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# NATIONAL SURVEYS ON CHILDREN IN ALTERNATIVE CARE

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## EXECUTIVE SUMMARY

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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**

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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.

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## KEY RECOMMENDATIONS TOWARDS THE EUROPEAN UNION

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

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⇒ 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

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⇒ 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

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⇒ 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**

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⇒ 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**

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⇒ 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**

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⇒ 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**

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⇒ 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.