**CONFERENCE OF EUROPEAN MINISTERS
RESPONSIBLE FOR FAMILY AFFAIRS**

XXVIIIth SESSION

16 - 17 MAY 2006

LISBON, PORTUGAL

**"CHANGES IN PARENTING:
Children Today, Parents Tomorrow"**

RIGHTS OF CHILDREN

AT RISK AND IN CARE

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PROVISIONAL EDITION

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FOREWORD

A large part of this publication was compiled during 2003 as a report of the Council of Europe *Working Group on Children at Risk and in Care*. Since then a number of significant developments have occurred in the field. For this publication it was therefore felt necessary to give an overview of these developments. In this preface some of the most important aspects are highlighted which demonstrate the dynamic nature of this topic, the growing awareness of its importance and the increasing political and professional attention it is receiving.

The Recommendation (2005) 5 of the Committee of Ministers of the Council of Europe to member States on the Rights of Children Living in Residential institutions was adopted in April 2005. The Recommendation has been well received among the member States of the Council of Europe, especially those that are presently addressing the complex and serious issues of children in care in new ways. The Recommendation and this supplementary report have been introduced and addressed at many conferences and meetings in Europe both at a national and international level. In this context three international events with wide representation from member states of Council of Europe merit special mention for the focus placed on children living in residential institutions: the *Ljubljana Regional Consultation for the UN Study on Violence* in July 2005[1], the UN Committee on the Rights of the Child *Day of General Discussion* in September 2005[2] and the *Bucharest Conference on Child Rights* in February 2006[3]. In addition it should be noted that some member States of the Council of Europe as well as NGOs have already incorporated the Rec. (2005) 5 or important elements of it into action programmes concerning children in care.

This Recommendation has also been addressed in regional cooperation among the member states. The Cooperation *"Children at risk"*[4] within the framework of the Council of the Baltic See States (CBSS), which encompasses eleven member states[5], has identified the monitoring of the situation of children in residential institutions on the basis of the Rec (2005) 5 as one important component of its activity plan. This is further to the Meeting of Ministers responsible for children's issues of the CBSS in Oslo in May 2005, which specifically encouraged and mandated the cooperation to collaborate on the implementation of the Recommendation.

The Rec (2005) 5 does not have the status of a convention, hence it does not assume a cross national monitoring mechanism. However, it emphasises the importance of a domestic surveillance and cross national monitoring can of course be undertaken on a voluntary basis. UNICEF has been working with a group of NGO partners and experts to develop a short *list of global indicators* on children in care which could be useful in this work. These are not meant to be exhaustive, but rather to give an indication of the minimum a country should monitor regarding its care system. A *monitoring guide* is

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[1] See: http://www.violencestudy.org/europe-ca/
[2] See:http://www.ohchr.org/english/bodies/crc/discussion.htm
[3] See: http://www.crin.org/resources/infoDetail.asp?ID=6816
[4] See: http://www.childcentre.info/
[5] The member countries to the CBSS are: Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Poland, Norway, Russia and Sweden. The European Commission is also a member to the CBSS.

also under development to help further disseminate the indicators and provide guidance on how they may be measured, and should be finalised later this year. The guide will focus on the importance of using or developing information systems, rather than relying only on periodic surveys.

The UN Committee on the Rights of the Child *Day of General Discussion* in September 2005 addressed the issue of Children without Parental Care. In the Concluding recommendations of the discussions the Committee welcomed the CoE Rec (2005) 5 and very importantly emphasised the need for a set of *international standard and guidelines* for the protection and alternative care of children without parental care – a project that is now well under way.

The project on *UN Guidelines on the Protection of Children without Parental Care* is a response to the UN General Assembly Special Session in 2002 (UNGASS) outcome document "*A world fit for children*", advocated by many international NGOs as an important follow up to this landmark session. In 2004, UNICEF began supporting International Social Service (ISS) to convene an NGO Working Group to advocate for the need for international guidelines in this area. Following the recommendations of the Committee on the Rights of the Child's *Day of General Discussion* on Children without parental care, UNICEF has continued its support to ISS and the Working Group to develop a first draft of the guidelines. This process has involved consultations with professionals from around the world and a number of young people with experience of care. The draft is being considered by the CRC Committee and further consultations are foreseen, including an inter-governmental expert meeting. It is expected that the draft Guidelines could be submitted to the UN General Assembly to consider and adopt in 2007.

Another important work in this field is the project *Quality for Children*. On the basis of their experience three international child care organizations, FICE (International Federation of Educative Communities), IFCO (International Foster Care Organization) and SOS Children's Villages have taken a joint action for and with children that cannot grow up with their biological families. The objective of the project is to develop and implement quality standards by narrative approach in collecting good practices (storytelling, narrative interviews, etc.). In total, 32 European countries are currently participating in the project which was launched in 2004. The project's design assumes that the documentation and publication of the quality standards will be completed by the end of 2006. It is to be expected that these quality standards will differ from the UN Guidelines in that they will focus more on the operational level in the European context while the Guidelines are likely to establish the general principles and policy for protecting children without parental care on a global level.

Since this report was compiled a number of interesting data on child institutionalization in Europe has emerged. The UNICEF *TransMONEE Database* 2005[6] version confirms that for Central and Eastern Europe and the Caucasus states there continues to be a small decline in the number of children placed in institutions coupled with a significant rise in alternative placement (with foster parents or guardians). However, there are exceptions to this as in a few states the actual number

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[6] See: http://www.unicef-icdc.org/

of children in institutions has increased. Even more worrying is the fact that the rate[7] of children in institutions continues to increase substantially. This is due to declining birth rates in the region and underlines the fact that options other than institutional placements continue to be limited as well as effective prevention in the form of family support. These findings are well supported in a highly interesting new report published by the UK based NGO *EveryChild: Family Matters, a study of institutional child care*[8]. In the report, evidence is presented to support the view that the actual number of children placed in institutions in Central and Eastern Europe and the Republics of the former Soviet Union may be nearly twice in some cases as high as the official numbers indicate. In the report it is also estimated that the total number of children in institutions in the region may be as high as 1.3 million and not a little over 700 thousand as the official data (the main source of the TransMONEE database) suggests.

This report includes references to the harmful effects of institutions on child development that has been demonstrated during the past decades. Knowledge in this field has taken a major step forward by the *Bucharest Early Intervention Project*[9]. This research project has the two-fold aim to examine the effects of early institutionalisation on child development in many important aspects on the one hand and on the other to determine if early intervention (foster/family care) can ameliorate negative effects on early institutionalisation. While this is a long term project, important research findings on the main issues are already clear: (i) that children raised in institutions during early development demonstrate significantly impaired physical, cognitive, language, social-emotional and brain development compared to community children; and (ii) that family care as an intervention appears to effectively improve many of the negative consequences of institutionalization. The findings that early intervention can benefit young children in institutions should of course be a challenge for member states in focusing on effective prevention and alternatives for infant care and the placement of young children in institutions.

In 2004 a major contribution was made concerning the institutionalization of young children when the findings of the comprehensive research project *Mapping the number and characteristics of children under three in institutions across Europe* were introduced[10]. Under the European Union Daphne programme, the World Health Organization Regional Office for Europe collaborated with technical experts from the University of Birmingham in the United Kingdom in carrying out a survey to which 32 countries in Europe responded. The survey was supplemented by an in-depth study on the quality of institutional care in 9 countries of which four are EU member states (Denmark, France, Greece and UK) and five accession countries (Hungary, Poland, Romania, Slovak Republic and Turkey).

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[7] This rate is the ratio between the total number of children in society and the total number of children in institutions when the actual number of children in society decreases due to fall in birth rates without corresponding decline in the number of children in institutions - the rate of children in institution increases

[8] Richard Carter, Family Matters, a study of institutional care, EveryChild, 2005

[9] Prof. C. Nelson: The Bucharest Early Intervention Project, in WHO, Europe: Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm", Copenhagen, 19. March 2004

[10] World Health Organization Europe: Mapping the Number and Characteristics of Children under Three in Institutions across Europe at Risk of Harm", Copenhagen, 19. March 2004

For the 32 European countries who responded, it was estimated that approximately 23,100 children under 3 are institutionalised in residential care across Europe. Considering the estimated population of children under 3 (20.5 million), this represents 11 children per 10,000 under 3 living in institutions for more than three months. It should be noted, however, that there were great variations between different countries for the proportion of children under 3 in institutional care. The in-depth study also demonstrated the great variations in the living conditions of young children in residential care to be found in Europe and established that there was a significant correlation between quality of care and the levels of stimulation and individualised care the children received. The study also provides important data on the correlation between alternative services and institutional care of young children and of adoptions, including intercountry adoptions.

The project *Mapping the number and characteristics of children under three in institutions across Europe* constitutes the first international attempt across Europe to measure and compare the reasons, number and characteristics of children subject to early institutionalisation. The overall conclusions of the study, bearing in mind the "risk of harm in terms of attachment disorder, developmental delay and neural atrophy in the developing brain" is in the words of the researchers that: "*NO child under three years should be placed in a residential care institution without a parent/primary caregiver*".

The second phase in this collaborated Daphne programme was the multi-country project entitled '*Identifying good practices for the de- institutionalization of children under five in institutions in Europe*' completed in 2005[11]. The project covered studies of seven countries where valuable data was collected from Denmark, France, Greece and Poland and in-depth study in Hungary, Romania and Slovakia. Many lessons can be learned from the project including that: "The heavy reliance on foster care and adoption in order to deinstitutionalise children may indicate that the children's natural families are not receiving the health and social services that are necessary to reintegrate the child with their original family or prevent separation in the first place".[12]

The overview given in this preface reflects only on the major work in the field for the past two years or so. It is clear that interest and efforts to bring about changes in the lives of children living in residential institutions are more extensive than ever before. This process can be facilitated greatly by communication, sharing of experiences, information and ideas. An important step in speeding up this process could be the creation of networks of players in this field like the newly founded *Better Care Network*. A number of international NGOs came together with UNICEF to support information exchange and collaboration among the growing number of organisations, religious groups, governments and individuals that are working on these issues. Since 2005, the Better Care Network has benefited from a full time secretariat at the

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[11] EU Daphne programme/ WHO Regional Office Europe: Identifying good practices for the de-institutionalization of children under five in institutions in Europe, Athens Conference, April 2005
[12] Among the good practice introduced at the Conference on the Daphne programme on de-institutionalisation of children under five in Athens, April 2005, is the Romania experience. An interesting publication of the Government of Romania and UNICEF: "De-instistutionalisation of Children´s Services in Romania – a Good Practice Guide"2004, should be recommended.

UNICEF headquarters and has already proven to be an effective catalyst for information sharing on the global level via the internet[13].

The Council of Europe is presently working in order to succeed with the implementation of its Recommendation No R (2005) 5 in the member States including through its assistance activities and a close cooperation with other international institutions.

April 2006
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Recommendation Rec(2005)5
of the Committee of Ministers to member states
on the rights of children living in residential institutions

*(Adopted by the Committee of Ministers on 16 March 2005
at the 919th meeting of the Ministers' Deputies)*

The Committee of Ministers, under the terms of Article 15.*b* of the Statute of the Council of Europe,

Considering that the aim of the Council of Europe is to achieve a greater unity between its member states, *inter alia,* by promoting the adoption of common rules;

Recalling the work of the Council of Europe's programme for children and its childhood policies project, in particular the recommendations from the Conference on "Children's Rights and Childhood Policies in Europe: New Approaches?", held in Leipzig in 1996, the Parliamentary Assembly's Recommendations 1286 (1996) on a European strategy for children, 1551 (2002) on building a 21st century society with and for children: follow-up to the European strategy for children (Recommendation 1286 (1996)), and 1601 (2003) on improving the lot of abandoned children in institutions;

Reaffirming the legal texts referring to the situation of children living in residential institutions in general, and in particular the European Convention for the Protection of Human Rights and Fundamental Freedoms (ETS No. 5); the United Nations Convention on the Rights of the Child; the European Social Charter (ETS No. 35) and the Revised European Social Charter (ETS No. 163); the European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (ETS No. 126); the European Convention on the Exercise of Children's Rights (ETS No. 160) and the Convention on Contact concerning Children (ETS No. 192);

Taking into account the Resolutions and Recommendations of the Committee of Ministers: Resolution No. R (77) 33 on the placement of children, and Recommendation No. R (79) 17 concerning the protection of children against ill-treatment, Recommendation No. R (84) 4 on parental responsibilities, Recommendation No. R (87) 6 on foster families, Recommendation No. R (87) 20 on social reactions to juvenile delinquency, Recommendation No. R (94) 14 on coherent and integrated family policies, Recommendation No. R (98) 8 on children's participation in family and social life, Recommendation Rec(2001)16 on the protection of children against sexual exploitation, Recommendation Rec(2003)19 on improving access to social rights and Recommendation Rec(2003)20 concerning new ways of dealing with juvenile delinquency and the role of juvenile justice;

Bearing in mind the principles of the European Convention for the Protection of Human Rights and Fundamental Freedoms and the United Nations Convention on the Rights of the Child according to which the placement of children should be avoided wherever feasible by means of preventive measures;

Aware that, despite preventive measures, some children will still need to be placed outside their family;

Considering that the type of placement must primarily take account of the needs and best interests of the child and, where appropriate, his or her personal views on the matter; due weight should be given to these views in accordance with the child's age and his or her degree of maturity;

Anxious that all children who are placed outside their families, and particularly those placed in institutions, should grow in dignity, in the best possible conditions, without being marginalised either during their childhood or in adulthood, and that they should experience no obstacles to becoming fully-fledged citizens in European societies,

Recommends that governments of member states:

1.   adopt such legislative and other measures as may be necessary, including national guidelines and action plans, to guarantee that the principles and quality standards set out in the Appendix to this Recommendation are complied with, with a view to achieving full implementation of the rights of children living in residential institutions, irrespective of the reasons for and the nature of the placement;

2.   ensure, by appropriate means and action, a wide dissemination of this Recommendation to children and other relevant persons and bodies.

Appendix to Recommendation Rec(2005)5

Basic principles

–   The family is the natural environment for the growth and well-being of the child and the parents have the primary responsibility for the upbringing and development of the child;

–   preventive measures of support for children and families in accordance with their special needs should be provided as far as possible;

–   the placement of a child should remain the exception and have as the primary objective the best interests of the child and his or her successful social integration or re-integration as soon as possible; the placement must guarantee full enjoyment of the child's fundamental rights ;

–   the placement should not be longer than necessary and should be subject to periodic review with regard to the child's best interests that should be the primary consideration during his or her placement; the parents should be supported as much as possible with a view to harmoniously reintegrating the child in the family and society;

–   a child leaving care should be entitled to an assessment of his or her needs and appropriate after-care support in accordance with the aim to ensure the re-integration of the child in the family and society;

–   the decision taken about the placement of a child and the placement itself should not be subject to discrimination on the basis of gender, race, colour, social, ethnic or national origin, expressed opinions, language, property, religion, disability, birth or any other status of the child and/or his or her parents;

–   the procedure, organisation and individual care plan of the placement, including a periodic review of the placement, shall guarantee the rights of the child, notably the child's right to be heard; due weight should be given to these views in accordance with the child's age and his or her degree of maturity;

–   any measures of control and discipline which may be used in residential institutions, including those with the aim of preventing self-inflicted harm or injury to others, should be based on public regulations and approved standards;

–   the family of the child should, if possible, be involved in the planning and organisation of the child's placement;

–   when the return of the child to his or her own family is not possible, other means of care or the continuation of the placement should be envisaged, taking into account the child's wishes and the continuity in his or her life path and his or her fulfilment and own needs.

Specific rights for children living in residential institutions

To ensure the respect for these basic principles and fundamental rights of the child, the following specific rights of children living in residential institutions should be recognised:

–   the right to be placed only to meet needs that have been established as imperative on the basis of a multidisciplinary assessment, and to have the placement periodically reviewed; in such reviews, alternatives should be sought and the child's views taken into account;

–   the right to maintain regular contact with the child's family and other significant people; such contact may be restricted or excluded only where necessary in the best interests of the child;

–   the right for siblings, whenever possible, to stay together or maintain regular contact;

–   the right to an identity;

–   the right to respect of the child's ethnic, religious, cultural, social and linguistic background;

–   the right to privacy, including access to a person they trust and a competent body for confidential advice on their rights;

–   the right to good quality health care adapted to the needs and well-being of the individual child;

–   the right to respect for the child's human dignity and physical integrity; in particular, the right to conditions of human and non-degrading treatment and a non-violent upbringing, including the protection against corporal punishment and all forms of abuse;

–   the right to equal opportunities;

–   the right to have access to all types of education, vocational guidance and training, under the same conditions as for all other children;

–   the right to be prepared for active and responsible citizenship through play, sport, cultural activity, informal education and increasing responsibilities;

–   the right to participate in decision-making processes concerning the child and the living conditions in the institution;

–   the right to be informed about children's rights and the rules of the residential institution in a
child-friendly way;

–   the right to make complaints to an identifiable, impartial and independent body in order to assert children's fundamental rights.

Guidelines and quality standards

To ensure the implementation of these principles and rights, the following guidelines and standards should be taken into account:

–   when circumstances allow, a placement should be selected which is as close as possible to the child's environment and organised to allow parents to exercise their responsibilities and to maintain
parent-child contact on a regular basis;

–   a small family-style living unit should be provided;

–   priority should be given to the physical and mental health of the child and his or her full, harmonious development as the essential conditions for the success of the care plan;

–   an individual care plan should be drawn up which is based on both the development of the child's capacities and abilities and respect for his or her autonomy, as well as on maintaining contacts with the outside world and preparation for living outside the institution in the future;

–   conditions that allow continuity of the educational and proper emotional relationship between staff and the children, notably through the stability of the staff (continuous presence, avoiding staff transfers) are preferable;

–   an internal organisation of the institution should be foreseen, based on:

-        the quality and stability of living units;

-        mixed living units, when this is in the best interests of the child;

-        high professional standards of the staff, benefiting from in-service training;

-        adequate salaries for the staff;

-        stability of staff and a sufficient number of staff members;

-        diversified staff, particularly in terms of gender;

-        multidisciplinary teamwork and other means of support, including supervision;

-        effective child-centred use of available resources;

-        means and specific training to develop appropriate cooperation with the child's parents;

-        codes of ethics, describing the standards of practice that should be consistent with the United Nations Convention on the Rights of the Child;

–   all residential institutions should be accredited and registered with the competent public authorities on the basis of regulations and national minimum standards of care;

–   on the basis of these standards, an efficient system of monitoring and external control of residential institutions should be ensured;

–   relevant statistical data should be collected and analysed, and research for the purposes of efficient monitoring should be supported;

–   any infringements of the rights of children living in residential institution should be sanctioned in conformity with appropriate and effective procedures;

–   it should be recognised that apart from public institutions, non-governmental organisations (NGOs), religious organisations and other private bodies may play an important role concerning children living in residential institutions; this role should be defined by member states' governments. Involving non-governmental bodies should not release member states from their obligations towards children in residential institutions that have been enshrined in this Recommendation, concerning in particular the establishment of appropriate standards, systems of accreditation and inspection by competent bodies.

Explanatory Report to Recommendation Rec(2005)5 of the Committee of Ministers to member states on the rights of children living in residential institutions and its Appendix

<u>Definitions and scope</u>

The aim of this Recommendation is to establish the overall guiding principles to be applied whenever a child is placed outside the family, particularly in a residential institution. Such placement is justified only when the child is in such danger that it is impossible for him or her to remain in the family environment.

Placement may take place with the parents' consent or as a result of a decision by the competent authorities. The best interests of the child are the decisive factor in all decisions concerning the child's placement or the termination of the placement.

The term "placement", considered in a broad sense, is to be defined as "the situation in which a child is placed day and night outside his or her family environment", in a large or small institution, an SOS Children's Village, a residential unit, a foster family, etc. The term 'placement setting' covers all types of placement.

Concerning foster families, this Recommendation may only be applied *mutatis mutandis* because a number of requirements of this Recommendation are not relevant (e.g. size of the institution and the qualifications of the staff). For this issue, attention should be drawn to Recommendation R (87) 6 on foster families. It should be noted that there are various types of foster family in Europe, which differ according to the type of care, the supervision exercised and the material and financial resources allocated to them. The quality of supervision is an important factor, for it provides a minimum safeguard against the foster family itself causing harm.

It has to be underlined that every placement must ensure that the child's human rights are fully respected. Regardless of the type of placement, what is important is that the various practices should ensure quality care, whether in an institution, preferably in small units, a foster family or elsewhere.

This Recommendation particularly concerns residential institutions and the reforms they may need to undertake to assure the children of the best possible development and future. It should be stressed that residential institutions continue to play an important role both in countries with a wide variety of forms of placement and in those where the choice of services and the resources allocated to them are more limited.

In certain cases, however, the children's rights and liberties may be restricted, particularly for legal reasons; in those cases it is important to bear in mind, and apply when appropriate, 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), and the United Nations Rules for the Protection of Juveniles Deprived of their Liberty. Such restrictions should be justified and admitted in relevant public regulations, and should

remain the exception. This Recommendation shall, whenever possible, be applied to children deprived of their liberty. Any restriction of liberty must be subject to a judicial review with the child represented, in accordance with Article 5 of the European Convention for the Protection of Human Rights and Fundamental Freedoms, and Article 37 of the United Nations Convention on the Rights of the Child. Under no circumstances may children be deprived of their rights of defence.

Basic goal of the Recommendation

Member states are recommended to ensure that their law and practice are fully in compliance with the principles and standards set out in the Appendix to the Recommendation; in this respect it is underlined that national regulations/guidelines should be drafted to create nation-wide standards for residential institutions.

In accordance with Article 42 of the United Nations Convention on the Rights of the Child, it is recommended to make this Recommendation, in a child-related form, widely known, particularly to children living in residential institutions. Without appropriate knowledge of their rights, children are not able to exercise them effectively.

Basic principles

The biological family is the best place for the development and well-being of the child

It should be stressed that children should, whenever possible, grow up in their family. The state should provide all necessary assistance to families in any crisis or difficult situations to solve problems which they face, taking into account their specific needs, potentials and abilities. Member states should make all efforts in fighting poverty and in reducing the large number of children in institutions who come from families, which find themselves in a situation of poverty. Poverty alone cannot be a reason for the child's placement.

There should be general awareness-building that members of parliaments and governments have responsibilities when allocating the necessary budgetary means for preventive measures and residential institutions.

According to Article 5 of the United Nations Convention on the Rights of the Child states have to respect the rights and responsibilities of parents to provide guidance for the child; they are the first caregivers of the child.

However in some situations, parents are unable to bring up their children or represent a danger for them and consequently this requires children and parents to be separated. These measures breaching parents' rights are taken either with parents' agreement or on the basis of a judicial decision. The work with the family should continue alongside the implementation of such measures.

Placement must therefore be an exception, and the prime aim should be the best interests of the child and his or her successful and prompt social integration or reintegration

Placement should occur only when it is in the best interests of the child; it is a special measure, which must be based on the needs of the child. Consequently:

-        placement should not be motivated by material circumstances beyond the family's control;

-        disability should not be the sole reason for placement except in cases where placement is in the best interests of the child;

-        appropriate alternatives to placement should first have been explored and found to be unsuitable, if possible, by means of a comprehensive multidisciplinary assessment, taking into account the views and wishes expressed by the child, his or her parents and other members of the family;

-        if placement is advisable, it should be considered as a temporary solution ensuring continuity of the relationship with the family environment; to reach this goal there should be close cooperation with the child's family, and, if necessary, their support during placement;

-        placement is only called for if all the right conditions exist to establish clearly that this situation will be of benefit to the child in the short and long term; the child's best interests is always the decisive factor.

It is necessary, therefore, to determine in advance under which medical, psychological, educational, social or legal conditions placement is advisable and to set up precise placement procedures, relating in particular to the preparation of the placement order (multidisciplinary report, assessment of alternatives, etc), the notification of the placement to the family and the child, the choice of the placement, etc. Through these procedures it should be ensured that the child and his or her parents may voice their opinions in an appropriate way. The child's views should be taken into account with respect to his or her age and degree of maturity.

The main objective should be the development and fulfilment of the child and, if possible, his or her integration or re-integration within the family as well as within the community at large. Social integration should be rapidly achieved, so as to reduce the length of placement. However, the success of integration or re-integration can only be regarded as a desirable aim, to be pursued with all due diligence, and not as an obligatory result.

The decision to place a child, in particular in an institution, should be periodically reviewed and, if this is in the best interests of the child, changed or maintained.

Whenever possible placement in a foster family or in a family-type environment should have preference over placement in an institution. All institutions should aim at providing a family-like environment.

A post-placement plan should be established for children leaving care and in particular the institution based on an assessment of the child's need for support in order to facilitate his or her re-integration into the family and society.

Non-discrimination

No discrimination on the basis of gender, race, colour, social or ethnic or national origin, language, expressed opinions, property, religion, disability, birth or any other status of the child and/or his or her parents is allowed in respect of placing a child in an institution and during the placement. All children should be treated equally and should have equal opportunities and rights.

Having said this it must be underlined that certain groups of children have particular needs (e.g. disabled children, children belonging to ethnic minorities, unaccompanied asylum seeking and refugee children); due consideration has to be given to these needs without any discriminatory effects (see item 15 below).

The organisation and pedagogical concept of the placement should reflect a view of the child as a subject of law, both in general and as an individual

Decisions on placement should be taken in full knowledge of the facts and without any political, ideological or religious pressure.

The institution must be designed with this in mind and pursue the sole aim of ensuring the well-being and harmonious development of the child as primary criteria. As a means to that end it is recommended that national regulations and standards of care should be established.

Accordingly, the arrangements made to monitor the child within the institution should be one of the major concerns of the governing authorities of the institution. They should always bear in mind that the child should be considered in his or her entirety and that a compartmentalised approach should be avoided, as this can prove highly unsettling, irrespective of the quality of the work.

This would mean that, alongside the overall pedagogical strategy for the institution as a whole, a psycho-pedagogical strategy should be devised for each child, guaranteeing individual supervision throughout the placement and personalised guidance at its closure.

The key points of the strategy should always be to treat the child as a person and a subject of law, to reserve particular moments for exchange in which each of the partners gets to know the other, to encourage the child to improve his or her self-awareness and the awareness of his or her environment and to respect the child's own pace and his or her need for activity and independence.

The strategy should always be viewed in terms of continuity, the aim being to define a plan corresponding to the needs of the child, which will have been established clearly beforehand. Therefore, close cooperation with the child's family and the institution is of utmost importance.

It is important to underline that the right of the child to be heard is essential (Article 12 of the United Nations Convention of the Rights of the Child); his or her views have to be taken into account with due regard to the child's age and degree of maturity.

<u>Specific Rights for Children Living in Residential Institutions</u>

The right to be placed only to meet needs, which have been established as imperative, and to have the placement periodically reviewed

This presupposes that all alternatives to placement have been assessed and recognised as unsuitable (see item 4 above).

Particular attention must be paid to the problem of unaccompanied children, for whom it is vital that the member states provide care arrangements in accordance with Article 20 of the United Nations Convention on the Rights of the Child.

The review has to be made by the competent authority, which has to take the best interests of the child and his or her views into account; due weight should be given to these views according to the child's age and degree of maturity. If the placement is no longer in the best interests of the child, it has to be terminated.

There should be a regular dialogue with the child to ensure that he or she understands the reasons for the decisions, which have been or are to be taken.

The right to maintain family and social ties

This right covers family relations in the broadest sense. These relations involve not only the biological family but also the adoptive family, if the child has been adopted, or the foster family, if the child has previously been taken into foster care, and any other person having *de facto* family ties with the child, such as a stepfather, or a former foster parent with whom the child has established emotional links). This is expressed by the term "other significant persons".

With regard to the right to respect for family life under Article 8 of the European Convention on Human Rights, the European Court of Human Rights stresses in its case-law - especially concerning children in public care - that undue restrictions imposed on contact between children and their parents respectively, and persons having family ties with the child, create a violation of this right. The Court held that States have positive obligations inherent in an effective respect for family life (e.g. Olsson v. Sweden (no. 1), judgment of 24 March 1988, Series A no. 130; Eriksson v. Sweden, judgment of 22 June 1989, Series A no.156).

This right is recognised by Article 9 of the United Nations Convention on the Rights of the Child and elaborated in more detail by the Council of Europe Convention on Contact concerning Children [ETS no.192], which also includes children living in residential institutions.

This right not only covers regular personal face-to-face contacts with the child but also information to such persons about the child and vice-versa.

Because the child's family has to be regarded as a partner in the care process, as much as possible should be known about the family background and the family's views and plans for the child; to this end discussions with the family might be desirable. The placement setting should be accessible and arrangements should be made for allowing and promoting contact with the child's family unless it is contrary to the best interests of the child. In some cases, during the child's contact with the family, it is necessary to provide for intervention or mediation by a third party.

Children should be placed geographically close to their families whenever possible. When the financial burden for travel expenses and lodgings becomes too heavy for the family, ways of supporting them should be organised.

The right of siblings to stay together or maintain regular contacts

Siblings should, whenever possible, be placed together unless this is against their best interests. If this is not possible, they should be enabled to maintain regular contact.

The right to an identity

According to Articles 7 and 8 of the United Nations Convention on the Rights of the Child all children have the right to an identity, which includes also that the identity is preserved and safeguarded.

Governments should therefore ensure that effective procedures are established to give children the right to obtain identity documents also in cases where their identity is in doubt or cannot be completely or partially established. This right includes name, nationality and family ties as from birth.

All placement settings have a duty to respect children's right to an identity.

The right to respect of the child's ethnic, religious, cultural, social and linguistic background

These rights shall be enjoyed unless they are contrary to the child's best interests (Article 20 of the United Nations Convention on the Rights of the Child). Their enjoyment may be subject to adjustments.

Account should be taken of the wishes of the child and of the parents.

The staff in charge of the child should encourage respect for the child's origin and allow the child to develop a positive attitude towards his or her origins.

The right to privacy, including the right to access to confidential advice and advocacy

A child being placed has the right to respect of his or her privacy (see item 14 below). The confidentiality of children's personal mail and other forms of communication and information concerning them must be guaranteed and protected. They should have access to their official files while third-party access to their files should be restricted.

Children should have access to confidential advice and advocacy in matters affecting them. They should be enabled to choose the person whom they trust and believe to be able to listen to them and give them advice, *inter alia,* for the purpose of lodging a complaint before the competent bodies (see item 20 below).

The child should have the right to comprehensive information recorded about his or her case and to be protected against any form of stigmatisation, in particular, any publicity concerning the reasons for his or her placement.

The right to good quality health care adapted to the needs and well being of the individual child

Medical check-ups should be carried out, and access to appropriate health care provided if necessary, as soon as the child enters into care and throughout his or her placement.

Medical treatment should be of a high quality and be in keeping with the psycho-pedagogical strategy because, whilst a good state of health is important, a successful and well-designed psycho-pedagogical strategy can create improved physical and mental conditions.

Health care includes mental and physical care for the child. It is also important to bear in mind that nutrition adapted to the age and needs of the child contributes to his or her good health.

In addition, Article 26 of the United Nations Convention on the Rights of the Child recognises that every child should have full enjoyment of the right to benefit from social security, including social insurance, in accordance with national law.

The right to respect for the child's human dignity and physical integrity; in particular the right to conditions of human and non-degrading treatment and a non-violent upbringing

This right is aimed to protect the dignity of the child as a person and covers in particular: the protection from physical or psychological ill-treatment including corporal punishment, humiliating behaviour, bullying, or day-to-day violence, such as inhumane living conditions, verbal and emotional abuse, constant references to origins, degrading punishments, threats and intimidation, etc.

Under all circumstances a child must be protected against sexual exploitation or abuse by members of the staff and by other children living in the institution. Appropriate means of protection against sexual abuse are imperative; members of staff should be sensitive to indicators of sexual abuse and to react in an appropriate manner.

Whatever the placement setting, this right may not be restricted for reasons of discipline within the institution and should be based on positive reinforcement of good behaviour and respect for the human dignity of the child. To this end appropriate provisions should be included in the rules of the institution.

The right to equal opportunities

No discrimination may be envisaged on grounds of the sex, social or racial origin of the child or a physical or mental handicap or any other ground (see item 5 above).

All children not living with their family have the right to be equally treated by their caregivers, schoolteachers, trainers, coaches, etc with a view to their future social integration or reintegration.

At the same time, individual child's needs, abilities, interests, linguistic, social and cultural heritage should be adequately met, according to the psycho-pedagogical strategy established for each child for the duration of his or her institutionalisation (see item 6 above).

The right to benefit from all types of education, vocational guidance and training available to all children under equal conditions

This right covers the availability and accessibility of all types of schools for children in care; subject to their physical and intellectual abilities, they should have access to education under equal conditions with children living in a family and notably in the light of principles stated in Articles 7, 9, 10, 15 and 17 of the Revised European Social Charter.

Children placed, notably those living in residential institutions should not be stigmatised. It is therefore preferable that such children attend local schools and training as any other children living in this area.

Furthermore, children should be able to attend lessons and training given in establishments – outside the institution – attended by all categories of children, except where a restriction on this right is justified, e.g. by a serious handicap making it impossible for the child to leave his or her placement setting , or by a court order. Detailed reasons should be given for such restrictions, which should remain the exception and should always be temporary and subject to regular review.

The right to be prepared for active and responsible citizenship through play, sport, cultural activity, informal education and increasing responsibilities

The time spent in care should be a time for the preparation of the child for responsible life in a democratic society, in the spirit of respect for human rights and fundamental freedoms, understanding, peace, tolerance for cultural identity, language, opinions and values of others, equality of sexes, respect for national values of the country in which the child is living as well as for the natural environment.

The care plan for placing children should be based on children's human rights, including among other rights their right to fully participate in and have effective and equal access to planning and decision-making processes concerning them (see item 18 below). The same applies to cultural, artistic, recreational, sport and leisure activities inside and outside the placement setting as they contribute to the child's individual development. The individual capabilities of each child should be recognised and reinforced in various situations (see item 23 below). This approach would promote

self-reliance and facilitate children's reintegration into their family and community of origin, and society as a whole.

A child or adolescent leaving care should be capable of being an active and constructive member of a democratic society in the future. This aspect of the care function is of the highest importance for the elimination of social exclusion of children who have been placed, notably in residential institutions during a substantial part of their life. The capacity of society to include those children on an equal basis should be considered as a proof of the good functioning of democracy and the importance that is attached to the suitable and human development in all the Council of Europe member states.

It should be recalled that Article 20 of the United Nations Convention on the Rights of the Child and Article 17 of the Revised European Social Charter call upon states to guarantee special protection and assistance to children temporarily or definitively deprived of their family's support. States should consequently make sure that children being placed are successfully socially integrated, through education, training, preparation for employment, and have access to housing, when leaving care without reintegrating their original family, (in the light of Article 31 of the Revised European Social Charter).

The right to participate in the management and in the decision-making processes concerning the child and the living conditions

The exercise of this right of participation of children, individually and collectively, should be fully guaranteed without restrictions based on age, it being understood that due weight is to be given to children's views in accordance with their age and degree of maturity.

Allowing participation may sometimes be time-consuming but it is absolutely justified in the light of promoting the child's involvement in matters affecting him/her (see Article 12 paragraph 1 of the United Nations Convention on the Rights of the Child and Article 3 of the European Convention on the Exercise of Children's Rights). This right covers in particular the right to be informed about the decision-making process, whether this concerns the placement decision itself, living conditions within the placement setting, the strategy for the child's integration or reintegration within the family, or the conditions for leaving care.

Throughout these processes children should have the right to a hearing regarding any wishes or any complaints they might have. These should be analysed in consultation with the child and followed up wherever appropriate.

When the child leaves care, he or she should be invited to provide his or her views, in appropriate conditions of confidentiality, on any aspects of the placement with the aim of improving the placement in the future.

The right to be informed about the rights and the rules of the placement setting in a child-related form

Children should be provided with targeted, regularly updated information about their rights, duties and the rules of the placement setting in which they live. This information should be given in simple and precise language, adapted to the individual child's age and degree of maturity and/or any other specific need. The spirit of Article 42 of the United Nations Convention on the Rights of the Child is not respected if children have no complete and accessible information, which allows them to exercise their rights fully (e.g. to make complaints, see item 20 below).

The right to make complaints to an identifiable, impartial and independent body

Member states should ensure that appropriate and effective complaint and appeal procedures are in place to give every child the opportunity to contest placement decisions concerning him/her or to have them reviewed. Furthermore children should have easy access to effective monitoring and complaints procedures about any aspect of their placement, including aspects of a general nature.

It is essential that bodies dealing with complaints are impartial and independent and have the opportunity to act without delay if a complaint is lodged. A complaint-mechanism inside the placement setting is not sufficient to comply with the requirement of an "independent body".

It is also essential to provide an effective preventive mechanism of periodic visits to placement settings by an independent entity/body combined with confidential meetings with children in care. This would enable states to counteract any problems in due time.

Complaints of a general and/or individual nature may be dealt with, according to the national legislation, by an official competent body or through the system of Ombudspersons for Children.

It is also imperative that children are informed about such a right and procedures in place in a form and language that can be understood by them (see item 19 above).

Guidelines and quality standards

The placement setting should be located close to the child's home environment and the unit should be small in scale

The placement setting should be located as close as possible to the child's home environment so that his or her family, friends and other persons who are significant for the child may maintain regular personal contact with him/her, unless it is contrary to the best interest of the child. If it is determined that a child should be placed far from the child's home, measures – including financial support – should be taken to facilitate regular visits by his or her family. In this connection, care should be taken that the premises are suited to visits, i.e. that they enable those persons to create, recreate or maintain emotional links in a context providing a degree of privacy. It may be in the interests of the child to be allowed to leave the placement setting some time

together with his or her parents or friends (for a trip or other leisure time activities). Such meetings with the family should be carefully prepared in advance. In some cases, during the child's contact with the family, it is necessary to foresee intervention or mediation by a third party.

In the case of an institution or pedagogical unit the living quarters in particular, should be of a small size so as to provide as family-like an atmosphere as possible. However, this does not preclude the grouping together of institutions for administrative purposes.

It is important for the member states to see to it that a planning system is introduced to ensure that placement settings are tailored to needs and that there is some control over their location. In particular it is important to avoid excessive centralisation, poor access due to a lack of transportation facilities, and poor distribution in relation to needs.

Priority should be given to the health and harmonious development of the child as a basic precondition for the success of the pedagogical strategy

It is important to restore the child's physical and intellectual abilities if necessary to the greatest possible extent in order to be able to design a psycho-pedagogical strategy geared to the child's full potential and ensure that it is as successful as possible. This strategy, its evolution and evaluation should be, as far as possible, regularly explained in a comprehensible way to the members of his or her family so that they can contribute and orient the strategy in the child's best interests and prepare him/her for reintegration into the family and society.

Health must be viewed in a broad sense, paying particular attention to children having special needs, e.g. children with physical or mental disabilities, children suffering from chronic illness, as well as children in difficulties such as those who are drug addicted. Placement in an integrated setting may be advisable.

As far as chronic illnesses are concerned, the situation of children who are HIV positive or suffering from AIDS, mental difficulties or alcohol or drug addiction should be among the priorities. It is important, therefore, that they have access to all possible forms of social integration under the same conditions as any other child.

The psycho-pedagogical strategy should be geared both to nurturing the child's abilities and respecting his or her independence while maintaining contacts with the outside world

It is very important for the child to maintain as far as possible contact with day-to-day life in the world outside his or her placement setting. In particular, children should be allowed to attend a school outside the institution as far as this is practicable; make small shopping trips accompanied by an adult or on their own depending on their age and situation; manage a sum of pocket money, however modest; and take part in sporting, cultural or play activities in groups accessible to all children of their age (see item 16 above).

It is also important to prepare the child for his or her future life after care (see item 17 above).

Attempts should be made to enable the creation of educational and proper emotional relationships between children placed in institutions and the members of staff. This can be achieved by careful recruitment and maintaining a stability of staff.

Internal organisation of the placement setting, in particular of the institution

Stability and quality of living quarters

It is important not to destabilise children during the placement, which should be as short as possible. They should be offered special psychological and emotional support. This aim can only be realised if the living quarters of the children remain as stable as possible and if a family-type atmosphere is created. The quarters should as far as possible equate to normal family life.

Mixed living quarters

If it is in the best interests of the child living quarters should be formed like a family and both genders living together. Siblings of different sex could stay together. But there may be situations where it is not in the best interests of the children concerned to live with children of the opposite sex.

Staff

The staff should be very carefully recruited under procedures that include obtaining detailed references and assessing required skills and training. To prevent any risk for children being placed, criminal records of candidates should be checked seriously.

The governing authorities should endeavour to take on qualified, multidisciplinary staff with a sound, basic training, capable of adapting their own attitudes in line with the evolving situation of the child and the family. A pre-condition for recruiting qualified staff is adequate remuneration. Low salaries would lead to a less qualified staff, which is clearly against the best interests of children.

These basic skills should be continually reinforced and readjusted through supervision and further training on all aspects of child-care.

In addition to the fundamental theoretical training indispensable for knowledge of children's rights, family law, children's needs when in care, parental responsibilities or teaching and communication techniques, it is necessary to provide practical work experience, which should be as varied and comprehensive as possible so as to enable staff to experiment with the appropriate behaviour to adopt in the light of the rights of the child and the individual circumstances of each child, and while also respecting the child's culture, religion and race.

These skills should be regularly reviewed, updated and adapted throughout staff members' careers so as to prevent them from becoming set in their ways, creating a situation which may also gradually affect the dynamics of the whole institution.

In order to review and improve provisions for children in institutions, governing bodies should count amongst their priorities the devising and organisation of training programmes at all levels amongst their priorities, as well as the adjusting of resources so as to provide quality teaching.

It is important that the staff is "mixed" in a broad sense; this indicates that when children belonging to a minority are living in the institution, it would be advisable that a staff member belonging to that minority be also present. Furthermore, children should find a family-type model with men and women as staff members.

Importance of working in multidisciplinary team

To ensure consistency in treatment, the individual psycho-pedagogical strategy should be devised by a multidisciplinary team, which is called upon to support the relationship between the staff and the child within his or her living quarters. The various members of the multidisciplinary team required to deal with the many aspects of the child's personality should endeavour to work in a complementary manner on the basis of a joint strategy and its constant readjustment, and ensure that their work is coherent so as to counteract the feeling of fragmentation very often felt by the child. This presupposes that the team will arrange times to consult one another, pass on information and discuss matters.

When implementing the pedagogical strategy, the team should always bear in mind what is to happen at the end of the placement. The child's discharge should therefore be thoroughly prepared and decided on according to the changes of successful reintegration, taking into account both the changes observed in the child and those undergone by the family, as well as the family's future plans including the child after the period of absence.

The manager of the institution has a vital role to play in creating favourable conditions for the children and should act as a crucial driving force creating a sense of dynamism in the institution's work.

Code of Ethics

A Code of Ethics describes the standards of practice expected of the group of people to whom it refers. It is one of the hall-marks of a profession, because professionals are often in positions of trust and power, because of their specialist knowledge or power invested by law. A Code of Ethics can be an especially valuable tool to ensure that the rights of children in care are adhered to as well as to promote their social integration by empowering their families. Furthermore, the Code can provide the professionals with increased confidence in their day-to-day work.

The efficient use of available resources

While it is important that the member states provide all or a part of the funds needed to run placement settings properly, it is also appropriate to assess the use of the resources that are currently available and look into ways in which they could be distributed more equitably in the interests of children.

Cooperation with parents

Cooperation with parents should be recognised as an essential quality element in the work of placement settings. Field practice, research work and the case-law of the European Court of Human Rights under Article 8 of the European Convention on Human Rights confirm that, when considering placement, the positive implication of parents should be sought and supported.

Violations of the rights of children in care and monitoring

If the rights of children in care are to be guaranteed, the member states must sanction all infringements of those rights by setting up complaint procedures and introducing appropriate criminal, disciplinary or administrative sanctions.

There should exist an efficient system of monitoring and external control of placement settings. By such a system it should be ensured that children's rights are respected and that any infringements – of a general or individual nature – are eliminated. To allow such a complete control all placement settings should be registered with the competent authority.

It is important to collect relevant statistical data and to arrange research projects to have a reliable basis for improvements of the whole system of care.

Role of NGOs and other private bodies

As regards residential institutions, non-governmental organisations (NGOs), religious organisations and other private bodies play an important role on the one hand in running residential institutions and on the other in promoting children's rights in such institutions. States should create and improve the necessary basis for these activities by providing clear standards, systems of accreditation and financial support. But they should not be released from their obligations towards children in care by entrusting a role to be played to NGOs or others (see item 17 above, 4th paragraph). States remain fully responsible for ensuring that children's rights are respected and are obliged to control the quality of the work (e.g. qualified staff) and the finances of non-governmental bodies. A mechanism should exist to withdraw an accreditation if such a body no longer meets the given requirements.

Children in institutions: prevention and alternative care
Report by Mr. Bragi Gudbrandsson, Iceland

Summary

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

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

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

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

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

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

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

Introduction

"The family is the fundamental group of society and the natural environment of growth and well being of all its members and particularly children ….The child should grow up in a family environment, in an atmosphere of happiness, love and understanding"[14].

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

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

Institutionalisation of Children

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

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

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

emotional nourishment and the development of social skills besides being associated with increased risk both during care and following it. It may hamper intellectual and cognitive development as well as to limit the children's ability to bond and form a lasting relationships with others. In the words of Save the Children: "Children's rights may be ignored or directly abused and this has significant effects on their quality of life, effects which may have an impact lasting into adulthood"[15].

In particular it has been demonstrated that social orphan-hood may leave the most harmful scars in the mental life of a child. Besides contributing to the delayed physical, mental and social development, it can directly cause anxiety and personal uncertainty, passivity, aggressiveness, and inclination to antisocial behaviour. Statistics from Russia reveal the scope of these sets of problems that shows that every fifth orphan who leaves an orphanage develops a criminal career, every seventh becomes a prostitute and ten percent of previous orphans commit suicide[16].

The infringement of children's rights and cases of abuse of children in institutions has been demonstrated in numerous researches during the past years[17]. Children in residential care are not only in danger of being abused by persons in positions of trust but also other children within the residential environment.

Taken together, the case against institutionalisation of children is certainly strong and merits efforts to bring about changes. The institutionalisation of children can also be seen to be a threat to society. In the words of UNICEF: "We are also coming to realise what institutional care does to societies. It perpetuates discrimination, by providing tacit approval for the idea that certain groups of children, whether orphaned, abandoned, living with disabilities, from families affected by AIDS or by poverty should live apart from society….the use of institutional care also impedes the healthy development of communities and society as a whole".[18] The Stockholm declaration of the second international conference on Children and Residential Care, May, 2003, this position is emphasised in the following way: "There is indisputable evidence that institutional care has negative consequence for both individual children and society at large".

Children at Risk and Residential Care in Europe

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

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

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

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

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

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

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

It is apparent that in terms of rate of institutional placement of children, that many of the member states in Eastern and Central Europe represent a distinctive category. Bulgaria, Russia and Romania are leading in child institutionalisation with between 10 and 20 children per 1000 living in residential institutions[19]. Poland, Hungary, Moldova, Lithuania, Latvia, Estonia are among the states that also have a relatively high rate, between 5 and 10 children pr.1000. It is not only the high numbers of children in residential care in these countries that give causes for concern, but also the nature of the residential environment in the region. It is here that we find the largest institutions for children in Europe with the poorest quality of life for the children. The old soviet time structure of institution with from 100 to 300 children is still common in the region. And it is well documented that shortage of funding have led to major problems in safeguarding supplies of nutritious food, adequate heating, clothing, maintenance and basic health care. These problems are also documented in other countries although their rate of residential care of children is significantly lower. Thus Armenia, Georgia and Ukraine have also faced serious difficulties in this respect.

One of the most disturbing features of residential care of children in this region is the high number of orphans. It is a striking fact that, for example in Russia, almost all children in orphanages are "social orphans" who have a living parent, and this also applies to children in shelters[20]. This tells a grave and painful story of the social and economic conditions that many families do experience in this region. The high rate of infants in residential homes is another sad characteristics of residential care in the above mentioned members states as well as in other states in transition like Croatia, the Czech Republic, Slovakia and "The former Yugoslav Republic of Macedonia". This reflects a social heritage that takes a great effort to change.

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

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

Most of the states in Central and Eastern Europe have developed important policies and introduced specific measures in order to improve the situation for vulnerable children and children in institutions specifically, some of which will be referred to later. In some cases, a significant progress has been made, like the decreased rate of institutionalisation and the development of alternative care in some parts (e.g. Romania), structural changes in institutional arrangement (e.g. parts of Russia, Slovakia) and the decrease of infant homes (e.g. Hungary, Estonia). However, the process of change is a slow one and in some important areas there has been an adverse development. The increasing public and private poverty in many parts of the region has brought about the escalation of social problems with significant rises in the number of children deprived of parental care and in need of public care. In Russia, for example, the number of children per year that became orphans rose from 49,000 in 1990 to more than 123,000 in 2000[21]. The increased rates of children placed in infant homes in some parts of the region are also alarming. In Russia, for example the number of children aged 0-3 placed in infant homes has almost doubled since 1989 and in Latvia the increase has been nearly 80% during the same period[22].

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

For the purposes of this report, the more affluent states in Europe can be seen to represent a special category in spite of considerable variation within the region, for example between Southern Europe (Spain, Italy) and Northern Europe. Thus the rate of residential care of children varies from around or less than 1 per 1000 children UK, Norway, Iceland to 5 - 7 children per 1,000 in Denmark, Germany, France and Portugal. In Sweden, Finland, Ireland, Belgium, Netherlands, Italy and Spain, the comparative figure is typically between 1.5 and 3[23]. These figures do not, however,

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

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

[23] Important sources include: "Children in Institutions: The Beginning of the End, Ch. 1. Italy and Ch. 2. Spain UNICEF, 2003; "Care to Listen", Report on Residential Care in Ireland, Finland, Scotland and Spain, EUROARRC, 1999; Janet Boddy ed. "Working with Children: Social Pedagogy and Child Residential Care in Europe", Department of Health, April 2003; Care Work in Europe:

represent a good basis to assess the situation of residential care of children in general, as the residential care environment differs greatly between states as well as the comparability of the statistics may be obscured by definitional difficulties as referred to earlier. This becomes particularly transparent when other aspects are examined. Spain has, for example, a low rate of residential care (approx. 2 per 1000) but relatively large institutions (30-40 children) are still common. Denmark has, on the other hand, a relatively high rate of child institutionalisation (approx. 6 per 1000). However the vast majority of children in residential care in Denmark live in "mini" institutions, a high quality residential environment for only few children (4-8) that has in fact very little in common with the larger institutions that are to be found for example in Central an Eastern Europe. This is also the case in other Nordic countries where an emphasis is on a family-type residential care, which in the case of Sweden has been eloquently characterised as "hybrid homes"[24].

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

The first stage of this evolution can be characterised by the *specialisation* paradigm in which the problem and its categorisation is the focal point. This involves the identification of the children's needs and how they can be met within the institutional structure. The second stage can be referred to as the *normalisation* paradigm where the focus is on the organisational context to appropriately cope with the problem. This involves the principle of mainstreaming, that children live in physical and social environment as similar as other children do and enjoy interpersonal relations with others and participation in society. Finally, there is the paradigm of *children's rights* that focuses on the best interest of the child and the child's rights in particular. The Convention on the Rights of the Child places an important role in this paradigm, especially the child's right to a family environment. However, this development is far from having reached its goals[25].

Family Support and Children at Risk and in Care

Research on vulnerable children, children in care and child protection in European countries has shown that the vast majority of children at risk are victims of poor social conditions, family breakdown, poverty, substance abuse, lack of parenting skills, psychological/psychiatric problems, behavioural problems and child abuse and neglect. These common problems of European societies are clearly reflected in the

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Current Understanding and Future Directions, Mapping Care Services and Care Workforce, 2002, Thomas Coram Research Unit.

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

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

national answers to the questionnaire send out by the Working Group to the member states on the main reasons for out- of –home placement of children. However, the answers also reflect national differences in the clusters of problems that are given as reasons for the separation of children and parents. Although almost all countries mention child abuse and neglect as one of the main reason for separation, placement, Central and Eastern European countries clearly reflect the lack of basic social services and family support that is more advanced in other parts of Europe. Thus, states in transition have to face larger problems of street children, orphans, abandoned children and unaccompanied minors – the manifestations of poverty and generally poor social conditions of a large part of the population.

The relationship between lack of services to families and out-of-home placement of children has been especially apparent in Central and Eastern Europe during the last decade. The most immediate social impact of the transition was the disintegration of existing services, such as disruption of the health care system and education, coupled by increased economic hardship for families (increased unemployment and fall in wages). This involved a very rapid rise in the number of street children, abandoned children and children in institutions, for example in Russia and Romania[26]. UNICEF has reported the marked increase in institutional care of Central Europe and the Baltic States during the period of transition, and especially drawn attention to higher rates of child abandonment and rises in poverty-related causes and dysfunctional parenting[27]. As referred to earlier, the fact that most children in Russia in residential care are classified as "social orphans" although they have a living parent(s) and less than ten percent of children become orphans as a consequence of parent's death or invalidism, is a case in point[28].

In the more affluent societies of Western Europe where social services and family support is more advanced, the rate of out-of-home care is considerably lower than in Central and Eastern Europe. Poverty remains one of the major reasons for placement in many Western European countries although in some countries legal provisions have been introduced to prohibit separation of children and parents due to poverty (e.g. the Nordic countries). Child neglect and abuse, lack of parenting skills, family breakdown and substance abuse are among the factors that most frequently are mentioned in the replies to the Working Group's questionnaire on the reasons for placement. The answers also reveal that behavioural problems of children and youth are increasingly the reasons for placements. Thus antisocial behaviour, delinquency, criminality and substance abuse are the most common causes for institutional placement of youth in the Nordic countries. Data from other counties are also disturbing in this respect. For example, the number of children in prisons in the UK for instance is on the rise[29] and the Netherlands reports 2200 children deprived of liberty in the questionnaire. The rising number of unaccompanied children in institutions in the more affluent societies of Europe also merits attention, for instance in the Netherlands, UK, Norway and Sweden[30]. This development needs to be addressed specifically to ensure the best

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[26] Tatiana Balachova et. al.: Street Children and Orphans in Eastern Europe, an unpublished paper presented at the IPSCAN Conference, Denver, 2002
[27] A Decade of Transition; op. cit.
[28] J. Holm-Hansen, op. cit.
[29] Bob Franklin ed.: The New Handbook of Children's Rights, Routledge, 2002, p.289
[30] Netherlands reports 12500 unaccompanied children in care. In 2002 there were identified almost 900 unaccompanied children in Norway and more than 600 in Sweden.

interest of this vulnerable group of children, especially those who are subject to human trafficking[31].

Prevention Strategies and Family Support

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

Primary prevention refers to strategies and programmes, which aim to stop significant harm to children before it occurs. In relation to family support this obviously includes the fundamental structures of the welfare society which aim is to secure the basic quality of live: health, education, social security and housing[32]. Any breach in these fundamental services will result in harm for those families and children that are affected. Thus if a family for instance has not sufficient means of subsistence and secure housing, one cannot expect it to fulfil it's role in the upbringing of children. In addition there must be a range of provisions and services that specifically address the needs of families and children.

Important provisions and services to strengthen families with children include child benefits or family allowances, parental leave and day care services. Social and economic support to *single parent families* is of extreme value to counteract childhood poverty. Child maintenance which is secured by the state is a basic provision to that end. The level, quality and cost of day care services varies greatly across Europe and are important in terms of ensuring equal opportunities of men and women in work, training and education. Inadequate or too costly childcare may "force some parents to leave their children in unsatisfactory circumstances with unregulated carers"[33] and younger children are often left in the care of older siblings that have to shoulder a too heavy responsibility. Day care services and parental leave are important means to reconcile work and family life. The length, payments and flexibility of parental leave are of crucial importance for young families. Furthermore, these schemes can be used in order to encourage fathers to participate more in the care of their children than they do at present. Some countries have introduced a *father's quota of leave*, a step that should be recommended. These measures have resulted in a sharp rise in the proportion of fathers taken out paid parental leave[34].

Further measure to reconcile work and family live include flexible working hours and leave from the workplace due to family reasons, e.g. illness of a child. These issues

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[31] The commitments made by senior officials of the member states of the Council of the Baltic Sea States, Belarus, Ukraine and Moldova to cooperate bilaterally and multilaterally with the aim of never to send an unaccompanied child back to the country of origin without making sure that there is someone to take care of the child is especially commendable. See:
http://childcentre.baltinfo.org/news/ifid2457.html
[32] The European Social Charter, Esp. article 16
[33] Philips, A and Moss, P: Who cares for Europe's children, 1989
[34] E.g. Norway and Iceland. In Iceland the mother and the father have an independent right to three months paid parental leave each and additional three months at their own discretion, a total of nine months.

may become increasingly important in light of the increased demographic marginalization of families with children. In societies where the birth rate is among the lowest, the organization of public life to a lesser extend accommodates for the needs of families with young children.

Prevention with regard to families of children with disabilities has much to do with how society perceives disability. The traditional medical and deficit model of disability, that assesses children with disabilities in terms of their limitations rather than their potential, has been prominent in some European countries. Thus the treatment of disable children is seen as a medical issue[35]. Consequently, they need to be separated from their families so that they can receive the specialized training necessary to "catch up" with the rest of society. Since many children will never be made "normal", institutions become their permanent homes. The medical model is rapidly giving way for the "social" model that emphasises the social nature of disabilities, the principle of participation and right-based approach to services. This development needs to be encouraged by further support to families with disabled children.

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

It can be argued that one of the problems concerning family prevention in contemporary societies is a lack of a coherent *public family policy*. This involves introducing family policy as *a perspective*[36]. The different provisions and services of modern welfare societies have generally developed to meet specific social problems or needs of particular groups in society: the health services for the ill, housing for the homeless, services for the disabled etc. The needs of the family, as a basic unit of society and in all its forms, has generally speaking not been the target of vigorous assessment and strategies, but only in a fragmented form. This is especially true in terms of explicit family policy in which objectives for families are deliberately structured. Family planning, parent education, adoption services, disabled children, child protection, immigrant families, maternal and child health, parental mediation and family counselling are illustrative. Implicit family policy on the other hand is measures that affect families although family goals are not deliberately structured into them. Examples include taxation policy, special educational programmes for handicapped children, leisure activities for youth, prevention strategies for substance abuse etc. Implicit family policies may be regarded as latent family policy because of their less obvious dimensions. Most policies in Europe that affect families and children are implicit policies or latent in this sense.

Another way to view policies from a family perspective is in terms of their *family consequences*. These may be intended or unintended, direct or indirect, manifest or latent. A crucial factor in assessing, monitoring and reviewing decisions that affect

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[35] C. Barnes, G. Mercer and T. Shakespeare: Exploring Disability, Polity Press, 1999
[36] Shirley L. Zimmerman: Understanding Family Policy, Sage Publication, 1988

families and children is effective dissemination of information and the creation of comprehensive data systems and research based knowledge.

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

Child Protection and Family Support

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

A fundamental factor in the implementation of secondary and tertiary prevention is the existence of a public child protection system, which is responsible for administering the appropriate intervention. In most European countries scholars and practitioners have been aware of the conflicting approaches in policies and practices in child protection and family support. On the one hand there is the "family support" model which puts the emphasis on measures to strengthen the family in order to facilitated it's functioning with regard to it's role in the upbringing of children. This is reflected in the nature of interventions by the child protection system, which typically is supportive accompanied by the overt goal of partnership with parents in finding solutions to the problems they are facing. On the other hand there is the "child rescue" model, the view that by focusing on helping parents, the rights of the child can be jeopardized as the child may have to continue to live in an abusive environment without the security and supportive care she/he needs. This typically involves investigatory, policing and procedurally driven focus on child protection in which the aim is to "rescue" the child from apparent danger. The increased attention of the mass media in child abuse in relation to highlighted cases of child deaths and sever child sexual abuse over the last years has reinforced political interest in this approach in Europe[37].

It can be argued that most of the child protection systems in contemporary societies include elements of both of the contrasting models mentioned above. At the risk of some oversimplification, the child protection system in USA could be seen as a prime

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[37] N. Parton: The Challenge of Child Abuse in Late Modern Societies, a paper presented at the Nordic Child Protection Conference, Reykjavik, August, 2003

example of the "child rescue" model while the model of family support is dominant on the continent of Europe and in Scandinavia[38]. In UK a conscious attempt has been made to reconcile these different approaches by the Children's Act 1989. There is, however, a current debate on the nature of the implementation of the Act as to whether an appropriate balance has been reached[39].

Existing literature on child protection in Europe as well as the replies to the questionnaire of the Working Group to the member states, clearly points to the general political consensus among European states toward the model of family support[40]. However it is apparent that the implementation of supportive measures to families with the aim of preventing the separation of children and parents in vulnerable social groups is often very limited. This may not only be due to scarce resources but also lack of coherent policies and plans of actions in social interventions and services.

Although a political consensus on family support is apparent in Europe, there are however important differences in the child protection systems between countries that need to be considered. No two systems or their associated practices are alike and any attempt of classification is in danger of obscuring as much as it reveals. Research on the child protections practices in Europe has revealed the nature of some of the structural similarities and differences[41]. One aspect is the principle of *subsidiarity*, which means that whatever smaller and more localised institutions or group can do on their own, must not be removed by a higher level of competence or the power of the state. Responsibility and decision-making should rest with the people directly involved and the role of the state should be limited to support local and regional institutions in developing networks. This principle is particularly important in Germany, Belgium and the Netherlands and to a certain extend resembles the emphasis on local government empowerment in Scandinavia and the UK. The second feature is *welfare pluralism*, which emphasises greater involvement of voluntary organisations, and the private sector where public and private agencies are strongly interwoven, yet with minimal central government management of social work. Examples of this are France and Germany but it is arguable whether this is the case in the UK. This is not a characteristic of the Scandinavian model in which welfare services and social work is almost exclusively the role of the public sector. The final aspect mentioned her is the difference in the *concept of rights* in matters that involve families and the state. In the Anglo-American tradition, dominant in UK and Scandinavia, the concept individual "rights" does not yield social practice embodying *social rights* in the same way as on the continent. This reflects the different social tradition depending on understanding of the "individual" or the "family" as the basic unit, and explains greater emphasis on the family on the continent.

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

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[38] I.K. Berg and S. Kelly: Building Solutions in Child Protective Services, NY 2000
[39] N. Parton, et. al.: Child Protection and Family Support, London 1997
[40] An Overview of Child Maltreatment Prevention Strategies in Europe, Vol. 1, The European Commission 1997
[41] R. Hetherington: Protecting Children, Messages from Europe, Russell House Publishing, 1997

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

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

- that parents rights were not protected or attended to
- that actions could be taken without evidence of abuse or harm
- that too much time was devoted to discussions on family dynamics but too less time planning any clear course of action
- unacceptable risks were taken with respect to the child's safety[42]

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

A number of positive developments are taken place in the countries of transition. Examples are Latvia, Bulgaria, Romania and Georgia that all have established child protection services at the local level coupled with a state agency for coordination and monitoring of services. A common obstacle for most of the states in transition is the lack of tradition of local government management and administration. Local government empowerment is a prerequisite for the development community services with family support and child protection objectives. It has been pointed out that, for example in the context of the Baltic Sea countries, that it is not enough to define the responsibilities of those who are to protect children and their right. There is also "a need to focus on the implementation of legislation on a local level as decentralised structures are more likely to identify specific needs and provide the appropriate services, sensitive to the needs of children and families, than are centralised institutions"[43].

Prevention Strategies: Examples of "Best Practices"

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

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[42] R. Hetherington, op. cit, p. 97-98
[43] Working Group for the Cooperation on Children at Risk, Council of the Baltic Sea States: Priority Paper for the work of WGCC, 2002, http://childcentre.baltinfo.org/news/ifid2457.html

however, that many other good examples of preventive work can be found in the literature[44].

Gatekeeping as a Mean to Family Support

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

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

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

There are important elements of gatekeeping that need to be adhered to[45]:

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

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

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

Research has show that there are considerable variations in how different groups of child welfare professional prioritise and use information to make placement decisions following instances of child abuse[46]. Consequently, good practice of gatekeeping needs to be based on ethnical ground-rules such as fair and understandable criteria for the entitlement to services and a transparent decision-making.

Partnership with Families

Historically, the place of parents in child welfare services is long and varied as attempt to both involve and exclude them have swung like a pendulum. Today there is a professional consensus on the value of partnership with parents in child protection. There are two different notions underpinning the concept of partnership: one based on empowerment (involving de-professionalisation, decentralisation and anti-oppressive practice) and the other based on consumerism (power of choice, quality assurance, rights of the individual)[47]. Thus partnership implies a lot more than cooperation between the professional and parents. It means a kind of pooling of resources, trust, a potential or actual agreement on common goals and means of achieving them. Underlying principle is that "families are really experts in their own families". Furthermore, it recognises the many research findings about the impact on children's lives of decision-making and the experience of care, which shows the involvement, and links with parents has positive outcomes for the child.

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

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

The work of the project consisted of three distinct strands of work: preparing for Family Workshop Days, running the Days and creating other opportunities for promoting partnership. The project's outcome yielded numerous valuable information

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

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

and points that should be incorporated into all manuals for child protection. The following are just a few aspects:

- "Don't judge by crisis behaviour alone". It was highlighted that often families were assessed on the basis of one "incident" and on the basis of one or two social work visits in a period of family crisis.
- "Keep families informed". It is vital to the families to receive information on the decisions about their children, esp. those that were not living with them. Many parents felt forgotten once their children had been removed.
- "Keep families involved". Parents wish they would be listened too and taken seriously.
- "Create and build on trust". It takes time to build trust[48].

Family Group Conferences, FGC

One of the most structured implementation of the principles of empowerment and partnership with families is the Family Group Conferences approach. Somewhat ironically, this radical alternative to traditional social work methods, originates from New Zealand where it was developed to meet the cultural traditions of the indigenous Maori and Pacific Island communities[49]. The essence of the Family Group Conference (FGC) is to establish a mechanism that engages *the wider family* in decision-making where children at risk, or are offending, where existing service is lacking or not appropriate, or where families are unwilling to engage in these services. The basic principle is that every family is unique, with it's own culture, personalities, social dynamics and history. This is seen as a valuable resource, a potentiality to address whatever problem the child may be experiencing.

The practical guidelines in implementing FGC consists of several steps:[50]

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

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

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

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

One of the most significant characteristics of the FGC is the role of the professionals as coordinators, providing information, counselling, support and services their

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

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

The FGC approach has reached wide acceptance among the professional community in many European countries. In the UK it has become established practice in many local authorities and the Family Rights Group is campaigning for legislative measures of FGC in child protection and youth justice[51]. The experience of FGC from Ireland, the Netherlands and the Nordic countries show that the approach can easily be adopted to the different cultures with positive gains for children and families.

<u>Enhancing Parenting Skills - Parent Management Training, PMT</u>

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

In contemporary societies it is not only the disadvantaged parents that are in need of education in parenting. Earlier a reference was made to the "demographic marginalization" of families with children, a consequence of the low birth rate in many societies. This implies that the organization of social life does not reflect the needs of young children. Research has shown that the time-intensive two income lifestyles is prone to create time pressures on the child-parent relationship and in turn give rise to *child-parent conflict* that may have detrimental socio-psychological effect on the child[52]. Parents need to recognise this structural cause of potential harm in children's upbringing.

The two-income lifestyles often reflects the characteristics of the consumer society, of materialism, a decline in spiritual values and the strife for promotion and upward social mobility. Integral part of this is the instant gratification of socially constructed needs that counteracts the development of self-discipline in the home. Thus parents serve as undisciplined role models for their children – they are the "Do as I say, not as

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

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

I do" parents. Consequently, the child is unlikely to develop a sense of self-discipline in his/her childhood. Life is a series of problems and discipline is the basic set of tools we require to solve lifts problems. It has been forcefully argued that this may be one of the major obstacles for our children to achieve mental and spiritual health[53].

There is a great need to bring parenting nearer to the core of our family life. Adults that grew up with parenting that they want to avoid passing on to their children, need to learn how. At the same time parents need support to preserve and nurture those parts of parenting that proved to be positive and helpful for them in their own childhood experience[54]. An important example of good practice in this area is the work of the International Federation for the Education of Parents (Fédération Internationale pour l'Education des Parents (FIEP) which is a forum for the study, reflection and exchange in the area of education and psychopedagogy. Its purpose is to make available, and adapt to the needs of different countries, the various methods that the School of Parents, as well as other organisations in the area of parenting, have already experimented with. In Belgium, for instance, Ecole des Parents et des Educateurs (EPE), has during thirty years developed a number of training methods for preventing conflicts and/or relational malfunctions[55].

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

The PMT programme is a treatment choice for parents developed in the USA and is at present implemented nationwide in Norway and in its preparatory phase in more European countries like Denmark and Iceland[56]. The theoretical background is based on the socio-ecological perspective, especially from social learning theory. It is assumed that the child learns behaviour through his or her interactions with other people. When children express disturbed behaviour and become excessively demanding for their caregivers, they are more likely to receive negative responses from their parents and their environment. In these circumstances, there is a risk of the child becoming trapped in a negative behaviour pattern. Stress factors, such as illness, divorce or financial worries, can reduce the probability that the parents respond positively to a demanding child. A vicious cycle can therefore form in the interactions between parent and child. It is to this that the intervention of the PMT therapists is directed.

The core of the PMT treatment consists of directions, skill encouragement, setting limits, problem solving, anger control and positive involvement. Parents are thought

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

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

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

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

to approach their child in a positive way, give clear directions, control their own temper and establish a positive working relationship with the child's school. The treatment sessions are strongly based on role-playing, which gives parents an opportunity to practice the methods and get a better understanding of how the child feels. Parents meet the treatment specialist once a week for 10 - 20 weeks and are supported by phone calls or even contacts with institutions such as the child's school between sessions[57].

The implementation of PMT in Norway is an integral part of a large-scale project to address serious behavioural problems among children and youth, and to improve competence and knowledge and services in this area. PMT is designed for children between the years 5 to 12. MST (discussed below) is directed at youth 13 to 18 years and the third programme, the "Webster-Stratton" model specifically addresses the youngest population, the pre-schoolers[58]. Research on the implementation of PMT in Norway already indicate very positive results[59].

Multisystematic Treatment, MST

Earlier a reference was made to the fact that a substantial and a rising number of children in many countries in Europe are placed in institutions due to behavioural disturbances, drug abuse, delinquency and crimes. For some time have serious doubts been raised as to the outcomes of institutional treatments for young people and the feasibility of the allocation of resources in this respect. A major research project conducted jointly by Norway and Sweden, that *inter alia* covers an overview of great bulk of the major outcome assessments of institutional treatment that are known, points to the conclusion that outcomes for children are generally poor, and can even be harmful[60]. This is especially true in terms of long-term effect on behavioural disturbances of low risk young people subjected to intensive institutional treatment. However, some treatment models give more positive outcomes than others, especially if the young people's family is involved in the treatment and post placement support is provided[61]. Research shows that community-based treatment is generally more effective, although placement in institutions can be necessary for a limited period for some young people. Thus, the main conclusions is that there is a good cause to seek for alternative approaches, in particular a family based approach such as Multisystematic Treatment (MST)[62].

Multisystematic Treatment, like Parent Management Training (PMT), originates in the USA and is based on some of the same principles[63]. It has been in operation for the last 15 years and has demonstrated long term reductions in criminal activity, drug relate arrests, violent offences, incarnation and other out of home placement. It has been implemented in Norway nationwide and on a small scale in a number of

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[57] M. Sigmarsdottir: The PMT Project in Hafnarfjordur, Iceland, 2003

[58] For information on the Webster-Stratton model see the website: http://www.incredibleyears.com

[59] Marion S. Forgatch: Researching the Norwegian Implementation of PMTO, a paper presented at the conference: Alvorlige atferdsproblemer: metoder og strategier, Adferdsenteret, Oslo, 3-4 November 2003

[60] Tore Andreassen: "Behandling af ungdom I institutioner – hva siger forskningen?", Oslo, 2003

[61] T. Andreassen: op. cit. Chapter 9.

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

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

European countries (Sweden, Denmark, UK, Ireland). In Norway by 2003 there were 25 MST teams in operations in the 17 county municipalities and hundreds of families had received services. Although more time needs to pass to fully evaluate the outcome of the Norwegian experience, the results so far are very promising[64].

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

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

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

The implementation of MST and PMT in Norway is a beautiful example of a social experiment for the benefit of children, based on research evidence and subject to continuous assessment, evaluation and further quality development during the course of the implementation. Other European countries should be recommended to observe this Norwegian initiative as it can prove to be a milestone in effective prevention and alternative services to institutional placement[65].

Developing Competence and Family Services

Secondary prevention by definition involves an early intervention with the aim of empowering families and children to counteract deteriorating situations, in this context processes that point to exclusion and displacement of children and adolescents. It has been pointed out that families who face "multi-problem" situations can become a "multi-agency families". This may result in that the family's every day life becomes compartmentalised in the professional system in which each expert

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[64] Terje Ogden: "Fra forskning til praksis", a paper delivered at the conference: "Alvorlig atferdsproblemer, metoder og strategier", Adferdsenteret, Oslo, 3-4. November 2003
[65] For more information on the implementation in Norway, see the website: http://www.atferd.uio.no

assesses the situation from his/her professional glasses[66]. While this may lead to good insight in specific problems, the consequence may be that the social context of them is lost to the disadvantage to the family. Further, this may even lead to more confusion when different professionals have different conception and offer conflicting interpretation of the family's situation. A comprehensive approach to family services thus needs to be interdisciplinary to be effective.

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

Tartu Child Support Centre (Tartu Laste Tugikeskus), Estonia[67] is a non-profitable organization, dealing with abused and/or neglected children and their parents. In addition to counselling Tartu Child Support Centre provides university students and professionals in the field of education, police and law with various courses concerning this subject. The main goals of the Tartu Support Centre for Abused Children are:

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

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

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

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

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[66] For a highly interesting discussion of possible effect of this compartmentalisation see: Tom Erik Arnkill (Stakes, Finland): Early intervention –anticipation dialogues in the grey zone of worry, a paper presented at the Nordic Conference on Child Protection, Iceland, 2003
[67] See homepage: http://home.delfi.ee/~ch.abuse/

education play an important role in the operation, organised on the basis of defined projects and programmes.

Alternative Care to Large Institutions

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

Coupled with the rising share of foster care in out-of-home placement in the more affluent states of Europe, generally there has been a comparable decrease in institutionalisation of children. However, Germany is an important exception where there has been a substantial increase of children in residential care during the last decade. Important changes in the residential environment have also taken place by limiting the number of children in each unit with the aim of creating a family type environment. This development has in many states (the Nordic countries) even blurred the distinction between foster care and small institutions for children. Important aspect here is that foster families are no longer solely seen as substitutes for children who do not need special treatment. The needs of children separated from their parents because of abuse, neglect and abandonment, have made it a compelling task to develop and support foster parents to acquire the competence to work as a member of professional team. This new understanding on the potentialities of foster parents for making a difference for children in need have resulted in the development of professional foster families who may, for example be pedagogues or teachers, and spend 24-hours on the care job[68]. An important competence building in this respect is the PRIDE –training program, which will be discussed below.

In Eastern and Central Europe and the regions of South East Europe, the process of de-institutionalisation has started as a number of the states in these regions have established policies with the aim of reforming the care environment and strengthening alternative care, including fostering. Examples of restructuring residential care are "*family-type orphanages*" and "*family like boarding schools*" (regulated e.g. in Russia)[69]. The former consists of a married couple willing to bring up from five to ten children. The latter are kind of institutions where no more than eight children live together, a group that is referred to as a "family" and with separate living quarters, entrances and way of life.

In Central and Eastern Europe, as in many other regions, *adoption* has been given a priority as a solution for children who are left without parental care, albeit on a larger scale. This is primarily an option for infants and very young children and the rate of adoptions for this group has been growing considerably during the past decades in

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

[69] J. Holm-Hansen ed., op. cit , p. 84

some parts of the region (Russia, Latvia)[70]. This has not, however, counteracted the growing rate of children in infant homes, as was earlier referred to.

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

Guardianship is a very important alternative care in many regions and there has been a significant rise in the rate of guardianship in many of the states of Central and Eastern Europe and the Caucasus (for example, Russia, Latvia, Ukraine and Armenia). In fact it has been pointed out that this tradition of kinship care contains potentialities as resent research has suggested that care by relatives can have advantages over foster care: children have fewer placement changes, they may remain in close contact with their families and they may experience fewer emotional and behavioural difficulties[71]. However, negative factors can also be identified as often it is difficult to ensure the quality of guardianship. And the fact that a large proportion of the kinship carers are grandparents or other elderly caregivers, give rise to causes for concern if they fall ill or die.

Other important alternatives in the care of orphans that should be recommended are the so called *"family upbringing groups"*, *"replacement families"* and *"patronage families"*, all different form of family support[72]. A "family upbringing group" consists of an ordinary family that assumes care of children from a specialised institution and receives active assistance from the institution in this undertaking. This is especially used in cases where the children have shown positive outcome in the process of social rehabilitation. The family upbringing group may change its status by becoming a foster family, a guardian family or even adopt the child. On the other hand a "replacement family" is a family that hosts a child for a certain period of time with the aim of offer the child the experience of a family life. A negative aspect of this arrangement is however that this can lead to a traumatic experience if the child is left once again without parental care. The "patronage family" has the same shortcomings as it involves temporary placement. The difference consists of the "professional" nature of the patronage system in which typically a teacher assumes the role of the patron. This can especially be feasible in cases where children are temporarily separated from their parent with the aim of reuniting the family again.

SOS Children's Villages is one alternative to large institutions with the aim of providing a family-like childhood to children without parental care. The SOS Children's Villages have a history of more than a half a century, the first being established in 1949 by the Austrian Hermann Gmeiner. There are now several hundred SOS Children's Villages in the World in around 130 countries, including

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[70] J. Holm-Hansen ed., op. cit. p. 92
[71] A Decade of Transition, op. cit. p.105
[72] J. Holm-Hansen ed., op. cit. pp. 98-100

most countries in Central and Eastern Europe. The philosophy of the SOS Children's villages consists of an emphasis on four components: the mother, brothers and sisters, the house and the village. Generally, each family comprises of an SOS mother and four to ten children living together in a house of their own. The mothers have been selected on the basis of strict criteria and are assisted in their work by professionals. The village itself is usually made up of between eight and fifteen such families. Normally, the children are admitted up to the age of ten and siblings are not separated. Every child receives individual support, education and training until they achieve self-reliance.

It is apparent that de-institutionalisation efforts cannot be expected to become a reality without effective programmes to strengthen and expand foster care. This involves creating an infrastructure that regulates the basic element of a successful foster care, including recruitment, assessment, training, support, monitoring and funding. A number of states in Central and Eastern Europe and the Caucasus have already taken important steps to introduce legislation and programmes to bring this about (Hungary, Croatia, Bosnia and Herzegovina, Poland, "The former Yugoslav Republic of Macedonia", Romania). Sadly, however, in some states little progress has been achieved and in some cases the numbers of children in foster care have even decreased drastically (Serbia and Montenegro, Slovenia)[73].

Foster Care

It is generally agreed that foster family care is the least restrictive and most nurturing out-of-home placement for children in need of temporary substitute family care. However, the foster family may become a permanent care for those children that cannot be reunited with their parents. Foster care is especially attractive choice when out-of-home placement is unavoidable: it provides the child with an alternative family; it is potentially capable to accommodated for the different needs of children due to its flexibility; and finally, it is cost effective as it is estimated, for example, in Western countries to be only a fraction of the cost of residential care[74].

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

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

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

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

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

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

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

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

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

In order to develop an infrastructure for foster care it is necessary to regulate the foster care services, *inter alia* to establish official guidelines for foster family care. These guidelines need to specify the ground rules for foster care in relation to the child, the biological parents, the foster parents and the support team[75]. These should include the right of the child to be consulted in the plan of care, to maintain contact with the members of the biological family, how the child's developmental needs shall be provided for, as well as the preparation for placement, child's life book etc. The biological parents should have the right to dignity and respect, a participation in the planning of the child's placement, to voice opinions, thoughts and feelings etc. The guidelines should also define the rights of the foster family, identify the nature of the fostering agreement, the relationship with the biological family etc. Finally, the competent authorities and agencies should be specified, accreditation and monitoring established as well as identifying policy and procedures.

The main concern in relation to foster care has been the lack of stability in long-term foster care. Breakdown of long-term placement can result in repeated placement with harmful effects for the child. Sporadic research has indicated breakdown rate as low as 10% for young children (Finland) and as high as 50% for teenagers (Sweden)[76]. Interestingly, both European and US research has revealed that the rate of breakdown is considerably lower when the child is placed in foster care with his/her relatives. Importantly, there is a consensus on the fact that the support and competence of the foster parents is crucial in this respect. Effective competence building and in-service for foster parents should therefore be highly recommended.

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

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

<u>PRIDE – Competence Building in Foster Care</u>

During the recent years, a number of European countries[77] have introduced a comprehensive, competency based program, Pride, for the pre-service training and assessment of prospective foster parents and for foster parents in-service training. Pride is an abbreviation for Parent Resources for Information, Development and Education, which originates from USA but promoted in Europe by the Netherlands. It is designed to strengthen the quality of family foster care by providing a standardised, consisted, structured framework for recruiting, preparing, and selecting foster parents. It also provides foster parents in-service training and ongoing professional development[78].

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

The Pride program has established five essential competency categories:
-   protecting and nurturing children,
-   meeting children's developmental needs and addressing their developmental delays,
-   supporting relationships between children and their families,
-   connecting children to safe, nurturing relationships intended to last a lifetime,
-   working as a member of a professional team.

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

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

Leaving Care - Pathways

As referred to earlier, there is an increasing awareness that the outcome for children that are placed in residential care, whether in terms of care or for treatment purposes, is generally poor[79]. There is, however, evidence that suggest that some treatment models yield more positive results than others. On the other hand, it is possible to identify negative and even harmful effects for youth, especially in closed institutions

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[77] These include the Netherlands, Belgium, UK, the Nordic countries, Poland, Hungary and Slovakia
[78] Additional information on PRIDE can be found online at www.cwla.org/pubs
[79] Tore Andreassen: op. cit.

and involuntary placements. Furthermore, it is important to emphasise that outcomes for children in care largely depend on the *post-placement* care or follow up after leaving care.

There exists a bulk of research finding that suggests that future prospects for children in residential care are dim. Earlier in the report, a reference was made to statistics from Russia concerning criminality, prostitution and suicides among children leaving orphanages. Researches, for example from UK, Denmark and Sweden, on children leaving care demonstrate that children in transition from care to independent living are generally in a very vulnerable position[80]. Generally, youth leaving care are expected to commence their independent living at a very early age, considerably younger than their peers, especially those who experience breakdown in placement. Family network and support is often absent or very poor. Educational achievements, social competence and life skills are generally poor. Physical and mental health is below average and children used to collective upbringing often experience loneliness and social exclusion after leaving care. Problems in housing and means of subsistence create additional difficulties. Research finding that show high rates of unemployment, homelessness, early pregnancies, substance abuse and criminality among leavers of residential care are therefore not surprising.

In some European countries specific measures have been taken in order to improve the situation of children leaving care (e.g. Scandinavia, UK, Ireland). In the UK, for example, the Children (Leaving Care) Act 2000 defines the "Pathway plan" for children leaving care, a procedure that should be highly recommended[81]. The plan must be based on an assessment of the young person's needs. The youth him/herself should be actively involved in the assessment process to inform and develop the Pathway Plan. Also, significant others like parent and other family members, foster carer or staff in residential home etc. should be consulted. The assessment and the Pathway plan is directed at the following needs:

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

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

Studies on post-placement support show that specific programmes that are directed at provide appropriate housing and enhancing life skills, further educational achievements and strengthen positive self-image and social integration, are most likely to produce positive results[82].

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[80] An excellent overview of these research finding are to be found in T. Eklund and A.D. Hestbaek, op. cit, ch. 9.

[81] See on the world wide web: http://www.doh.gov.uk/qualityprotects/work_pro/pathwayplan1.pdf

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

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

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

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

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

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

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

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

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

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

f) *Code of Ethics*: It should be recommended that codes of ethics should be established in order to set out the standard of practice for professionals working with children and families. The codes of ethics should be consistent with the Convention on the Rights of the Child[83].

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

QUESTIONNAIRE

Request for information on children at risk and child in care

1. How many children are separated from their families in your country, according to recent statistics, e.g. the statistics for 2001? Please could you indicate:

    i) the percentage of children separated from their parents on 1 January 2002 for the following lengths of time: a) less than 6 months, b) 6 months to 2 years, c) 2 to 5 years, d) longer than 5 years;

    ii) the number of children by age group: a) 0-2 years, b) 2-6 years, c) 6-15 years, d) 15-18 years, e) over 18 years old.

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

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

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

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

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

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

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

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

Table relating to question No. 1

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

Recommendation 1698 (2005)[1]
The rights of children in institutions: follow-up to Recommendation 1601 (2003) of the Parliamentary Assembly

1.   The Parliamentary Assembly draws attention to the content of its previous Recommendation 1601 (2003) on improving the lot of abandoned children in institutions, adopted in April 2003, and reaffirms the relevance and current validity of the various recommendations and proposals to member states and to the Committee of Ministers of the Council of Europe contained in that text.

2.   The Assembly notes with satisfaction the reply to its proposals by the Committee of Ministers of the Council of Europe (Doc. 9939), which is currently preparing a recommendation to the member states on this matter. It sees this as the expression of the political will to give the rights of children living in institutions appropriate weight and priority. It also takes note of the various forms of financial support provided by the Council of Europe Development Bank to member states which are de-institutionalising abandoned children and setting up alternative forms of care for them.

3.   It points out that the highest priority must be given to ensuring that progress is made in improving the quality of education and care provided in institutions and of closing pedagogically unsuitable, unsanitary and dilapidated institutions. When children are placed in families, it must be ensured that this constitutes a better alternative to placement in an institution. Placement in living groups and Children's Villages must also be taken into consideration as further possibilities. The top priority when making this choice must be the best interests of the child. De-institutionalisation must be complemented by welfare measures and benefits to help children to reintegrate families and by alternatives to institutions. The aim is not to empty institutions at all costs, however, since some children will always need institutional care.

4.   It stresses that the problem of children living in institutions is common to all member states of the Council of Europe and that no member state can claim to be beyond criticism in this field. However, one cannot fail to notice that in some member states, and especially in the recent post-communist democracies, the situation of such children is still particularly disturbing and necessitates further substantial progress.

5.   In these countries, despite undeniable progress, the abandonment and placement of children in institutions, particularly those with disabilities, still continues due to the problems, primarily economic, faced by families, the absence or inadequacy of social benefits and the difficulty of changing people's attitudes. The victims of such practices are very often children from ethnic minorities.

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[1] *Assembly debate* on 25 April 2005 (9th Sitting) (see Doc. 10452, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Hancock)
Text adopted by the Assembly on 25 April 2005 (9th Sitting).

6. The Assembly welcomes the fact that the upcoming accession to the European Union of certain candidate countries has put the political spotlight on the plight of children in institutions and that funds are being allocated to improving it. However, this assistance will shortly be discontinued and it questions the political will and ability of these countries to take over the task and consolidate and build upon the progress made.

7. It is also concerned about the number and the fate of children in institutions in other European countries which are not European Union applicant states. The fate of children in institutions has ceased to be a matter for the social welfare field and has now become first and foremost a human rights issue which gives the Council of Europe an important role in this respect.

8. The Assembly therefore recommends that the Committee of Ministers of the Council of Europe:

i. expedite the work of preparing and adopting the draft recommendation on the rights of children living in institutions and provide for a mechanism to supervise the implementation of this recommendation;

ii. add the rights of children living in institutions to the subjects covered by the thematic monitoring report;

iii. develop intergovernmental co-operation programmes for children in institutions, addressing the development of alternatives to institutionalisation; family and social policy measures for families aimed at preventing abandonment; and the integration into society and the labour market of young adults who have spent their whole lives in institutions;

iv. ask the member states to create institutions responsible for supervising and providing advice to institutions (homes, living groups, residential communities, Children's Villages, etc.) as well as foster and adoptive parents in order to protect the rights of the children concerned. These institutions should develop binding guidelines, with the participation of all parties concerned (including the children), aimed at monitoring the extent to which assistance is being provided in a targeted manner;

v. make an urgent appeal to sponsors throughout the international community – European and international institutions, NGOs, etc. – to continue their financial efforts on behalf of children in institutions;

vi. urge sponsors and the European Union in particular to ensure that European funds granted to the various European states for children in institutions actually reach their proper destination and to regularly verify the use of such funds.

Doc. 10790
21 January 2006

The rights of children in institutions : follow-up to
Recommendation 1601 (2003) of the Parliamentary Assembly
Recommendation 1698 (2005)

REPLY FROM THE COMMITTEE OF MINISTERS
adopted at the 953rd meeting of the Ministers' Deputies (18-19 January 2006)

1.   The Committee of Ministers shares the concern of the Parliamentary Assembly that the rights of children in institutions should be protected and defended. The Assembly's suggestions are extensively addressed in Recommendation Rec(2005)5 on the rights of children living in residential institutions, adopted by the Committee of Ministers on 16 March 2005. The appendix to this recommendation contains an overview of the rights of these children, as well as guidelines and standards that should be taken into account by member states with respect to placements, institutions and monitoring of institutions and practices. Moreover, as to the exercise of children's rights, the Committee of Ministers recalls the European Convention on the exercise of children's rights (ETS No. 160), which provides for measures which aim to promote the rights of the children, in particular in family proceedings before judicial authorities, but also to family proceedings of special interest for children such as residence.

2.   Moreover, the Heads of State and Government of the Council of Europe member states, at their Third Summit in Warsaw on 16 and 17 May 2005, gave the utmost priority to social issues in general by their determination to "build cohesive societies by ensuring fair access to social rights, fighting exclusion and protecting vulnerable social groups". At the same time they gave very specific focus in the Summit Action Plan to "Building a Europe for children". In particular, the Heads of State committed themselves to implementing a child rights perspective in all the activities of the Council of Europe, and to taking specific action to eradicate all forms of violence against children.

3.   The Assembly's recommendation mentions the fact that the abandonment and placement of children in institutions concerns particularly those children with disabilities. The Third Summit Action Plan also provides for the consolidation of the Council of Europe's work on disability issues, and supports the adoption and implementation of a ten-year action plan for ensuring equal rights for people with disabilities, including children.

4.   The appended opinion of the Committee on the Rehabilitation and Integration of People with disabilities (CD-P-RR) on Recommendation 1698 (2005) describes the Organisation's present and future work programme with regard to disability. The issue of protecting disabled children against violence and abuse has been addressed in Resolution ResAP(2005)1 on safeguarding adults and children with disabilities against abuse and its Explanatory Report. Furthermore, the CD-P-RR has developed a draft Disability Action Plan in the framework of the follow-up to the Summit, designed, *inter alia*, to contribute to enabling children to "reach their maximum potential within family and society". Impetus was also given to the work of the

CD-P-RR by the November 2004 conference on "Human rights – Disability – Children", which led to the creation of an Ad hoc Group of Experts on community living (deinstitutionalisation) of children with disabilities.

5.   The remaining recommendations of the Assembly in paragraphs iii., iv. and v. of Recommendation 1698 (2005) find responses in the above-mentioned Committee of Ministers' Recommendation Rec(2005)5, which urges governments to adopt national guidelines and action plans for the implementation of the principles and standards described at length in its appendix, including, for example, assistance in integration into society for young adults leaving institutions (paragraph iii.). The supervision and advice recommended in paragraph iv. are also foreseen by the Committee in the appendix to its recommendation. With regard to the involvement of civil society called for by the Assembly (paragraph v.), the Committee of Ministers also states in Recommendation Rec(2005)5 that member states should define themselves the role of NGOs and private bodies in the area of children in institutions: at the same time, it warns against any avoidance of the responsibilities of national authorities with regard to these institutions and their functioning, and above all of the well-being and human rights of the children concerned.

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Appendix I to the reply

Opinion of the CCDH on Parliamentary Assembly Recommendations 1698 (2005) on the rights of children in institutions and 1703 (2005) on the protection and assistance for separated children seeking asylum
(Adopted at its 60th meeting (14-17 June 2005))

1.   The Steering Committee for Human Rights (CDDH) notes with interest the Recommendations of the Parliamentary Assembly 1698 (2005) on the rights of children in institutions and 1703 (2005) on the protection and assistance for separated children seeking asylum.

2.   The CDDH notes with interest the approach taken in these two texts and stresses the fact that in the procedures evoked in both recommendations, the respect for human dignity is essential. The European Court of Human Rights has already developed in its case law a number of elements which states should take into account when examining in particular asylum requests.

3.   The CDDH does not consider it necessary to add further elements from the human rights perspective.

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Appendix II to the reply

Opinion of the Committee on the Rehabilitation and Integration of People with disabilities (CD-P-RR) on Recommendation 1698 (2005) of the Parliamentary Assembly on the rights of children in institutions: follow up to Recommendation 1601 (2003) of the Parliamentary Assembly
(Prepared by the Bureau of the CD-P-RR at its 10th meeting in Paris (23-24 June 2005), and adopted by the CD-P-RR by correspondence on 26 September 2005)

I. Introduction

1. Recommendation 1698 (2005) on the rights of children in institutions: follow up to Recommendation 1601 (2003) was adopted by the Parliamentary Assembly of the Council of Europe on 25 April 2005. It was subsequently examined by the Ministers' Deputies at their 926th meeting (11 May 2005), who agreed to communicate it to the Committee on the Rehabilitation and Integration of People with disabilities (Partial Agreement) (CD-P-RR) for information and possible comments by 30 September 2005 (Decision No. CM/Del/Dec(2005)925/3.1).

2. The Committee on the Rehabilitation and Integration of People with disabilities (Partial Agreement) (CD-P-RR) has read with great interest Recommendation 1698 (2005) of the Parliamentary Assembly on the rights of children in institutions: follow up to Recommendation 1601 (2003). It has taken note of the fact that particular reference has been made to the situation of disabled children in institutions, for whom the violation of human rights and the impact of growing up in institutions without a family or another consistent caregiver can cause irreversible developmental delays. The CD-P-RR hopes that the Committee of Ministers will encourage member states to take an active part in Council of Europe activities devoted to children with disabilities.

II. Opinion

3. The CD-P-RR cannot but endorse the Parliamentary Assembly's proposals concerning children in institutions. It is now widely recognised that even children with severe disabilities will benefit more from a family life and can thrive in the community, thus improving their life chances and preparing them to lead an independent life as adults. In that context, it wishes to draw attention to the Political Declaration "Progressing towards full participation as citizens" of the 2nd European Conference of Ministers Responsible for Integration Policies for People with Disabilities (Malaga, Spain, 8 May 2003) "Improving the quality of people with disabilities: enhancing a coherent policy for and through full participation" urging member states not only to promote policies aiming at full citizenship and participation of people with disabilities in general, but, in particular, asking member states to ensure that the needs of families of children with disabilities are carefully assessed so that support measures are provided to enable children with disabilities to grow up within their families.

4. Behind closed doors of orphanages or other institutions, children with disabilities will always be at a high risk of being exposed to violence and degrading treatment. Reference should also be made to Resolution ResAP(2005)1 on safeguarding adults and children with disabilities

against abuse adopted by the Committee of Ministers on 2 February 2005, which urges member states of the Partial Agreement in the Social and Public Health Field to draw up and implement national action plans on safeguarding adults and children with disabilities against abuse applying in their policy, legislation and practice. These action plans could cover children in institutions, as well as those living in smaller community-based alternatives or within the family against any form of neglect, harm, violence or abuse, including sexual abuse with special attention to disabled girls. The resolution is complemented by a report of the same title, which provides a practical tool to professionals by helping them to appropriately respond to the issue. The recommendations include measures to prevent abuse from happening at all, to encourage prompt recognition, referral and investigation, to prevent recurrence of abuse, and to provide treatment for those who have been abused.

5.   The CD-P-RR has developed a draft Council of Europe Disability Action Plan to promote the rights and full participation of people with disabilities in society: improving the quality of life of people with disabilities in Europe (2006-2015) (P-SG(2005)15) politically supported by the Council of Europe Action Plan adopted at the Warsaw Summit, 17 May 2005 (chapter III, section 1). The forthcoming Disability Action Plan will contribute to consolidating the work on disability issues and supporting the adoption and implementation of national policies for making decisive progress in building knowledge and capacity for planning, decisions and change of practices across a wide spectrum of policy areas, including areas that will strengthen the right to life and development of children with disabilities, enabling them to reach their maximum potential within family and society.

6.   Furthermore, the CD-P-RR refers to the Conference "Human rights – Disability – Children: towards international instruments for disability rights – the special case of disabled children" (Strasbourg, 8-9 November 2004) which was one of the priorities of the Norwegian Chairmanship of the Committee of Ministers of the Council of Europe. The Conference, highlighting the need for a multi-disciplinary and human rights based approach, clearly showed that too many children with disabilities still live in institutions and that more inclusive policies promoting community and family living must be stepped up. Taking these issues forward, the conference was convened to strengthen the impact of current legal and political instruments and to work towards a "roadmap" for deinstitutionalisation, particularly of children with disabilities.

7.   As a follow-up to the conference, an interdisciplinary Ad hoc Group of Experts on community living (deinstitutionalisation) of children with disabilities has been set up to draft recommendations and establish guidelines promoting the policy of community living and supporting families who care for their disabled children at home. The Group will also, within the framework of the forthcoming Council of Europe Disability Action Plan, elaborate guidelines for the revision of policies, legislation and practice to promote deinstitutionalisation and community living. It will thus help to defend the interests of people with disabilities and to create a system of provision that allows for movement from institutions to living in the community. To avoid duplication of scarce resources and ensure a co-ordinated approach across multiple sectors when taking forward and implementing a joint strategy for change, emphasis has to be put on agreeing on a specific timetable, developing clarity and understanding about of one another's different roles and responsibilities, as well as to being able to measure if progress is achieved.

8. There are also particular challenges presented to children with autism and the Council of Europe member states will be at different stages in their recognition of the need for a shift in policy away from providing care and treatment, often in segregated institutions, towards enhancing the provision of community-based support and high-quality education within mainstream schools. In this regard the CD-P-RR refers to its decision taken at its 26th session (Strasbourg, 7-10 October 2003) to set up a Committee of Experts on the Education and Integration of Children with Autism (P-RR-AUT). The Committee is currently examining the services provided to children with autism, exchanging experience on the implementation of a coherent policy for this particular group, compiling a collection of examples of good practice, and will draw up recommendations to further the education and integration of children with autism.

9. Finally, if a clear mandate is given and adequate financial and human resources were made available, assistance could be provided to Council of Europe member states, upon request, to develop the measures outlined in the Council of Europe Disability Action Plan regarding community living and children with disabilities and to implement the forthcoming recommendations of the Ad hoc Group of Experts on community living (deinstitutionalisation) of children with disabilities. The CD-P-RR would offer its longstanding multidisciplinary expertise in disability standard setting and policy development to oversee such a possible assistance programme and ensure necessary exchange of information, as well as identifying opportunities for co-ordination with other Council of Europe bodies.