



Feasibility Study for a **Child Guarantee**

Target Group Discussion Paper on **Children in Alternative Care**

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Target Group Discussion Paper on Children in Alternative Care

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In 2015, the European Parliament called on the European Commission and the European Union Member States 'to introduce a Child Guarantee so that every child in poverty can have access to free healthcare, free education, free childcare, decent housing and adequate nutrition, as part of a European integrated plan to combat child poverty'. Following the subsequent request by the Parliament to the Commission to implement a Preparatory Action to explore the potential scope of a Child Guarantee for vulnerable children, the Commission commissioned a study to analyse the feasibility of such a scheme.

The *Feasibility Study for a Child Guarantee (FSCG)* is carried out by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in close collaboration with Eurochild and Save the Children, and with the support of nine thematic experts, 28 country experts and an independent study editor.

For more information on the Feasibility Study for a Child Guarantee, see:

<https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>.

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Other acronyms

AMIF	Asylum, Migration and Integration Fund
CoE	Council of Europe
CRC	UN Committee on the Rights of the Child
CRPD	UN Committee on the Rights of Persons with Disabilities
EC	European Commission
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
ERDF	European Regional Development Fund
ESC	European Social Charter
ESF	European Social Fund
ESIF	European Structural and Investment Funds
EU	European Union
FSCG	Feasibility Study for a Child Guarantee
FRA	European Union Fundamental Rights Agency
MS	Member State of the European Union
NGO	Non-government organisation
PA	Policy Area
SDGs	Sustainable Development Goals
TG	Target Group
UAM	Unaccompanied Minors
UASC	Unaccompanied and Separated Children
UN	United Nations
UNCRC	UN Convention on the Rights of the Child
UNCRPD	UN Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund

Context of the paper, authorship and acknowledgements

Following the call in 2015 from the European Parliament to introduce a Child Guarantee and the subsequent request to the European Commission (EC) in 2017 to implement a Preparatory Action to explore its potential scope, the Commission launched a feasibility study in 2018 that is aimed at examining and making proposals as to how a specific programme could best be developed in order to fight poverty and social exclusion amongst the EU's most disadvantaged children (i.e. children living in precarious family situations, children residing in institutions, children with a migrant background [including refugee children], and children with disabilities) and to ensure their access to the five key policy areas (PAs) identified by the European Parliament, (i.e. free healthcare, free education, free early childhood education and care [ECEC], decent housing, and adequate nutrition).

This *Feasibility Study for a Child Guarantee (FSCG)* has been commissioned as a key part of the Preparatory Action agreed between the EC and the European Parliament. The FSCG is managed by a consortium consisting of Applica and the Luxembourg Institute of Socio-Economic Research (LISER), in collaboration with Eurochild and Save the Children.

The FSCG is a combination of 28 Country Reports, five Policy Papers (one on each of the five PAs identified by the Parliament) and four Target Group Discussion Papers (one on each of the four Target Groups [TGs] identified by the Commission). This work is also being complemented by specific case studies highlighting lessons from international funding programmes, an online consultation with key stakeholders, and focus group consultations with children.

Each TG Discussion Paper examines in detail issues in relation to the access to the five PAs of children in the TG and reviews and assesses the strengths and weaknesses of existing approaches and policies at the national and EU level. It draws heavily on the analysis presented in the FSCG Inception Report¹ that was prepared by the FSCG Core Team, on the findings from the 28 FSCG Country Reports, on the five FSCG Policy Papers and on the results of the FSCG online consultation, as well as on the academic literature and consultation with key experts.

The draft TG Discussion Papers constituted important resources for the four TG fact-finding workshops that were organised in September and October 2019 as part of the FSCG. The papers were then finalised following the workshops. Discussions at these workshops together with the findings of the various FSCG reports will feed into an Intermediate Report, which will provide the basis for discussion at a concluding conference in early 2020. The final outcomes of the study will then be summarised in the Final FSCG Report.

The authors of the four TG Discussion Papers are grateful to Hugh Frazer, Anne-Catherine Guio and Eric Marlier (FSCG Core team), the Country and PA Experts (the list of these experts is provided in the Annex), Eurochild and Save the Children, as well as the fact-finding workshops' participants for their helpful comments and suggestions. All errors remain the authors'. The EC bears no responsibility for the analyses and conclusions, which are solely those of the authors.

¹ <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

1. Summary

This report takes a broad definition of the Target Group 'children residing in institutions' and will capture the situation of children in alternative care in European Union (EU) countries. By using the term 'children in alternative care', the aim of this report is to show that an effective decrease in the number of children in institutional care can only be sustained through measures including the development of family support services, the strengthening of other alternative care options such as foster care or kinship care, and the adoption of high-quality alternative care standards.

Despite a strong international and European framework protecting and promoting the rights of children in alternative care (which includes the TG) and an EU focus on deinstitutionalisation at policy and funding levels, too many children still live in alternative care institutions or in inadequate and sub-standard forms of alternative care. Some of the barriers identified include: lack of a holistic strategy; lack of political will; support of public opinion for residential care; poor management; and under-financing.

According to the available data gathered for the purposes of the FSCG, around 340,000 children are estimated to live in residential care across the EU. Large portions of those residential care facilities have an institutional culture and are incompatible with international human rights standards. This figure for the number of children in residential care in the EU should be used with extreme caution as it is only a rough estimate based on incomplete data. Statistics related to the TG are incomplete and unreliable. The lack of reliable and disaggregated data makes it more difficult for Member States of the EU (MS) to develop adequate and efficient policies to protect and care for the TG. It is also essential to get more qualitative data about the situation of children in alternative care, as the mere numbers do not give any indication about the quality of care and protection the children receive.

This report is only a snapshot of the current situation, considering the lack of complete data. One challenge for this EU-wide analysis is the different terms used for different types of care. There is no international or EU-wide agreed use of terms related to alternative care. In some cases, the terms are often not even harmonised at national level. To facilitate an understanding of this report, some key terms used in the literature on the TG have been defined at the end.

Based on the existing data, it is clear that there are many overlaps with the other TGs identified for the Child Guarantee (children with disabilities, Roma children, migrant and refugee children, and children living in precarious family situations), who are all at a higher risk of being placed into care institutions than other groups of children.

A more strategic approach based on comprehensive national policies and implementation plans related to the TG and their families could contribute to greater effectiveness in the use of EU Funds. More quantitative and qualitative data on children in alternative care are needed to understand the needs of the TG, and the current situation in respect of alternative care systems across Europe. For a more effective use of EU Funds, the projects should be embedded in national policies and it should be ensured that national budgets will take over when EU funding ends. In the next funding period, the requirement to set up policy frameworks that will promote the transition from institutional care to family-based care should not be limited to the 12 countries² identified by the European Commission (EC) in this funding period. All MS would benefit from improving their alternative care systems, if possible with the support of the EU Structural and Investment Funds (ESIF).

² Bulgaria, Croatia, Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia.

2. Definition of the Target Group and international human rights obligations

2.1 Definition

In line with the United Nations (UN) Guidelines for the Alternative Care of Children (hereafter referred to as the UN Guidelines), 'children in institutions' are children who, for various reasons, are *deprived of parental care* and for whom an alternative care placement in *residential care institutions* has been found. In various MS, alternative care placements for children without parental care can be provided in different environments, such as informal or formal kinship care (with relatives or friends), foster care, independent living arrangements (often for older children) or in residential care. Residential care can be provided in a family-like environment or in so-called *institutions* (FSCG, 2018).

Residential care/institutional care can also be provided in boarding school facilities³, in shelters for homeless children, or in hospital settings, in the absence of alternatives (this is most often the case for very young children, such as newborns who are relinquished/abandoned directly after birth and for whom more permanent care is being sought) (FSCG, 2018).

Figure 1: Different types of alternative care

This figure only indicates some types of care and is not comprehensive. Many forms of alternative care can be developed to care for the individual needs of children.

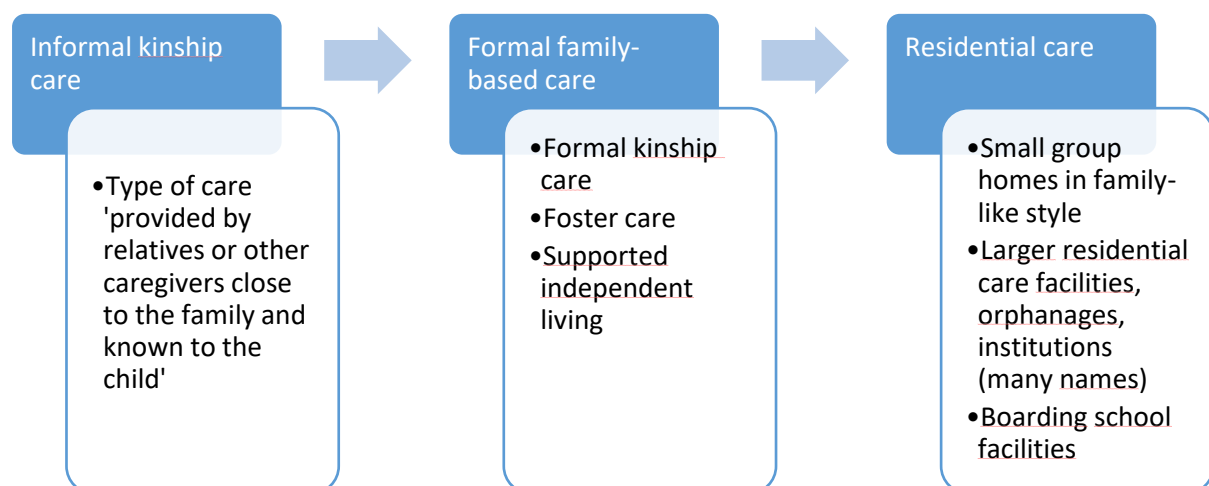


Figure 1 provides details on the different types of alternative care that are often available in MS, and which need to be further diversified in order for children deprived of parental care not to be placed in institutional care. Social workers providing case-management services need to have a range of options to choose from, in order to refer children to the form of care best suited for each case.

Large-scale institutional care with an institutional culture should never be used. International child rights standards, such as the aforementioned UN Guidelines and the Common European Guidelines for the Transition from Institutional Care to Community-based Care, call for the progressive elimination of institutional care for children and the development of a range of alternative care options (European Expert Group on the Transition from Institutional to Community-based Care (2012)).

³ Care in a boarding school would be considered institutional care if the child is placed on a permanent basis and has lost contact with their family and community.

Efforts have been made to define institutional care, with the UN Guidelines defining this by the size of the residential care facility. The Common European Guidelines for the Transition from Institutional Care to Community-based Care have gone further and defined institutions or institutional care by reference to the institutional 'culture' of the care environment rather than the size of the care facility: this culture is defined by the fact that *'residents are isolated from the broader community and/or compelled to live together; residents do not have sufficient control over their lives and over decisions which affect them; and the requirements of the organisation itself tend to take precedence over the residents' individualised needs'*. Even though the care facility is not defined by the number of residents, size is an important factor: *'smaller and more personalised living arrangements are more likely to ensure opportunities for choice and self-determination of service users and to provide a needs-led service'*.

In MS, residential care can be provided by public authorities directly or by private service providers such as non-government organisations (NGOs) or faith-based organisations. For instance, in Malta, all residential care institutions are run by the Church (Vassallo, 2019); while in other countries, such as England, there is growing concern about private companies running residential care services and making profits. According to experts, 73% of children's homes in England are privately owned, leading to a concentration of homes in the north-west and south-east of England due to low operating costs in these areas⁴.

The definition chosen for the FSCG has the advantage of focusing the attention of policy-makers on the persistent use of institutions for care placements in many MS despite the numerous studies showing the negative impact that growing up in an institution has on the development of a child, especially in the early years. Institutionalisation has impacts on attachment, neurological development, and cognitive development. As noted by Johnson et al. (2006), the 'evidence for the detrimental effects of exposure to institutional care without a primary caregiver on children is overwhelming when compared to the exposure of family-based care with a primary caregiver'.

However, the limitations of the definition concern the fact that those deinstitutionalisation policies might take a narrow approach; policies and strategies related to children in alternative care or at risk of losing parental care need to take a more systemic and child-centred approach, compatible with the EU's ten principles for integrated child protection systems⁵. According to those principles, developed at the 2015 European Forum on the Rights of the Child, child protection systems should, among other things, ensure adequate care in line with international standards, including the UN Guidelines, and include preventive measures.

The FSCG Country Reports clearly show the need to always look at the larger target group of children in alternative care, and children at risk of losing parental care, in order to avoid implementing fragmented or piecemeal policies or policies that do not always end up being in the best interests of children. When policies focus on one type of care instead of on the outcomes that the system should have for children, there is a risk of losing the focus on the child.

For those reasons, this report will take a wider perspective and look at children in alternative care generally and also at children at risk of losing parental care. Most national experts took this wider approach, as it was almost impossible to describe alternative care reforms within a narrow approach focusing only on the institutional care of children.

⁴ <https://www.theguardian.com/society/2018/dec/05/private-firms-making-big-money-childrens-social-services>;
<https://www.theguardian.com/society/2018/nov/10/vulnerable-children-treated-like-cattle-in-care-home-system>.

⁵ https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/child-protection-systems_en.

The definition of the TG used for the study does not include:

- children deprived of liberty as a result of being in conflict with the law;
- children living in prisons with their mothers; and
- children hospitalised for long periods of time.

2.2 International human rights obligations

All strategies, policies, and regulations related to the TG should be guided by international and European standards, and especially the UN Convention on the Rights of the Child (CRC) and the UN Guidelines, which were welcomed by the UN General Assembly in 2009. They should apply the principles of necessity (covered in Section 2.2.2 and in the key terms Section) and suitability (covered in the Section 2.2.3 and in the key terms Section) developed in the UN Guidelines.

The promotion and protection of the rights of the child is a key objective of the EU (Article 3(3) of the Treaty on European Union). The rights of the child are also enshrined in the Charter of Fundamental Rights, where Article 24 recognises that children are independent and autonomous holders of rights. Children have the right to protection and care, they should be able to express their views freely, and there is an obligation on duty-bearers to take their views into consideration in accordance with their age and maturity. Article 24 of the Charter also makes the child's best interests a primary consideration for public authorities and private institutions. Finally, it stipulates that children should have the right to maintain on a regular basis a personal relationship and direct contact with both of their parents unless that is contrary to their own interests.

In 2011, the EC adopted the EU Agenda on the Rights of the Child. It sets out a number of measures in areas where the EU can bring added value, such as making a children's rights perspective an integral part of EU fundamental rights policies. It notes that all children must be given a chance to voice their opinions and participate in the making of decisions that affect them.

The EC's Recommendation, 'Investing in children: Breaking the cycle of disadvantage' provides a clear framework for the EC and MS to develop policies and programmes to promote the social inclusion and well-being of children, especially those in vulnerable situations. The Recommendation emphasises that it is essential to invest in all children and their access to services (EC, 2013). It suggests integrated strategies based on three pillars: (1) access to adequate resources; (2) access to affordable, good-quality services; and (3) children's right to participate. The second pillar calls for particular attention to be given to enhancing family support and the quality of alternative care settings.

More recently, the adoption of a European Pillar of Social Rights, which was jointly proclaimed by the European Parliament, the European Council, and the EC on 17 November 2017, reinforces the importance of promoting children's rights (in particular principle 11).

In addition, the newly developed Sustainable Development Goals (SDGs) – in particular SDG 3 (good health and well-being), SDG 4 (good-quality education), SDG 8 (decent work and economic growth) and SDG 10 (reduced inequality) all have implications for each of the PAs and TGs.

2.2.1 Guiding principles from UNCRC

The UN Committee on the Rights of the Child (CRC) identified four rights from the UNCRC as guiding principles for interpreting the Convention. The guiding principles include the right to life, survival, and development; non-discrimination; the best interests of the child; and the right to participate. They represent the underlying requirements for any and all rights to be realised, and should guide the action of MS for the development of policies concerning the TG. Those four rights can also be found in other international and European instruments. The section below explores how they can be used to assess the situation of children in alternative care.

Right to life, survival, and development (Article 6, UNCRC)

The right to life is a prerequisite for the enjoyment of the other rights. UN member states should ensure that children survive and develop healthily as prescribed in Article 6 of the UNCRC.

This right to life is also enshrined in Article 3 of the Universal Declaration of Human Rights; and the latest General Comment of the UN Human Rights Committee issued in 2018 concerned the right to life. Paragraph 25 of the General Comment on the right to life focuses on deprivation of liberty and stipulates that the state's heightened duty of care includes '*mental health facilities, (...) juvenile institutions and orphanages*'.

Best interests of the child (Article 3, UNCRC)

According to Article 3 of the UNCRC, the best interests of children must be the primary concern in making decisions that may affect them. This principle should be taken into consideration at all stages of the alternative care process.

Non-discrimination (Article 2, UNCRC)

The right not to be discriminated against is enshrined in Article 2 of the UNCRC and obliges member states to ensure that children are not discriminated against based on 'race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, poverty, disability, birth or other status'.

The principle of non-discrimination implies that any reform of the alternative care system for children, and any deinstitutionalisation process, should include all children without any discrimination. Too often, member states design policies that do not include children with disabilities or they are often the last group of children to benefit from the deinstitutionalisation process. This is, for instance, the case in Lithuania where children with moderate disabilities, and especially those with severe disabilities, remain outside the reform process, as it is still widely believed that institutions provide them with the best care. This issue was flagged by the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Professor Dainius Puras (Poviliūnas and Sumskiene, 2019).

Right to be heard (Article 12, UNCRC)

According to Article 12 of the UNCRC, children have the right to be heard in all matters affecting them. This right applies to all kinds of judicial or administrative proceedings that affect the child, among them removal from the family and placement into care, as well as adoption. In such proceedings, the best interests of children cannot be determined without considering their views.

According to General Comment 12 from the CRC, placing a child in alternative care requires informing the child, providing the child with meaningful opportunities to express their views, and duly considering the child's view. Any monitoring institution, in order to ensure respect for the best interests of children in alternative care, should have unimpeded access to facilities and be able to hear the views and concerns of children directly. Participatory mechanisms in residential care facilities, such as children's councils, ensure that children's views are considered when developing and implementing the policies and rules of the institution.

The principle of child participation is also stressed in Article 24.1 of the Charter of Fundamental Rights, which stipulates that children 'may express their views freely' and that such 'views shall be taken into consideration on matters which concern them in accordance with their age and maturity'.

2.2.2 International obligations regarding family support services

These obligations correspond to the principles of necessity introduced by the UN Guidelines. This principle sets out a clear preventative role for national policy. Policies should ensure that supportive social services work towards preventing the separation of children from

their families and that only when it is in the best interests of a child should an alternative care placement be sought for a child.

The UNCRC states clearly in its preamble that 'the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding'. Article 18 reinforces this by saying that states must 'render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities (...)'.

International and European law – both EU and Council of Europe (CoE) – provide for the right to respect for family life (Article 23 of the International Covenant on Civil and Political Rights; Article 7 of the EU Charter of Fundamental Rights; and Article 8 of the European Convention on Human Rights [ECHR]). The associated right for children to be cared for by their parents and not to be separated from them is equally protected by those instruments (Article 9 of the UNCRC and Article 24 of the EU Charter of Fundamental Rights). Article 24 of the EU Charter establishes the right of children to protection and care as is necessary for their well-being.

Article 16 of the European Social Charter (ESC) gives clear indications of the measures necessary to realise the right to family life: 'With a view to ensuring the necessary conditions for the full development of the family, which is a fundamental unit of society, the Contracting Parties undertake to promote the economic, legal and social protection of family life by such means as **social and family benefits, fiscal arrangements, provision of family housing, benefits for the newly married, and other appropriate means**'.

The CoE Recommendation CM/Rec (2011)12 on children's rights and social services friendly to children and families addresses children's rights in social services planning, delivery, and evaluation. Its aim is 'to ensure that social services are delivered upon individual assessment of the child's needs and circumstances and take into account the child's own views, considering his or her age, level of maturity and capacity'. The Recommendation defines 'child-friendly social services' as 'social services that respect, protect and fulfil the rights of every child, including the right to provision, participation and protection and the principles of the best interest of the child'.

2.2.3 International obligations regarding children in alternative care

In respect of Article 20 of the UNCRC, children who are permanently or temporarily separated from their family environment have a right to special protection and assistance from the state. In respect of Article 25 of the UNCRC, children who are in alternative care placements have the right to have those arrangements looked at regularly to see if they are still the most appropriate. Their care and treatment should always be based on 'the best interests of the child'. According to Article 25 of the UNCRC, member states should have in place policies for the regular review of placement and the assessment of the suitability of the care.

While the UN Guidelines do not define clearly the terms related to alternative care and are of a non-binding nature, they do provide clear indications regarding the quality of care and the minimum standards for alternative care. The standards regarding children placed in care correspond to the principle of suitability: in cases where alternative care is deemed necessary and in the child's best interests, states are encouraged to ensure that: there is a range of alternative care options; that the care placements are taken on a case-by-case basis; and that the period spent in alternative care, and the care received, are suitable to the needs of that individual child.

Article 17 of the ESC requires states to 'take all appropriate and necessary measures designed to provide protection and special aid from the state for children and young persons temporarily or definitively deprived of their family's support'. The European Committee of Social Rights, which monitors the compliance of contracting parties with the ESC 'repeatedly recalled in its conclusions under Article 17 of the ESC that placement must be an exceptional measure, and only justified when it is based on the needs of the child,

namely if remaining in the family environment represents a danger for the child' (Häusler, 2019).

There is European Court of Human Rights (ECtHR) case law related to placing children in alternative care. According to this case law, the placement of a child is only compatible with Article 8 of the ECHR when it is in accordance with the law, pursues a legitimate aim (such as the protection of the child's best interests) and is deemed necessary in a democratic society. For instance, in *Olsson v. Sweden (No 1)*⁶, the Court considered that the placement was not compatible with Article 8 of the ECHR because the care decision should have been regarded as a temporary measure to be discontinued as soon as circumstances permitted, and the measures taken should have been consistent with the ultimate aim of reuniting the family of origin.

The CoE Recommendation Rec(2005)5 on the rights of children living in residential institutions establishes overall guiding principles to be applied whenever a child is placed outside the family, particularly in a residential care institution. It underlines that every placement must ensure that the child's human rights are fully respected. According to this Recommendation, placements are justified only when children are in such danger that it is impossible for them to remain in the family environment. The Recommendation sets quality standards for residential care: stipulating, for example, that small family-style living units should be provided.

International child rights standards call for children under the age of 3 not to be cared for in residential care under any circumstances – neither in family-like residential care facilities nor in institutional care environments.

2.2.4 International obligations regarding alternative care of specific groups

The rights highlighted above and the associated obligations of MS are relevant for all children in alternative care or at risk of being separated from their families. Some additional obligations specific to certain groups of children have also been adopted due to their specific needs and vulnerabilities.

Children in migration

Article 22.2 of the UNCRC specifies that States Parties have an obligation to protect children who are seeking refugee status or who are considered refugees in accordance with applicable international or domestic law and procedures, and to assist those children to trace their parents or other members of their family in order to obtain information necessary for reunification with their family. That Article then indicates that in 'cases where no parents or other members of the family can be found, the child shall be accorded the same protection as any other child permanently or temporarily deprived of his or her family environment for any reason, as set forth in the present Convention'. This Article clearly creates an obligation for States Parties to treat those children like all other children in need of alternative care without any discrimination.

The UN Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, together with the UN Committee on the Rights of the Child, adopted in 2017 two joint General Comments on the human rights of children in the context of international migration⁷. In General Comment 22, they mentioned alternative care of children and specified that the best interests of the child should be ensured explicitly through individual procedures as an integral part of any administrative or judicial decision concerning the placement or care of a child (paragraph 30). Paragraph 32(f) concerns more specifically children without parental care in the context of migration, and recommends that State Parties 'conduct a best-interests assessment on a case-by-case basis in order to decide, if needed, and in accordance with the Guidelines for the Alternative Care of Children, the

⁶ ECtHR, *Olsson v. Sweden (no 1)*, No 10465/83, 24 March 1998.

⁷ CMW/C/GC/3-CRC/C/GC/22 and CMW/C/GC/4-CRC/C/GC/23.

type of accommodation that would be most appropriate'. It adds that 'community-based care solutions should be prioritized' and that any 'measure that constrains children's liberty in order to protect them, e.g. placement in secure accommodation, should be implemented within the child protection system with the same standards and safeguards; be strictly necessary, legitimate and proportionate to the aim of protecting the individual child from harming him or herself or others; be part of a holistic care plan; and be disconnected from migration-enforcement policies, practices and authorities'. Finally, paragraph 36 of the Recommendation says that 'States Parties should appoint a qualified legal representative for all children, including those with parental care, and a trained guardian for unaccompanied and separated children, as soon as possible on arrival, free of charge. Accessible complaints mechanisms for children should be ensured.' General Comment 23 (Section E) reiterates the rights of the child regarding family life and alternative care, looking at the specificities of children in the migration context.

In line with the requirements of Article 24(2) of the EU Reception Conditions Directive, unaccompanied children seeking to obtain international protection in the EU must be provided with suitable and safe reception conditions, which include placement with a foster family, accommodation centres with special provision for children, or other suitable accommodation (such as supervised independent living arrangements for older children) (EU, 2013).

Regarding the obligation of MS towards children in migration, the latest EC Communication on the protection of such children recommends, in Part 4, that the availability and accessibility of suitable and safe reception conditions for children in migration should be ensured; that a range of alternative care options, including family and community-based care, to protect unaccompanied migrant children, should be in place; and that children should have access to mainstream and targeted services according to their individualised needs (EC, 2017).

Children with disabilities

The UNCRC details in Article 23 States Parties' obligations to ensure the fulfilment of all rights for children with disabilities, with an emphasis on the provision of services leading to self-reliance, full social integration, and individual development.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD), which was ratified by all 28 MS and the EU, recognises children's need for special protection in Article 7 (equal rights for children), Article 19 (equal right to independent living) and Article 23 (right to enjoy family life).

The right to family life primarily establishes that children with disabilities should have equal rights to live with and to be raised by their families. In order to ensure proper realisation of this right, member states should provide early and comprehensive information, services, and support to children with disabilities and their families in order to prevent concealment, abandonment, neglect, and segregation of children with disabilities.

Article 23 of the CRPD states that children with disabilities have equal rights to live within a family environment and should be afforded the means to do so. Article 23 specifically stipulates that 'to prevent concealment, abandonment and neglect of children with disabilities, States Parties shall undertake to provide early and comprehensive information, services and support to children with disabilities and their families ... In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents'. Article 23 further states that 'where the immediate family is unable to care for a child with disabilities, undertake every effort to provide alternative care within the wider family, and failing that, within the community in a family setting'.

In its Concluding Observations on the initial report of the EU, the UN Committee on the Rights of Persons with Disabilities (CRPD) recommended that 'the European Union take the necessary measures, including through the use of the European Structural and Investment Funds and other relevant European Union funds, to develop support services for boys and girls with disabilities and their families in local communities, foster deinstitutionalisation, prevent any new institutionalisation and promote social inclusion and access to

mainstream, inclusive, quality education for boys and girls with disabilities'. It also recommended that 'the renewed Agenda for the Rights of the Child include a comprehensive rights-based strategy for boys and girls with disabilities and safeguards to protect their rights' (CRPD, 2015).

The EU Charter of Fundamental Rights (in Article 26) recognises 'the right of persons with disabilities to benefit from measures designed to ensure their independence, social and occupational integration and participation in the life of the community'. This Article supports the development of programmes and actions for community-based care for children with disabilities and without parental care.

The CoE Recommendation CM/Rec(2010)2 on the deinstitutionalisation and community living of children with disabilities calls on member states to take appropriate legislative, administrative, and other measures to replace institutional care with community-based services within a reasonable timeframe and through a comprehensive approach. It states that all children with disabilities should live with their own family except in exceptional circumstances, and calls for phasing out new institutional placements and replacing them with a comprehensive network of community provision.

2.2.5 Conclusions

Existing international human rights obligations concerning the TG are sufficiently developed. However, their translation into national legislation and policies and the implementation of those obligations nationally still lag behind, as demonstrated for instance by the different cases before the ECtHR and the European Social Committee, as well as by the weak national policies in this area (see Section 4).

The case law study by Häusler (2019) on some economic and social rights of children in Europe concludes that 'partly the CRC's standards have been absorbed well by the European human rights system, however (...) considerable weaknesses concerning both procedural and substantial guarantees persist' for children in alternative care. 'First, both regarding the right to appropriate care and the right to maintain regular contact, very few cases have been filed by children themselves or solely on their behalf (e.g. without parents' rights being involved). Second, in such cases where the focus of the attention is on the rights of adults, domestic authorities and European bodies struggle to interpret and implement the concept of the best interests of the child.' She also stressed 'it appears from the case law that often there is no strong representation of children's interests in custody and care proceedings' (Häusler, 2019).

3. Overall situation of the Target Group in Member States

A lack of reliable data makes it impossible to estimate the number of children in alternative care, and more specifically of children in institutional care, in the EU, and therefore to fully capture their situation. Even if the statistics were available and disaggregated, the lack of qualitative studies and mechanisms in place to collect the opinions and experiences of children in alternative care makes some of the conclusions difficult. The trends highlighted in Section 3.3 would need to be confirmed by more solid and reliable data.

3.1 Lack of reliable, complete, and disaggregated data on children in alternative care

Some countries do not have any system to collect complete data on children in alternative care. For example, in Slovenia, the national Statistical Office published data on children in alternative care until 2013 and the Social Protection Institute until 2014 (Stropnik, 2019). Similarly, the Federation Wallonia-Bruxelles does not seem to have a system to collect data on children in alternative care; the Belgium Country Report based itself on an academic study, which estimated the number of children in alternative care in that part of the country with a margin of error of around 500 children) (Nicaise et al., 2019a). In Greece, there are no official published data on the actual number of children living in residential care institutions (Ziomas et al., 2019). Until there is further attention paid by MS to strengthening data sets and analysis, then children in alternative care and at risk of losing

parental care will continue not to have their needs analysed and violations of their rights reported.

Issues related to data collection and analysis are regularly mentioned by the CRC in its concluding observations. For example, in the case of Belgium, the Committee notes the establishment of 40 national indicators on children's rights and 'regrets that data collection remains fragmented and that children in the most vulnerable situations, such as children in poverty, children with disabilities and children separated from parents, have not been included in such indicators'⁸.

The data presented in Table 1 – updated from the table included in the FSCG Inception Report (FSCG, 2018) – should be looked at with caution for the following reasons.

- **Data related to children in care are incomplete and unreliable**

Most countries do not have reliable data. If this lack of data reflects an absence of administrative recording and follow-up, it is extremely worrying as unaccounted children are at a higher risk of abuse, exploitation, and trafficking.

The Country Report from Cyprus identified the lack of quantitative and qualitative information on the situation of children residing in institutions as one of the main gaps concerning the TG (Koutsampelas et al., 2019).

- **Data related to children in care might be duplicated**

In the Netherlands, children with 'multiple forms of youth care' appear several times in the national statistics from CBS Youth Monitor (van Waveren et al., 2019).

- **The comparison of data on stocks and flows is often not possible**

Some statistics might focus on flows, meaning that the statistics only provide information regarding the number of children entering the alternative care system but not the number of children in the care system (stock figure). For instance, the statistics provided for Flanders correspond only to the number of children entering the alternative care system: no information is available regarding the number of children currently in alternative care and more specifically in residential care in Flanders (Nicaise et al., 2019).

- **Different reporting periods and criteria for recording data are used in different countries and sometimes in different parts of the countries**

Not all countries collect their data at the end of the year. There might even be some difference in reporting mechanisms nationally. In the UK, the four jurisdictions (England, Wales, Northern Ireland, and Scotland) do not all collect their data at the same time, and they do not use the same criteria (Bradshaw et al., 2019).

- **Lack of harmonised and agreed terms regarding types of care placements across the EU**

The differing definitions in terms of the types of care placement make comparisons difficult at EU level and sometimes even at national level. The UN Guidelines do not define clearly the terms related to alternative care.

The terms *residential care* and *institutional care* are used interchangeably in many countries; in some languages, there is no difference between these two terms. The term alternative care is used in some countries as meaning 'alternative to institutional care'.

For instance, in the UK, the definitions and categories of placement are different across the four jurisdictions. The terminology and typology of care placements are often not harmonised nationally and certainly not at the European level.

⁸ CRC/C/BEL/CO/5-628 February 2019 (available at: https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fBEL%2fCO%2f5-6&Lang=en).

- **Some statistics include the over-18s still supported by child protection services in the transition period**

It is essential to continue to collect data on young people in the transition period and later on. In order to know how well the child protection system is performing, MS need to know the outcomes of young adults who went through the alternative care system. Qualitative studies such as longitudinal studies can enhance the understanding of policy-makers regarding the quality of care provided.

However, the fact that different age categories are used makes cross-country comparisons difficult.

- Portugal: Statistics include young people aged 18 to 20, as the Law of Protection of Children and Youth in Risk extends protection to young people under 21 who make a request for the continuity of an intervention started before they reached the age of 18.
- Sweden: Statistics from the Swedish Board of Health and Welfare cover the age group 0-20.
- Some statistics include children and young people in conflict with the law (e.g. Belgium, Czech Republic, Netherlands)
- Some statistics present an incomplete picture because they only include the statistics for children in public residential care facilities, and not in facilities run by the private, faith-based or voluntary sector

Some MS do not seem to collect and analyse centrally the data of all the children in alternative care, and focus only on data regarding children in public care.

In Poland, for instance, data from institutions run by non-public entities are missing or hardly available. This relates to children, often with severe disabilities, who reside in non-public centres (run, for instance, by religious organisations or convents) as well as in social assistance homes that are organised under the Act on Social Assistance (Topińska, 2019).

- **Unaccompanied minors (UAM) might be counted in statistics of another Ministry** (usually the Ministry of Interior) and not counted in the statistics related to the child protection system

Bircan et al. (2019) refer to the 'Migration data portal' which explains well that, 'realities on the ground make data collection and analysis by age, specifically on those aged under 18, extremely challenging'. The portal identified the following challenges for the collection of data on children: incomplete, unreliable or duplicated data; different definitions for age categories; different criteria for recording data; and the exclusion of children's agency over their lives (meaning for instance that some children may leave a shelter on their own accord to continue their migration journey).

- **Children with disabilities might not be included** in statistics related to children in alternative care

In some countries, different ministries or public authorities collect data concerning children with disabilities who are placed in residential care. In Flanders in Belgium, many children with disabilities are cared for in boarding schools, creating a sort of 'hidden' institutionalisation of children, as those children would not appear in the official statistics of children in residential care. There are a large number of boarding schools, with 142 mainstream boarding schools (caring for 330 children with disabilities) and 19 boarding schools for special education, caring for 2,000 children with disabilities. Of these boarding schools for special education, eight are permanently open, caring for children during weekends (Nicaise et al., 2019).

- **Most countries lack disaggregated data** (according to gender, age, disability, migration background) in terms of placed children

Different sub-groups might be over-represented in care or more vulnerable while in alternative care.

The lack of reliable and disaggregated data makes it difficult for MS to develop adequate and efficient policies to protect and care for the TG. Once reliable and complete data have been collected, the task of the authorities is to analyse that data in order to design appropriate policies. The Austrian coalition for children's rights notes in its supplementary report to the CRC that 'there is still no qualified scientific evaluation or interpretation of the data. To date, the data collected have not been used to derive any information on the further development of child and youth welfare in Austria' (Netzwerk Kinderrechte Österreich, 2019). The lack of data also implies a lack of proper monitoring.

3.2 Looking beyond statistics

To have an impact on the lives of children and young people in alternative care, it is necessary to develop tools and measures which help to understand the situation from the child's perspective and to look beyond statistics.

Statistics are not sufficient to get a clear and complete picture of the situation of the TG in Europe. More qualitative studies are necessary. Surveys and systems to collect the experiences of children in alternative care are essential. As noted in the study by Ainsworth and Thoburn, 'a particularly important knowledge gap left by these data is that they tell very little about the type, and even less about the service quality and outcomes, of the residential facilities in which children are placed' (Ainsworth and Thoburn, 2014).

CORAM in the UK developed a survey recently, which measures the subjective well-being of care-leavers aged 16 to 25. Whereas objective measures make assumptions about what is required for any individual, and then set out indicators to estimate how far the requirements have been satisfied, subjective measures ask people to assess their own well-being (Hadley Centre for Adoption and Foster Care Studies, 2015). This recent survey highlighted for example that a third of care-leavers do not feel their accommodation is right for them, yet official government statistics suggest 84% are in suitable accommodation (Baker, 2012).

Scotland went even further in their review of their care system⁹ and took the bold move 'to put love at the heart of Scotland's care system and rebalance the system to focus on supporting the child'. Talking about love allows the care review to refocus on one of the most important aspects of the care system: stable and caring relationships. The lack of stability in alternative care placements is a key factor related to poor outcomes in adulthood. Too many children still go through multiple alternative care placements and bounce between their families and the alternative care system.

3.3 European trends for the Target Group

The number of children in residential care needs to be looked at in proportion to the number of children in the country and the total number of children in alternative care. For instance, in Slovakia, in 2016, 1.4% of all children did not live with their families and 37.4% of children in alternative care were in residential care (Gerbery, 2019). In Romania, 1.3% of children did not live with their family in 2017 (of which one third were in residential care and two-thirds in family-type care: see Pop, 2019); and in Finland the share of children who did not live with their family was 1.4% for girls and 1.5% for boys in 2017 (Kangas, 2019).

Before developing the statistics concerning the percentage of children in residential/institutional care in relation to the total number of children in each country, it is essential to gather solid data on children in alternative care (and in each type of alternative care). With the currently available data, it was not possible to add this information to this report (except for the countries where such statistics are already provided, as mentioned in the above paragraph). It is also recommended that more qualitative information be gathered in order to avoid some of the shortcomings that

⁹ <https://www.carereview.scot/blog-care-review-care-about-love>.

deinstitutionalisation policies, which focus on numbers and statistics, encounter (see Section 4.1).

Bircan et al. (2019) stressed that, 'it is important to emphasise that data collection on the actual living conditions of children with migrant background is of major importance. Information about their education, social protection, social inclusion, health and also well-being needs to be improved.' The same can be stressed for children in alternative care.

Table 1 provides a rough estimate of the number of children in residential care in the EU. The total number does not indicate the proportion of children living in institutional care and those living in more suitable forms of residential care. In some cases, those numbers might even include some forms of family-based care. The information collected by Eurochild, TransMonEE, and the FSCG country experts, differs sometimes quite significantly. Those divergences highlight the urgent need to push for better collection and analysis of data across the EU.

Table 1: Number of children in residential care by EU country

This table was initially published in the FSCG Inception Report (FSCG, 2018). Columns 5 and 6 have been added with updated information from the Country Reports, when available. The last column provides contextual information on the number of children in the age group 0-17 years.

	Number of children in residential care (at the end of the year)					Number of children (0-17)
	Opening Doors for Europe's Children Campaign – country fact sheets (2016 data)	TransMo nEE (2014 data)	Eurochild National Surveys from 2010 (2007-08 data)	FSCG Country Reports (published in 2019)	Source of statistics for FSCG Country Reports (year)	Source: Eurostat 2018
Austria	8,423		6,076	8,411	Statistics Austria: Child and Youth Welfare Statistics (<i>Kinder- und Jugendhilfestatistik</i>) (2017)	1,533,569
Belgium	13,599			Flanders: 2,068; 2,830 in boarding schools; 1,194 in community institutions ¹⁰ Federation Wallonia-Brussels: 10,439	Flanders: Annual Report Youth Care (2017) and Annual Report Youth Care (2018). Federation Wallonia-Brussels: No official statistics available; see Swaluë (2013)	2,309,214
Bulgaria		3,713	7,602	661 ¹¹	Agency for Social Support (2019)	1,192,746
Croatia	1,459			1,045	Ministry of Demography, Family, Youth and Social Policy (MDFYSP, 2018a)	716,825

¹⁰ Community institutions in Flanders seem to be institutions with mixed objectives (for children in need of a care placement and children in conflict with the law). The source of the information for those institutions is: https://www.kennisplein.be/sites/Jeugdrecht/?action=artikel_detail&artikel=256.

¹¹ This includes only the number of children in large institutions and not the number of children in other forms of residential care such as small-group homes.

Cyprus				100	Social Welfare Services of the Ministry of Labour, Welfare and Social Insurance (Annual report) (2014)	168,574
Czech Republic		22,810		9,052 ¹²	Ministry of Education, Youth and Sport (2017/2018) Ministry of Labour and Social Affairs (MPSV/MLSA) (2018); Ministry of Health (2018)	1,948,890
Denmark			6,340	3,940	Statistics Denmark (2017)	1,165,500
Estonia	1,068	1,056	1,398	1,068	FSCG Inception Report and Opening Doors for Europe's Children (2016)	252,117
Finland			8,095	9,104	THL, <i>terveyden ja hyvinvoinnin laitos</i> [the National Institute for Health and Welfare] (2018)	1,066,261
France			154,819	57,368¹³ (+ 12,575¹⁴)	Drees, Enquête Aide Sociale (2016)	14,648,928
Germany			68,788	95,582	Statistisches Bundesamt (Federal Statistics Office) (2016)	13,538,146
Greece	2,825		2,500	3,000	Estimate from the Greek Ombudsperson (2015) ¹⁵	1,872,031
Hungary	6,183	6,940	9,582	6,183	Yearbook of Welfare Statistics (2017)	1,715,113
Ireland			401	369	Tusla (November 2018)	1.195,856
Italy			15,600	21,000	ISTAT (2015)	9,806,377
Latvia	1,200	2,710	2,655	1,037 (1,170¹⁶)	Orphan's court Latvia (2017); Ministry of Social Welfare (2017)	358,762
Lithuania	3,186	4,086	9,483	3,871	Department of Statistics (Statistics Lithuania) (2017)	503,015

¹² This number includes children and young people in the juvenile justice system. To obtain the total number of children in residential care, it is necessary to combine the data from three different ministries. The difficulty in getting a clear number of children in residential care is increased by the fact that this number includes inflow information provided by the Ministry of Health (1,490 children admitted in institutions for children aged 0-3), whereas the other ministries provide stock numbers at the end of the year (Sirovátka 2019).

¹³ According to a survey from DREES from July 2018 (based on data from 2014), there are 107,200 children with mental and physical disabilities in residential or semi-residential care but who are not without parental care.

¹⁴ 12,575 corresponds to the number of children in 'other types of placement', which covers family-based alternative care options (e.g. kinship care, placement with the prospective adoptive family) and residential care options (e.g. SOS Children's Villages, boarding schools).

¹⁵ Greek Children's Ombudsman (2015), *Special Report on the rights of children living in institutions*, available at: <https://www.synigoros.gr/resources/docs/575568.pdf> (in Greek).

¹⁶ The data from the Ministry of Social Welfare differ from the data from the Orphan's Court as they also include children placed voluntarily by their parents.

Luxembourg			1,033	803 ¹⁷	Ombudsman for the Rights of the Child (ORK) (2018)	116,805
Malta			220	155	(March 2019)	79,163
Netherlands (no of beds)			14,516	23,700 ¹⁸	CBS Youth Monitor (Jaarrapport Landelijke Jeugdmonitor) (2017)	3,386,096
Poland	52,916	49,108		16,856	Statistical Yearbooks (2017)	6,874,006
Portugal			15,837	6,119	Instituto da Segurança Social (2017)	1,755,409
Romania		21,540	25,530	18,200	National Authority for the Protection of Children's Rights and Adoptions (ANPDCA) (2017)	3,680,850
Slovakia		5,307	4,709	5,266	Central Office of Labour, Social Affairs and Family (2016)	1,006,982
Slovenia		1,137	1,334	No data available	Statistics not collected	366,526
Spain	13,596		14,605	17,527	Statistical Data Bulletin on Child Protection Measures. Bulletin number 20 (2017)	8,351,971
Sweden			4,000	11,000	Statistics from the Swedish Board of Health and Welfare (SoS) (1 November 2016)	2,121,598
United Kingdom			7,437	England: 6,500 Scotland: 1,121 Wales: 331 Northern Ireland: 166 (All those statistics – except for Northern Ireland – include children in residential schools) Total: 8,655	Department for Education, England (March 2018); Scottish Government, Children's Social Work Statistics Scotland (2018); Welsh Government, Experimental Statistics on children looked after by local authorities (2018); Department of Health, Northern Ireland, Children's Social Care Statistics for Northern Ireland (2017-2018)	14,016,366
Total		455,385 (bold numbers)		343,057		95,747,676

Sources:

<https://www.unicef-irc.org/databases/transmonee>.

https://www.eurochild.org/policy/library-details/article/national-surveys-on-children-in-alternative-care-2nd-edition/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&chash=f78d80ae85407aaa5868085142f4f2de.

Opening Doors for Europe's Children country fact sheets: <https://www.openingdoors.eu/category/resources/country-factsheets>.

Country Reports for the FSCG; internal documents.

<http://www.oecd.org/els/family/database.htm> (estimated number of children, 2015).

<https://ec.europa.eu/eurostat/web/population-demography-migration-projections/data/database>.

¹⁷ 724 of these children were placed in institutional care in Luxembourg and 83 in institutions outside Luxembourg.

¹⁸ Children with multiple forms of youth care appear several times in the statistics; the statistics might include children in conflict with the law.

In all countries where disaggregated data were available, it becomes clear that some groups of children are still over-represented in the alternative care system, and especially in residential care. Those groups are as follows.

- **Children with disabilities**

Across the EU, there is a disproportionate number of children with disabilities in alternative care and especially in residential or institutional care. According to the United Nations Children's Fund (UNICEF), children with disabilities in eastern Europe and central Asia are almost 17 times more likely than other children to be institutionalised (UNICEF, 2012).

According to information gathered for the FSCG Inception Report (FSCG, 2018) (see Annex 1), the regional picture for the EU remains incomplete, but suggests that children with disabilities represent a large proportion of all children placed in residential care in the EU.

Some data from the Country Reports illustrate the over-representation of children with disabilities in alternative care.

- Germany: At the end of 2014, at least 13,281 children and adolescents with disabilities were living in residential facilities, out of 95,582 children in residential care (Hanesch, 2019).
- Romania: In 2017, of the total number of children in residential care, 30% were children with disabilities (Pop, 2019).

- **Children with minority, ethnic or recent migrant background**

- There are disproportionate numbers of Roma children in institutions across Europe compared with their share of the total population. In Hungary, Bulgaria, and Romania, for example, 60% of children in institutions are of Roma origin, while Roma people represent 10% of the total population (Opening Doors for Europe's Children, 2018a).
- In many countries, children with a migrant background are over-represented in residential care. For example, in Germany, out of the 95,582 children living in residential care, 46,088 are children with at least one parent of foreign origin. This accounts for almost half of the children in residential care (Hanesch, 2019).
- Unaccompanied minors

UAM are largely cared for in residential care, and often in institutional care with a sub-standard quality of care.

- Bulgaria: UAM are accommodated with adults in shared rooms or in dormitories. This type of care does not even qualify as residential care, but constitutes inappropriate and unsafe accommodation (Bogdanov, 2019).
- Italy: 83% of young migrants and refugees who arrived in 2018 were unaccompanied and separated children (UASC) and 10,787 UASC lived in Italy at the end of 2018. This huge increase in the number of children entering the child protection system creates unprecedented pressure and most children are cared for in residential care. At the end of 2015, 28% of children in alternative care were UASC (Raitano, 2019).

- **Boys**

In most MS, there are more boys than girls in residential care, and sometimes generally in alternative care. This trend can be traced back to even before the arrival of unaccompanied male minors in the child protection system in many countries and is noted even in countries without a large presence of UAM. To the best of our knowledge, no study has been undertaken to understand this phenomenon.

- Czech Republic: In 2017, there were 3,670 boys placed in care and only 2,675 girls (Sirovátka, 2019).
- England: 64% of children in children's homes are boys. This is a much greater imbalance than the imbalance for children in alternative care in general (Bradshaw et al., 2019).

- Latvia: According to the data of the Ministry of Welfare as at 31 December 2017, there were 1,170¹⁹ children in social care institutions (state and municipal), among them 702 boys and 468 girls (Lace, 2019).

The arrival of a large number of UAM has of course also played a major role in the increase of this over-representation of boys. For instance, in Germany, the imbalance is extreme, with two thirds of the children in residential care being male (Hanesch, 2019).

- **Teenagers/older children**

The age distribution also shows an over-representation of older children being placed in care, and often in residential care, across the EU. Some examples in the Country Reports illustrate this trend.

- England: Children in residential care tend to be much older than the average for children placed in all forms of alternative care. An analysis found that the average age of children in children's homes was 14.7 (Bradshaw et al., 2019).
- Portugal: 66.4% of the children placed in care are aged over 12 (Perista, 2019).

Some of the explanations given for the large numbers of older children placed in alternative care include a lack of early intervention, and behavioural problems. Kvist (2019) explains that 'some social problems grow over time and appear in the teenage years such as psychological problems, drug abuse and criminal behaviour'. Kangas (2019) notes that, in Finland, 'the most frequent causes of 17-year-olds being placed outside of their homes are substance abuse, aggressive behaviour, mental health problems (...) and that they frequently come from families with mental health or substance abuse problems (...). The increase in placements of older children is an indication that there are not enough open care-based early intervention measures available.' He also notes that violence in the family is also sometimes the reason of placement for those teenagers (Kangas, 2019).

In countries with many UAM in the child protection system, this proportion is even higher. The arrival of a large number of UAM played a role in the age imbalance in some MS, such as Germany.

- **Children from poor families**

Poverty and other social stress factors remain a reason for alternative care placements.

According to the 2017 Report of the Children's Ombudsman in Croatia, poverty is the main factor that separates children from their families (Opening Doors for Europe's Children, 2019a). In Denmark, 'there is a strong social bias in the recruitment to residential care for children. Almost one in 10 children of parents without work have been placed outside the parental home compared to 1.4% of parents with work'. In Hungary, children often get into alternative care because of the (housing) poverty of their families (Albert, 2019).

In Germany, a large number of empirical research projects show that children and young people from socially disadvantaged families are seriously over-represented among those in residential care. The differences between east and west Germany in the use of residential care might also be linked to those regional trends: more children are in residential care in regions affected by social stress factors such as unemployment and housing shortages. 'In 2016, 111 per 10,000 young people under 21 years of age in east Germany went into residential care; in west Germany, the figure was considerably lower, at 84' (Hanesch, 2019). In the UK, there is evidence that the increase in the number of children in alternative care has been much greater in more disadvantaged areas (Bradshaw et al., 2019). In Hungary, according to the Ombudsman, 36.1% of children aged 0-17 are at risk of poverty and social exclusion, and 30% of the children in care are separated from their families for financial reasons (Opening Doors for Europe's Children, 2019b).

Based on the available data regarding children in alternative care in MS, the following are some of the other conclusions that can be drawn.

¹⁹ The numbers may differ from Orphan's Court data as they also include children that the parents themselves asked to be put in orphanages for a fixed period (due to some problems in their life).

- **Children under 3** are still placed in institutional or residential care

Despite the considerable amount of evidence of the harmful effects of institutional care on a young child, too many children under 3 are still placed in residential or institutional care.

- Czech Republic: 404 children under 3 were in residential care in 2017 (Sirovátka, 2019).
- Latvia: At the end of 2017, 95 children under 3 were in residential care institutions (Lace, 2019).
- Poland: There were 213 children under 1 in residential care in 2017 (Topinska, 2019).
- Portugal: 88% of children under 5 placed in care were in residential care in 2017 (Perista, 2019).

- **Increase in the numbers of children and young people in alternative care and also of children in residential care**

The data collected by the national experts show an increase in the number of children in alternative care and in residential care in most EU countries in recent years.

In Croatia, the number of children placed in institutions, after falling between 2013 and 2016, increased by 3.7% in 2017 (Zrinščak, 2019).

The increasing number of unaccompanied foreign minors in residential care is a major factor in this increase of children in residential care. In Germany, after years of stagnation, the number of young people taken into care has risen sharply since 2013, by around 25,000 or 68% (Hanesch, 2019).

Another factor in the increased numbers of children placed in care might be changes in strategies, policies or practices: in the UK, since 2010, the number of children in alternative care has steadily increased, and this might be attributed to changes of practices after child protection scandals, such as the Victoria Climbié case (Bradshaw et al., 2019).

An increase in the number of children in alternative care might mean an increase in the number of children in residential care (in absolute numbers), but not automatically an increased use of residential care. In the UK, there was an increase in the number of children placed in alternative care (except in Scotland), but the proportion of children in residential care does not appear to have changed: 5% in Wales and Northern Ireland, and 8% in Scotland and England (Bradshaw et al., 2019). On the contrary, in Portugal, even though there was a clear decrease in the number of children in alternative care (by around 8% in 2017), the number of children placed in foster care fell in favour of residential care. The relative weight of family-based care decreased from 28.3% in 2006 to 3.1% in 2017 (Perista, 2019).

- **A decrease in the use of foster care, or in the number of foster carers, in many EU countries**

Although family-based care in Spain continues to be more prevalent than other forms, it has continued to decrease since 2013 (from 21,644 children in 2013 to 19,641 in 2016 and 19,004 in 2017).

In Croatia, another development in 2017 was the increase in the number of children readmitted to institutions after having been in foster care, which indicates a problem with foster care (Zrinščak, 2019).

In Lithuania, the number of foster carers diminished by 23% in the last decade, mainly due to the low childcare allowance, the negative image associated with being a foster carer, and deeply-rooted stereotypes that institutions are an appropriate place for a child to grow up (Poviliūnas and Sumskiene, 2019).

3.4 Situation of the Target Group through the lens of the five Policy Areas

Even though alternative care reforms relate to more PAs than the five selected for the FSCG, it is important to note that the five PAs chosen are also relevant for this TG and that some gaps are still to be noted.

3.4.1 Education

Children and young people in the alternative care system might often lag behind at school and need extra support, and sometimes specialised support, to be able to improve their education outcomes. Among Danish children in foster care, more than 40% attend a special school or class, or receive special education support in a mainstream class – as opposed to less than 5% of other children and young people. Even for those in ordinary education, the educational situation is alarming, with foster care children lagging up to two grades behind in Danish and maths, compared with other children (Børne- og Socialministeriet, 2018).

According to a freshly published report, 1 in 3 pupils in England who are in contact with the social care system have experienced an 'unexplained exit from the education system' (Hutchinson and Crenna-Jennings, 2019). In Scotland, the Scottish Government assessed that a lack of qualifications and belief in their own ability prevent the majority of young people who spent time in the care system from entering university; only 4% of young people who grew up in care went straight on to higher education, compared with 39% of their peers who did not experience the care system (Scottish Government, 2016).

Bogdanov (2019) noted one issue regarding the education of children in alternative care institutions in Bulgaria: their segregation. Segregation of children in institutions also follows from the fact that some institutions (either for disabled children or in special youth care) are typically linked to (boarding) schools, as in the Czech Republic or Denmark (Nicaise et al., 2019a).

3.4.2 Health

Children who have been removed from their families of origin and placed in alternative care are at a significantly higher risk of poor developmental outcomes. Their vulnerability is often the result of adverse biological and psychosocial influences: prenatal exposure to alcohol and other drugs; premature birth; abuse and neglect leading to foster placement; and failure to form adequate attachments to their primary caregivers. This vulnerability might also be linked to the institutional environment as highlighted in Section 2.1.

Many Country Reports mentioned the lack of mental health services, or the provision of inappropriate mental healthcare services, among the weaknesses of policies and service provision for this TG (e.g. Finland, France, Portugal, Slovenia), along with the poor implementation of health check-ups (e.g. Sweden).

3.4.3 Housing

In some cases, the poor housing conditions of the family might have an influence on the placement of children in care (e.g. Hungary, Austria). The ECtHR ruled in a case against the Czech Republic²⁰ that there had been a violation of the right to family life (Article 8 of the ECHR) because a care order in respect of the applicants' children had been made solely because the large family had been inadequately housed at the time. Under the social welfare legislation, however, the national social welfare authorities had powers to monitor the applicants' living conditions and hygiene arrangements, and to advise them what steps they could take to improve the situation themselves and find a solution to their housing problem. Separating the family completely on the sole grounds of their material difficulties had been an unduly drastic measure.

²⁰ *Wallová and Walla v. the Czech Republic*, No 23848/04, 26, Judgment of 26 October 2006.

Regarding children living in residential care, housing conditions are sometimes not of high quality and do not offer a safe and caring environment. The housing situation of UAM is especially dire in many European countries. In Bulgaria, UAM are accommodated with adults in shared rooms or in dormitories (Bogdanov, 2019).

Regarding young people ageing out of the care system, housing is one of the major issues. In France, a recent study showed that 25% of all homeless people born in France had been in alternative care (Frechon and Marpsat, 2016) and a more recent report from Fondation Abbé Pierre, an NGO working with vulnerable populations, estimated that 36% of homeless people in France in the age range 18-25 had been in alternative care (Fondation Abbé Pierre, 2019). Similar studies in other European countries have highlighted similar trends, for instance in Ireland. Focus Ireland is calling for an extension of the ring-fenced funding for accommodation for care-leavers and an increase in the number of after-care workers²¹.

In Romania, the situation is unique, and the opposite of that in other countries. Pop (2019) notes that 'children in residential care have, in principle, better access to education and healthcare services, as well as to adequate nutrition and housing, than children from the "source-communities"'. Such a situation, if pushed to the extreme, can lead to a pull factor, meaning that families might think that their children are better off in residential care than with them.

3.4.4 Nutrition

The issue of nutrition should be covered by minimum standards for alternative care settings. In Italy, Raitano (2019) notes a wide disparity between residential care facilities in the different regions and mainstream education and healthcare, in terms of their capacity to offer children adequate nutrition.

In extreme cases, the lack of nutrition, or of appropriate nutrition, has led to violations of the right to life of the children in alternative care institutions. The right to life is also enshrined in Article 2 of the ECHR. A few cases before the ECtHR have concerned the right to life of children in institutions. For instance, in the case *Nencheva and Others v. Bulgaria*²². During the winter of 1996-97, Bulgaria had faced a serious economic crisis, rendering the Dzhurkovo care home (a state-run care home for children with mental and physical disability) unable to provide adequate food, heat, and medical care for the children living there. Despite the manager's description of the problems and requests to government officials for assistance, the government failed to provide any help, and as a result 15 children at the facility died that winter. The Court held that the Bulgarian authorities knew or should have known that the lives of children in the facility were at grave risk and had failed to take action to protect them.

3.4.5 Early childhood education and care

As indicated earlier, international child rights standards call for children under the age of 3 not to be cared for in residential care under any circumstances – neither in family-like residential care facilities nor in institutional care environments.

²¹ <https://www.irishtimes.com/news/social-affairs/young-people-leaving-state-care-face-real-risk-of-homelessness-1.3861335>.

²² *Nencheva and Others v. Bulgaria*, No 48609/06, Judgment of 18 June 2013.

4. Description and assessment of main policies and programmes in place in the Member States and recommendations for improvements

Most policies of MS related to children in alternative care are not yet fully in line with the UNCRC and the 2009 UN Guidelines for the alternative care of children. All policies related to children in care and at risk of being separated from their parents should be guided by the principles of appropriateness and suitability developed in the UN Guidelines – see the definition of these principles in the ‘Key terms related to alternative care’ at the end of this report.

National experts were asked to identify the main weaknesses and barriers in existing policy instruments related to the TG. Most informants did not limit themselves to children residing in institutions and looked at some broader issues. Annex 2 lists all the answers provided and illustrates the wide range of policies necessary for the successful realisation of the rights of children in alternative care. Their answers are also reflected in the different sub-Sections 4.1-4.7.

4.1 Deinstitutionalisation policies

The Common European Guidelines for the Transition from Institutional Care to Community-based Care correctly avoid as much as possible using the term deinstitutionalisation ‘since it is often understood as simply the closure of institutions’ and explains that when the term is used, it ‘refers to the process **of developing a range of services in the community, including prevention, in order to eliminate the need for institutional care**’.

Many MS have made the transition from alternative care systems that rely mainly on residential care with an institutional care culture to systems that provide care to children in family-based or family-like care settings. For instance, Ireland now has one of the lowest numbers of children in residential care due to a radical transformation of its child protection system after the revelations of widespread abuse of children in institutions. Ireland has developed in the last 20 years a wide range of care options to cater for the individual needs of children. However, there are still MS where residential care, often with an institutional care culture, is the predominant alternative care service available to children without parental care (FSCG Inception Report, 2018).

Even though most countries in Europe developed deinstitutionalisation strategies and policies more than 20 years ago, progress is very slow. For instance, Hungary started its deinstitutionalisation process in 1997 and still has some relatively large institutions; Lithuania started in 2003, Romania in 2004, Croatia in 2006, and Bulgaria in 2007. In Estonia, the Green Paper on Alternative Care was finalised in 2014 and three main objectives were set: to increase the proportion of family-based alternative care, to increase the quality of alternative care, and to improve the effectiveness of the transition to independent living and continued services (Anniste, 2019).

The main barriers to the successful and effective realisation of deinstitutionalisation policies seem to be the following.

- **Lack of a vision and a strategy on deinstitutionalisation**

All 12 countries (except Greece) identified by the EC as in need of deinstitutionalisation reforms have developed a strategy for deinstitutionalisation.

Some countries with a high number of children in institutions still lack a deinstitutionalisation strategy. This is the case, for instance, for Belgium, France, Portugal, and Spain. As highlighted above, it is essential that those reforms are comprehensive, systemic, and not just focused on reducing the number of alternative care institutions. It would be more appropriate to speak of a strategy for a reform of the alternative care system. However, as many countries still refer to deinstitutionalisation strategies, this report still uses that term.

- Belgium: According to the campaign Opening Doors for Europe's Children, 'there is no deinstitutionalisation strategy for children living in institutions. Deinstitutionalisation in Belgium is considered as an austerity measure, and stable employment of professionals working within institutions is a priority for the state. Due to the influx of unaccompanied migrant and refugee children, more institutions have been now opened or extended.' (Opening Doors for Europe's Children, 2019)
 - Spain: There is no national strategic framework for a full transition from institutional to family- and community-based care (Opening Doors for Europe's Children, 2019e).
 - Portugal: The country adopted a strategy that covers deinstitutionalisation, but it lacks a more complete and holistic strategy for the reform of the alternative care system. In its concluding observations on the combined third and fourth periodic report of Portugal, the CRC expressed its concern at 'the low number of foster families and family-based placements of children, and the still widespread use of institutionalisation, in particular of younger children' (CRC, 2014: 11), thus recommending that Portugal develop and implement an overall deinstitutionalisation strategy (Perista, 2019).
- **Public opinion is inclined to support residential care institutions in some countries** and institutions are still seen as an appropriate care and protection measure (e.g. Portugal, Lithuania).
 - **Lack of political will**

Some MS seem reluctant to engage in deinstitutionalisation processes and more comprehensive alternative care reforms. In Portugal, media reports echoed the declarations of the State Secretary for Inclusion during the presentation of the latest annual report regarding the situation of children in care in November 2018: 'until we ensure the necessary means for guaranteeing the monitoring and supervision of foster families we do not feel safe to increase their number even if this is our will'²³. From this lack of political will comes a lack of funding and investment in the appropriate policies and practices to really lower the number of children in residential care. Some experts noted 'the lack of success is mostly due to the fact that past policies and practices have not changed. Available financial and technical resources are still channelled to the creation and functioning of residential facilities in disfavour of the other legal measures envisaged. The practically null investment in the recruitment of new foster families is an example.' (Delgado and Gersão, 2018, in Perista, 2019)

- **Lack of a holistic and systemic approach and preparedness**

Most national deinstitutionalisation policies have been criticised for their lack of a systemic or holistic approach. In Lithuania, for instance, the deinstitutionalisation process has been criticised for 'poor management, an inability to think holistically and the lack of an integrated plan' (Poviliūnas and Sumskiene, 2019). If the policy does not include measures to support family-based care options and prevention measures, the deinstitutionalisation policy cannot be sustainable.

The UN Special Rapporteur on the rights of persons with disabilities, in a report presented at the General Assembly in January 2019, reminded member states that a comprehensive approach is necessary and that 'many strategies are required to end the institutionalisation of children with disabilities. These include building up family support, the provision of child services within the community, child protection strategies, inclusive education and the development of disability-inclusive family-based alternative care, including extended

²³ 'Famílias de acolhimento "congeladas" até existirem meios de fiscalização', 20 November 2018, available at: <https://www.publico.pt/2018/11/20/sociedade/noticia/nao-vaao-existir-familias-acolhimento-nao-existirem-meios-fiscalizarem-1851691>.

kinship care, foster care, and adoption. All these forms of alternative care need to be provided with appropriate training, support and monitoring to ensure the sustainability of such placements' (UN, 2019).

- **Poor management and under-financing**

Some strategies lack the adequate funding, clear timeframes/benchmarks, and the involvement of children, required to make them effective (e.g. Czech Republic, Spain, UK, Lithuania, Bulgaria).

- Czech Republic: The unbalanced financing of social services does not support the deinstitutionalisation process. Within the child protection system, 42% of financial resources are devoted to institutional care, 36% to family-based care, and only 8% to preventive work with families (Sirovátka, 2019).
- Spain: Rodríguez Cabrero and Marbán Gallego (2019) mentioned, as priorities for the reform of alternative care, the provision of sufficient financial resources to achieve a wider family-based care model, and trained and motivated professionals in residential care.
- UK: Early intervention to prevent children going into care is recognised as essential, and in principle there are strategies and frameworks in place to achieve this. However, the UK Children's Commissioner noted that one of the consequences of the government's austerity measures was a reduction in such services (Bradshaw et al., 2019).

- **Economic argument backfires**

Often, deinstitutionalisation policies are justified by arguing that foster care is a cheaper option than residential care. Investments are necessary in services to support families before they break down; to support families while the child is in care; to invest in social care services; and to support foster carers and specialised foster carers for children with more complex needs. The low investment in all those services explains the slow pace and sometimes stagnation of the deinstitutionalisation process. Low salaries explain in some countries the difficulty in recruiting foster carers.

- **Lack of prevention measures**

Institutionalisation is frequently caused by: a lack of adequate preventive measures offered by the state to families, such as counselling services for parents; the limited or unavailable provision of early intervention and financial, legal or psychological support; and a lack of adequate support and inclusive education for children with disabilities. For example, in Belgium, it is reported that waiting lists for personal assistance budgets force parents of children with disabilities to turn to residential care for their child to receive adequate care (Ballesteros et al., 2013). In Croatia, there are no assessments of the kinds of community services that are needed, of what quality, in which regions, and how this can be achieved. Social work centres are understaffed and lack the resources to work with families in need of such services, and there is no insight as to how expert support to families will be ensured (Zrinščak, 2019).

- **Division of responsibilities between different ministries or public authorities at different levels**

Governance and coordination between the different levels and sectors of government involved in deinstitutionalisation present a major challenge in many MS. In particular, relatively few of them have set up efficient modes of cooperation between the different sectors involved in the process of deinstitutionalisation, or more generally cooperation between the different sectors working on child protection. Some examples of the governance and coordination challenges are provided in the Country Reports, as follows.

- Austria: A constitutional amendment was adopted in 2018, which gave sole competency for the child and youth welfare agendas to the federal states. This results in the creation of nine different child and youth welfare systems in Austria, which gives rise to fears of further unequal treatment and a

massive deterioration in child protection. The compilation of meaningful nationwide statistics will then no longer be guaranteed (Netzwerk Kinderrechte Österreich, 2019).

- Czech Republic: Not only does the care of vulnerable children fall under the competence of three governmental departments, it is also divided between the state public administration and regional governments. The disagreements between the ministries resulted in the Action Plan for the National Strategy on the Protection of Children's Rights 2016-2018 not being adopted (Sirovátka, 2019).
- Slovenia: The responsibility for alternative care is split between the Ministry of Social Affairs, the Ministry of Education, and the Ministry of Interior (Stropnik, 2019). This type of split is common in many of the MS, causing numerous coordination problems and slowing down the implementation of the policies, as no clear lead is given.
- Poland: The deinstitutionalisation strategy sets out policy instruments designed to support and strengthen the role of families of origin in raising their children, and establishes measures aimed at the development of various forms of alternative care. However, there are problems with coordination in practice, since family support is provided largely at municipal level, with some role assigned to district level, while alternative care is organised mainly at district level with some responsibilities imposed on the regions (Topinska, 2019).

- **Lack of social workers and lack of adequate training of social workers**

The shortage of social workers in many countries to support the preventive work and to give quality time to the needs and situation of children in care and care leavers. The poor working conditions and negative image do not help to recruit more social workers. For instance, in Croatia, social work centres lack the staff and the resources to work with families and, where needed, to develop an individualised plan (Zrinscak, 2019).

- **Regulatory policy is designed in a way that does not anticipate implementation and enforcement issues**

In Romania, until 2019, children under 3 years could not be put in residential care unless their condition required special interventions and care. Due to the shortage of alternative family care options, small children entering the child protection system were labelled either as with disabilities, health issues or special educational requirements so that they could be placed in residential care. As of 2019, the law increases the age up to which children cannot be placed in residential care to 7 years. Yet the shortage of alternative family care options still persists (Pop, 2019).

Van Waveren et al. (2019) also note that one of the main weaknesses in the current alternative care system in the Netherlands is that policy and practice do not match. In theory the policy is based on the prevention of alternative care placements, but in practice serious problems are not identified in time and/or specialised support to solve them is insufficiently available.

4.2 Policies on preventing the separation of children from families

Family and parenting support is increasingly recognised as an important part of national social policies and social investment packages aimed at reducing poverty, decreasing inequality, and promoting positive parental and child well-being. As noted by the Council of the Baltic Sea States (2015), 'evidence demonstrates, for instance, that poverty alleviation, home visiting programmes, training programmes on positive discipline and parenting skills can all achieve significant results for stabilising families, making them safe for children and preventing the removal of the child'.

The focus on preventive measures should be strengthened to avoid the unnecessary placement of children in care. For instance, in Slovakia, empirical evidence suggests that

more than half of children in institutions would return to their families if those families received adequate support (Gerbery, 2019). Similarly, in the Czech Republic, a study from Lumos in 2018 found that in regions where community support for families was accessible, the number of children in institutional care was lower than in the regions where community services were less accessible (cited in Sirovátka, 2019).

Those policies to prevent separation might include housing support or other measures to alleviate the material poverty of families. In the case of *Soares de Melo v. Portugal*, the ECtHR concluded that the 'welfare authorities failure to address the material hardship of parents in any appropriate way, could put the proportionality of the removal of custody into question'²⁴. Cases such as this highlight the fact that MS have an obligation to put in place all the necessary policies to ensure families have access to decent housing and receive the necessary support to get out of poverty. Häusler (2019) notes, for instance, that 'an amended provision of the Czech civil code now explicitly stipulated that inadequate housing conditions and the material conditions of their parents could per se not be a reason for placement of children (likely a consequence of the ECtHR's judgement in the case of *Wallová and Walla v. the Czech Republic*²⁵)'.

Promising practice – Slovenia²⁶

The Parental Protection and Family Benefits Act (2015, Articles 83-86) provides support to families who wish to care for their children with disabilities. Partial compensation for lost income is received by the parent (or other person performing the parental role) who terminates employment or starts to work part-time in order to care for:

- *a child with seriously disturbed mental development or a serious motor handicap, or;*
- *two or more children with moderately or heavily disturbed mental development, or a moderate or heavy motor handicap.*

4.3 National quality standards for alternative care services

According to the suitability principle from the UN Guidelines, if it is determined that a child does require alternative care, it must be provided in an appropriate way. 'This means that all care settings must meet general minimum standards in terms of, for example, conditions and staffing, regime, financing, protection and access to basic services (notably education and health). To ensure this, a mechanism and process must be put in place for authorising care providers on the basis of established criteria, and for carrying out subsequent inspections over time to monitor compliance' (Cantwell et al., 2012). The child protection system needs to move gradually from minimum standards in alternative care to quality standards in order to ensure the best outcomes for the children in alternative care.

Italy seems to lack even minimum standards and common criteria for communities providing alternative care. There is, therefore, a wide disparity between the existing structures in the various regions in terms of the number of minors cared for 'and the types and levels of professionalism offered, as well as their capacity to offer to minors adequate nutrition and mainstream education and healthcare' (Raitano, 2019).

The lack of minimum or quality standards for alternative care usually goes hand in hand with the lack of a monitoring system. Ziomas et al. (2019) remark that Greece completely lacks quality standards for its alternative care services and lacks a system for the monitoring and inspection of their operation. It has been reported that some children living in those institutions, especially children with disabilities, live in degrading living conditions. An example of such conditions is to be found in the Children's Care Centre of Lechaina, which cares for children with chronic diseases and/or serious disabilities. The Greek

²⁴ *Soares de Melo v. Portugal*, No 72850/14, 16 February 2016.

²⁵ See Section 3.4.3.

²⁶ The promising practices included in this report have not been validated or verified through any process. A proper evaluation would be required to assess the impact of those policies.

Ombudsman, following an on-the-spot visit to this Centre, reported, in 2011, conditions such as the use of sedating medication, children being strapped to their beds, use of wooden cage-beds for children with intellectual disabilities, and electronic surveillance.

Quality standards should cover issues related to the social workforce. For example for Romania, Pop (2019) notes the importance of good-quality human resources for the provision of good-quality alternative care. Issues related to the human resources of residential care facilities, foster carers or social workers should be included in quality standards.

Some countries have developed sophisticated quality standards. In 2018, Ireland developed National Standards for Children's Residential Services, heavily informed by children's rights and child-centred. However, even a country like Ireland with high-level quality standards for their alternative care services experiences some gaps in the monitoring of residential care services (Daly, 2019).

4.4 Key elements to include in policies related to alternative care of children

Key elements that should be covered by policies related to alternative care include all aspects of the care journey undertaken by the child within the child protection system: assessment; registration in a register; preparation and regular review of an individual care plan; keeping siblings together (if in the best interests of the child); care placement close to the family of origin (if in the best interests of the child); permanency planning; and a social worker as a reference person.

Some of the other policy elements that have often been mentioned in the Country Reports, and which deserve a bit more detailed information in this report, are as follows.

- **Best-interests assessment and looking at the needs of the individual child**

Too little attention is paid to the individual needs of the child and the solutions are rarely tailored to their individual needs. The policies are sometimes dogmatic and not child-centred. Some key principles such as child protection, child participation, and stability should be at the core of all other policies related to this TG.

Bradshaw et al. (2019) signal the results of a 'follow-up evaluation of maltreated children who had been taken into care found that those who remained in care tended to have more positive outcomes than those who returned home (some of whom subsequently returned to care again). This highlights that while reunification can be seen as a positive goal, it is not always the optimum option.' This point illustrates the need to assess the best interests of the child in all decisions made before and during the alternative care process, and not to follow a policy goal or fill in a place in a care facility.

- **Child participation in decisions related to their placement**

Even the basic aspects of the right of a child to be heard are not yet fully implemented in the care system in many countries.

As stated in the Section 2.2.1 above on the UNCRC guiding principles, children should be involved in decisions regarding their placements. The principle of child participation is also stressed in Article 24.1. of the Charter of Fundamental Rights, which stipulates that children 'may express their views freely' and that such 'views shall be taken into consideration on matters which concern them in accordance with their age and maturity'. According to information collected by the European Union Fundamental Rights Agency (FRA), in at least four MS (Belgium, Denmark, Poland, and Romania), existing provisions require that the consent (or statement of non-opposition) of children above a certain age (14-15) should be obtained in placement decisions. Exceptions are foreseen only in grave situations (FRA, 2015).

Most child protection systems lack a complaints mechanism for children in care to raise issues of concern. In Germany, in 2016, out of the 186 youth welfare offices in North Rhine Westphalia, only 1 had a complaints office for children and young people – and this was

not independent (Hanesch, 2019). However, in Hungary, Albert (2019) signals that, in 2014, the child protection guardianship was established – a new legal institution designed to represent children’s interests regardless of the type of care placement, learning their views and informing the care placement and relevant authorities about the children’s views.

Children in alternative care should also be involved in the monitoring and improvement of the system. When old and mature enough, they should also have a say in the type of care placement they want. Bradshaw et al. (2019) highlight that a recent independent view of children’s residential care in England noted that some children prefer living in a children’s home to being fostered. That report makes the case for high-quality residential care to continue be one of a range of alternative care options available.

A good practice in terms of involving children and young people with care experience, with a view to improving the child protection system, can be found in Scotland. The Independent Care Review’s aim is to identify and deliver lasting change in the care system and leave a legacy that will transform the well-being of children and young people. The 1000 Voices project has been commissioned as an integral part of the Care Review to work with care-experienced young people and the organisations who support them, to ensure that the voice of care experience is at the heart of the Review²⁷.

Another good practice comes from Ireland where some young people in care or with care experience were given the opportunity to design a website to answer questions that young people being placed in care might have²⁸.

- **Work with the family of origin while the child is in alternative care and contact with the families of origin**

When placed into care, children have the right to be in contact with their family if it is in their best interests. In the case *T. v. Czech Republic*, the ECtHR ruled that there had been a violation of Article 8 (right to a family) as a result of the restrictions imposed on a father and a daughter when the latter was placed into care²⁹. Country Reports indicate that such problems exist in other countries. For example, in Luxembourg, the relationships with the family of origin differ from one institution to another, as there are no centralised rules (Swinnen, 2019).

According to international human rights obligations, social services need to create conditions for children’s reintegration into the family of origin. In Austria, however, Fink noted that there is a lack of attempts to reintegrate the child into the family of origin (Fink, 2019).

Promising practice - Belgium

In Belgium, there seems to be a promising practice under which the family is involved through family group conferencing: Eigen Kracht Conferenties³⁰. This mediation method helps the family to have control over the intervention process (Nicaise et al., 2019).

- **Gatekeeping**

Gatekeeping corresponds to the mechanism in the alternative care system capable of ensuring that children are admitted only if all possible means of keeping them with their parents or extended family have been examined. Some Country Reports identified some problematic practices, for example those below.

- Czech Republic: Sirovátka (2019) underlines that parents have the option to place a child into residential care on the basis of a contract with institutional/residential care facilities.

²⁷ <https://www.carereview.scot/who-we-are>; <https://www.whocarescotland.org/get-involved/1000-voices>.

²⁸ <https://changingfutures.ie/homepage>.

²⁹ ECtHR, *T. v. the Czech Republic*, No 19315/11, 17 July 2014.

³⁰ www.eigen-kracht.be.

- Hungary: Some children spend their childhood in care on the basis of an administrative decision (Albert, 2019). We can draw the tentative conclusion that the absence of a judicial decision has, as a consequence, the lack of a regular review in accordance with Article 25 of the UNCRC.

4.5 Policies related to family-based care

Family-based care mainly encompasses two forms of alternative care: kinship care and foster care. The legal and policy frameworks regarding foster care vary across the EU regarding the types (short-term, long-term or respite), the working conditions (salary or fees), or the support network. Policies related to foster care need to reflect the complexities of this type of care, and need to be adapted to context (Family for Every Child, 2015).

Foster carers have to undergo training provided by the responsible authority and/or the foster care agency, although in most MS training requirements do not apply when the foster carers are relatives (in some MS, relatives caring for children can fall under the foster care legislation). The length and content of the training varies significantly both within and between MS. Many MS have developed some specialised foster care for certain groups of children such as children with disabilities or UAM.

In Hungary, only 6% of foster carers are formally employed, and therefore professionally recruited, trained, and supported to provide a high standard of care for children. Many foster children and parents lack professional support, the allowances are very low, and children with special needs do not get the services needed. Furthermore, there is no clear accountability even in cases of severe breakdown or suspected abuse and neglect (Albert, 2019).

Promising practice related to foster care of UASC – Italy

Italy has experienced many different foster care projects for UAM. The Cremona project is taking a step further than the traditional forms of foster care.

The Cremona experience starts with the activity carried out by the Cooperative Nazareth, originally active with a reception centre for UASC through a housing community. Since 2008, the cooperative has experimented with forms of 'strengthened foster care', which provides support to the foster families first of all through the 'Giona day centre', which is part of the cooperative, and accompanies UASC during the day with literacy courses. At the Giona day centre there are workshops, and maintenance/cleaning activities. Other important leisure activities for social integration are carried out in collaboration with the parishes, which involve UAM in post-school settings (Pavesi and Valtolina, 2018)

Another form of family-based care is kinship care: care by the extended family or close friends of the family known to the child. When data are available regarding kinship care, it usually shows the large number of children in informal or formal kinship care. In Italy, in 2016, the Ministry of Labour and Social Policy survey recorded 14,012 children living in formal or informal kinship care at least five nights per week with relatives or friends (Raitano, 2019).

Policies to reinforce the capacities of the extended family to care for those children could be developed to increase the range of care options and ensure that children can grow up in a family environment. In most EU countries, kinship carers do not receive the same support as foster carers. A recent study from Grandparents Plus, a charity supporting kinship carers in the UK, noted that only 14% of the carers interviewed said they are getting the support they need to bring up the children in their care; some of the support gaps noted by the report include financial support, 'self-care', respite/time off, peer support groups, and training (Mervyn-Smith, 2019).

Mulheir (2007) suggested ten basic steps as a country aspires to move towards the development of family-based care and ensure effective deinstitutionalisation. Two steps remind us of the necessity to focus on family-based care solutions and to invest accordingly. Step 5 concerns the design of alternative services, based on the individual

needs of children and an assessment of both the family-based services currently available (e.g. mother-baby units for infants at risk of abandonment) and also the new services that need to be developed (e.g. day care and foster care services for children with disabilities); and step 6 is about planning a transfer of resources (finances should always follow the child).

4.6 Policies related to leaving care

Young people leaving an alternative care placement at the age of 18 to lead an independent life are often ill-prepared for this transition. As young adults, they are likely to face an abrupt change in their ability to access essential services and support across many sectors – education, accommodation, employment, and healthcare (including psychological support) (Lerch and Stein, 2010). A continuity of services is needed after the young person turned 18. Pathway planning and a dedicated adequately-trained social worker contribute to a successful transition to an independent life (SOS Children’s Villages, 2019).

It is essential that measures to support those leaving care apply to all young people in the care system without any discrimination. In some countries, only young people leaving a certain type of care (foster care or residential care) can get support. In England, for young people leaving foster care, the Children and Families Act 2014 places a duty on local authorities to provide support to enable them to remain with their former foster carer(s) up to age 21, if that is what they both want. This option is not available to young people leaving a residential care placement, which is clearly in violation of the right not to be discriminated against.

For UAM, the transition from an alternative care placement to adulthood can be even more traumatic than for other young people ageing out of a care placement. They might need some specialised support and attention for a successful transition. The Committee of Ministers of the CoE adopted in April 2019 a recommendation concerning measures to support young refugees leaving care. It said that MS should provide young refugees with additional temporary support after the age of 18 to enable them to access their rights. It states, notably, that ‘(w)here appropriate and necessary, Member States should ensure that young refugees in transition to adulthood have access to social services that provide them with support and assistance to enable effective access to their rights and to mainstream social services’ (CoE, 2019).

Reaching adulthood can also be very traumatic for young people with disabilities, and sometimes only means being transferred from an institution for children with disabilities to an institution for adults with disabilities. In 2014, the ECtHR held the Romanian government accountable for violating the human rights of Valentin Câmpenu, a young HIV-positive person with severe mental disabilities, who died in 2004. Abandoned at birth, he lived in public institutions all his life. When he turned 18, he was transferred to a social care home for adults, and afterwards, to a mental hospital. Here, left in isolation, and in the cold, without essential healthcare and treatment, and deprived also of food and proper clothing, he died within seven days. This ECtHR decision was ground-breaking as it shed a light on the plight of children and people living in institutions, but also underlined the protection gap at the end of childhood, especially for children with disabilities. Even though his treatment had been inadequate all his life, his situation worsened in this transition phase³¹.

³¹ ECtHR, *Centre for Legal Resources on behalf of Valentin Câmpenu v. Romania*, No 47848/08, 17 July 2014.

Promising practice – Spain³²

Espai Cabestany – Targeted support for young care-leavers in their pathway to autonomy.

'Espai Cabestany' is a programme for children and young people in care and those leaving the care system. This programme follows an integrated model, providing young people with housing, education, training, financial support, and legal assistance, as well as support for their social and labour market integration. Young people in the programme benefit from individual action plans that enable resources to be made available for individual measures. This approach makes the support very individualised and it allows it to respond closely to what the young person needs.

At the beginning, the young person receives a lot of support, which gradually diminishes over time. This step-by-step reduction in support is expected to improve the young person's independence. The individual action plan also leads to very close relationships between the professionals and the young people.

This programme started ten years ago in Barcelona and extended to three other provinces. It also evolved according to the needs of young people and now focuses more on minors and unaccompanied young people.

4.7 Recommendations for improvement

National experts were asked to identify three priorities for action to improve care for children residing in institutions. As indicated at the beginning of this report, it goes beyond the scope of the FSCG to identify priorities for improvement in alternative care for children. However, most Country Reports have indicated improvements related to the alternative care system in general (rather than TG-specific children residing in institutions). Table 2 provides a summary of their responses.

The two priority areas mentioned the most for policy improvements were issues related to the **workforce and to foster care**. Regarding the workforce, in Romania, for example, 'one of the most important issues mentioned by the children in institutions (Voice of Children) (...) is the lack of adequate human resources. Children complained about the lack of specialised personnel, which could provide support, information and counselling for a sustainable independent future' (Pop, 2019).

The other issues most commonly included by national experts were: family support and prevention work; development of foster care; coordination and unification of the system; importance of quality standards; support for leaving care; and deinstitutionalisation.

Frazer and Marlier (2014) highlighted the areas for improvement in national policies regarding family support and alternative care (as emphasised by country experts). Those areas included the following: developing local social services and child protection services; putting more focus on deinstitutionalisation and care in the community; and enhancing the outreach capacity of services.

³² More information about this promising practice can be found at: https://www.esn-eu.org/sites/default/files/practices/ES_Catalonia_Espai_Cabestany_-_Support_for_young_people_in_care.pdf.

Table 2 – Priorities for improving policies and provision for the TG

Country	First priority	Second Priority	Third priority
Austria	National harmonisation of quality standards.	Common national regulation of qualification requirements of carers. Higher numbers of staff.	More pro-active attempts to improve the situation of families of children in institutional care.
Belgium	More pro-active support, including holistic anti-poverty measures.	Raise the budgets for youth care ³³ .	Make inclusive education accessible to children with disabilities from deprived families.
Bulgaria	Changing attitudes towards children in institutions and continue their integration into educational institutions; and eliminate social stigma.	Ensuring better and secure working conditions in institutions for children. Good-quality and well-trained staff.	Development and use of the foster care system in order to finalise the process of deinstitutionalisation.
Croatia	Deinstitutionalisation plan should be amended to clearly set out how and with what funds community-based services for families and children are to be developed, in particular in the regions where there is an urgent need for such services. The role of social work centres should be clearly defined.	New Adoption Act should be accompanied by an action plan with clear targets and quantified measures for further developing, sustaining, and monitoring foster care.	Current procedure for depriving parents of their parental rights, and current adoption procedure, should be reconsidered and changed.
Cyprus	Enhance the capacity of Social Welfare Services so as to deal more effectively with increasing needs.	Utilise EU funds for funding more foster care programmes.	
Czech Republic³⁴	Unify the system of alternative care under the competence of one authority (Ministry of Labour and Social Affairs).	Provide more resources (financial and personnel) for preventive social work with vulnerable families and children.	Regulate effectively the possibility of placing children into institutional care on a contractual basis.
Denmark	Demand relevant qualifications for staff at socio-pedagogical placements and institutional care; support the staff throughout training.	Recruitment of more migrant families and training of municipal foster care families in cultural sensitivity.	Early targeted interventions on personal skills, including self-worth, of children in residential care.
Estonia	Procedures for providing alternative care should be revised, so that children get access to those services sooner and more on the basis of need.	Support and facilitate (financial support, training etc.) family-based care for children; strengthen the alternative care	

³³ The term youth care is used in Belgium to cover child and youth alternative care. It corresponds to what other countries call child protection.

³⁴ The Country Report from the Czech Republic indicated three additional priorities: establish an information system/register of vulnerable children and families; establish specialised alternative institutional care options for children with disabilities; and establish supervision and evaluation processes (Sirovátka 2019).

		system to reduce the institutionalisation of children, especially of children under three .	
Finland³⁵	Social care, healthcare and the education sector must improve their coordination to provide a seamless and integrated service chain.	Increase mental healthcare services.	Increase and improve early intervention measures and make them more effective.
France	Improve connections between institutions and their health and education environment, with more emphasis on support services in the home.	Improve planning to open institutions to respond to the needs of families.	Relaunch training schemes for staff from institutions, not just focused on management and organisation.
Germany	Expansion of children's formal participation rights and the introduction of independent ombudspersons.	Regular and effective monitoring of residential care children's homes.	Enhancement of self-evaluation of children's homes.
Greece	Full and proper implementation of the new law concerning foster care and adoption.	Development of a national strategy on deinstitutionalisation along with the adoption of an action plan to ensure proper implementation.	Adoption of national quality standards for care, and establishment of relevant control mechanisms to ensure the quality of services provided to children in institutions.
Hungary	Implementation of existing policies: improving the quality of child protection services; more prevention, more reintegration into the family.	Legal regulations should be modified: families must be provided with social housing – it should be in line with the child protection law, with children not be placed in alternative care due to their family's lack of housing. Increase the number of foster carers who provide temporary care and that of the beds in the temporary shelters for families.	The volume and the quality of services ensuring independent living of children with disabilities should be improved. The extension of the availability of supporting services could be an important source of help for persons with disabilities to live in private households, to work and arrange their affairs independently.
Italy	Improve the funding for residential services – some of them remained unpaid for years – and favouring informal kinship care.	Promotion of specific projects for supporting care-leavers (a national pilot project is currently active).	Enforcement of laws and norms related to the quality of services and the monitoring of living conditions for children.

³⁵ One of the other recommendations in the Country Report concerns the strengthening of support for young people leaving institutions and foster care.

Ireland	All centres should be inspected by an independent body.	Children should not be located in centres that make communication with their families and significant others difficult. Better aftercare and follow-up services need to be provided. Eliminate the Direct Provision system.	When renewing the Child Care Act, 1991, adopt a rights-centred approach.
Latvia	The transfer of children from residential care to family-based care.	Expand support to foster carers, guardians, and adoptive parents.	Social work with families of origin of children in institutions must be strengthened to enable more children to return to their parents.
Lithuania	Developing and implementing training programmes for the municipal workforce at the decision-making and managerial level, including analysis of best practices, organisational development, organisational dynamics, and leadership.	Developing and implementing training programmes for the workforce, which include elements of: teamwork; case management; emotionally aware and therapeutic work with children and adolescents; supervisions; and ongoing support.	Start piloting the closure of alternative care institutions for children with disabilities and transferring children with severe disabilities to family-type care settings.
Luxembourg	Speed up the splitting of the state-run institution into small units, and improve infrastructures.	Continuous training of staff to better deal with the specificity of UAM.	Study the possibilities for family-based foster care for UAM, and organise training for prospective foster carers.
Malta	Encourage more adoption and fostering.	Reform how creches for babies are run.	
Netherlands	Promote expertise within community-based social service teams, so that timely referral is made to specialised assistance.	Ensure sufficient appropriate specialised assistance.	
Poland	Close down some types of regional care institutions, in particular pre-adoptive centres (newborns and infants are placed there), and therapeutic centres (large centres sheltering children with disabilities).	Reinforce instruments that support young people leaving alternative care (institution or foster family).	Strengthen involvement of professional foster carers by increasing their competences/skills, better supervision, promotion of their role, etc.
Portugal	Deinstitutionalisation, especially regarding the protection system – leading to fewer children per institutions; more children in family-based care; more interventions with families of origin	Definition of tailored solutions for specific cases.	Investment in mental healthcare services.

Romania	Completing deinstitutionalisation represents a pre-requisite for improving alternative public care – by investing in support services and specialised professionals.	Develop a strict monitoring framework for children in alternative care, with the involvement of community-based professionals – in relation to educational outcomes, psychological and emotional development, physical development and health status, and general well-being.	Development of a strategy to curb the demand for public care, not only by increasing and diversifying preventive services, but also by providing the basic income level and services needed in the community in order to increase family retention of children in vulnerable households.
Slovakia³⁶	Increase financial allocations to the deinstitutionalisation process, and accelerate implementation of deinstitutionalisation plans and measures.	Pay significantly more attention to social work and family/psychological counselling as preventive measures that can limit the need for alternative care for children.	Pay special attention to the deinstitutionalisation of social services for persons with disabilities, including children whose conditions seem to be critical.
Slovenia	A more appropriate inter-ministerial and interdisciplinary approach.	---	---
Spain	Greater coordination between regions and central administration to establish common criteria for coverage, quality, and accessibility throughout the country.	Provision of sufficient financial resources to achieve a wider family-based care model. Trained and motivated professionals in residential care.	Promote coordination bodies for the education, health, and basic social service systems; and ad hoc programmes to support young people aged 18+ to fully enjoy social, labour, and cultural rights.
Sweden	Health check-ups, health interventions.	Prioritise education for the children in contact with social services.	Focus on securing support for young people during the transition from alternative care to independent life, including jobs and housing.
United Kingdom	Increasing resources for early intervention (this means at any age and is not specifically related to early years interventions).	Improve the availability of high-quality foster care.	Enhance and extend the offer of support for, and the options available to, young people in care or leaving care from the age of 18 onwards.

³⁶ The Country Report from Slovakia indicated four priorities. The fourth one is: To pay attention to social conditions in which vulnerable families live, which also contribute to the fact that children leave their families (Gerbery, 2019).

The Child Guarantee can play a significant role in ensuring the funding of measures that will be aligned with these priorities and with the national strategic policy frameworks regarding alternative care and family support. It can do so through measures such as: the exchange of good practice; the piloting of programmes (regarding for example foster care or leaving care); the development of new services; and the development of systems to collect and analyse data regarding children in care. The Child Guarantee can also play a significant role in ensuring that reforms and new developments are in line with international and European human rights frameworks.

5. Use of EU Funds

The EU Funds under consideration here are the European Social Fund (ESF), the European Regional Development Fund (ERDF), and the Asylum, Migration and Integration Fund (AMIF).

Some other EU funding programmes have been used to fund projects related to the TG and might provide some useful lessons regarding their use and their effectiveness, and some complementarity could be sought with the main Funds. Two of those programmes are as follows.

- **Rights, Equality and Citizens Programme (DG Justice):** Several objectives of the funds under this programme provide useful hooks for supporting children in care. It has funded, for instance, some training on care and the project 'FORUM for Unaccompanied Minors: transfer of knowledge for professionals to increase foster care', coordinated by Fondazione l'Albero della Vita (Italy), which aims to expand national systems of family-based care for the reception of unaccompanied migrant children.
- **Horizon 2020:** This programme could be used to improve the qualitative data available on children in alternative care and to carry out research on this TG.

Following criticism of the European Structural and Investment Funds (ESIF) for funding the construction of new care institutions or the renovation of existing institutions, the regulation governing the ESIF for 2014-2020 included specific protections to ensure that funds are used to support deinstitutionalisation.

The central aspect of the commitment to promoting deinstitutionalisation in the ESIF regulation takes the form of a so-called 'ex-ante conditionality' – a requirement that must be met before funds can be disbursed. Linked to the objective of active inclusion, a specific condition requires MS to show that their national policies to reduce poverty include 'measures for the shift from institutional to community-based care', where relevant needs have been identified. Further guidance from the EC clarifies the scope of 'relevant needs' as covering those MS where 'the shift to community-based care has not yet been completed'.

For the funding period 2014-2020, the EC identified a need for measures to support the shift from institutional to community-based care in 12 MS: Bulgaria, Croatia, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia. In a further 5 MS (Denmark, Ireland, Malta, Portugal, and Spain), partnership agreements contain a commitment to deinstitutionalisation and identify measures to support the process (as revealed in FRA's review of 2014-2020 partnership agreements between the EC and individual EU countries). The remaining 11 MS do not specifically address the transition from institutional to community-based care in partnership agreements. This means that they will not use money from the ESIF to support the process (FRA, 2017).

The European Semester focuses mainly on economic and employment policies, but it has increasingly issued Country Specific Recommendations in relation to tackling poverty and social exclusion, including child poverty. The annual Country Reports prepared by the EC may, therefore, include further recommendations relating to deinstitutionalisation. This was the case in 20 out of 27 Country Reports published in April 2019, which prioritised the

transition from institutional to family- and community-based care as an investment area for the next funding period. Some respondents to the online consultation proposed that the situation on child poverty should be part of the European Semester evaluation of MS socio-economic performance (FSCG, 2019).

5.1 Extent of use

In their report 'Fighting Child Poverty: the Role of EU Funding', Brozaitis and Makareviciene (2018) point out that investments in children are not clearly visible in the strategic and monitoring framework of most EU funds. They note as well that, for this funding period, 'children covered by the process of deinstitutionalisation are one of the most frequently-occurring target groups in Operational Programmes under ESF (and also under ERDF)'.

National experts were asked to identify the extent to which EU Funds are already used at national level to ensure the rights of the TG, but most noted that they had difficulty tracing information on how EU Funds were being used. There was mostly no further detailed information on how the money was spent, nor on whether the programmes had any direct or indirect impact on children.

The Funds have been used to develop deinstitutionalisation policies, especially in the 12 countries identified by the EC.

5.1.1 European Structural and Investment Funds (ESIF)

The Common Provisions Regulation, which sets out rules governing seven EU Funds, requires that all EU countries prioritise deinstitutionalisation reforms as part of their national policies on poverty reduction and social inclusion.

European Social Fund (ESF)

The ESF can be used to develop social services, training for staff, etc. There should also be some coordination with the ERDF. From a policy perspective, there can be two entry points: deinstitutionalisation and the 'Investing in children' Recommendation. Although deinstitutionalisation is currently recognised as an investment priority in the ESF (as well as in the ERDF), there is no specific funding line on investing in children; but the Recommendation should be used as policy guidance.

This report cannot make an exhaustive list of the use of ESF funds for the TG. Some illustrative examples of the use of the ESF for the TG can be found below for the current funding period 2014-2020 under the thematic objective 9 – social inclusion.

- **Estonia:** Development of childcare and welfare services for children with disabilities (€54 million planned, 81% absorbed). Out of the €54 million, €6 million was allocated to increase the quality of alternative care (increase the number of foster carers, increase the quality of care, and develop support and continuing services). €32 million was used for supporting youth employment and reducing the impact of poverty by providing access to youth work services. Those services might have benefited some young people leaving care (Anniste, 2019).
- **Lithuania:** €76 million of structural funding has been allocated for the transition from institutional to community-based care in Lithuania. Out of the €76 million, €38 million has been allocated for the development, piloting, and implementation of new social services; the remaining amount is put towards the development of infrastructure. Most recently, €14 million has been allocated to the municipalities across Lithuania to strengthen the role of small-group homes and day care centres for children (Opening Doors for Europe's Children, 2019c). Lithuania might be an example of a more systemic approach to the Funds, with ESF Measure No 08.4.1-ESFA-V-416 'Integrated Services for the Family': this provides integrated services, ensuring that poor families have access to services closer to their place of residence, and to help them balance their family and employment duties. Family support services are essential to prevent separation of children from their families.
- **Romania:** An ESF-funded call to provide community-based services for children and young adults included two components: to prevent separation of children by

providing support to families at risk of separation; and a component to support young care-leavers. The call was launched in September 2018. This call can complement ERDF-funded investment aimed at closing institutions in Romania (Opening Doors for Europe's Children, 2019d).

European Regional Development Fund (ERDF)

One of the objectives of the ERDF is: 'Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services' (Article 5(9)(a) ERDF Reg.)³⁷.

The ERDF has been used in the past to refurbish, or to build new, care institutions. As the focus of this Fund is on buildings and infrastructure, there is this obvious risk that it focuses only on facilities (including institutions). This Fund can be used to ensure good-quality infrastructure for preventative services, good-quality residential care, facilities for young people leaving care, etc. The development of infrastructure should go hand in hand with the development of social services, therefore coordination between the ESF and ERDF is needed (in practice this is not often the case, however).

This report cannot make an exhaustive list of the use of the ERDF for the TG, but some illustrative examples can be found below for the current funding period 2014-2020.

- **Croatia:** Deinstitutionalisation has been funded by the ERDF. One call for tender had as its objective the transformation of institutions and centres for community services for children without adequate parental care, and for children with behavioural problems; and the other call was aimed at the transformation of institutions for persons with disabilities. The calls for tenders were open from 2016 to 2018, with 7 projects having been funded. Recently, a new call aimed at developing community social services for the purpose of preventing institutionalisation has been announced. It is directed at both children and adults and the HRK 665,000,000 (€92,361,111) of allocated funds suggests that, if properly implemented, it can make a difference in promoting deinstitutionalisation (Zrinščak, 2019).
- **Romania:** An ERDF call to proceed with the closure of large institutions and the opening of family- and community-based services first targeted 50 large institutions, and was subsequently extended to another 147. The first stage of the call was finished in March 2018; a further call was expected at the end of 2018 (Opening Doors for Europe's Children, 2019d).

5.1.2 Asylum, Migration and Integration Fund (AMIF)

The AMIF can be used to provide good-quality alternative care for migrant and refugee children in the EU. The AMIF operates in all EU countries except Denmark. Denmark has opted out of the AMIF and does not receive any funding. This is related to the Danish opt-out from Title V (Area of Freedom, Security and Justice) of the Treaty on the European Union.

The recent 'Toolkit on the use of EU funds for the integration of people with migrant background' focuses on the synergies between different funds to achieve 'integration from day one'. The toolkit recognises that funds should be directed to mainstream and targeted services for people in migration including access to housing, to education, and to good-quality alternative care options for children in migration.

No exhaustive list of the use of the AMIF for the TG can be made within the scope of this report, but some illustrative examples can be found below.

³⁷ European Commission, Guidance on Ex-ante Conditionalities for the European Structural and Investment Funds Part II.

- **Cyprus:** A foster care programme for UAM is implemented by the 'Hope for Children' CRC Policy Center in collaboration with the Social Welfare Services, financed by the AMIF (90%) and the Republic of Cyprus (10%).
- **Italy:** A foster care project in Verona led by the Association of Linguistic and Cultural Mediators, Terra dei Popoli, and the Municipality social services. Thanks to AMIF, 'the two promoters have activated and stabilised a path of study on the care and protection of minors of different cultures, creating a permanent laboratory, involving social workers of the Municipality, cultural mediators and numerous foreign communities' (Pavesi, 2018).

The AMIF (to be renamed the Asylum and Migration Fund [AMF]) will be reinforced in the next Multiannual Financial Framework. The Fund should be used in line with the CRC and the term 'unaccompanied minor' should be re-introduced under the definitions. The Partnership Principle should remain a compulsory part of the National Programmes in the next period and the inclusion of international organisations, civil society, local authorities, migrant organisations, and academic institutions should be systematic.

5.2 Effectiveness

National experts were also asked to assess how effectively EU Funds had been used and whether they supported the development of community-based prevention services in the family and child welfare and social protection area, and gatekeeping and family-based alternative care options.

Most answered that the lack of detailed data and relevant impact evaluations made it difficult to draw concrete conclusions about the effect of EU Funds on the realisation of the rights of the TG. Vassallo (2019) explained that it was difficult to assess the effectiveness of the use of the Funds as no studies had been conducted in the country. The report from Bulgaria stressed that the lack of effectiveness was not related to the lack of funds but to their management and allocation within the systems themselves.

Hanesch (2019) notes that the efficiency and effectiveness of ESF funding are still limited because the funded projects are often not embedded in local policies. Instead of a large number of short-term projects with changing goals and target groups, it would be more effective to strengthen the regular planning and funding of service provision. Albert (2019) notes, as well, that the effectiveness of projects is strongly hindered by the fact that they are not supported by mainstream policy instruments e.g. in the fields of social, educational, and housing policy (both on national and local level). Due to the complexity of problems, without such support, project-based interventions cannot have a macro-level effect.

Generally speaking, the effective use of EU Funds is threatened in the long run. As the majority of supported projects heavily depend on ESIF financial resources, their long-term sustainability and quality remain an open question (Gerbery, 2019).

The main problem in the effective use of the various EU Funds is that the projects are more or less ad hoc. The EU Funds play a more important role for third sector actors whose activities depend on funds received from the outside.

Kangas (2019) explains, for Finland, that 'the ESF funds are rather substantial, but they are mostly used for other purposes, such as regional employment, improving the competitiveness of enterprises and skill enhancement'.

5.3 Improvements

Without proper evaluation, which is beyond the scope of this report, it is difficult to suggest concrete ways in which EU Funds could be better used in the future in favour of the TG under consideration in this report. Some of the suggestions for improvements that we can draw from the Country Reports are the following.

- **Sustainability**

The ESIF should ensure that the projects funded are embedded in national policies and that national or local budgets will take over from EU Funds if they are used to finance some

'regular services' (e.g. support services, foster care). A potential way to foster sustainability might be to focus on innovating and piloting projects.

The issue of sustainability was especially stressed by Bogdanov (2019), as Bulgaria is a country with more experience of using EU Funds for deinstitutionalisation. He explains that 'using the European Structural Funds to pilot new practices, innovations and for convergence of the differences between regions and municipalities and not to finance activities that the administration should carry out anyway as part of its tasks, and/or to ensure sustainability of other projects that have been completed, but where the state has failed to provide funding from the national budget. Such examples are the funding for foster care, social and personal assistant schemes, and the early childhood education and care services piloted under the Social inclusion project supported by the World Bank, etc. In this way, instead of using the funds for supporting structural reforms, piloting new approaches and models, they are actually used to fill the gap or make room for funding of other expenditure in the state budget. This lack of sustainability is also not in the interest of beneficiaries and service users, who are the ones who suffer from the changes of the project requirements, reporting, and the gaps between operations (caused by the difference between opening the call, reviewing the proposals and signing the actual contracts), etc.' (Bogdanov, 2019).

- **Simplified bureaucracy**

Excessive bureaucracy has been mentioned in many Country Reports as an obstacle to applying for EU funding.

- **A mechanism to oversee the allocation process for EU Funds** (from launching bids to assessing and monitoring performance of financed programmes) would make the process more transparent.

This mechanism could supervise how EU funding is used for deinstitutionalisation, to ensure that it is in line with national strategies and action plans, and so that it can lead to systemic change.

- **Central support and guidance**

The online consultation for the FSCG highlighted **in general** the need for effective guidance on accessing EU Funds, as well as technical assistance in planning and putting projects in place (FSCG, 2019).

Kangas notes, 'in Finland, some of the EU funds are largely underused for developing policies aimed at the TGs. Some smaller third sector actors, who are in need of such funds, either do not know enough about the funds available or they lack skills to handle all the bureaucracy surrounding the application process. One possible solution would be establishing a national centre of expertise to tutor and help the small third sector actors in their application process' (Kangas, 2019).

- **Set up monitoring and evaluation systems and systematically conduct evaluations and impact assessments**

20% of respondents to the online consultation considered it important to establish adequate means of reporting, monitoring, and evaluation; to collect data on the situation of each TG of children; and to set up indicators on the effectiveness of the measures implemented (FSCG, 2019).

- **Link funding programmes to the priorities identified in the 'Investing in children' Recommendation** – to give a focus to the use of funds and to give impetus to that policy recommendation

With regard to the 'Investing in children' Recommendation, the fact that it starts from a child rights perspective, and its emphasis on prevention and the development of good-quality child welfare systems, can support the development of a more holistic and **rights-based approach** to alternative care reforms. However, the link with the ESF is less strong, as there is no direct reference in the current funding programme.

- **Strengthen and expand the existing ex-ante conditionality 9.1 of the ESIF,** which refers to deinstitutionalisation³⁸

During the funding period 2014-2020, only 12 countries (see footnote 1 for the list of countries) were identified by the EC as countries with a need for deinstitutionalisation reforms. In the next funding period, the requirement to set up policy frameworks promoting the transition from institutional care to community-based care should no longer be limited to countries with identified needs, but should be extended to all MS.

- **Strengthen the monitoring of the ex-ante conditionality 9.1 of the ESIF, with updated guidelines which could include for instance:**

- indicators to track the transition process, including relevant outcomes for beneficiaries,

- a transparent tracking progress, such as annual reports on achievements and challenges which include updates on the number of people in institutions, and the outcomes of those who have transitioned to family and community services" (Gîrlescu, 2018).

- **Strengthen the partnership principle**

The partnership principle was an important introduction in the 2014-2020 Common Provision Regulation, as it gave the opportunity to NGOs to be involved at all stages in the implementation of Partnership Agreements and programmes. However, the partnership principle was not meaningfully implemented. The partnership principle and the European Code of Conduct on Partnership are useful tools and, for the next funding period, it would be important to ensure that NGOs working with and for children are meaningfully consulted during the whole process for the Operational Programmes that concern alternative care reform.

6. Strengthening the role of the EU

The EU can play a significant role in the development of comprehensive and systemic reforms of alternative care for children and family support, ensuring that EU funding is put towards sustainable reforms that will eventually strengthen national child protection systems. Those reforms require a long-term commitment as they involve some major paradigm shifts and behavioural and mentality shifts. It is therefore essential that the EU continues its support of its reforms.

With the adoption of the enabling condition 4.3 in the Common Provision Regulation, the EC has already introduced the development of national strategic policy frameworks on poverty reduction and social inclusion that will also include measures for more comprehensive alternative child care reforms and the transition from institutional to family-based care. The EU can play a significant role in ensuring the funding of measures that will be aligned with these national strategic policy frameworks.

In Section 5, we have made a number of recommendations concerning the use of ESIF. Below, we suggest various concrete measures that could contribute to supporting work in MS with children in alternative care, and the types of arrangements that would be needed within countries to ensure effective implementation of such measures.

- **Address the paucity and quality of data about children in alternative care or at risk of losing parental care as well as care leavers,** which are essential to better understand the situation of children in alternative care and to assess current policies.
- Promote quantitative data but also qualitative data and other innovative ways of measuring TG children's and care leaver's needs and situation, recognising the limits of statistics (e.g. action research).

³⁸ This is one of the recommendations to the EU from Eurochild and their partners on the post-2020 Multiannual Financial Framework.

- Promote and invest in **comprehensive child care reform strategies**, which envisage a full range of good-quality alternative care options for children who need an alternative care placement, and a range of services to support families to prevent the separation from their families and ensure the reintegration of children into their families of origin when it is in their best interests.
- **Include specific measures for the deinstitutionalisation of specific TGs, such as children with disabilities or UAM**, to ensure that they do not remain the last groups placed in institutions. Specific measures might include specialised foster carers (with an appropriate range of support services), and specific support measures to reintegrate children with their families or to support their families before they break down.
- **Focus on preventive measures** to avoid unnecessary separation of children from their families.
- **Promote high-quality foster care and kinship care** by:
 - increasing the financial resources for foster care (including for the support services to foster carers);
 - offering a range of training options for foster carers, social workers, and local authorities;
 - developing specialised foster care programmes for children with disabilities or UASC;
 - developing foster care networks; and
 - increasing the support given to kinship carers
- Promote and invest in a **strategy to support young people leaving care on reaching adulthood**, by:
 - ensuring continued protection after 18 with a range of support services (regarding housing, education, health, pathway plan) and the accompaniment by a key care worker; and,
 - supporting the development of networks of care-leavers.
- **Reinforce gatekeeping measures.**
- **Develop capacity-building programmes and schemes for the workforce** (social workers, foster carers, responsible public authorities) and contribute to raise the profile and working conditions of the social workforce.

In order to ensure the sustainability of these actions, EU-funded measures should be aligned with national strategies on alternative care and family support. The EU should also ensure that national policies, strategies, and programmes funded through this mechanism contribute to better compliance with international and European human rights obligations regarding alternative care and family support, and more generally regarding children's rights.

References

- Ainsworth, F. and Thoburn, J. (2014), An exploration of the differential usage of residential childcare across national boundaries, *International Journal of Social Welfare*, 23, 1: 16-24.
- Albert, F. (2019), Feasibility Study for a Child Guarantee: Country Report – Hungary, Internal document.
- Anniste, K. (2019), Feasibility Study for a Child Guarantee: Country Report – Estonia, Internal document.
- Baker, C., Briheim-Crookall, L., Magnus, L. and Selwyn, J. (2019), Our lives beyond care: Care leavers' on their well-being in 2018.
- Ballesteros, M., Jurkiewicz, K., and Meurens, N. (2013), [Member States' Policies for Children with Disabilities](#).
- Bircan, T., Van Lancker, A., and Nicaise, I. (2019), Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children with a Migrant Background and Refugee Children.
- Bogdanov, G. (2019), Feasibility Study for a Child Guarantee: Country Report – Bulgaria, Internal document.
- Børne- og Socialministeriet (2019), Omgørelsesprocenter er stadig alt for høje (Still too many errors in municipal cases involving children with handicap), Copenhagen: Ministry of Children and Social Affairs. (Last accessed on 15 March 2019 at: <http://socialministeriet.dk/nyheder/nyhedsarkiv/2019/mar/omgoerelsesprocenter-er-stadig-alt-for-hoeje>.)
- Bradshaw, J., Rees, G., Glendinning, C., and Beresford, B. (2019), Feasibility Study for a Child Guarantee: Country Report – the United Kingdom, Internal document.
- Brozaitis, H. and Makareviciene, A. (2018), Fighting Child Poverty: the Role of EU Funding.
- Cantwell, N. (2010), Refining definitions of formal alternative child-care settings: A discussion paper.
- Cantwell, N., Davidson, J., Elsley, S., Miligan, I., and Quinn, N. (2012), Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children', UK: Centre for Excellence for Looked After Children in Scotland.
- Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and Committee on the Rights of the Child, Joint General Comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the general principles regarding the human rights of children in the context of international migration, CMW/C/GC/3-CRC/C/GC/22.
- Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and Committee on the Rights of the Child, Joint General Comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return, CMW/C/GC/4-CRC/C/GC/23
- Council of the Baltic Sea States Secretariat Expert Group for Cooperation on Children at Risk (EGCC) (2015), [Family Support and Alternative Care: The Baltic Sea States Regional Report 2015](#).
- Council of Europe, European Social Charter (revised), CETS No. 163, 1996.
- Council of Europe (2005). Recommendation Rec(2005)5 of the Committee of Ministers to member states of the rights of children living in residential institutions.

- Council of Europe (2011), Recommendation CM/Rec (2011)12 on children's rights and social services friendly to children and families.
- Council of Europe (2019), Recommendation CM/Rec(2019)4 of the Committee of Ministers to member States on supporting young refugees in transition to adulthood.
- CRC, General Comment No. 6, The rights of children with disabilities, UN Doc. CRC/C/GC/9, 27 Feb. 2007
- CRC, General Comment No. 12, The Right of the Child to be heard, UN Doc. CRC/C/GC/12, 1 July 2009.
- CRPD, Concluding Observations on the initial report of the European Union, CRPD/C/EU/CO/1, 2 October 2015.
- CRPD, General Comment on article 19: Living independently and being included in the community, CRPD/C/18/1, 29 August 2017.
- Daly, M. (2019), Feasibility Study for a Child Guarantee: Country Report – Ireland, Internal document.
- Daly, M., Bray, R., Bruckauf, Z., Byrne, J., Margaria, A., Pecnik, N., and Samms-Vaughan, M. (2015), Family and Parenting Support. Policy and Provision in a Global Context, UNICEF Office of Research/Innocenti.
- EC (2011), Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – An EU Agenda for the Rights of the Child.
- EC (2013), Recommendation 'Investing in children: Breaking the cycle of disadvantage'.
- EC (2017), Communication from the Commission to the European Parliament and the Council, COM (2017) 211 final, [The Protection of Children in Migration Part 4](#).
- EC (2018), Toolkit on the use of EU funds for the integration of people with a migrant background.
- EU (2013), Directive 2013/33/EU of the European Parliament and of the Council of 26 June 2013 laying down standards for the reception of applicants for international protection.
- EU (2013a), [Compilation of EU acquis and policy documents on the rights of the child](#).
- European Expert Group on the Transition from Institutional to Community-based Care (2012), [Common European Guidelines for the Transition from Institutional care to Community-based Care](#).
- Family for Every Child (2015), The place of foster care in the continuum of care choices – a review of the evidence for policy-makers.
- Fink, M. in co-operation with van-Linthoudt, J-M. (2019), Feasibility Study for a Child Guarantee: Country Report – Austria, Internal document.
- Fondation Abbé Pierre (2019), L'état du mal-logement – Rapport 2019 [The situation of sub-standard housing – Report 2019].
- FRA (2014), [Handbook on guardianship for children deprived of parental care – A handbook to reinforce guardianship systems to cater for the specific needs of child victims of trafficking](#).
- FRA (2015), Mapping Child Protection Systems in Europe. (Available at: <https://fra.europa.eu/en/publication/2015/mapping-child-protection-systems-eu/age-provisions> [retrieved 14 May 2019].)
- FRA (2017), From Institutions to community-living – Part 1: Commitments and structures.
- FRA and Council of Europe (2015), [Handbook on European law relating to the rights of the child](#).

- Frazer, H. and Marlier, E. (2014), Investing in children: Breaking the cycle of disadvantage – A Study of National Policies: Assessment of what Member States would need to do to implement the European Commission Recommendation, European Commission.
- Frechon, I. and Marpsat, M. (2016), Placement dans l'enfance et précarité de la situation du logement [Alternative care placement during childhood and precarious housing situations], INSEE.
- Fresno, J-M., Meyer, S., and Bain, S. (2019), Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children living in Precarious Family Situations.
- FSCG (2018), [Feasibility Study for a Child Guarantee: Inception Report, Brussels: European Commission \(DGEMPL\)](#), 2018.
- FSCG (2019), [Feasibility Study for a Child Guarantee: Report on the Online Consultation, Brussels: European Commission \(DGEMPL\)](#), 2019.
- Gerbery, D. (2019), Feasibility Study for a Child Guarantee: Country Report – Slovakia, Internal document.
- Gîrlescu O. (2018), Inclusion for all: achievements and challenges in using EU funds to support community living, Community Living for Europe – Structural Funds Watch.
- Hadley Centre for Adoption and Foster Care Studies, and Coram Voice (2015), Measuring well-being: a literature review.
- Hanesch, W. (2019), Feasibility Study for a Child Guarantee: Country Report – Germany, Internal document.
- Häusler, K. (2019), Social Rights of Children in Europe: A Case Law Study on Selected Rights, Brill/Nijhoff, Leiden, The Netherlands.
- Hunt, P. (2019), Feasibility Study for a Child Guarantee: Target Group Discussion Paper on Children living in Precarious Family Situations.
- Hutchinson, J. and Crenna-Jennings, W. (2019), Unexplained pupil exits from schools: a growing problem?: working paper.
- Johnson, R., Browne, K., and Hamilton-Giachritsis, C. (2006), Young Children in Institutional Care at Risk of Harm. *Trauma, Violence & Abuse*, 7(1), 34-60.
- Kangas, O. (2019), Feasibility Study for a Child Guarantee: Country Report – Finland, Internal document.
- Koutsampelas, C., Andreou, S.N., Dimopoulos, K., Chrysostomou, S., Kantaris, M., and Theodorou, M. (2019), Feasibility Study for a Child Guarantee: Country Report – Cyprus, Internal document.
- Kvist, J. (2019), Feasibility Study for a Child Guarantee: Country Report – Denmark, Internal document.
- Lace, T. (2019), Feasibility Study for a Child Guarantee: Country Report – Latvia, Internal document.
- Legros, M. (2019), Feasibility Study for a Child Guarantee: Country Report – France, Internal document.
- Lerch, V. and Stein, M. (2010), Ageing out of care: From care to adulthood in European and Central Asian countries. SOS Children's Villages International.
- Lourenço, J.S., Ciriolo, E., Almeida, S.R., and Troussard, X. (2016), Behavioural insights applied to policy: European Report 2016.
- Mervyn-Smith, O. (2019), Kinship Care: State of the Nation 2018. Grandparents Plus.
- Mulheir, G. (2007), De-institutionalising and Transforming children's services: a guide to good Practice, Birmingham: University of Birmingham.

- Nelson, K., Palme, J., and Eneroth, M. (2019), Feasibility Study for a Child Guarantee: Country Report – Sweden, Internal document.
- Netzwerk Kinderrechte Österreich (2019), Supplementary Report on the 5th and 6th Report of the Republic of Austria to the United Nations pursuant to Article 44(1)(b) of the Convention on the Rights of the Child.
- Nicaise, I., Vandevooort, L., Juchtmans, G., Buffel, V., Ünver, Ö, Van den Broeck, K., and Bircan, T. (2019), Feasibility Study for a Child Guarantee: Country Report – Belgium, Internal document.
- Nicaise, I., Vandevooort, L., and Ünver, Ö. (2019a), Feasibility Study for a Child Guarantee: Policy paper: Education, Internal document.
- Opening Doors for Europe’s Children (2018), Maintain, strengthen, expand: how the 2021-2027 EU budget can end the institutionalisation of children in Europe – Recommendations.
- Opening Doors for Europe’s Children (2018a), Maintain, strengthen, expand: How the EU can support the transition from institutional to family and community-based care in the next Multi-annual Financial Framework.
- Opening Doors for Europe’s Children (2019), 2018 Country factsheet: Belgium.
- Opening Doors for Europe’s Children (2019a), 2018 Country factsheet: Croatia.
- Opening Doors for Europe’s Children (2019b), 2018 Country factsheet: Hungary.
- Opening Doors for Europe’s Children (2019c), 2018 Country factsheet: Lithuania.
- Opening Doors for Europe’s Children (2019d), 2018 Country factsheet: Romania.
- Opening Doors for Europe’s Children (2019e), 2018 Country factsheet: Spain.
- Pavesi, N. and Valtolina, G. (2018), Best practices in the reception of unaccompanied minors in Italy in the Twenty-third report on Migrations 2017, Fondazione ISM (Iniziativa e Studie sulla multietnicità).
- Perista, P. (2019), Feasibility Study for a Child Guarantee: Country Report – Portugal, Internal document.
- Pop, L. (2019), Feasibility Study for a Child Guarantee: Country Report – Romania, Internal document.
- Poviliūnas, A. and Sumskiene, E. (2019), Feasibility Study for a Child Guarantee: Country Report – Lithuania, Internal document.
- Raitano, M. (2019), Feasibility Study for a Child Guarantee: Country Report – Italy, Internal document.
- Rodríguez Cabrero, G. and Marbán Gallego, V. (2019), Feasibility Study for a Child Guarantee: Country Report – Spain, Internal Document.
- Scottish Government (2016), Education Outcomes for Scotland’s Looked After Children, 2014/15, Edinburgh. (Available at: <http://www.gov.scot/Publications/2015/06/6439>.)
- Sirovátka, T. (2019), Feasibility Study for a Child Guarantee: Country Report – Czech Republic, Internal document.
- SOS Children’s Villages, FICE and FONPC (2019), Leave no Care Leaver Behind! Call to action.
- Stein, M. and Munro, R. (2008), Young people’s transition from care to adulthood: international research and practice, UK: Jessica Kingsley Publishers.
- Stropnik, N. (2019), Feasibility Study for a Child Guarantee: Country Report – Slovenia, Internal document.
- Swaluë, A. (2013), Du placement d’enfants : Définir et quantifier pour réaliser les droits des enfants placés, En'jeux, No 1, July 2013, OEJAJ, Bruxelles. Swinnen, H. (2019),

- Feasibility Study for a Child Guarantee: Country Report – Luxembourg, Internal document.
- Topińska, I. (2019), Feasibility Study for a Child Guarantee: Country Report – Poland, Internal document.
- UN, General Assembly (GA), Convention on the Rights of the Child, 20 November 1989.
- UN, General Assembly (GA), Guidelines for the alternative care of children, A/RES/64/142, 24 February 2010.
- UN, General Assembly (GA), Report of the Special Rapporteur on the rights of persons with disabilities, A/HRC/40/54, 11 January 2019.
- UNICEF (2010), *At Home or in a Home?: Formal Care and Adoption of Children in Eastern Europe and Central Asia*.
- UNICEF (2012), *Children under the age of three in Eastern Europe and Central Asia: a rights-based regional situation analysis*.
- Vassallo, M. (2019), Feasibility Study for a Child Guarantee: Country Report – Malta, Internal document.
- van Waveren, B., Groot, J., Fase, D., Willemijn Smit, W., Dekker, B., and van Bergen, K. (2019), Feasibility Study for a Child Guarantee: Country Report – the Netherlands, Internal document.
- Ziomas, D., Mouriki, A., Capella, A., and Konstantinidou, D. (2019), Feasibility Study for a Child Guarantee: Country Report – Greece, Internal document.
- Zrinščak, S. (2019), Feasibility Study for a Child Guarantee: Country Report – Croatia, Internal document.

Key concepts related to alternative care

Alternative care:

Protective measure that ensures children's interim safety and facilitates children's return to their families where possible. Ideally it is thus a temporary solution. Sometimes, it is a protective measure pending family reunification (...) or pending developments in family life, for example, improvements in the health of a parent or provision of support to parents.

FRA (2015), p.95

Deinstitutionalisation:

The full process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.

UNICEF (2010), p.52

Family support:

A set of (service and other) activities oriented to improving family functioning and grounding child-rearing and other familial activities in a system of supportive relationships and resources (both formal and informal).

Daly et al. (2015), p.12

Foster care:

Type of care 'provided by authorised couples or individuals in their own homes, within the framework of formal alternative care provision'.

Cantwell et al. (2012) p.33

Gatekeeping:

Mechanism in the alternative care system capable of ensuring that children are admitted only if all possible means of keeping them with their parents or extended family have been examined.

Cantwell et al. (2012), p.22

Institutional care:

There are different understandings of what constitutes 'an institution' or 'institutional care' depending on the country's legal and cultural framework. For this reason, the Guidelines use the same approach as in the Ad Hoc Report. Rather than defining an institution by size, i.e. the number of residents, the Ad Hoc Report referred to 'institutional culture'. Thus, we can consider 'an institution' as any residential care where:

- residents are isolated from the broader community and/or compelled to live together;
- residents do not have sufficient control over their lives and over decisions which affect them; and
- the requirements of the organisation itself tend to take precedence over the residents' individualised needs.

European Expert Group on the Transition from Institutional to Community-based Care (2012), p.24

Kinship care:

Type of care 'provided by relatives or other caregivers close to the family and known to the child. While such arrangements have so far tended to be informal, some countries are making increased use of formalised placements within the extended family.'

Cantwell et al. (2012), p.33

Parenting support:

Parenting support is a set of (service and other) activities oriented to improving how parents approach and execute their role as parents and to increasing parents' child-rearing resources (including information, knowledge, skills and social support) and competencies.

Daly et al. (2015), p.12

Principle of necessity:

A basic principle developed in the UN Guidelines according to which alternative care should be genuinely needed. This principle has two consequences for policy and practice: preventing situations and conditions that can lead to alternative care being foreseen or required; and establishing a robust 'gatekeeping' mechanism.

Cantwell et al. (2012), p.22

Principle of suitability (also sometimes called appropriateness):

A basic principle developed in the UN Guidelines according to which alternative care must be provided in an appropriate way when a child does require alternative care. This principle has two consequences for policy and practice: all care settings must meet minimum standards; and the care setting must match the individual needs of the child concerned.

Cantwell et al. (2012), p.22

Residential care:

'Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.'

UN Guidelines for the alternative care of children (2010), Article 29 c.

Annexes

Annex 1 Number of children with disabilities in residential care in EU countries

	Number of children with disabilities in residential care		
	Opening Doors for Europe's Children Campaign (country fact sheets) (2016 data)	TransMonEE (2014 data)	Eurochild National Surveys from
Austria			
Belgium	9,317		
Bulgaria		215	
Croatia	715		
Cyprus			
Czech Republic		11,569	
Denmark			
Estonia (2012)		437	
Finland			
France			106,642
Germany			
Greece			
Hungary		1,877	
Ireland			
Italy			
Latvia		410	
Lithuania (2011)		3,698	
Luxembourg			38
Malta			
Netherlands (No of beds)			4,500
Poland		22,844	
Portugal			
Romania		7,235	
Slovakia		813	
Slovenia (2013)		1,137	
Spain			
Sweden			
United Kingdom			330
Total	10,032	50,235	111,510
TOTAL ALL SOURCES			171,777

Sources: <https://www.unicef-irc.org/databases/transmonee;>
<https://www.openingdoors.eu/category/resources;>
[https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication - Children in Alternative Care - 2nd Edition January2010.pdf.](https://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/Eurochild_Publication_-_Children_in_Alternative_Care_-_2nd_Edition_January2010.pdf)

Annex 2 Main barriers and weaknesses regarding the TG

Country	First barrier/weakness	Second barrier/weakness	Third barrier/weakness
Austria	Lack of national harmonisation and further trend of delegating competencies to sub-national entities.	Staff often not adequately trained and educated; high staff turnover.	Few attempts to facilitate the reintegration of children with their families.
Belgium	Insufficient preventive support to families – including decent minimum income.	Lack of participation of children, young people, and parents at different levels.	Insufficient budgets (excessively long waiting lists, lack of continuity, lack of integrated support, lack of highly specialised services for complex situations, interrupted support at age of majority).
Bulgaria	Social exclusion of children living in institutions; lack of integration.	Low quality of care (due to poor working conditions, staff turnover, and lack of social prestige of the profession).	Under-use of foster care due to management and structural issues.
Croatia	Not enough community-based services for families. Social work centres lack the staff and resources to work with families and, where needed, develop an individualised plan.	Foster care still underdeveloped. Foster carers quite unprepared for fostering and do not receive enough expert support.	Adoption is not resorted to as much as it could be, for several reasons
Cyprus	Limited capacity of Social Welfare Services to respond to the increased numbers of children in need of care.	Limited supply of foster carers compared with the number of children in need of care.	Lack of quantitative and qualitative information on the situation of children residing in institutions.
Czech Republic³⁹	Fragmented system of alternative care.	Deficient resources for preventive social work with vulnerable families and children.	Option to place a child into institutional care based on a contract between parents and the facilities.
Denmark	Improvement of staff qualifications (and qualifications for foster families).	Lack of foster carers for children of recent migrants and refugees.	Children in residential care score badly on personal skills and well-being.

³⁹ The Czech Republic Country Report added three other weaknesses: lack of information system/register of vulnerable children; lack of specialised alternative care for children with disabilities; and lack of a range of good-quality services for vulnerable children and families.

Estonia	Proceedings to provide alternative care services often take a long time. Proceedings should be more needs-based and comprehensive.	Foster care is not the main form of alternative care.	
Finland	Coordination between different sectors and within sectors is insufficient and does not offer seamless services.	Lack of proper mental health services.	Insufficient preventive measures.
France	Difficulties in caring for children with psychiatric disorders.	A national overview should be done to evaluate the quality of institutions and their impacts on children and young people.	Frequently segmented passages through multiple institutions.
Germany	Inadequate implementation of children's participation rights. Lack of independent ombudspersons.	External monitoring only partially effective.	Self-evaluation culture in children's homes not fully developed.
Greece	Absence of a deinstitutionalisation strategy and action plan.	Implementation of fragmented measures; delays in the implementation of relevant legislative arrangements.	Underdeveloped formal alternative family-based or family-like care.
Hungary	Weak basic child protection services. No gatekeeping, early support, and prevention; no reintegration into the family.	Limited number of foster carers; underfinanced institutions.	Insufficient number of professionals, low salary levels.
Ireland	Inadequate inspection and monitoring of families.	Limited children's participation in decision making.	UAM have inadequate legal protection.
Italy	Absence of minimum standards and common criteria for communities hosting minors.	Difficulties of local authorities in paying back the costs of residential care to the associations and cooperatives, which manage these services.	Minors' residential periods often exceeding 2 years.
Latvia	Many children still in institutional care.	Insufficient support (training, consultation with psychologists and social workers, support groups) for foster carers, guardians, and adoptive parents.	Insufficient social work with parents in municipalities with families of origin of children in institutions.

Lithuania	Absence of a holistic shared vision among all stakeholders about deinstitutionalisation.	Lack of motivation, financial measures, and qualified human resources at the municipal level to reform childcare services.	Children with moderate and especially severe disabilities remain outside the reform; still widely believed that institutions provide the best care for them.
Luxembourg	One remaining big state-run institution.	Rules in institutions for UAM not always adapted to their specific situation.	No possibilities for family-based foster care for UAM.
Malta	Fostering and adoption need more promotion and support.	Creches are the only form of institutional care. Children over 3 are in residential not institutional care.	
Netherlands	Policy and practice do not match: the policy is based on the prevention of out-of-home placement, but in practice serious problems are not identified in time and/or specialist assistance is insufficiently available in the home situation.	No policy to prevent the multiplication of transfers of the child from one foster family to another one.	
Poland	High number of the youngest children (less than four years old) in institutional care.	Weak cooperation of two levels of local government (or government agencies in general) in supporting families of origin and providing alternative care.	Children stay too long in alternative care (sometimes till they reach the age of 24).
Portugal	Absence of deinstitutionalisation perspective.	Insufficient work with the families of origin.	Lack of response in terms of mental healthcare.
Romania	While preventive services and capacity have been developed at county level, community-based services are entirely missing. Thus, a strategy is needed to ensure appropriate levels of (professional) human and financial resources at the local level, in accordance with local needs.	Within the public care system, residential institutions lack the appropriate level of human resources and good-quality specialised services to ensure the effective monitoring of children, their development, and their probability of re-integration in the family of origin. Labelling children in public care as children with disabilities represented, up to a point, a compensatory strategy for the lack of adequate human resources within the public care system.	No means of systematic and targeted support for children exiting the system after turning 18 or 26, if in education after 18 years. While there are many small programmes/benefits designed to support these children, these are not well coordinated and not strong enough to ensure the proper integration of these children in the labour market and in the community.

Slovakia	High proportion of children residing in institutions.	Slow process of deinstitutionalisation, especially in relation to social services for children with disability.	Need for more preventive measures that avoid placement of children in institutions.
Slovenia	Current attempts to solve problems associated with the treatment of children and adolescents with behavioural disturbances and longer-term aggressive behaviour proved not to be effective enough.	Treatment of children with emotional and behavioural problems and mental health problems is not adequate and is also completely absent in some regions.	Lack of intensive psychiatric treatment for children placed in institutions (e.g. to deal with self-harming and/or aggressive behaviour).
Spain	Non-harmonised regulation between territories or between centres.	Lack of support and integration in major policy areas after the age of 18.	Poor coordination between residential care institutions and social protection systems.
Sweden	Poor implementation of health check-ups with health issues being neglected as result.	Poor completion rate for secondary education.	Lack of support for transitions from youth to adulthood, and from education to work.
United Kingdom	Resource limitations for early intervention for children on the edge of care.	Shortages of high-quality foster carers.	Limitations in ongoing support (or options to remain) from the age of 18 onwards (N.B. this varies by UK jurisdiction and placement type).

Annex 3: List of Policy Area/Country Experts

List of Policy Area Experts

Name	PA
Bradshaw, J. and Rees, G.	Nutrition
Clark-Foulquier, C. and Spinnewijn, F.	Housing
Nicaise, I., Vandevoort, L., and Ünver, Ö.	Education
Rigby, M.	Healthcare
Vandenbroeck, M.	Early Childhood Education and Care

List of Country Experts

Name	Country
Fink, M. (with van-Linthoudt, J-M.)	Austria
Nicaise, I., Vandevoort, L., Juchtmans, G., Buffel, V., Ünver, Ö., Van den Broeck, K., and Bircan, T.	Belgium
Bogdanov, G.	Bulgaria
Zrinščak, S.	Croatia
Koutsampelas, C., Andreou, S.N., Dimopoulos, K., Chrysostomou, S., Kantaris, M., and Theodorou, M.	Cyprus
Sirovátka, T.	Czech Republic
Kvist, J.	Denmark
Anniste, K.	Estonia
Kangas, O.	Finland
Legros, M.	France
Hanesch, W.	Germany
Ziomas, D., Mouriki, A., Capella, A., and Konstantinidou, D.	Greece
Albert, F.	Hungary
Daly, M.	Ireland
Raitano, M.	Italy
Lace, T.	Latvia
Poviliūnas, A. and Sumskiene, E.	Lithuania
Swinnen, H.	Luxembourg
Vassallo, M.	Malta
van Waveren, B., Groot, J., Fase, D., Willeminj Smit, W., Dekker, B., and van Bergen, K.	Netherlands
Topińska, I.	Poland
Perista, P.	Portugal
Pop, L.	Romania
Gerbery, D.	Slovakia
Stropnik, N.	Slovenia
Rodríguez Cabrero, G. and Marbán Gallego, V.	Spain
Nelson, K., Palme, J., and Eneroth, M.	Sweden
Bradshaw, J., Rees, G., Glendinning, C., and Beresford, B.	United Kingdom

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