ What are the stated reasons for children coming in to care?

The reasons for admission follow the logic of classification of types of disadvantages children and youth who are placed in alternative care are facing. It does not necessarily mean (as shown before) that the reason is limited to the child being parentless. We can divide the reasons into:

- Moderate, severe or profound mental disturbances (institutionalized care/training/work/protection of children);
- Physical impairments and with mild or moderate mental disabilities (institutionalized care/schooling);
- Severe emotional and behavioural disorders (reformation, re-education or youth homes placement);
- Being without parents or having unfavourable family conditions (foster care);
- First social assistance and personal help to youth in need (crisis centres).

■ How long is the average length of stay in care?

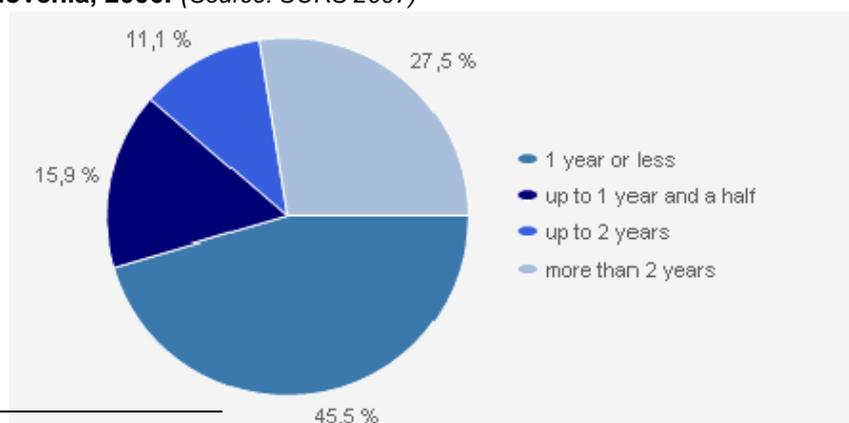
The available data on the length of stay in the institution is limited to children and youth with moderate, severe or profound mental disabilities that are residing full time² in centres for training, work and protection and children and youth with emotional and behavioural disturbances.

Table 2: Children and youth with moderate, severe or profound mental disabilities residing full-time by duration of staying in the institution, 2008 Slovenia.

Number of residents	Length of stay
92	up to 4 years
75	5 - 9 years
107	10 - 14 years
100	15 - 20 years
29	21 years and more

Source: SORS 2009

Chart 5: Children and youth with emotional and behavioural disturbances by duration of living in the institution, Slovenia, 2006. (Source: SORS 2007)



²Under residential full-time care we present data on children and youth who are permanently housed in centres or institutions.

■ **What are the socio-economic circumstances of the family?**

There are no detailed analyses on the background of children placed into alternative care therefore the socio-economic factors influencing the placement of children into alternative care can not be proven.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

There are no detailed analyses on the geographic background of children placed into alternative care therefore the geographic factor influencing the placement of children into alternative care cannot be proven.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

No, the data is not gathered in this way.

■ **What evidence is there that children of economic migrants are placed in alternative care?**

There is no such evidence.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

■ **Conflicts with the law**

■ **Health incl. mental health**

■ **Employment**

■ **Housing – number of homeless that have a history of alternative care?**

■ **Ability to parent their own children**

Data on children in alternative care is not gathered in this way. To put it differently - there is no systematic national follow up account regarding the outcomes of children in alternative care.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ **Which Ministry/government agency/department?**

■ **How are responsibilities shared? At which level – local/regional/national?**

Ministry of Labour, Work and Social Affairs

Ministry of Education and Sport

Centres for social work

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Children without parental care are already dealt with in the Constitution of the Republic of Slovenia. "Children and minors who are not cared for by their parents, who have no parents or who are without proper family care shall enjoy the special protection of the state. Their position shall be regulated by law". (Article 56; Rights of Children; Constitution of the Republic of Slovenia).

Specific regulations and prescribed standards are included in the **Statute on standards and normatives in social protection services** (Pravilnik o standardih in normativih socialnovarstvenih storitev). Children and youth in alternative care are entitled to:

- Education/upbringing/skills development;
- Basic care (housing, organized nutrition, technical services and transport);
- Social care by professional staff aimed at prevention, therapy and guidance work;
- Help with personal hygiene and organization of daily activities, development of autonomy, development of social relations and alleviation of personal distress.

Classification of different types of alternative care highlights the different needs of children and youth placed in within them. We can conclude that the rights of children in alternative care are protected.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

Involvement of parents is envisaged from the start of the placement process to the end of it. They are not, however, defined as standards.

■ **Are the standards included in the national child care legislation?**

In the **Resolution on National Programme of Social protection for the period 2005 -2010** the normatives for institutionalized care and desired outcomes are prescribed. For example:

Normative: to sustain number of foster care families that take care of parentless children and youth that are parentless.

Outcome/Impact: organize life of all children and youth from 18 to 26 that lack favourable conditions for upbringing and care in their own family with the aim of continuing education.

Normative: to assure capacity for inclusion of 20% of all children and youth with children and youth with moderate, severe or profound mental disturbances.

Outcome/impact: to assure at least 500 places for children, youth and grown up persons from 1 to 26 years of age.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

Yes, especially in the case of foster care.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.**

There is no data.

■ **Is there a peer-lead group of parents with children in care? Please provide details.**

There are several associations especially in the field of foster care such as Foster care association, Union of foster care families, Association Moč – For Protection of Children not able to live with their Parents.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 35th session: 26/Febr/2004**

Adoption and foster care:

While welcoming the new Implementation of Fostering Activities Act of 2003, which provides for a more systematic regulation of fostering activities, the Committee is concerned that the mechanisms for reviewing

and monitoring the placement of fostered children are not sufficient. Furthermore, the Committee is concerned at the lack of standards and regulations on adoption and of a national adoption register.

The Committee recommends that the State party ensures that the legislation on foster care and adoption is in conformity with the Convention and the Hague Convention on Protection of Children and Cooperation in Respect of Intercountry Adoption of 1993. The law on adoption should guarantee the right of the child to know his/her origin and access to information about his/her background. Furthermore, the Committee recommends that the State party: (a) establish a national register of children to be adopted and of families qualified to adopt, which takes full account of the best interests of the child; (b) put in place mechanisms for monitoring the situation of fostered and adopted children; and (c) ensure that procedures of fostering and adoption are handled by a qualified and efficient multidisciplinary team.³

■ NAP:

NAP/Inclusion 2008 -2010 report covers the situation in economic, social and demographic field. Analysis is focusing on the major trends, risk factors, key challenges, vulnerable groups, immigration/migration aspect and social policy premises. In NAP report particular groups of children are identified as a vulnerable at-risk group; namely "Children whose physical, mental/emotional and social development is threatened by poverty or social exclusion". There is no further elaborate analysis of children living in alternative care although they are mentioned in the part dealing with '*Providing housing for vulnerable groups*' where the number of children and young persons with moderate, severe or very severe mental disorders is indicated as well as who is providing care for them (Social care centres) and the financing of the centres (around EUR 12 million was earmarked in 2008).

The crisis centres are also mentioned in this chapter. NAP reports highlights the first crisis centre for children up to 6 years of age which is fulfilling the demand for short-term accommodation of such children for the whole country.⁴

8. DATA/ SOURCE OF INFORMATION

- **Are there official sources of information on children in alternative care and how accessible are they?**
- **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

There are numerous sources of information on children in alternative care that are easily accessible. The most reliable source is from The Statistical Office of the Republic of Slovenia (SORS). The data on children and youth in alternative care is also gathered by Centres for social work and Ministry of Work, Family and Social Affairs. A lot of data is also part of Social Protection Institute of the Republic of Slovenia – Child Observatory information bases. This is therefore secondary data gathered from all the above mentioned sources. The consistency of methodology and relevance of data can be put into question as the discrepancies in data do occur (see footnote 1).

Resources:

Zakon o zakonski zvezi in družinskih razmerjih, Uradni list RS, št. 69/04 UPB.

Zakon o izvajanju rejniške dejavnosti, Uradni list RS, št. 110/02, 142/04

Pravilnik o pogojih in postopkih za izvajanje zakona o izvajanju rejniške dejavnosti, Uradni list RS, št. 54/03)

Constitution of the Republic of Slovenia. Available at :

<http://www.dz-rs.si/index.php?id=351&docid=25&showdoc=1>

Statistical Office of the republic of Slovenia, <http://www.stat.si/>

³[http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/8cbbfa4d9d8b3323c1256e6f003b0300/\\$FILE/G0440503.pdf](http://www.unhcr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/8cbbfa4d9d8b3323c1256e6f003b0300/$FILE/G0440503.pdf).

⁴ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/slovenia_en.pdf.

Resolucija o nacionalnem programu socialnega varstva za obdobje 2006 – 2010 (ReNPSV06-10); 39. Uradni list RS, št. 39/2006 z dne 13.04.2006

National Report on Strategies for Social Protection and Social Inclusion 2008 – 2010. Available at :

http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti__pdf/npsszsv08_10_en.pdf

Rapid Reports. Education. Institutions, child and youth homes and other establishments for lodging of children and youth with special needs. Available at:

<http://www.stat.si/doc/statinf/09-SI-097-0801.pdf>

COMMITTEE ON THE RIGHTS OF THE CHILD; Concluding observations: Slovenia; available at:

<http://www.universalhumanrightsindex.org/documents/829/548/document/en/pdf/text.pdf>

COUNTRY: SPAIN

Contact details of person responsible

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

Data for 2007

Young offenders* (Basic statistics on measures imposed on juvenile offenders, Ministry of Health and Social Policy)

Number of measures implemented or under implementation:

A. Total number of placements: 5,975

Closed institutions: 1,486

Semi-open institutions: 4,340

Open System institutions: 149

B. In therapeutic institutions: 589.

Subject to a placement order, under Law 5 / 2000 which provides for the therapeutic placements, "for people suffering from mental abnormalities or alterations, dependence on alcohol, drugs or psychotropic substances or alterations in perception that impair an individual's consciousness of reality. This measure may be used alone or in addition to other measures. When the person refuses treatment for dependency, the court will apply for other measures according to the circumstances".

C. Co-habitation with another person, family or educational group: 589

Children under Protection (Basic Statistical on Measures of Child Protection. Ministry of Health and Social Policy)

A. Adoptions*

National adoptions: 728

International adoptions: 3,648

B. Children under a protection measure:

Guardianship; 31,500

Residential care: 14,605

Foster care: 24,490

People with disabilities

There are estimated to be 195,071 people with disabilities between 0 and 19 years of age.

According to the IMSERSO, 91% of people with disabilities under the age of 65 live in the family.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**
- **What are the stated reasons for children coming in to care?**

Our Civil Code does not include “poverty” as a reason for taking a child into care under the protection system. There are several causes characterized in our Civil Code, concerning the different reasons a child would enter into the system of protection:

- Situations of helplessness, resulting from neglect, or inability of carers to provide the necessary care or where a child is deprived of the necessary moral and material support. In these cases, public authorities assume guardianship of the child.
- If the parents or guardians (due to serious circumstances) cannot care for the child they may request that the public entity assumes custody of the child during the time necessary. However the law always seeks the best interests of the child and shall, when not contrary to that interest, ensure the child’s reintegration into the family. It also requires that care of any siblings is ensured in the same institution or with the same person.

With respect to young offenders, it concerns only minors engaged in criminal acts. The judge decides according to the offense perpetrated and the psychosocial characteristics of the child. Poverty is a reality of many of the children who commit crimes, but it is not necessarily the case, and children are certainly not judged because of this.

With respect to children under protection, the focus is on children's rights. Law 1/1996 on the Legal Protection of minors introduces a distinction in the nature of public intervention according to the social vulnerability, risk and helplessness. In situations of risk where there is harm suffered by the child is not sufficiently serious to justify removal from the family, the intervention focuses on eliminating risk factors. Where withdrawal is necessary, the public intervention focuses on the guardianship and care for the child. Law 1/1996 provides a clear framework for protection, respecting the best interest of the child, which means full recognition of the ownership of their rights and their ability to exercise them effectively. The state is the ultimate guarantor of the child’s rights and will create the necessary conditions which to either establish or restore such rights. If the child is unable to exercise his/her rights within the family of origin, the state is obliged to provide alternative care.

- **How long is the average length of stay in care?**

The maximum time a juvenile offender can be in detention is two years, taking into account the time already spent in detention as a cautionary measure. If at the time of committing the act the child was fourteen or fifteen years of age, the detention period could be three years. If at the time of committing the act the child was sixteen or seventeen, the period of detention could be six years.

With respect to children under protection, the time period in care should be as short as possible, unless in the child's best interests.

- **What are the socio-economic circumstances of the family?**

Family circumstances are often deficient. These users of these social services are usually those with least economic and personal resources, with low access to education and culture, and low levels of participation in society. But the socio-economic circumstances of the family are not considered as grounds for entry into the care protection system.

- **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

There are no geographic regions which stand out significantly from the others as regards juvenile offenders. Intervention in all the autonomous communities of the state does not allow for large differences. Any differences are due more to local geographical conditions and correspond with the quality of life and basic social services in those areas, and they are area-specific.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Regarding ethnicity, researchers in Castilla-La Mancha did not find any significant differences between children of other ethnic races and other continents, although it is widely believed that they do exist. Some problems exist in the primary and secondary schooling where there is increasing multi-ethnicity and some students have little knowledge of the language.

In recent years Spain has witnessed a growing problem of unaccompanied foreign minors with few prospects. Their integration is more difficult in the absence of parents. These children and young people are under the protection system for unaccompanied minors and generally come from Africa on boats to the Spanish coast, mainly in the Canary Islands and Andalusia.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

Three types of studies exist:-

The first are longitudinal statistical analyses which note the decline in the institutions for children without parental care;

The second looks at variables such as the appearance of criminal behaviors and development of intervention programs. It also looks at emergence of anxiety behaviour; issues around control; impulsiveness; boredom and many others, noted during cognitive-behavioral or psychological interventions.

The third looks at levels of reintegration carried out by several autonomous regions such as Catalonia, the Basque Country, Castilla la Mancha and others. The national security system provides a range of social and educational measures for the child; medical cover through the national health system and job training for teenagers and preparation for transition to adulthood in the so-called supervised homes "to promote independent living and independence".

■ **Education**

Education is compulsory in Spain until the age of 16, making it mandatory for children in care to have access to formal education similar to that of the general population. If the child has completed their education to this stage, they have the opportunity to access vocational training or university.

■ **Conflicts with the law**

The report of the Public Prosecutions office (*Fiscalia General del Estado*) in 2008 reports:-

Detention in closed-units was imposed on 853 occasions in 2008; in 961 cases in 2007; and in 1,523 cases in 2005.

Placement in semi-open centers was imposed on 2,891 occasions in 2008; in 3,200 cases in 2007; and in 3,342 cases in 2005.

In the context of the imposition of measures, there is a preference for alternative measures to imprisonment, in accordance with international recommendations. Extra-judicial solutions are also becoming increasingly important, as they may often be the natural way to resolve certain criminal acts which reflect social problems.

■ **Health incl. mental health**

In the context of the legal reform, therapeutic treatment was imposed on 299 occasions in 2008, 237 in 2007; and 251 in 2005 – reflecting a steady increase in the application of the measure.

■ **Employment**

Most juvenile **detainees** are of school age so they follow standardized formal education. However, there are workshops at centers of professional training for vocational training and social work skills courses.

■ **Housing – number of homeless that have a history of alternative care?**

This phenomenon does not exist as such in Spain.

- **Ability to parent their own children**

There are training courses for parents on positive parenting in all the Autonomous Communities.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**

- **How are responsibilities shared? At which level – local/regional/national?**

Spanish law provides that jurisdiction over child protection is the responsibility of the Autonomous Communities. The Royal Decree 1041/2009 of 29 June which establishes the structure of the Ministry of Health and Social Policy gives competencies to the Directorate General of Social Policy for Families and Children in relation to the powers constitutionally reserved to the State and in cooperation with the autonomous communities. This includes the promotion, analysis, development, coordination and monitoring of action programs in social services from primary care, social inclusion, protection and promotion of families and children and preventing situations of difficulty or social conflict.

Within the Autonomous Communities, the public authorities for the protection of children are responsible for residential care measures and as such they collect the relevant statistics and monitor the situation of children. It falls to the local and direct contact points for the early detection of children at risk.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

Our national legislation does provide for the participation of children and their parents in the decision-making processes. The right to participate is written primarily in the Framework Law 1/1996 on Legal Protection of Minors and the Law of the Autonomous Communities of Spain.

In Spain, the objective of all governments is to reduce the number of children who need residential care. They always focus on foster family placement instead. Moreover, in both kinds of care, it is always a priority of the child protection services and general social services of the local government to provide the necessary psycho-social intervention with families in the first instance. The aim is to identify and resolve the causes which led to the separation and facilitate the return of the child to their family. In any case, the minor, during his/her stay in care develops a series of activities comparable to those of non-institutionalized children. The child is educated until the period prescribed by law as compulsory (16 years) and is included in training workshops and also attends activities to learn social skills.

- **Are the standards included in the national child care legislation?**

The Law 1/1996 and the Civil Code make clear the structure of protection afforded in Spain, predominantly representing the best interests of the child. Those laws involve the full recognition of ownership of their rights and their effective capacity to exercise them. The third Article of Law 1 / 96 explicitly states that children shall enjoy the rights accorded to them under international treaties to which Spain is a signatory and especially the Convention on the Rights of the Child, according to which it will interpret the law.

- **Are there any reports on how these standards are applied and monitored in the care practice?**

"Basic Statistical Bulletins" exist both in the area of reform and in child protection legislation, which provide accurate and relevant training on the actions undertaken by public agencies and reform regarding the protection of children. These provide useful data to understand the development of systems of intervention with children and at the same time, enable such information to be shared by professionals working in the field of caring for children and adolescents.

Moreover, the Autonomous Communities are devising research projects about childhood and are taking into account the particularities of each Community.

6. PARTICIPATION

- **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care? Please provide details.**
- **Is there a peer-lead group of parents with children in care? Please provide details.**

Not known.

Associations or federations of adopted children and adoptive families do exist in Spain.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 30th session: 13/Jun/2002

The Committee notes with concern that there are different procedures for child's protection in the 17 Autonomous Communities and that they are not always compatible with the best interest of the child, especially with regard to children placed in foster families. It further notes that there is an insufficient number of family courts dealing with the protection of children not in conflict with the law and that they take a long time to deal with the judicial procedures.

The Committee recommends that the State party:

- (a) Ensure that protection procedures for children have a minimum common standard and are compatible with the best interest of the child;
- (b) Provide more human and financial resources to family courts so they can deal with their work more expeditiously.¹

■ NAP

Specific benefits for groups with special needs will be maintained. These include the welfare benefit to guarantee a minimum income, under the Law for the Social Integration of the Disabled (*LISM*), and financial benefits for dependent children or foster children.

	2004	2005	2006
Guardianship	5,784	6,510	7,508
Residential fostering	8,958	9,285	10,621
Family fostering	3,306	3,269	2,364

The Social Security Law of 2007 introduced measures designed to consolidate the system in a number of ways: support for the family (improved protection for children who have lost one or both parents, people with disabilities and widows with young children); measures designed to extend the working life and increase the ratio between contributions and benefits (to maintain the long-term financial stability of the system); increased pensions; and a system that takes better account of social changes. Deeming workers who take leave to care for such children or fostered minors to have made contributions for the first two years of care in terms of recognition of the right to benefits (the period may be extended to 30 or 36 months in the case of large families); or for only the first year in the case of leave for care of other family members. (The number of leave periods in 2007 was 40,000).²

¹ [http://www.unhcr.ch/tbs/doc.nsf/\(Symbol\)/CRC.C.15.Add.185.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(Symbol)/CRC.C.15.Add.185.En?OpenDocument)

² http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/spain_en.pdf

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

With respect to young offenders, there is data in the Autonomous Communities, coordinated by the Directorate General for Social Policy, Families and Children, available through the Statistical Bulletin. There are also details of the Annual Report of the Public Prosecution Office. All these documents are published and are on the Internet.

For children under protection and as noted above, there is a statistical bulletin of protective measures, published on an annual basis. There is also a national statistical Operation of the National Institute of Statistics (INE).

The Children's Observatory³ (which is a collegial body of the Ministry of Health and Social Policy, with participation of representatives of various ministries, regional governments, Spanish Federation of Municipalities and Provinces and NGOs) collects and promotes all kinds of research on the situation childhood in Spain. It also includes an editorial and a host web page with such publications.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The methodology is based primarily on data collection provided through statistical tools and its value is as much an objective as the statistics themselves. There is specific research regarding each Autonomous Community which employs more sophisticated techniques in the analysis and processing of data.

The information from the statistical bulletins regarding child protection is collected directly from the Autonomous Communities public authorities responsible for child protection who have responsibility for the residential institutions.

In addition to the Observatory, research experts from different university departments, judicial and fiscal institutions, and childhood centers and resources for children, there is a national ombudsman responsible for enforcing children's rights (and all human rights). Three autonomous communities have ombudsmen offices specifically for children: Madrid, Catalonia and Andalusia⁴.

³ <http://www.observatoriodelainfancia.msp.es/>

⁴ www.defensordelmenor.org; <http://www.sindic.cat/infants>

COUNTRY: SWEDEN

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**
- **Foster Care in a private individual’s home**

The last official statistical report is from 2008.¹ On the 1st of November 2008, a total of 15,800 children and young people, aged 0-20 years, were in alternative care. This equaled 0.69% of the entire Swedish population in the age group. At some point during the year 22,700 children were in alternative care, 55% of them were boys and 45% were girls. In the last ten years the number of children in alternative has have slowly been increasing.

Most individuals placed in alternative care were placed with the consent from their parents and, if they were older than 15 years, they gave their own consent (10,800) – Social service Act (SOL). Some were placed without consent (5,000) – Care of Young People Act (LVU).

11,300 were placed in foster care in private homes.

4,000 were placed in different kinds of residential homes. There is no statistic available for residential homes regarding the number of children or young offenders. 600 children in this category were placed in homes with special supervision –most of them are young offenders.

250 children had other forms of care.

- **SOS Villages (or similar) care**

There are no SOS Villages in Sweden.

In Sweden most residential homes are family-like institutions with 5-8 children. Almost no young children stay in a residential home for more than a short time. Larger homes have departments so no more than eight children live together.

There are no official statistics for children with disabilities. We do not know how many of the 15,300 are disabled. However there are statistics available concerning children placed in alternative care as a result of their disabilities. 1,300 children were in alternative care in 2008, 150 of them in foster care. The others were in group-homes normally with 4-5 children or youths living together.

¹ *The National Board of Health and Welfare.*

There are an increasing number of children with psychiatric health problems (including neuropsychiatric disabilities) in alternative care.²

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?
- What are the stated reasons for children coming in to care?
- How long is the average length of stay in care?
- What are the socio-economic circumstances of the family?
- Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?
- Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?
- What evidence is there that children of economic migrants are placed in alternative care?

The reasons children are taken into alternative care without consent are either the child's own behavior (drug abuse, criminality or other socially destructive behaviour) or a lack of adequate parental care including physical and/or mental abuse, improper exploitation or likewise.

The legislation focuses on the child's need for care and the parent's ability to provide for the child's need.

50% of new cases in alternative care without consent were caused by lack of care from parents. 40% of cases were caused by the children's own behaviour. 10% were caused both by a lack of care by parents and of the behaviour of the child.

The median length of alternative care for children leaving care in 2008 were 5.1 months; for boys it was 6.5 and for girls 4.1 months. The same child can have several periods of care. Many children are in alternative care for only a short time to protect them temporarily from in a harmful situation and they return to their parents after a short time. 13% of the children leaving alternative care in 2007 had a period of care of three years or more.

There are no statistics regarding ethnic belonging for children in alternative care. 37% has at least one parent born abroad. 20% has no parent born in Sweden. 13% of the Swedish population in 2007 were born outside of Sweden.³ 27% of the children in Sweden have at least one parent born abroad. Children with foreign origins are over-represented in residential care.

There is no significant variation in the number of children in alternative care between different regions in Sweden. Inside the regions the number of children in out of home care differs between the local communities. Suburbs with a high number of immigrants and low income groups are over-represented. One example of this is that in the county of Stockholm, Södertälje has 2.43% of the children aged 13-17 years in alternative care while Danderyd only has 0.22 %. In my own region, Örebro, the community with the highest percent of children in the age group 0-12 in alternative care is 0.94% of the population, while the community with the lowest percent has a figure of 0.19%.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ Education

² The National Board of Health and Welfare.

³ Statistics Sweden.

- **Conflicts with the law**
- **Health incl. mental health**
- **Employment**
- **Housing – number of homeless that have a history of alternative care?**
- **Ability to parent their own children**

Results from a study show that between 30 to 37% of all children in alternative care between 13-16 years of age suffered from premature breakdown. Breakdowns are less frequent in foster care placements if the foster parents are relatives of the child. They are most frequent if the child was placed in a private residential home.⁴

Research has shown that adults who have been in alternative care during childhood have a similar social situation as siblings not taken in to alternative care. Compared to the average, males taken into alternative care had higher risks for early death, higher rates of criminality, lower education levels, more health problems and more problems to support themselves.

Former child welfare clients were four to five times more likely than peers without this experience to have been hospitalised for suicide attempts, and five to eight times more likely to have been hospitalised for serious psychiatric disorders in their teens, and four to six times in young adulthood. The researchers also found high risks for psychoses and depression.⁵

For females experienced higher levels of teenage parenthood, lower education levels and higher levels of family break-ups.⁶

The result of a longitudinal study in which the researcher has followed children taken into alternative care for over twenty years concludes that the children who sustained a positive relationship with their parents had better outcome compared with the children who did not. Also, for one third of the children in the study, adult life meant a life with drug abuse and/or criminality.⁷

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

- **Which Ministry/government agency/department?**
- **How are responsibilities shared? At which level – local/regional/national?**

The responsibility for children in alternative care lies legislatively with the local authorities within the municipalities. Sweden has 290 municipalities. Until now, the county administrative board has had the responsibility to monitor and support the local authorities. Starting from next year the responsibility to monitor will be taken over by the “National board of health and welfare”. The “National Board of Health and Welfare” has the responsibility to provide research and support for developments in the field. They also provide statistics and have an overview over the situation at national level.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**
- **Are the standards included in the national child care legislation?**

⁴ Vinnerljung, Sallnäs, Westermarck 2001.

⁵ Vinnerljung et al 2005.

⁶ Vinnerljung 1996.

⁷ Andersson 1984, 1988, 2008.

■ Are there any reports on how these standards are applied and monitored in the care practice?

Legislation says that the local authorities must promote and carefully monitor the situation for every child in alternative care. The authorities must draw up a plan for each individual child and their stay in alternative care and follow it up every six months when they have to write a report to the politicians responsible. The legislation also states that the child and their parents should have a possibility to influence the child's care. Every child has the right to express its opinion about their care. The legislation matches the UNCRC standards.

In Sweden almost all local authorities are in the process of implementing a system based on the British system called *Integrated Children System (ICS)*. In Sweden the system is called BBIC – Children's needs in focus. In this system there are standards that should ensure that every child has the possibility to influence the decision-making process.

If a child is 15 years old their legal position is stronger than younger children are and they can make their own demands to the local authorities. They have their own procedural capacity. Every sixth month the local authorities should (according to BBIC) arrange a meeting with the child and its parents, foster parents or staff in residential homes and other important people in his/her life. The purpose for the meeting is to follow up and evaluate the children's situation and plan for the future.

This Spring the National Board of Health and Welfare has published a report of a national supervision on residential homes for children. During the period 2006-2008 the county administrative boards supervised all 363 homes. The conclusion is that most children feel secure in their homes and can influence their situation. However, participation still has to be strengthened to fulfill the demands in legislation.⁸

2006-2007 the government commissioned the county administrative boards to supervise the situation for children in foster care. There has not been any national report from this supervision but in the Örebro region the conclusion was that the local authorities have a high awareness of the children's rights to express their opinion and to influence their situation. However, that the local authorities do not consider child's rights to a sufficient degree, according to UNCRC standards.⁹

6. PARTICIPATION

■ Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?

■ Is there a peer-lead group of parents with children in care?

Peer-lead group of children/young people: Familjehemmens unga röster: (sponsored by the fosterparents organisation) f.u.r@hotmail.com Contact person: Nora Laimani telephone +46(0)739785690

Peer- lead group of adults that in their childhood were adopted or in foster care: AFO, Organisationen för vuxna adopterade och fosterbarn. Contact person: Marit Arnbom E-mail: marit.arnbom@telia.com +46(0)8570 240 66

Peer-lead group of parents with children in care: founded 1981 Riksförbundet för Familjers Rättigheter, RFFR Bastugatan 41 118 25 Stockholm rffrkansli@hotmail.com www.rffr.se

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 51st session: 12/Jun/2009

Family environment:

⁸ National Board of Health and Welfare 2009.

⁹ Länsstyrelsen i Örebro län 2008.

The Committee is concerned at the high number of children who have been removed from their families and live in foster homes or other institutions. The Committee is also concerned at the number of children who run away from home or are forced to leave it.

The Committee recommends that the State party: (a) take measures to address the causes of the high number of children who are removed from their families as well as children who run away from home or are forced to leave home and ensure that the children who run away or are forced to leave home have access to services and get the necessary advice and support; (b) further develop and implement programmes and policies to prevent the placement of children in institutions, *inter alia* by providing support and guidance to the most vulnerable families, developing, funding and providing parent-training programmes for parents from vulnerable families, and conducting awareness-raising campaigns; and (c) give priority to protecting the natural family environment and ensure that removal from the family and placement in foster care or institutions is used only when in the best interests of the child.

The Committee recommends that the State party: (a) ensure adequate supervision and monitoring of the situation of children placed in foster homes or institutions, including private alternative care or homes for care and residence; (b) take the necessary measures to ensure the provision of effective, well-known, independent and impartial complaint mechanisms for children without parental care; and (c) provide adequate follow-up and reintegration support and services for children who leave institutional care.

The UNCRC Committee criticized Sweden for the fact the children with foreign origin are over represented in residential homes. It raised the question of whether or not the reason for this is a lack of cultural competence among social workers in Sweden. The Swedish government answered that the reason for this over representation probably is due to the fact that the families of these children had a socio-economic situation that is worse/lower than average in the country.¹⁰

■ NAP:

In the current Swedish NAP/inclusion the situation for children in alternative care is not mentioned.¹¹

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The National Board of Health and Welfare collect individual information quarterly about every child placed in alternative care from the responsible local authorities. They collect statistics about the number of children, the length of stay and the kind of care annually. They also collect information about the economic costs for these children. Their information is easy to access and carefully collected.

The other source of information is from analysis carried out by researchers at universities.

¹⁰ Swedish government fourth report to UNCRC Committee 2007 <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-SWE-CO-4.pdf>.

¹¹ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/sweden_en.pdf.

COUNTRY: THE NETHERLANDS

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

■ Full-time care in residential homes (paid staff with 16 or more children)

There are no data available about the numbers of children in alternative care in The Netherlands. However, a 2007 report¹ contains the amounts of beds available in institutions in the four different sectors of residential youth care in The Netherlands. The data from this report will be used to answer this question and the next 2. Please note that the actual number of children in the institutions in these four sectors is higher than the amount of beds as children enter and exit these institutions every year. In The Netherlands there are approximately 9,850 beds in so-called residential youth care.

■ Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)

In The Netherlands there are approximately 4,500 beds in services for young people with a minor disability.

■ Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)

In The Netherlands there are approximately 2,600 beds in judicial institutions for young offenders.

Besides these 3 sectors of residential care, there are so-called mental health care services for young people in The Netherlands. Their total capacity is approximately 1,300 beds.

Furthermore, since 2008, adolescents can be admitted to so-called closed youth care institutions. These institutions are designed for adolescents with serious behavioral problems that pose a threat to themselves or other people. In 2010 there should be around 1,400 beds in these institutions.² As there are not enough beds yet, adolescents with serious behavioral problems can now be placed in judicial institutions for young offenders³.

■ Family-type care in small residential home with paid staff with 15 or fewer children

In 2008 there were 166 so-called family homes with a capacity of 667 beds in The Netherlands⁴.

■ SOS Villages (or similar) care

SOS Children's Villages Netherlands does not run any SOS Children's Village facilities in the country⁵.

■ Foster Care in a private individual's home

In 2008 approximately 22,200 children made use of foster care in The Netherlands⁶.

¹ Loeffen, M. (2007). *Residentiële jeugdzorg in beeld. Een onderzoek naar de intersectorale stand van zaken in Nederland.*

² *A judge can decide to place a child in closed youth care. This is only possible after an indication of Bureau Jeugdzorg. For more information see: programmaministerie voor Jeugd en gezin. Gesloten jeugdzorg algemeen.*

³ <http://www.jeugdengezin.nl/dossiers/gesloten-jeugdzorg/van-jji-naar-gesloten-jeugdzorg/>

⁴ *Stand van zaken gezinshuizen. Februari 2009.*

⁵ <http://www.soskinderdorpen.nl/SOS-kinderdorpen/Europe/Netherlands/Pages/default.aspx>.

⁶ *Pleegzorg Nederland. Factsheet pleegzorg 2008.*

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

Poverty/ material deprivation per sé are never reasons for taking children into care in The Netherlands. However, there is no child welfare legislation about this.

■ What are the stated reasons for children coming in to care?⁷

According to several studies reviewed by Harder et al.⁸ several factors affect the decision to place children outside the home -and thus children for coming in to care. The most important factors concern:

- The functioning of the adolescent;
- Family functioning;
- Interactional problems between adolescents and their parents or care-givers;

In addition, Loeffen⁹ shows that 48% of all placements in residential youth care is voluntary, 37% is related to the appointment of a guardian and 15% to penal measures. Furthermore, 1% of the placements concern single refugee adolescents and 1% concern involuntary admissions to mental hospitals.¹⁰

■ How long is the average length of stay in care?

Data from the MO groep (an organisation for entrepreneurs in the domain of youth care) show that in 2007 the average term of treatment for residential care was 11.7 months and for foster care 21.0 months.¹¹ Furthermore, the average stay in the so-called family homes varies between 1 and 3 years.¹²

■ What are the socio-economic circumstances of the family?

In The Netherlands no data are available on the socio-economic circumstances of the family of children coming into care.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

See next question.

■ Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

Different types of alternative care statistics are kept on the ethnic origins of children placed there. For instance, data show that 24% of children in foster care are of ethnic decent. Most are Suriname, Antillean, Turkish or Moroccan¹³. Please note that these groups are also the four largest ethnic groups (also called: traditional migrant communities) in The Netherlands.

Furthermore Loeffen¹⁴ shows that in the four sectors of residential care in The Netherlands combined on average 28% of the clients of ethnic decent. However data from per sector tells a different story: in mental health care services for young people, 16% of the clients are of ethnic adolescent, whereas in judicial institutions for young offenders the figure is 56%.

■ What evidence is there that children of economic migrants are placed in alternative care?

⁷ Appendix 1 contains more information about child protection in The Netherlands.

⁸ Harder, A.T., Knorth, E.J., Zandberg, T. (2006). *Residentiële jeugdzorg in beeld. Een overzichtsstudie naar de doelgroep, werkwijzen en uitkomsten.*

⁹ Loeffen, M. (2007). *Residentiële jeugdzorg in beeld Een onderzoek naar de intersectorale stand van zaken in Nederland.*

¹⁰ Appendix 1 contains more information about child protection in The Netherlands.

¹¹ MO groep jeugdzorg. *Brancherapport aanbieders jeugdzorg 2007.*

¹² *Stand van zaken gezinshuizen. Februari 2009.*

¹³ *Pleegzorg Nederland. Factsheet pleegzorg 2008.*

¹⁴ Loeffen, M. (2007). *Residentiële jeugdzorg in beeld Een onderzoek naar de intersectorale stand van zaken in Nederland.*

Not relevant for The Netherlands.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?¹⁵

■ Education

The educational performance of adolescents admitted to residential youth care is often poor.

■ Conflicts with the law

For The Netherlands different data are available on the conflicts of children in alternative care with the law. For instance, 1 year after having left residential treatment and detention the recidivism rate for juvenile delinquents is between 30 and 64%. Furthermore, within four years of leaving a judicial institution 70% of adolescents have (another) run-in with the law. In addition, between 10% and 72% of the adolescents who have left a children's home show delinquent behavior again.

■ Health incl. mental health

Some of the adolescents having emotional and behavioral problems that were admitted to a residential institution show progress in their functioning and experience a decline in their problems. However, a large number of adolescents do not show improvement.

■ Employment

Between 17% and 47% of adolescents who have left a residential home do not have activities to fill their days such as a job or schooling.

■ Housing – number of homeless that have a history of alternative care

70% of adolescents who are in touch with so-called 'Thuislozen Teams (= a type of ambulant care for homeless adolescents) have stayed in children's homes¹⁶.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

The Dutch government has named a minister with special responsibility for youth and families to tackle the current issues in society. This minister differs from cabinet colleagues in the sense that he is in charge of areas of policy implemented by several other ministries (the Ministry of Health, Welfare and Sport, the Ministry of Justice, the Ministry of Social Affairs and Employment and the Ministry of Education, Culture and Science).

This minister from the Ministry for Youth and Families is responsible for several fields of policy related to alternative care:

- local youth policy;
- youth care;
- family guardianship;
- youth protection;
- mental health care for young people;
- care for young people with minor mental disabilities.

¹⁵ Unless otherwise indicated, the data in this paragraph are based on the Dutch studies that are reviewed in the book 'Residentiele jeugdzorg in beeld. Een overzichtsstudie naar de doelgroep, werkwijzen en uitkomsten' (Harder, A.T., Knorth, E.J., Zandberg, T., 2006).

¹⁶ Planije, M. van 't Land, H. & Wolf, J. (2003). Hulpverlening aan zwerfjongeren.

Furthermore, the Minister for Youth and Families is also involved in other policy matters relating specifically to young people. However, other ministers hold the primary responsibility for matters such as youth detention and probation.¹⁷

■ How are responsibilities shared? At which level – local/regional/national?¹⁸

The answer to the previous question shows that at the national level the responsibilities for alternative care are thus shared in The Netherlands. At this level, the government is ultimately responsible for the youth care system as a whole. The government passes laws and regulations, defines the basic policy principles and makes funds available. It also provides supervision.

In The Netherlands, all twelve provinces and three major urban regions (Amsterdam, Rotterdam and The Hague) are responsible for the youth care agencies and for ensuring the availability of the care that people are entitled to under the Youth Care Act. To enable them to perform this role, the national government provides them with grants.

When we look at the care adolescents receive, tasks of Dutch municipalities are prevention and problem identification. They work with the general support organisations to prevent serious parenting problems from arising and pick up occurring problems as soon as possible. The following parenting, development and family support activities lie within in the municipal domain:

- Providing information about parenting and development to parents, children and young people;
- Identifying problems involving institutes, such as young people's healthcare agencies and educational establishments;
- Providing access to municipal and other facilities, making assessments and guiding clients to facilities by means of 'social maps' for parents, children, young people and people who make referrals;
- Providing pedagogical assistance (advice and more straightforward forms of assistance), such as social support and coaching;
- Coordinating local family coaching.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

In the Youth Care Act the rights of children are protected in several ways¹⁹:

Like care providers, youth care agencies are required to provide every client with access to an independent confidant. The confidant's role is to give the client advice and support. Furthermore, each youth care agency and each care provider needs to have a complaints procedure and a complaints committee with the power to investigate the grievances of clients whom feel they have been unfairly treated or who are unhappy with the outcome of the assessment process. In addition, clients have more say in framing youth care policy: the law requires both the national government and the provinces to consult clients' organisations when developing their policies.

In The Netherlands 'Q4C The Netherlands' was established with the goal of (among others) implementing the Dutch version of the Q4C standards into the Dutch national youth care²⁰. A book containing these standards was given to the Minister of Youth on May 16th 2009²¹. The standards are posted in Dutch at the website of Q4c The Netherlands.²²

¹⁷ Ministry for Youth and Families (2008). *A special ministry for Youth and Families: How does it work?*

¹⁸ Unless otherwise indicated, the data in this paragraph are based on the report 'Youth care in The Netherlands' of the Ministry of Health, Welfare and Sport (2005).

¹⁹ Ministry of Health, Welfare and Sport (2005). *Youth care in The Netherlands. The Youth care act. International publication series Health, Welfare and Sport. No. 21.*

²⁰ http://www.quality4children.info/navigation/cms,id,160,nodeid,160,_country,at,_language,en.html.

²¹ <http://www.wesweb.nl/www/frameset.htm>: Overhandiging boek Kwaliteitsstandaarden Jeugdzorg Q4C aan Minister Rouvoet

²² <http://www.q4c.nl/kwaliteitsstandaarden.html>.

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

As mentioned earlier, the Dutch Youth Care Act requires both the national government and the provinces to consult clients' organisations when developing their policies.

Regarding the Dutch version of the Q4c Standards: these are based on research conducted among youth care clients aged 12 years, their parents and foster parents.²³

■ **Are the standards included in the national child care legislation?**

As mentioned earlier, the Dutch Youth Care Act requires both the national government and the provinces to consult clients' organisations when developing their policies. In addition, the Dutch version of the Q4C standards are not part of the national child legislation.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

In The Netherlands, the Dutch Inspectorate for Youth Care monitors the quality of youth care. It monitors the activities of several organizations mentioned so far: youth care agencies, the institutions that provide youth care, the judicial institutions for young offenders as well other the activities of other organizations. The inspectorate checks whether the care provided meets the legal requirements, so also including such as the Dutch Youth Act.²⁴ Furthermore, it is too early for any reports concerning the application and monitoring of the Dutch version of the Q4C standards as these standards were issued in May 2000.

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

The youth care agencies and care providers are required to have clients' councils. One for each institute is sufficient, however: it is not necessary to have a separate council for each discipline or field of activity. The clients' councils are there to look after clients' interests in general.

They are able to advise on current affairs involving care providers and youth care agencies.²⁵

Furthermore, the National Client Forum Youth Care (Landelijk cliëntenforum jeugdzorg) is an organisation that represents the interests of clients, clients' councils and of organizations of clients at the provincial and national level. The goal of this forum is to improve the quality of youth care.²⁶

■ **Is there a peer-lead group of parents with children in care?**

See previous question.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION?

■ **UNCRC: 50th session: 27/Mar/2009**

The Committee on the Rights of the Child²⁷ considered the third periodic report of the Netherlands (CRC/C/NLD/3).

Children deprived of a family environment:

²³ <http://www.q4c.nl/overons.html>.

²⁴ *What does the Dutch Inspectorate for Youth Care do?* Downloaded from <http://www.inspectiejeugdzorg.nl/>.

²⁵ Ministry of Health, Welfare and Sport (2005). *Youth care in The Netherlands. The Youth care act. International publication series Health, Welfare and Sport. No. 21.*

²⁶ <http://www.clientenraadcombinatie.nl/LCFJ.asp>.

²⁷ CRC/C/NLD/CO/3 (Concluding observations: Netherlands; 27 March 2009). Please note that recommendations deal with The Netherlands as well the Netherlands Antilles and Aruba as these three countries are all part of the Kingdom of The Netherlands.

While noting the State party's successful initiatives to recruit more foster parents and its efforts to reduce waiting lists, the Committee is concerned that youth care still focuses largely on placing children in residential institutions.

The Committee is further concerned about long waiting lists for placement, the frequent changes of placements, and the lack of a permanent social worker taking continuous care of the well-being of the children in need of care.

The Committee recommends that the State party evaluate the reasons behind the high number of placements and the long waiting lists, and establish a comprehensive strategy to address these issues with the participation of children and their families. The State party should take into account the Committee's recommendations issued at the day of general discussion on Children without parental care, held on 16 September 2005.

The Committee urges the State party to take immediate action to ensure that children in need of assistance are not placed in young offender's institutions.

Legislation

The Committee appreciates the State party's efforts to harmonize its national legislation with the Convention, particularly concerning equal treatment, social assistance, adoption, unaccompanied minor asylum seekers and youth care in the Netherlands, and the criminalization of the sale of children, child prostitution and child pornography in Aruba. However, the Committee reiterates its concern that the Civil Code of the Netherlands Antilles does not fully comply with the rights-based approach of the Convention, and is not sufficiently known in the country, and that Aruba still has not introduced compulsory education.

Adoption

The Committee is concerned about cases of illegal adoptions, which are the direct consequence of so-called "weak" adoptions, with special regards to internet sale and surrogacy.

The Committee recommends that the State party take all necessary measures to prevent cases of illegal adoption, and raise awareness about the rights of the child from this respect as well, and eliminate "weak" adoptions in accordance with the 1993 Hague Convention on Protection of Children and Cooperation in Respect of Inter-Country Adoption. The Committee further recommends that the 1993 Hague Convention be applied in Aruba and the Netherlands Antilles.

■ NAP:

Children in alternative care are not dealt with in the National Strategy Report on Social Protection and Inclusion in the Netherlands 2006-2008 in the context of the Lisbon Strategy²⁸.

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

The minister for Youth and Families occasionally issues reports dealing with children in the different kinds of alternative care. These reports can be downloaded from the internet. Most of these reports are in Dutch.

Furthermore, reports dealing with these matters are also issued by many organizations including some of the earlier mentioned organisations, such as MO groep (an organisation for entrepreneurs in the domain of youth care) and the Dutch Inspectorate for Youth Care. The publications of the MO groep can be bought or if free, downloaded from the internet²⁹. The inspectorate's reports can also be downloaded from the internet³⁰.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

²⁸ National Strategy Report on Social Protection and Inclusion in the Netherlands 2006-2008 in the context of the Lisbon Strategy.

²⁹ <http://www.MO.groep.nl/index.php?p=49759>.

³⁰ <http://www.inspectiejeugdzorg.nl/>.

The relevance of the information depends on what information is needed. The information from the different sources used to answer the questions in this survey was not always relevant. For instance, data from the MOgroep for example also included data on the amount of people working in institutions providing youth care³¹. Despite that the earlier mentioned official sources as well several books dealing with youth are mostly based on surveys, the methodology used is not very consistent³². For example, different parties (for example institutions in contrast to the provinces and the three major urban regions) are asked to fill out surveys. In addition, different types of surveys (such as mail or telephone) were used. Furthermore, whereas as in some studies multiple data collection methods are used (such as visits to institutions³³), other studies only rely on data from surveys (*Utrecht, May 19 2009*).

Netherlands Youth Institute

Tijne Berg- le Clercq (t.berg@nji.nl)

More information about youth policy in The Netherlands can be found at: www.youthpolicy.nl/

Appendix 1: Child protection in The Netherlands

This appendix contains more information about child protection in The Netherlands. This information was derived from a survey completed by The Netherlands Youth Institute in March 2009 for ONED - GIP Enfance en Danger.

Is there a legal system which precise the transformation of a parental substitution measure into a parental rights deprivation? If so, is there a maximum duration in care or a clinical evaluation?

In the Netherlands, the starting point for helping parents when they have problems with raising their children is that this is done on voluntary basis. If this is not possible and the development and the well-being of the child are at risk, the government has to intervene.

*The Netherlands has an extensive system of child protection in place. This system is carried out by the **Child Protection Council**.. It has three main tasks: to provide protection, to arrange child access and other matters following parental divorce, and to oversee the course of criminal proceedings involving minors. Upon receiving a referral, the council will determine whether the child's development is indeed at risk, and if so, to what extent (through an investigation). The referral to the Child Protection Council comes either from the Provincial Youth Care Agencies, the points of entrance into the youth care system or the Advice and Reporting Centres on Child Abuse (ARCAN's) which are placed in the Youth Care Agencies (through ARCAN anyone can place a concern on the well-being of the child, through the Youth Care Agencies it is the parents themselves or organizations involved with the child). More information on these agencies can be found in the factsheet child and youth care in the Netherlands.*

The Council will report and advice the juvenile courts, which can impose a child protection order on the parents, impose a supervision order, or overrule the normal parental authority.

*In the first situation a **child protection order** will be issued. After this child protection order has been issued, the child(ren) will be appointed a guardian by the Youth Care Agency. This guardian (specialized social worker) will work with the family and children on a plan to improve the situation. The help will be given by specialized agencies. The child protection order is up to maximal one year. After this year the order can be extended by the juvenile court. During the child protection order the child can remain at home and the child and/or parents receive some type of support or treatment. In some cases the child will be placed in a foster family or institution (decision by the court on request of the guardian).*

*If a child is in immediate danger the Child Protection Council can ask the juvenile court to issue a **temporary child protection order**. The child is then immediately removed and placed in an institution or foster family by an appointed guardian. This order can be issued for the maximum of 3 months. At the time the judge does*

³¹ MO groep jeugdzorg. Brancherapport aanbieders jeugdzorg 2007.

³² This is based on a review of the methodology used in the following three reports:

- Loeffen, M. (2007). Residentiële jeugdzorg in beeld Een onderzoek naar de intersectorale stand van zaken in Nederland.

- MO groep jeugdzorg. Brancherapport aanbieders jeugdzorg 2007.

- Stand van zaken gezinshuizen. Februari 2009.

³³ Stand van zaken gezinshuizen. Februari 2009.

not have to have a hearing with the parents and children, but this hearing must take place within two weeks after issuing the order.

*If parents are not able to take care of their Child(ren), the parenting responsibility can be (temporarily) removed by the juvenile court and the judge will issue a supervision order. In most cases the Youth Care Agency becomes the corporate parent and a guardian will be appointed. The child will be placed in an institution or a foster family. The parents have officially no responsibility for the child, but will be involved in their upbringing as much as possible. If there is a situation of proven culpable negligence by the parents, the normal parental authority can be overruled and the Youth Care Agency will become guardian of the child (only in case of individual minor asylum seekers, another organization becomes the guardian). The judge will only decide on such an extreme measure if it is in the best interest of the child. In cases of a supervision order or **the overruling of normal parental authority**, the parents can request the court to review the decision. The judge will only decide to remove the order after a positive evaluation by the Child Protection Council. The Child Protection Council is an advisory board. The decision on all measures is the responsibility of a judge of the juvenile court.*

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

Statistics on 31 March 2008 – table A3, page 11 http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000810/SFR23-2008_Final.pdf

Total about 60, 000 children.

Full-time care in residential homes (paid staff with 16 or more children)	5,300
Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)	330
Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)	130
Family-type care in small residential home with paid staff with 15 or fewer children	Not known
SOS Villages (or similar) care	SOS Children’s Villages UK does not have an SOS Children’s Village or other SOS facility in the UK at present.
Foster Care in a private individual’s home	42,300

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

Child welfare legislation in England does not mention poverty and material deprivation and legislation may be subject to interpretation.

Please see below for legislation:

Children’s Act 2004:

Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of:

- (a) There being no person who has parental responsibility for him/her;
- (b) Him/Her being lost or having been abandoned; or

(c) The person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.¹

■ **What are the stated reasons for children coming in to care?**

- Abuse or neglect
- Child's disability
- Parents illness or disability
- Family in acute distress
- Family dysfunction
- Socially unacceptable behaviour
- Low income
- Absent parenting²

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Yes. Children from black and mixed heritage families are over-represented and Asian children are under-represented.

The under-representation of Asian children may be related to barriers to their engagement with services identified by research – a lack of awareness about what is available and language problems.

The over-representation of children from black and mixed heritage families may be related to barriers to accessing support which would allow children to remain with their families. Research highlights a range of barriers which can prevent black and minority ethnic families accessing services including a lack of information about available services; a lack of confidence and skills within the service/agency in developing culturally appropriate services; and low levels of representation in the service of the relevant ethnic group.³

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

The race and ethnicity of children in care is not representative of the overall population of children. The latest figures show that there are 2,800 unaccompanied asylum-seeking children in England and this has an impact on the racial make-up and ethnicity of the LAC (Looked after Children = in alternative care) population as a whole. Table 1 (below) sets out the race of children in care if UASC are included. Table 2 (below) excludes UASC (unaccompanied asylum-seeking children).

The statistics show that:

- although numbers are small, black children (4,900 in '05) are over-represented within the care population as they make up 8% of children in care (6% if we exclude UASC), but only 3% of all children;
- children from mixed heritage families are also over-represented within the care population – they make up 8% of children in care (or 9% if we exclude UASC), but only 3% of all children;
- on the other hand, Asian children (1,800 in '05) are under-represented accounting for only 3% of the care population (or 2% if we exclude UASC), but 6% of all children.⁴

1 http://www.opsi.gov.uk/Acts/acts2004/ukpga_20040031_en_1

2 http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000810/SFR23-2008_Final.pdf– Table A1, page

3 <http://www.dcsf.gov.uk/consultations/downloadableDocs/EIA%20Final.doc>

4 <http://www.dcsf.gov.uk/consultations/downloadableDocs/EIA%20Final.doc>

http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_4#pt3-pb1-1g17

Table 1: Children in care (including UASC)

	Children in care		Total Children in Need		All children
	Number	%	Number	%	%
White	48,100	79	172,900	74	87
Mixed	5,000	8	13,200	6	3
Asian	1,800	3	9,000	4	6
Black	4,900	8	15,900	7	3
Other	1,100	2	4,900	2	1
	-	-	18,800*	8	-

Table 2: Children in care (excluding UASC)

	Children in care		Total Children in Need		All children
	Number	%	Number	%	%
White	47,500	82	170,700	75	87
Mixed	4,900	9	13,000	6	3
Asian	1,300	2	8,100	4	6
Black	3,700	6	12,700	6	3
Other	600	1	3,300	1	1
	-	-	18,500*	8	-

Note for the tables:

* Support for pregnant mothers

UASC: unaccompanied asylum-seeking children

Children in need:

A child shall be taken to be in need if—

(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or

(c) he is disabled⁵.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

Outcomes for children in alternative care are poor compared with those for other children.

■ Education

The educational attainment of children in alternative care is poor when compared to that of other children. A significant number of children in alternative care are not assessed and do not take examinations for which they are eligible. Children in care achieved less well than the other children.

27.9% have a statement of special “educational” needs compared to 2.8% for all children.

⁵ http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_4#pt3-pb1-1g17

Levels of educational achievement among children in alternative care tend to be very significantly lower than their peers. The 2003 Social Exclusion Unit (SEU) report **A Better Education for Children in Care** showed that there are five key factors behind this under-achievement:

- young people in care spend too much time out of school: they do not have a school place, they are excluded, or they do not attend;
- too many young people's lives are characterised by instability: a change in care placement can also mean a change of school, and this lack of stability can have a critical impact on educational attainment;
- children do not have sufficient help with their education if they get behind: children in care may need extra support in education, either because they have missed out on schooling, or because they have special educational needs;
- primary carers are not expected, or equipped, to provide sufficient support and encouragement for learning and development: effective support at home for learning and development is important for all children, including children in alternative care;
- children have unmet emotional, mental and physical health needs that impact on their education: educational outcomes can be strongly influenced by a child's health, and school can boost a child's health through raising self-confidence and self-esteem, improving participation in sports and providing access to health and sex education.⁶

■ **Conflicts with the law**

Children in alternative care are over-represented in secure care and custody. In England, around 27% of the adult prison population has spent time in care.

■ **Health incl. mental health**

Mental health disorders are far more common among children in alternative care than among other children but there can be a lack of access to therapy and appropriate health care.⁷

5 per cent of children in alternative care were identified as having a substance misuse problem during the year.

20 percent of women who leave care between the ages of 16 and 19 become mothers within a year, compared with just 5% of the total population.

■ **Employment**

Almost a third of children previously in alternative care are not in education, employment or training at the age of 19 (2008).

In education, training or employment: 65%

Not in education, training or employment: 29%

Not in touch: 6%

■ **Housing – no of homeless that have a history of alternative care?**

1 in 5 children in care end up homeless.⁸

■ **Ability to parent their own children**

Parents who have been through the care system are twice as likely to lose the right to care for their own children.⁹

⁶ http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000842/SFR07_2009_nationaltables.xls
http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/abefcic_summary_2.pdf

⁷ <http://www.statistics.gov.uk/pdfdir/hel0603.pdf>

⁸ <http://www.dailymail.co.uk/news/article-406319/One-care-children-end-homeless.html>

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

England is divided in different districts and each of them has a decentralised part of the government. They are called the local authorities (borough or council). The local authorities have responsibility for children in care in their area.

■ How are responsibilities shared? At which level – local/regional/national?

Foster care in England falls under the Department for Children, Schools and Families. The revised National Minimum Standards against which all fostering services in England are inspected by Ofsted are going to be put out for consultation from the end of September 2009 until December 2009. There is also due to be a consultation on revised regulations for core planning, placements and reviews. More information about these consultations can be found on the DCSF website.¹⁰

The national government has a responsibility for national legislation and give guidelines for local authorities. They do not have a direct responsibility for children in alternative care.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

Yes. They are available online.

Examples:

1.) National minimum standards, regulations - voluntary adoption agencies, local authorities, England and Wales:

This document contains the regulations and national minimum standards (standards) applicable to local authority adoption services and voluntary adoption agencies (VAAs) in England and Wales.

2.) The **Children and Young Persons Act**, which was granted Royal Assent on 13 November 2008, provides the necessary legislative support to improve the care system for children and young people in England.

Amongst its provisions, the Act:

- increases the transparency and quality of care planning;
- ensures that the child's voice is heard in all decisions by strengthening the role of Independent Reviewing Officers;
- improves stability for children, by ensuring they are placed in the most appropriate placement;
- ensures young people (up to age 18) are not forced to move out of care before they are ready;
- provides more support for care leavers by extending the entitlement to a Personal Adviser to age 25 (for those who resume an education and training pathway);
- provides more support for care leavers by providing an entitlement to a £2,000 bursary for those who go onto higher education.¹¹

■ Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

9 <http://www.guardian.co.uk/society/2009/apr/20/care-system-failures>

10 <http://www.dcsf.gov.uk/> <http://www.fostering.net/about-fostering/england>

11 <http://www.everychildmatters.gov.uk/socialcare/childrenincare/>

<http://www.dcsf.gov.uk/consultations/downloadableDocs/6731-DfES-Care%20Matters.pdf>

<http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=Cm%25207137>

Every child who is in alternative care should have a care plan. The child, the parents and the prospective carers (if the child will be living away from home) should be involved in producing the care plan.

Although progress has been made with regard to involving children in alternative care in planning their own care, there is still much scope for improvement. Young people still report failures to involve them in decision making (particularly with regard to placements) and a lack of information about their care. For example, they are often unaware of the support to which they are entitled on leaving care and are thus unable to question its absence. Access to advocates is limited and complaints procedures are often non-existent or inaccessible.

http://www.sccyp.org.uk/UK_Childrens_Commissioners_UN_Report.pdf

■ Are the standards included in the national child care legislation?

Yes:

Before making any decision with respect to a child whom they are looking after, or proposing to look after, a local authority shall, so far as is reasonably practicable, ascertain the wishes and feelings of:

- (a) the child;
- (b) his/her parents;
- (c) any person who is not a parent of his/her but who has parental responsibility for him/her; and
- (d) any other person whose wishes and feelings the authority consider to be relevant, regarding the matter to be decided.

In making any such decision a local authority shall give due consideration—

- (a) taking into account his/her age and understanding, the wishes and feelings of the child as far as they have been able to ascertain;
- (b) to such wishes and feelings of any person mentioned in subsection (4)(b) to (d) as they have been able to ascertain; and
- (c) to the child's religious persuasion, racial origin and cultural and linguistic background.

If it appears to a local authority that it is necessary, for the purpose of protecting members of the public from serious injury, to exercise their powers with respect to a child whom they are looking after in a manner which may not be consistent with their duties under this section, they may do so.

When a child is looked after, whether in care or accommodation, the local authority must

- hold regular reviews about the child's care; and
- consult with the parents and other family members in this review process. If a "paper review" is held to meet review timescales, a full consultation including the child and family members should be held as soon afterwards as possible;
- appoint an independent reviewing officer whose job it is to arrange and chair review meetings, help the child and his/her parents and wider family to express their views and monitor the implementation of the local authority's plan.

Parents should therefore be given clear information at all times about the local authority's plans for the child, and copies of the minutes of review meetings. If the local authority fails to involve parents in this review process and there is a fundamental change to the care plan as a result of the review, the local authority may be in breach of the Human Rights Act 1998.¹²

APCR

*Regulations 3 & 5, Arrangements for Placement of Children (General) Regulations 1991*¹³

*The Review of Children's Cases (Amendment) (England) Regulations 2004.*¹⁴

¹² http://www.opsi.gov.uk/acts/acts1989/ukpga_19890041_en_4#pt3-pb3-l1g22 section 22 of the children act 1989.

¹³ http://www.opsi.gov.uk/SI/si1991/Uksi_19910890_en_2.htm

Although progress has been made with regard to involving children in alternative care in planning their own care, there is still much scope for improvement. Young people still report failures to involve them in decision making (particularly with regard to placements) and a lack of information about their care. For example, they are often unaware of the support to which they are entitled on leaving care and are thus unable to question its absence. Access to advocates is limited and complaints procedures are often non-existent or inaccessible.¹⁵

6. PARTICIPATION

■ Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?

A National Voice is an organisation run by and for care experienced young people. Staff are also care experienced. Their main aim is to create positive changes to the Care System in England and provide a national platform to hear the voices of approx 60,000 children and young people who are looked after.

<http://www.anationalvoice.org/about/about2.htm>

■ Is there a peer-lead group of parents with children in care?

No specific information about peer-lead group of parents with children in care available.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 49th session: 20/Oct/2008

Within the UNCRC Committee recommendations (September 2008), children in alternative care as regarded as children whose outcome remain poor compared with other children. Several recommendations were made to the government.¹⁶

Following this report, The UN Committee on the Rights of the Child issued the UK Government with their 'Concluding Observations' in October 2008.

The Committee welcomed the UK Government's progress in implementing the Convention and our unwavering ambition to improve the lives of all children and young people. They specifically welcomed the Children's Plan and its links to the UNCRC, making implementation of the Convention a reality on the ground.

The Government is committed to the UNCRC and its implementation, as further demonstrated by the lifting of the remaining Reservations against the Convention – against Article 22 (refugee children) and Article 37c (children in custody with adults). The Concluding Observations provide a helpful framework for further action by Government, building on measures already in place, to make children's rights under the Convention a reality.

There remain areas where the UK Government and the UN Committee differ in views, such as the need for legal incorporation of the Convention into domestic law (which is not standard UK practice), the appropriateness of a legal ban on smacking children, the minimum age of criminal responsibility and the use of anti-social behaviour orders (ASBOs). The government has considered all the UN Committee's recommendations and set out key priorities for action.^{17 18}

■ NAP:

14 <http://www.opsi.gov.uk/SI/si2004/20041419.htm>

15 http://www.sccyp.org.uk/UK_Childrens_Commissioners_UN_Report.pdf
<http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf>

<http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/111i.pdf>

16 http://www.sccyp.org.uk/UK_Childrens_Commissioners_UN_Report.pdf Page 17

17 <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC.C.GBR.CO.4.pdf>

18 <http://www.dcsf.gov.uk/oneyearon/progressreport/annexea/index.cfm?id=2146>

The government committed to embedding the views of children and young people into policy development and practice.

For those children who have been separated from their families, the Committee recommended regular monitoring and review of their care. The Committee is particularly concerned with the high numbers of children with disabilities in long-term care.

Following these recommendations, the government took measures for improving the lives of children in care. The Children and Young Persons Act 2008, puts in place the reforms, set out in Care Matters, Time for Change (June 2007), needed to transform the life chances of children in care, including the centrality of the voice of the child. The Act also introduces requirements to improve the quality and stability of placements, including those for disabled children who are in care.¹⁹

The UK national report on strategies for Social Protection and Social Inclusion 2008 – 2010.

The report briefly mentions former care leavers as some of the most excluded adults facing multiple issues such as settled accommodation and in employment, education or training.²⁰

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

This survey was complete using the internet and the official sources of information were very accessible.

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

The information was relevant and consistent.

¹⁹ <http://www.dcsf.gov.uk/oneyearon/ae/uploads/documents/annex%20a.pdf>

²⁰ http://ec.europa.eu/employment_social/spsi/docs/social_inclusion/2008/nap/uk_en.pdf

COUNTRY: UK-NORTHERN IRELAND

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

- **Full-time care in residential homes (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**
- **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**
- **Family-type care in small residential home with paid staff with 15 or fewer children**
- **SOS Villages (or similar) care**
- **Foster Care in a private individual’s home**

In Northern Ireland, the following definition ‘looked after children’ is used with regard to ‘children without parental care’:

“A child becomes looked after if they are provided with accommodation for a continuous period of twenty-four hours or more by a Health and Social Care Trust (HSCT) in the exercise of its social services function” (Department of Health and Social Services (DHSSPS NI) 2009).

In Northern Ireland, the number of children who are ‘looked after’ has remained relatively stable in the last 10 years at around 2,500 children. Children become looked after for a variety of reasons: some to provide family support through voluntary agreements with their parents and others are looked after under Court Orders. Some children return home after a short period of time in care; others remain looked after in the longer term and a number of children will also make use of regular periods of respite care (refer to the later section on ‘Respite Care’).

The following statistics are from the ‘**Children Order Statistical Bulletin, 2008**’ which is published annually by the Government Department, the DHSSPS (NI) (Department of Health, Social Services and Public Safety), in Northern Ireland.

Looked After Children

A child becomes looked after if they are provided with accommodation for a continuous period of twenty-four hours or more by a HSS Trust in the exercise of its social services function.

Looked After Children Population

Table 1.1: Composition of looked after children population by age and gender at 31 March 2008

Age Group (years)	Boys		Girls		Total	
	No.	%	No.	%	No.	%
<1	24	2	25	2	49	2
1-4	182	14	182	16	364	15
5-11	419	33	363	31	782	32
12-15	380	30	353	30	733	30
16 & over	260	21	245	21	505	21
Total	1,265	100	1,168	100	2,433	100

Main Points

- At 31 March 2008, there were 2,433 looked after children in Northern Ireland.
- Of those looked after at 31 March 2008, 52% were boys and 48% were girls.
- Of the 2,433 looked after children, 32% (782) were aged 5-11, 30% (733) were 12-15 years, 21% (505) were 16 years & over, and 17% (413) were under 5 years old at 31 March 2008.
- At 31 March 2008, 2% of looked after children were less than 1 year old.

Figure 1.1: Composition of looked after children population by age at 31 March 2008

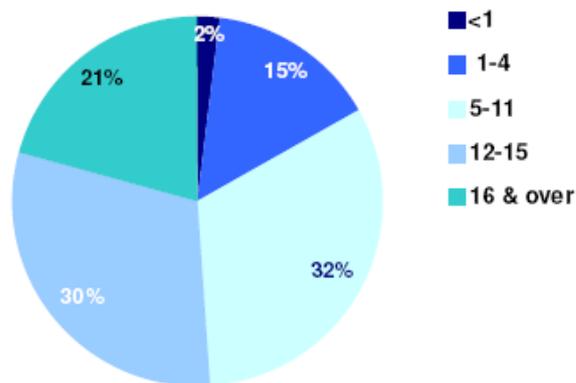


Table 1.2: Composition of looked after children population by age at 31 March (2003–2008)

Age Group (years)	2003		2004		2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<1	60	2	75	3	61	2	60	2	64	3	49	2
1-4	364	15	366	15	348	14	334	14	298	13	364	15
5-11	872	36	881	35	869	34	830	34	765	32	782	32
12-15	738	30	775	31	818	32	763	31	765	32	733	30
16 & over	412	17	413	16	435	17	449	18	464	20	505	21
Total	2,446	100	2,510	100	2,531	100	2,436	100	2,356	100	2,433	100

Main Points

- There was a 3% increase in the total number of children looked after in the last year, from 2,356 in 2007 to 2,433 in 2008.
- Over the five years from 2003 to 2008, the proportion of children looked after aged between 5 and 11 decreased by four percentage points, from 36% (872) in 2003 to 32% (782) in 2008.

Placement of Looked After Children

Children taken into care can be placed in:

- Residential care;
- Foster care;
- With family; or
- Other accommodation ¹.

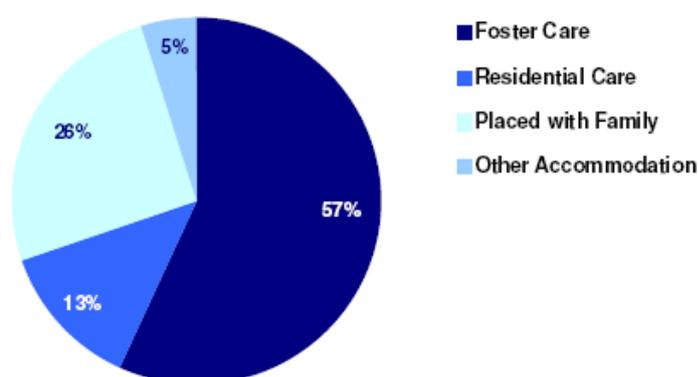
Table 1.5: Placement of looked after children at 31 March (2003–2008) ²

Placement Type	2003		2004		2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential Care	296	12	325	13	317	13	321	13	283	12	319	13
Foster Care	1,577	64	1,529	61	1,606	63	1,522	62	1,389	59	1,376	57
Placed with Family	494	20	561	22	500	20	486	20	566	24	622	26
Other Accommodation ¹	79	3	95	4	108	4	107	4	118	5	116	5
Total	2,446	100	2,510	100	2,531	100	2,436	100	2,356	100	2,433	100

Main Points

- At 31 March 2008, the majority (57%) of looked after children were in foster care with 26% (622) placed with family, 13% (319) in residential accommodation, and 5% (116) in other types of accommodation.
- Over the five years from 2003 to 2008, the percentage of children in foster care decreased by 7 percentage points whilst the proportion of children placed with family increased by 6 percentage points from 20% in 2003 to 26% in 2008.
- During the same period, the proportions of children in residential care and in other accommodation increased by 1 and 2 percentage points respectively.

Figure 1.3: Placement of looked after children at 31 March 2008



¹ Other accommodation includes: independent living, supported accommodation, secure accommodation, hospital, hostels, aftercare facilities, Simon community, respite care facilities, bed & breakfast accommodation, bed-sits, dependent living etc.

Length of Time in Care

Table 1.6: Length of time in care by age at 31 March 2008

Length of time in care	Age Group (years)											
	< 1		1-4		5-11		12-15		16 & over		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than 3 months	15	31	19	5	38	5	37	5	12	2	121	
3 months < 6 months	17	35	43	12	58	7	38	5	13	3	169	
6 months < 1 year	17	35	70	19	90	12	47	6	36	7	260	1
1 year < 2 years	0	0	115	32	108	14	73	10	58	12	354	1
2 years < 3 years	0	0	63	17	71	9	59	8	40	8	233	1
3 years or more	0	0	54	15	413	53	484	66	345	68	1,296	5
Total	49	100	364	100	778	100	738	100	504	100	2,433	10

Main Points

- At 31 March 2008, over half (53%) of looked after children had been in care for 3 years or more, with 77% in care for 1 year or longer.
- Almost 1 in 4 (23%) looked after children had been in care for less than 1 year.
- Older children (16 years & over) were less likely than younger children to have spent shorter periods of time (less than 6 months) in care.
- Over two thirds (69%) of looked after children under 1 year old had been in care for more than 3 months.

Figure 1.4: Length of time in care at 31 March 2008

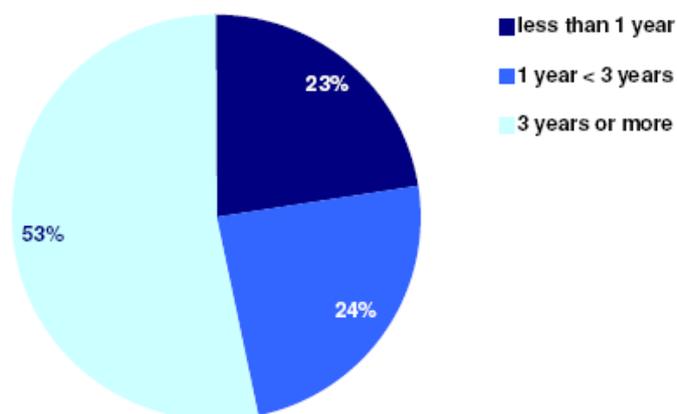


Table 1.7: Length of time in care at 31 March (2003–2008)

Length of time in care	2003		2004		2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Less than 3 months	148	5	141	5	169	6	126	4	133	4	121	4
3 months < 6 months	139	6	121	5	121	5	107	4	126	5	169	7
6 months < 1 year	243	10	279	11	229	9	193	8	211	9	260	11
1 year < 2 years	406	17	391	16	401	16	402	17	292	12	354	15
2 years < 3 years	252	10	351	14	316	12	315	13	303	13	233	10
3 years or more	1,258	51	1,227	49	1,295	51	1,293	53	1,291	55	1,296	53
Total	2,446	100	2,510	100	2,531	100	2,436	100	2,356	100	2,433	100

Main Points

- Between 2003 and 2008, the proportion of children in care for 3 years or more increased by 2 percentage points, from 51% in 2003 to 53% in 2008.
- During this period, the number of children looked after for between 6 months and 1 year increased by 7% from 243 (10%) in 2003 to 260 (11%) in 2008.

Respite Care

Respite care relates to a series of short-term, pre-planned or ad-hoc placements when a child moves temporarily from his/her carer (i.e. foster care, residential care or with family etc), to allow the child and the carer to spend some time away from each other. The respite move could involve a change in placement type (i.e. foster care to residential care) or the child may remain in the same placement type (i.e. foster care to foster care). Children may also move from a family placement to other placement types. The use of respite care varies across Trusts. Some Trusts make considerable use of short-term respite care, aimed at maintaining a child in a family placement. Other Trusts use respite care on a more limited basis.

Table 18: Respite care by placement type and age during year ended 31 March 2008 ¹

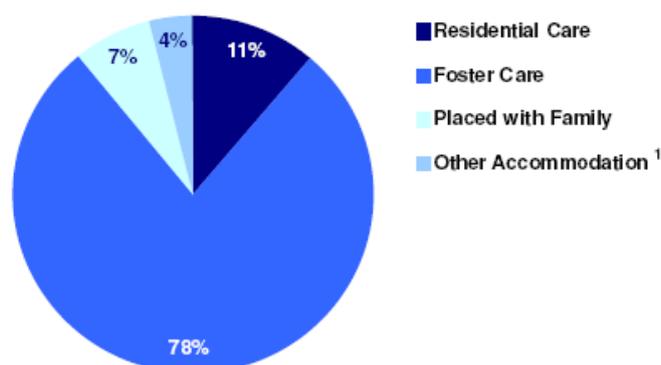
Placement Type	Age Group (years)										Total	
	< 1		1-4		5-11		12-15		16+			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential Care	0	0	0	0	33	11	48	17	0	0	95	11
Foster Care	31	86	123	97	248	82	187	68	59	63	648	78
Placed with Family	5	14	0	0	16	5	26	9	0	0	59	7
Other Accommodation ²	0	0	0	0	6	2	14	5	12	13	32	4
Total	36	100	127	100	303	100	275	100	93	100	834	100

Main Points

- Of the 834 children who received respite care in 2007/08, 78% (648) were foster care placements, 11% (95) were residential care placements, 7% (59) were placed with family, and 4% (32) were placed in 'Other Accommodation'¹.
- Children under 5 years old were more likely than older children to receive a foster care placement.
- Almost 70% (578) of children who received respite care in 2007/08 were aged 5-15 years, with 20% under 5 years old and 11% aged 16 or older.

¹ "0" represents either a zero or a cell count less than 4 in order to avoid personal disclosure. In addition, where a zeroed cell can be deduced from the totals, the next smallest cells will also be zeroed. For this reason some row or column totals may not tally.

² Other accommodation includes: independent living, supported accommodation, secure accommodation, hospital, hostels, aftercare facilities, Simon community, respite care facilities, bed & breakfast accommodation, bed-sits, dependent living etc.

Figure 1.5: Children who received respite care services by placement type during year ending 31 March 2008**Table 19: Children who received respite care services by placement type for years ending 31 March (2003-2008)**

Placement Type	2003		2004		2005		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Residential Care	162	19	179	21	174	18	75	10	70	10	95	11
Foster Care	523	62	525	61	595	61	613	78	576	81	648	78
Placed with Family	130	15	113	13	158	16	55	7	43	6	59	7
Other Accommodation ¹	34	4	41	5	56	6	42	5	25	4	32	4
Total	849	100	858	100	983	100	785	100	714	100	834	100

Main Points

- Since 2002/03, the proportion of children accommodated for respite care in foster placements has increased by 16 percentage points, from 62% to 78% in 2007/08.
- During this period, the proportion of children accommodated for respite care in residential accommodation decreased by almost 8 percentage points, and similarly, children placed with family decreased just over 8 percentage points.

¹ Other accommodation includes: independent living, supported accommodation, secure accommodation, hospital, hostels, aftercare facilities, Simon community, respite care facilities, bed & breakfast accommodation, bed-sits, dependent living etc.

Discharges from Care**Table 1.10: Discharges from care by length of time in care and age during year ended 31 March 2008¹**

Length of time in care	Age Group (years)											
	< 1		1-4		5-11		12-15		16 & over		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Under 2 weeks	10	38	130	62	70	36	50	34	50	15	310	34
2 weeks < 3 months	7	27	16	8	21	11	32	22	11	3	87	10
3 months < 6 months	4	15	9	4	18	9	13	9	9	3	53	6
6 months < 1 year	5	19	11	5	16	8	18	12	19	6	69	8
1 year < 2 years	0	0	21	10	19	10	18	12	23	7	81	9
2 years or more	0	0	23	11	53	27	16	11	217	66	309	34
Total	26	100	210	100	197	100	147	100	329	100	909	100

Main Points

- During 2007/08, there were 909 discharges from care.
- Forty-three percent of discharges from care in 2007/08 related to children who had been in care for 1 year or longer, with 34% relating to children who had been in care for less than 2 weeks.
- Two thirds (66%) of the children aged 16 and over discharged from care had been in care for 2 years or more.

Children's Residential Homes

Children's residential homes provide care and accommodation for children in accordance with Part IX of the Children Order (Northern Ireland) 1995.

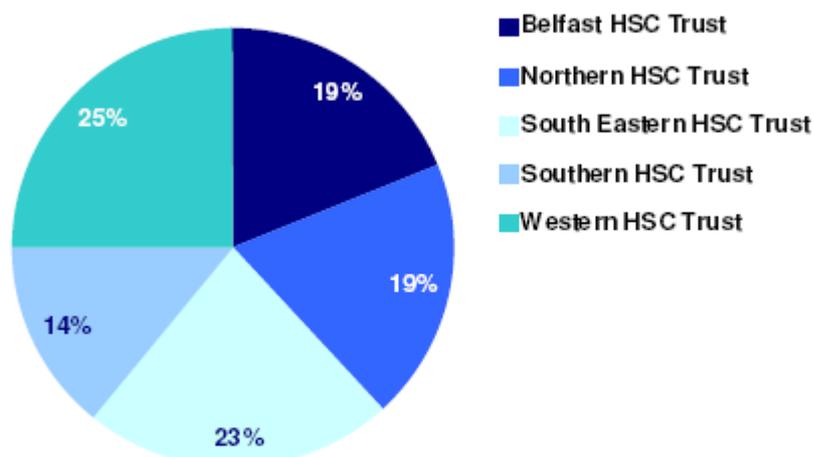
At 30 June 2008, there were 55 residential homes for children: 42 statutory and 13 independent children's homes.

Table 2.1: Children's statutory residential homes at 30 June 2008 ¹

HSC Trust	Statutory Homes	Statutory Places	Places per 10,000-pop. aged under 18
Belfast HSC Trust	8	58	7.6
Northern HSC Trust	7	60	5.5
South Eastern HSC Trust	8	70	8.7
Southern HSC Trust	7	45	5.0
Western HSC Trust	12	78	10.1
Northern Ireland	42	311	7.2

Main Points

- At 30 June 2008, there were 42 children's statutory residential homes in Northern Ireland providing 311 places, equivalent to 7.2 places per per 10,000-population aged under 18.
- Across HSC Trusts, the Western HSC Trust had the highest number of statutory children's homes in Northern Ireland (12), providing a total of 78 places.
- Similarly, the Western HSC Trust (10.1) had the highest number of places in statutory children's homes per 10,000-population aged under 18, whilst the Southern HSC Trust (5.0) had the lowest.

Figure 2.1: Places in children's statutory residential homes by HSC Trust at 30 June 2008**Table 22: Children's independent residential homes at 30 June 2008¹**

HSC Trust	Independent Homes	Independent Places	Places per 10,000-pop. aged under 18
Belfast HSC Trust	5	34	4.5
Northern HSC Trust	3	17	1.6
South Eastern HSC Trust	2	8	1.0
Southern HSC Trust	3	11	1.2
Western HSC Trust	0	0	0
Northern Ireland	13	70	1.6

Main Points

- At 30 June 2008, there were 13 independent children's homes in Northern Ireland providing 70 places, equivalent to 1.6 places per 10,000-population aged under 18.
- There were no independent children's homes in the Western HSC Trust.
- Of the 70 places in independent children's homes, almost half (34) were provided by 5 homes in the Belfast HSC Trust.

Independent homes include those homes which are provided and managed by either voluntary agencies (e.g. Barnardo's, Extern) or by private businesses.

COUNTRY: UK-SCOTLAND

Contact details of person responsible

Name: **Marion Macleod**

Organisation: Children in Scotland

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

Under the Children (Scotland) Act 1995, the legal term for children under the care of local authorities is 'looked after'. Children may be 'looked after at home', in which case they live at home with their parents but are under the supervision of a social worker who will keep in regular contact with them. They are also subject to regular case planning and review arrangements which are required by law. Children under the care of local authorities who do not live with their parents are 'looked after away from home' or 'looked after and accommodated'. There are also a significant number of children formally 'looked after away from home' who are placed with family members or friends (often referred to as kinship carers). As of 31 March 2008, there were 14,886 looked after children in Scotland.

All information collected by the Scottish Government on 'looked after' children and young people and care leavers can be found in the National Statistics Publication for Scotland – Children Looked After Statistics 2007-2008. A link to that document together with a link to the survey form relating to that document are attached below.

Publications: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/PubChildrenLookedAfter>

Survey Forms / Data Specifications / Guidance Notes:

<http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/SurveyChildrenLookedAfter>

■ **Full-time care in residential homes (paid staff with 16 or more children)**

There are no residential homes for children in Scotland accommodating 16 or more children. There are a few which are registered for 16 or more, but this would generally be a 'campus' arrangement with several separate buildings. There are in fact only two, which are registered for 17 and 18 children respectively, but in practice would very rarely accommodate this number of children other than for short periods in urgent situations.

Some 'looked after and accommodated' children are placed in residential schools. Most of these will have places for more than 16 children. These are basically special schools with residential care accommodation. Children in residential schools will invariably have significant educational difficulties requiring specialised teaching as well as having other problems at home and/or in the community. Not all children in residential schools are 'looked after'. A significant number will be placed there under education legislation. Residential schools specialise in dealing with specific difficulties or disabilities, for example autism. There are a number of schools intended for children who need specialised education for social, emotional and behavioural reasons. Most children in residential school who are 'looked after and accommodated' are placed in schools of this type. While most children who are 'looked after and accommodated' in other types of placement are placed within the boundaries of their own local authority, many of those in residential schools are not.

As of 31 March 2008 there were 649 'looked after and accommodated' children in residential schools.

■ **Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children)**

There are no full time residential homes in Scotland specifically designated for children with disabilities. There are a number of 'respite care' units where children will go for short breaks, but these children will generally otherwise live at home with their families. There are also some specialised residential schools for children with particular disabilities, though in most cases children placed in them would not be 'looked after and

accommodated'. There were, however, 1,492 'looked after' children, as of 31 March 2008, who were categorised as having a disability. These children could be placed in any type of placement, including being 'looked after at home'. There are four units which offer respite for children with disabilities but which also will take children for longer-term placements: they offer a total of 24 longer-term places for children with disabilities across the four (4, 4, 10 & 6).

■ **Full-time care in residential home designated for children classified as “young offenders” (paid staff with 16 or more children)**

There are no full-time residential homes in Scotland for 'young offenders'. Young people who offend frequently have other difficulties as well and would be viewed as children 'in need'. They would be placed in kinship care, foster care or in a residential home as appropriate to their needs – as with any other child who becomes 'looked after away from home'. There are a few bail hostels for 16 – 18 year olds.

■ **Family-type care in small residential home with paid staff with 15 or fewer children**

All residential homes in Scotland have fewer than 15 children. They do not, however, offer an experience similar to family type care. They generally have paid professional staff who work on a shift/rota system. Children under 12 would not be placed in a residential home other than in emergency situations where no other place was immediately available.

Some children are placed in 'secure accommodation', that is, they are placed by legal order in a residential facility where they are (or can be) locked up. Such an order can only be made for a three weeks at a time and only in circumstances where the child is an immediate danger to themselves or to other people. Most residential units of this type will include both open (though closely supervised) and locked provision. In most cases children will be in the open part of the unit unless there is good reason for them not to be, even when they are under a secure order. Secure orders are in law 'permissive' rather than 'compulsive' – they give local authorities a power to lock children up, but do not compel them to do so.

A small number of children at any time are in placements described as 'crisis care'. These would include very young children who were placed, along with a parent (usually the mother) in a specialised unit working with adults who misuse drugs or alcohol or have been subject to domestic violence. They also include emergency family support units where children and their families stay over a period of intense family crisis.

There are some children also in residential accommodation which does not fall into any of the above categories. These are classed as 'other residential' by the Scottish Government. An example of this might be 'supported accommodation' such as a shared apartment for older young people (16+) who have moved on from residential or foster placements, which may be staffed during the day only or may only have visiting staff support.

As of 31 March 2008, 964 young people were in residential care units of one type or another kind of home. Of these, 695 were in residential homes directly managed by local authorities and 58 in homes run by charitable organisations where places are 'purchased' by the placing local authority. 93 were in secure accommodation, 35 in crisis care, and 83 in other residential provision.

■ **SOS Villages (or similar) care**

There is no provision of this type in Scotland.

■ **Foster Care in a private individual's home**

As of 31 March 2008 there were 4,243 children in foster care, of whom 3,579 children were in foster care placements directly managed and supported by the local authority, and 664 in placements purchased from independent foster care agencies.

There were also 2,398 'looked after and accommodated' children placed with kinship carers, 237 with prospective adoptive families and 36 in other community placements. Other community placements would include supported lodgings where a young person aged 16+ who has moved on from a care placement lives with a family. Many of these will be young people who were previously fostered and have stayed with the

foster family but are no longer financially supported in the same way as a foster child, if they are working or continuing in full-time education, for example.

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

■ Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?

■ What are the stated reasons for children coming in to care?

The legal grounds for becoming accommodated in Scotland are (Section 25 of Children (Scotland) Act 1995) quoted below.

Section 25 of Children (Scotland) Act 1995. This section imposes a duty on local authorities to provide accommodation for children, if:

- no-one has parental responsibility for them;
- they are lost or abandoned;
- the person who has been caring for them is prevented from providing suitable accommodation/care.

This means that children become looked after if their welfare is deemed to require it, rather than because they meet specified criteria or are in specified circumstances. It is, however, extremely unlikely that material poverty alone would ever be seen as appropriate grounds for a child to become accommodated.

In addition to the above, children can become looked after at home and away from home under a supervision order from the Children's Hearings. These are legal orders which must be complied with. In Scotland the Children's Hearings is the body with whom power resides to enact compulsory measures of care. Children may be referred to the Hearings for a number of reasons which are listed below.

The child:

- is beyond the control of parents or carers;
- is at risk of moral danger;
- is or has been the victim of an offence, including physical injury or sexual abuse;
- is likely to suffer serious harm to health or development through lack of care;
- is misusing drugs, alcohol or solvents;
- has committed an offence;
- is not attending school regularly without a reasonable excuse;
- is subject to an antisocial behaviour order and the Sheriff requires the case to be referred to a children's hearing.

■ What are the stated reasons for children coming in to care?

Because of the way the law in Scotland is framed (see above) a child will become 'looked after' if their welfare is deemed to require this. There are few children where there is one single reason for this. They will generally have experienced some of the following:

- neglect, including parental inability to look after their children because of their own substance or alcohol misuse or poor parenting skills;
- mental, physical or emotional abuse;
- breakdown in family relationships;
- involvement in offending;
- misuse of drugs/alcohol;
- behaviour and/or attendance problems at school.

Children starting to be looked after during 2007-08 by statutory reason for being looked after

Accommodated under section 25*	1,089
Parental responsibilities order	1
Supervision requirement at home	2,392
Supervision requirement away from home (excluding residential)	656
Supervision requirement away from home (residential but excluding secure)	147
Supervision requirement away from home with a secure condition	21
Warrant	424
Child protection Measure	204
Criminal Court Provision	11
Freed for adoption	10
Permanance order with authority to place for adoption	1
Other	91
Not known	111
TOTAL	5,158

Statistical information can be found at the above mentioned link.

■ **How long is the average length of stay in care?**

Length of time looked after, Children looked after away from home

Under 6 weeks	387
6 weeks-under 6 months	708
6 months – under 1 year	865
1 year to under 2 years	1583
2 years to under 5 years	2,436
5 years to under 8 years	1210
8 years to under 10 years	432
10 years to under 15 years	339

15 years or more	35
not known	532
TOTAL	8527

Children ceasing to be looked after during 2007-08 by length of time looked after

Under 6 weeks	460
6 weeks-under 6 months	504
6 months – under 1 year	803
1 year to under 2 years	1,591
3 years to under 5 years	653
5 years to under 10 years	355
10 years and over	59
not known	88
TOTAL	4,513

■ What are the socio-economic circumstances of the family?

The Scottish Government does not keep statistics on socio-economic circumstances of the families of children who become looked after. However, research studies indicate that the overwhelming majority comes from the poorest families and the poorest communities.

■ Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?

No, other than that they are far more likely to originate from areas with high levels of multiple deprivation as defined in the Scottish Index of Multiple Deprivation.¹

■ Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?

Looked after children by ethnic group

White	12,900
Mixed ethnicity	172
Asian, Asian Scottish or Asian British	73
Black, Black Scottish, or Black British	46

¹ <http://www.scotland.gov.uk/Topics/Statistics/SIMD/>

Other ethnic background	63
Not disclosed	187
Not known	1,445
TOTAL	14,886

There is thus no evidence of over-representation of any minority ethnic group.

■ What evidence is there that children of economic migrants are placed in alternative care?

None that we are aware of, though it would be difficult to state this conclusively due to the way statistics are collected. In Scotland most economic migrants are from Eastern Europe thus would be categorised as 'white' and therefore impossible to distinguish from white Scottish children. Most of the economic migrants in Scotland (a) do not have dependent children (b) are relatively well-qualified educationally and (c) are in employment.

Glasgow is a UK 'dispersal centre' for refugees and asylum seekers; therefore it has a higher proportion of people from other countries who have recently entered the UK than other parts of Scotland. There is no evidence even there of higher incidence of children from minority ethnic groups in public care. There are, however, at least 160 refugee children in Scotland who are looked after as they arrived here without any adult who held parental responsibility for them. We do not have an exact figure though work is being done at the minute to gather this.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ Education

Many looked after children have already fallen behind educationally before they enter the care system. The factors that lead to them becoming looked after are in many cases also factors that inhibit their educational progress. Children who are looked after in theory have the same educational opportunities as all other children for education, including further and higher education, and access to other opportunities for development. As the legal duty to 'look after' children is placed on the local authority as a whole rather than on social work services in particular, they should in theory receive such additional educational support as is needed to address their educational difficulties. Many of them indeed do receive extra help. All schools have a designated member of teaching staff who is responsible for overseeing the educational well-being of all looked after children in the school. Many local authorities also provide specific education support for looked after children for example teachers who will visit children and young people in care placements and help them with school work.

In reality looked after children and young people perform less well at school; when compared to the general school population their attendance rates are lower, their exclusion rates are higher and their academic attainment is lower.

Statistics relating to Attendance and Absence in Scottish Schools for the year 2007-2008 published on 11 December 2008 can be found at <http://www.scotland.gov.uk/stats/bulletins/00709>.

Statistics relating to Exclusions in Scottish Schools for the year 2007-2008 published on 26 January 2009 can be found at www.scotland.gov.uk/Publications/2009/01/23135939

Statistics relating to SQA Attainment and School Leaver Qualifications in

Scotland: 2007/08 published on 10 March 2009 can be found at <http://www.scotland.gov.uk/Publications/2009/03/09154229/38>

Percentage attendance and absence of pupils by looked after status 2007/08

Attendance and Absence Rates

Looked after at home	
Attendance	83.7%
Absence (authorized and unauthorised)	15.5%
Absence due to temporary exclusion	0.7%
Average number of half days absence	61.8
Looked after away from Home	
Attendance	92.5%
Absence (authorized and unauthorised)	6.9%
Absence due to temporary exclusion	0.7%
Average number of half days absence	28.7
All pupils looked after by local authority	
Attendance	87.8%
Absence (authorized and unauthorised)	11.5%
Absence due to temporary exclusion	0.7%
Average number of half days absence	46.2
Not looked after by local authority	
Attendance	93.3%
Absence (authorized and unauthorised)	6.6%
Absence due to temporary exclusion	0.1%
Average number of half days absence	25.2
Exclusions 2007-8, Rate per 1000 pupils	
Looked after at home	522
Looked after away from home	359
Total looked after	445
Not looked after by local authority	52

SQA Attainment and School Leaver Qualifications

Data is incomplete (by about a quarter) on looked after children but data suggests much lower average scores than those not looked after.

■ Conflicts with the law

No data is collected on this, however follow-up studies indicate that people who have been in care are substantially over-represented in the adult prison population. The link for care leavers below gives data for those who are known to be in custody, but, as explained below, this is not complete data.

■ Health incl. mental health

No figures are collected on this, however research studies again indicate that people who have been looked after have significantly poorer general and mental health outcomes than average.

■ Employment

See link below. As before, no comprehensive data is collected officially, but research indicates that care leavers are far more likely to be unemployed or to be in low paid or temporary work

■ Housing – number of homeless that have a history of alternative care?

Once again, there is no officially collated national data which is comprehensive. Such data as is available can be obtained via the link below. Some local authorities collect this data internally and this would indicate that care leavers are substantially over-represented among homeless people also. Research would also confirm this.

Of young people eligible for and receiving aftercare services, 15% reported one or more spells of homelessness.

■ Ability to parent their own children

I am not aware of any data on this but my impression from working in local authority children's planning for many years is that parents who have been in care are more likely to have their own children becoming looked after or subject to child protection procedures.

Information on the destination at discharge for care leavers which includes information on employment, homelessness and custody can be found in the Children Looked After Statistics 2007-2008. A link to that document is attached below. It should be noted that this information is not complete as data cannot obviously be gathered from young people who have ceased to be in touch with services or agencies. It seems probable that those who lose contact are more likely to be those who are homeless, in prison etc. It is also a 'snapshot' thus likely to under-represent, for example, the picture over a whole year.²

The following research, though a few years old now, gives some relevant information.

Dixon, J. & Stein, M. (2002) A Study of Throughcare and Aftercare Services in Scotland. Scotland's Children, *Research Findings No. 3*, Scottish Executive, Edinburgh.

Children ceasing to be looked after 2007/08 by destination

Home with biological parents	2,336
Home with newly-adoptive parents	137
With relatives	377
Own Tenancy/Independent living	99
Supported Accommodation/Semi-independent living	183
Former foster carers	47
In residential care	36

² <http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/PubChildrenLookedAfter>

Homeless	28
In custody	30
Other destination	223
Not known	1,017
TOTAL	4,513

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

The Education Directorate within the Scottish Government has responsibility. Within the Directorate there is a specific section for looked after children.

■ How are responsibilities shared? At which level – local/regional/national?

The Scottish Government has legislative and policy responsibility for looked after children and young people and care leavers. Local authorities are responsible for their support, care and placements.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

The legislative framework put in place to protect looked after children and young people and care leavers in Scotland and their carers is set out below

- Children (Scotland) Act 1995
- Regulation of Care (Scotland) Act 2001
- The Support and Assistance of Young People Leaving Care in (Scotland) Regulations 2003
- Arrangements to Look After Children (Scotland) Regulations 1996
- Fostering of Children (Scotland) Regulations
- Residential Establishments – Child Care (Scotland) Regulations 1996
- The UNCRC legislation

More information on all of these can be found on the Scottish Government website.

Local Authorities have a statutory duty to follow this legislation.

The Scottish Commission for the Regulation of Care (www.carecommission.com) inspects, registers, regulates and takes enforcement action where necessary in respect of any establishment or person providing care. Many local authorities also have internal quality/performance systems for residential and foster placements under their direct management.

The Social Work Inspection Agency (www.swia.gov.uk) inspects social work services in local authorities and independent agencies.

■ Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?

Yes, and this will be actively looked at during inspection processes, by checking the systems in place to do this, questionnaire surveys and focus groups.

The link below sets out the criteria of the Social Work Inspection Agency.

http://www.swia.gov.uk/swia/files/SWIA_Handbook_Pt4_Ph4_Eval_of_Perf_in_LAs_25_Perf_Ins_Model.pdf

The following link will take you to the page where standards for registration for care providers can be accessed.

http://www.infoscotland.com/nationalcarestandards/CCC_FirstPage.jsp

■ **Are the standards included in the national child care legislation?**

The standards themselves are not legislation. There is legislation (Regulation of Care Act 2001), which specifies conditions for registration and for terminating registration. Persistent failure to comply with standards would result in enforcement action being taken under the legislation.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

The link below describes the Social Work Inspection agency process.

http://www.swia.gov.uk/swia/files/SWIA_Handbook_Pt1_Ph1_2_Guide_to_Perf_Ins_in_LAs.pdf

The following link sets out the Care Commission process.

http://www.carecommission.com/images/stories/documents/publications/registrationinspectioncomplaints/inspection_guidance_2009

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

Core funding is provided by the Scottish Government to the Scottish Throughcare and Aftercare Forum is partly used to fund the Debate Project. The Debate Project's aims are to empower young people who are currently leaving care or have already left by letting them know that they have a voice and giving them the opportunity to share their experiences with a view to improving the leaving care system for other young people in the future. Who Cares? Scotland provide an advocacy service for looked after children and young people, and also fulfill a national lobbying role on their behalf. Their board is chaired by a care leaver and includes other young people with experience of the care system.

As well as these national bodies, many groups exist at local level.

■ **Is there a peer-lead group of parents with children in care?**

There are no groups at national level and nothing set up by Scottish Government.

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ **UNCRC: 49th session: 20/Oct/2008**

The Committee made a number of recommendations to the UK Government regarding family life and children in care. The Scottish Government has drafted a response and action plan. This has been subject to extensive consultation and is currently being revised based on the consultation findings. The draft response (i.e. without any revisions arising from the consultation) is attached, though of course there will be a number of changes in the final version. This will not, however, be available until around July.

Within the UNCRC Committee recommendations (September 2008), children in alternative care regarding regarded as children whose outcome remain poor compare with other children. Several recommendations were made to the government.³

Following this report, The UN Committee on the Rights of the Child issued the UK Government with their 'Concluding Observations' in October 2008.

³ http://www.sccyp.org.uk/UK_Childrens_Commissioners_UN_Report.pdf Page17

The Committee welcomed the UK Government's progress in implementing the Convention and our unwavering ambition to improve the lives of all children and young people. They specifically welcomed the Children's Plan and its links to the UNCRC, making implementation of the Convention a reality on the ground.

The Government is committed to the UNCRC and its implementation, as is further demonstrated by the lifting of the remaining Reservations against the Convention – against Article 22 (refugee children) and Article 37c (children in custody with adults). The Concluding Observations provide a helpful framework for further action by Government, building on measures already in place, to make children's rights under the Convention a reality.

There remain areas where the UK Government and the UN Committee differ in views, such as the need for legal incorporation of the Convention into domestic law (which is not standard UK practice); the appropriateness of a legal ban on smacking children; the minimum age of criminal responsibility and the use of anti-social behaviour orders (ASBOs). The government has considered all the UN Committee's recommendations and set out key priorities for action.⁴⁵

■ NAP:

The NAP is of course a UK rather than a Scottish document, and also covers all ages. We have raised the issue at government level (and also through Eurochild) that, due to the constraints of its size and content, it does not reflect the situation in the devolved administrations effectively. The current UK NAP has little about Scotland (though there is an appendix which gives Scottish information), less about Scottish children, and nothing at all about Scottish children who are looked after away from home.

The government committed to embedding the views of children and young people into policy development and practice.

For those children who have been separated from their families, the Committee recommended regular monitoring and review of their care. The Committee is particularly concerned about the high numbers of children with disabilities in long-term care.

Following these recommendations, the government took measures for improving the lives of children in care. The Children and Young Persons Act 2008, puts in place the reforms, set out in Care Matters, Time for Change (June 2007), needed to transform the life chances of children in care, including the centrality of the voice of the child. The Act also introduces requirements to improve the quality and stability of placements, including those for disabled looked after children.⁶

The UK national report on strategies for Social Protection and Social Inclusion 2008 – 2010:

The report briefly mentions former care leavers as some of the most excluded adult facing multiple issues such as settled accommodation and in employment, education or training.⁷

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

There are many official sources of information on looked after children and young people and care leavers which can be found on the Scottish Government website. Many of the links are included above.

Learning and Teaching Scotland, which is the government agency dealing with strategic and curricular matters in education, launched a useful website in May 2008 - www.LTScotland.org/lookedafterchildren - this also contains helpful data. The website and its contents are accessible to all of Scotland's people, and has a membership section which currently has almost 600 members.

⁴ <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC.C.GBR.CO.4.pdf>

⁵ <http://www.dcsf.gov.uk/oneyearon/progressreport/annexea/index.cfm?id=2146>

⁶ <http://www.dcsf.gov.uk/oneyearon/ae/uploads/documents/annex%20a.pdf>

⁷ <http://www.dwp.gov.uk/publications/dwp/2008/socialprotection/>

■ **How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?**

The Scottish Government is the main official statistical source in Scotland for this information. However, some information in relation to look after children would also be available from inspectorates such as SWIA and the Care Commission and academics/researchers e.g. the Scottish Institute of Residential Child Care at Strathclyde University (www.sircc.org.uk). Local authorities may also collect their own data and may thus gather additional data sets. Any data collected by the Scottish Government should adhere to consistent methodology and definitions.

COUNTRY: UK-WALES

Contact details of person responsible

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1. NUMBERS OF CHILDREN IN ALTERNATIVE CARE

There were 4,941 children who were 'looked after' at 31, March 2009, an increase of 3% on the previous year. There has been a steady increase in the numbers of children in care over the last 10 years – 2,900 children in 1998.

- **Full-time care in residential homes (paid staff with 16 or more children)**

- **Family-type care in small residential home with paid staff with 15 or fewer children**

There has been a small decrease in the numbers of children in residential placements, with the most recent figures highlighting that there were 205 children in such placements on 31st March 2009. On 31st March of the previous year, there were 123 registered children's homes in Wales, providing 535 places. 70% of residential homes are managed by private 'independent' providers; 27% by local authorities and 3% by the voluntary sector (NGOs). Residential placements have paid professional staff and do not provide care that could be considered comparable to family-type care.

Full-time care in residential home designated for children with disabilities (paid staff with 16 or more children).

There are no exclusive residential homes specifically for disabled children in Wales. There are, however, a number of 'Short Break' care arrangements where children will go for respite but will generally live at home with their families.

- **Full-time care in residential home designated for children classified as "young offenders" (paid staff with 16 or more children)**

There are no full-time residential homes in Wales for 'young offenders'.

- **SOS Villages (or similar) care**

There is no similar care provision of this type in Wales.

- **Foster Care in a private individual's home**

There were 3,632 children in foster care placements on 31st March 2009. This accounts for 77% of all children 'looked after', a numerical and percentage figure which is increasing yearly.

Source - <http://wales.gov.uk/docs/statistics/2009/090826sdr1272009en.pdf?lang=en>

2. PROFILE OF CHILDREN COMING INTO ALTERNATIVE CARE

- **Does child welfare legislation exclude poverty/material deprivation as a reason to be taken into care?**

In Wales, there are two principle routes for children to be placed in the 'looked after' system:

- Being accommodated under **section 20 of the Children Act 1989**; or
- Being made the subject of a care order under **section 31 of the Children Act 1989**

http://www.opsi.gov.uk/acts/acts1989/Ukpga_19890041_en_1

Section 20 Provision of accommodation for children: general

(1) Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of:

- (a) there being no person who has parental responsibility for him/her;
- (b) him/her being lost or having been abandoned; or
- (c) the person who has been caring for him/her being prevented (whether or not permanently, and for whatever reason) from providing him/her with suitable accommodation or care.

Section 31 Care and supervision orders

(1) On the application of any local authority or authorised person, the court may make an order—

- (a) placing the child with respect to whom the application is made in the care of a designated local authority; or
- (b) putting him/her under the supervision of a designated local authority or of a probation officer.

(2) A court may only make a care order or supervision order if it is satisfied

- (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
- (b) that the harm, or likelihood of harm, is attributable to
 - (i) the care given to the child, or likely to be given to him/her if the order were not made, not being what it would be reasonable to expect a parent to give to him/her; or
 - (ii) the child's being beyond parental control.

Other routes that could lead a child into the looked after system include:

- When a child is removed from the parents or carers under an emergency protection order (Section 44 of the Children Act 1989) and then potentially subject to an interim care order and care proceedings.
- Children that have been taken away from home under a child assessment order (Section 43 of the Children Act 1989) and then potentially subject to an interim care order and care proceedings.
- Where a child has been removed to suitable accommodation under police protection (Section 46 of the Children Act) and then potentially subject to an interim care order and care proceedings.
- Juveniles remanded in care and refused bail.
- Juveniles subject to a supervision order with a provision that they reside in local authority accommodation.
- Whilst poverty/material deprivation may be prevalent in individual profiles of children becoming 'looked after', it is extremely unlikely that this alone would be considered a reason for a child being accommodated. At 31st March 2008, official Government figures recorded that a figure of 0 for children starting to be 'looked after' for reasons of 'low income' in Wales.

■ What are the stated reasons for children coming in to care?

The official categories as stated reasons for children entering care are

Abuse or neglect	(54%)
Family in acute stress or dysfunction	(26%)
Parental illness/disability or absence	(13%)
Socially unacceptable behavior	(5%)
Other	(2%)

Source - <http://wales.gov.uk/docs/statistics/2009/090826sdr1272009en.pdf?lang=en>

Generally, there is often more than one factor that contributes to a child becoming 'looked after'. This could include:

- Parenting difficulties – alcohol/substance misuse, mental health problems, poor parenting practices etc;
- Physical, mental, sexual or emotional abuse;
- Breakdown within the family;
- Offending behavior;
- Child is at risk or involved in harmful behavior;
- Child is misusing alcohol, drugs and/or other harmful substances.

■ **How long is the average length of stay in care?**

There are presently no official data available that provides detail in relation to the length of stay in care.

■ **What are the socio-economic circumstances of the family?**

There are presently no official data available that provides detail in relation to the socio-economic circumstances of the family, although independent studies have indicated an over-representation of children 'looked after' for poorer backgrounds and communities.

■ **Are children coming from a certain geographic region or belonging to a certain minority over-represented in alternative care?**

Children 'looked after' come from all geographical regions in Wales, although studies have indicated higher levels from areas of multiple deprivation.

■ **Are statistics kept of the ethnic origins of children placed in alternative care? If YES what do they show?**

Statistics of the ethnic origins of children 'looked after' are recorded but are extremely limited as evidenced below

White	92%
Mixed	3%
Asian or Asian British	0.9%
Black or Black British	0.7%
Other ethnic groups	1.5%
Unknown ethnicity	1.2%

Source - <http://dissemination.dataunitwales.gov.uk/webview/>

■ **What evidence is there that children of economic migrants are placed in alternative care?**

No evidence.

3. WHAT IS KNOWN ABOUT OUTCOMES FOR CHILDREN IN ALTERNATIVE CARE?

■ **Education**

At 31st March 2008, 38% of children 'looked after' who were eligible for assessment at Key Stage 2 (11 year olds) achieved the Core Subject Indicator (this is a measure used for schools and refers to achieving a specified level in the core subjects of English or Welsh (first language), Mathematics and science in combination. This compares with a figure of 74% for all pupils achieving the same level.

For Key stage 3 (14 year olds), the figure was 18% of children 'looked after'. This compares with a figure of 56% for all pupils achieving the same level.

As the figures for children 'looked after' were new indicators, there is no comparable data for previous years. However, independent studies has highlighted for some time the disparity between educational outcomes for

children 'looked after' compared to non-'looked after' children. Generally, children in alternative care have had poor access to books and educational material; have higher rates of school exclusions and lower rates of attendance. Placement instability continues to be a huge challenge, as movement from one placement to the next often results in changes of school, disruption in education and underachievement.¹

■ Conflicts with the law

The number of children and young people imprisoned in Wales and England (where many Welsh children are placed, including all females) is the third highest in Europe, behind only Russia and the Ukraine. Figures show that around 46% of children and young people in custody are or have been in care, which compares with around 3% of the general population. Research has also shown that many miss out on the support and care planning services they are entitled to which impacts on their long-term outcomes. However, no official figures are available on this.²

■ Health incl. mental health

It is well documented that children 'looked after' have higher levels of unmet health and mental health needs than the general population, including dental checks, immunizations and health checks. However, no official figures are available on this.

■ Employment

Research has indicated that children leaving care are more likely to be unemployed or in low paid jobs. The proportion of 16-19 year olds in the general population who are not in education, employment or training (NEET) stands at 12%, a figure similar to the rest of the UK. Specific figures for care leavers are not available in Wales but official figures in England show that almost a 1/3 of care leavers are NEET and there is no evidence to suggest that this figure would differ greatly in Wales. However, due to the current economic climate, unemployment figures are presently rising.³

■ Housing – number of homeless that have a history of alternative care?

Official statistics on homelessness are notoriously problematic since they only capture households who have been deemed eligible for support by a local authority. Formerly 'looked after' children who do not meet the strict eligibility criteria or do not approach authorities for support are not recorded. Therefore, all figures on homelessness should be treated with caution. Government figures do, however, record that 12% of applicants were accepted as in 'priority need' for support due to either being 16-17 year olds or 18-20 year olds formally in care. Some estimates have suggested that between 1/3 and ¼ of homeless people sleeping rough have had some experience of being in care whilst children.

■ Ability to parent their own children

No official statistics are available on this. However, concerns have been raised in relation to the number of 'looked after' young people who have had their children removed and ability to parent questioned.

4. WHO HAS RESPONSIBILITY FOR CHILDREN IN ALTERNATIVE CARE IN NATIONAL GOVERNMENT?

■ Which Ministry/government agency/department?

The Welsh Assembly Government provides the leadership in relation to developing the legal framework on 'looked after' children and for producing laws, guidance and regulations (*the complex system of devolution in Wales results in some legislation emulating from the UK Government in England*). The responsibility for the

¹ <http://wales.gov.uk/docrepos/40382/40382313/statistics/schools/1152752/sdr145-2007-e1.pdf?lang=en>
<http://wales.gov.uk/docs/statistics/2009/090826sdr1272009en.pdf?lang=en>

² <http://www.nacro.org.uk/data/resources/nacro-2005040500.pdf>
http://www.ncb.org.uk/campaigning/media_news/2006_jan_to_jun/children_in_prison.aspx
http://www.barnardos.org.uk/locking_up_or_giving_up_final1_sept_08.pdf

³ <http://www.poverty.org.uk/29/index.shtml>

overall care and protection of children 'looked after' rests with each individual local authority, of which there are 22 in Wales

■ **How are responsibilities shared? At which level – local/regional/national?**

As above, local authorities are responsible for their support, education, placement, protection and care.

5. ARE THERE SPECIFIC REGULATIONS/ STANDARDS/ GUIDELINES ETC. TO PROMOTE AND PROTECT THE RIGHTS OF CHILDREN IN ALTERNATIVE CARE? ARE THESE AVAILABLE?

- The legislative framework for children in alternative care includes the following –
- Children's Act 1989
- Safeguarding Children: Working Together under the Children Act 2004
- Placement of Children (Wales) Regulations 2007
- Review of Children's Cases (Wales) Regulations 2007
- Children's Homes (Wales)(Miscellaneous amendments) Regulations 2007
- Towards a Stable Life and Brighter Future 2007
- National Service Framework for Children, Young people and Maternity Services 2005
- The Education (Admission of Looked After Children) (Wales) Regulations 2009
- Care Standards Act 2000

■ **Do the quality standards include provision for involvement of children and parents in the decision-making process? If so what are they?**

The Care and Social Services Inspectorate Wales (CSSIW) are responsible for inspecting and reviewing local authority social services and regulate and inspect social care and early years settings and agencies. Recent regulation and guidance clearly stipulates the involvement of children and parents in the decision making process, for example, when decisions are being made around placements.

■ **Are the standards included in the national child care legislation?**

Though standards are not part of legislation, there is a clear expectation that requirements will be met. Failure to comply in many cases will result in enforcement action being taken.

■ **Are there any reports on how these standards are applied and monitored in the care practice?**

Further details in relation to the Care and Social Service Inspectorate Wales can be accessed via - <http://wales.gov.uk/cssiwsbsite/newcssiw/?lang=en>

6. PARTICIPATION

■ **Is there a peer-lead group of children/young people who are living /have lived in institutional and/or foster care?**

Yes. Voices from Care Cymru is a peer-lead organization set up to support young people who are or have been looked after in Wales. The service is unique in that it is run by individuals who have had first-hand experience of the care system themselves.⁴

■ **Is there a peer-lead group of parents with children in care?**

No, there are no national peer-lead groups of parents with children in care.

⁴ <http://www.vfcc.org.uk/main.htm>

7. HOW ARE CHILDREN IN ALTERNATIVE CARE DEALT WITH IN (A) UNCRC COMMITTEE RECOMMENDATIONS TO YOUR NATIONAL GOVERNMENT (B) NAP/INCLUSION

■ UNCRC: 49th session: 20/Oct/2008

In 2008, the UN Committee made 124 recommendations in response to the UK Government collective report, with a number in relation to 'looked after' children and family life which the Welsh Assembly Government have considered and are presently developing an action plan in response.

Within the UNCRC Committee recommendations (September 2008), children in alternative care are regarded as children whose outcomes remain poor compared with other children. Several recommendations were made to the government.⁵

Following this report, The UN Committee on the Rights of the Child issued the UK Government with their 'Concluding Observations' in October 2008.

The Committee welcomed the UK Government's progress in implementing the Convention and our unwavering ambition to improve the lives of all children and young people. They specifically welcomed the Children's Plan and its links to the UNCRC, making implementation of the Convention a reality on the ground.

The Government is committed to the UNCRC and its implementation, as further demonstrated by the lifting of the remaining Reservations against the Convention – against Article 22 (refugee children) and Article 37c (children in custody with adults). The Concluding Observations provide a helpful framework for further action by Government, building on measures already in place, to make children's rights under the Convention a reality.

There remain areas where the UK Government and the UN Committee differ in views, such as the need for legal incorporation of the Convention into domestic law (which is not standard UK practice); the appropriateness of a legal ban on smacking children; the minimum age of criminal responsibility and the use of anti-social behavior orders (ASBOs). The government has considered all the UN Committee's recommendations and set out key priorities for action.^{6 7}

The concluding observations can be accessed here
<http://www.childreninwales.org.uk/unconvention/index.html>

■ NAP:

The NAP is again a UK document that does not adequately reflect the distinct situation in Wales or the circumstances of children in care. There is a separate appendix on referencing policy development in Wales, but very little on children placed in care. There is no reference to the NAP in any legislation concerning 'looked after' children in Wales.

The government committed to embedding the views of children and young people into policy development and practice.

For those children who have been separated from their families, the Committee recommended regular monitoring and review of their care. The Committee is particularly concerned with the high numbers of children with disabilities in long-term care.

Following these recommendations, the government took measures for improving the lives of children in care. The Children and Young Persons Act 2008 puts in place the reforms, set out in Care Matters, Time for Change (June 2007), needed to transform the life chances of children in care, including the centrality of the voice of the child. The Act also introduces requirements to improve the quality and stability of placements, including those for disabled looked after children.

The UK national report on strategies for Social Protection and Social Inclusion 2008 – 2010.

⁵ http://www.sccyp.org.uk/UK_Childrens_Commissioners_UN_Report.pdf Page 17

⁶ <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC.C.GBR.CO.4.pdf>

⁷ <http://www.dcsf.gov.uk/oneyearon/progressreport/annexa/index.cfm?id=2146>

The report briefly mentions former care leavers as some of the most excluded adult facing multiple issues such as settled accommodation and in employment, education or training.^{8 9}

8. DATA/ SOURCE OF INFORMATION

■ Are there official sources of information on children in alternative care and how accessible are they?

Yes, many of which have been referenced above. The Welsh Assembly Government has a dedicated statistics website – Stats Wales – which can be accessed here: www.statswales.wales.gov.uk

For statistics at a local level, these are available via the Local Government Data Unit which can be accessed here: www.dataunitwales.gov.uk

■ How relevant is the information from different sources and how consistent is the methodology used by different sources for collecting information?

Official information concerning 'looked after' children is provided by the Welsh Assembly Government as well as its departments, such as the Care and Social Services Inspectorate Wales. However, as discussed previously, not all of the information is collected and therefore reliance on other sources is made.

⁸ <http://www.dcsf.gov.uk/oneyearon/ae/uploads/documents/annex%20a.pdf>

⁹ <http://www.dwp.gov.uk/publications/dwp/2008/socialprotection/>