

Family Support and Alternative Care

The Baltic Sea States Regional Report
2015



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Foreword

There is no grander joy than that of having happy children, as a parent and as a state. It is a great privilege for us as grown-ups, to be able to spend time with children, and to see the world through their eyes. Like the Little Prince said, grown-ups never understand anything by themselves, and it is tiresome for children to be always and forever explaining things to them.

At the same time, we as adults have an enormous responsibility towards children, towards our own children and all the children that live in our societies. All children need a loving family, loving people who take care of them, by gently pushing them towards becoming self-fulfilling adults, while allowing them to be joyful children – the way only the children themselves know how to be. It is in our hands as adults to determine the probable course that any given child's life will take. Whether a child will become a groundbreaking scientist or a criminal, self-fulfilling or miserable, depends on our actions towards the child.



The Council of Baltic Sea States is a strong network of countries in the region for various multi-lateral activities and co-operation and has been since 1992. The CBSS was first founded as a response to the new geo-political landscape post the collapse of the Soviet Union, but today brings Baltic Sea countries together to develop society, protect the environment and support the economy with focusing on the importance of human resources. To become stronger as a network and as each country individually, we have to work together, learn from each other in order to create the best environment and society for our children and families. Ensuring children a safe environment to growing up, promoting positive parenting, in order to help children develop positive self-esteem and values on which to build a successful life; these are the guarantees to continuity of the region. This has been one of the main priorities for the Estonian Presidency of the CBSS in 2014-2015 and this must be kept as one of the leading priorities in the future cooperation.

Despite of the great efforts of the member states, some families still find themselves in difficulties and therefore are not able to ensure the best care for their children. Thus, the countries need to pay even more attention to providing support to distressed families and prevent child separation from the family. In a situation where the child's separation is inevitable, efforts should be made so that a child can still grow up in a family environment. This means there is a continued need to work towards the de-institutionalization of care, put emphasis on prevention and community support to children and families and most importantly to ensure the rights of children in alternative care.

The report on alternative care and family support in the Baltic Sea Region maps the current situation, identifies the challenges and the progress in the region. The report also provides guidance and recommendations for the region, giving CBSS member states valuable reflection, a possibility to look at the mirror and see, where we are and where we should be moving to. The most important action is to respond to challenges, make relevant changes in our policies and actions to improve the system and to build a joyful and carefree childhood for children. This is the investment for the future.

A handwritten signature in black ink, appearing to read 'Margus Tsahkna', with a decorative flourish underneath.

Margus Tsahkna
Minister of Social Protection, Estonia

Introduction

The Council of the Baltic Sea States (CBSS) has a long-standing tradition of promoting child protection and children's rights in its eleven Member States Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden. Alternative care is an issue of concern to all Member States and has been one of the focus areas for the regional cooperation since the late 1990s.

In May 2005, Ms Laila Dāvøy, Norwegian Minister for Children and Family Affairs, and the CBSS Expert Group for Cooperation on Children at Risk (EGCC) convened a Ministerial Forum in Oslo, where Ministers for social affairs, families and children and leading experts identified priorities in relation to alternative care in the region. The Ministerial Forum issued several recommendations for action. It encouraged the CBSS Member States to support parents in their childrearing and caregiving role and to resort to institutional care only when this is in the best interests of the child. The Ministerial Forum recommended further that the Expert Group for Cooperation on Children at Risk and the CBSS Children's Unit cooperate with different professional sectors in order to strengthen the cross-border cooperation and information exchange on children at risk. Over the past ten years, these recommendations have guided the work of the CBSS Children's Unit, the EGCC and their national counterparts.

Ten years later, in May 2015, under the Estonian Presidency, the EGCC organised an Expert Meeting on Alternative Care and Family Support. The meeting aimed to offer a platform for regional dialogue on these themes from a comprehensive, rights-based and solution-oriented perspective.

In preparation for the Expert Meeting, the Children's Unit in cooperation with the Expert Group for Cooperation on Children at Risk conducted a mapping of family support and alternative care services in the Member States. The objective was to analyse the situation, assess the achievements since the 2005 Ministerial Forum and to identify relevant opportunities and challenges for the future. The Expert Group for Cooperation on Children at Risk agreed that the Expert Meeting and the study should focus on three themes:

1. Identifying effective interventions to prevent children from being separated from their families by highlighting examples of good practices and services that 'work';
2. Ensuring the transition from institutional care to family based care by building necessary support systems and securing the quality of care; and
3. Safeguarding children's rights in alternative care by encouraging child participation and by preventing abuse, neglect, exploitation and violence.

Against this background, the Baltic Sea States Regional Report on Family Support and Alternative Care was developed to document, assess and analyse the state of the art in the region. A background paper provides a more detailed regional overview while this report presents a synergy of the key findings, conclusions and general proposals for action.¹ The report also encloses the Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region 2015-2020. These **Action Points** and **Recommendations** were endorsed on the 6th of May by the participants in the Expert Meeting on Alternative Care and Family Support at the Baltic Sea Region, convened by the Estonian Presidency of the Council of the Baltic Sea States.

¹ All reports and related documentation can be accessed from the website of the Council of the Baltic Sea States Children's Unit at <http://www.childcentre.info/expertlevelmeeting2015/>.

About the Council of the Baltic Sea States and the Expert Group for Cooperation on Children at Risk ²

The Council of the Baltic Sea States (CBSS) is an inter-governmental organisation for the cooperation within the greater Baltic Sea Region. The Member States of the CBSS are Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden. In addition to the eleven states, the European Union participates as a member. The region's geography is characterised by the Baltic Sea connecting nine of these countries. The northernmost areas of the region share particular geographical aspects and climate conditions. Common histories, geographies and cultures provide a basis for an evolving common identity in this Northern European sub-region.

Transnational cooperation has been well developed in many thematic areas in the region and plays an important role in connecting the EU with its northern and north-eastern non-EU neighbours. Most of the CBSS Member States are Members of the European Union. Iceland and Norway are members of the European Economic Area (EEA)³ and the European Free Trade Association (EFTA)⁴. They are therefore closely aligned to EU policies and participate in various cooperation agreements with the EU, such as the common asylum system and the Schengen agreement establishing the area of freedom of movement. All CBSS Member States are also participating states of the Council of Europe. The human rights standards, recommendations and guidance from the Council of Europe specifically in the area of child rights and protection are therefore directly applicable to all countries in the region.

Within the framework of the CBSS, the Expert Group for Cooperation on Children at Risk (EGCC) promotes policymaking and programming to promote the implementation of the UN Convention on the Rights of the Child, with a specific focus on children at risk. The Expert Group consists of senior officials from the CBSS Member States and the European Commission. Administratively, it is part of the Council of the Baltic Sea States and the Children's Unit within the CBSS Secretariat facilitates its work. The Expert Group acts as a platform for professionals from various sectors and disciplines, including governmental departments, international, regional and local organisations, UN agencies, the academia and Ombuds offices.

The Expert Group for Cooperation on Children at Risk contributes actively to the development of comprehensive child protection systems and sustainable interventions to prevent and respond to violence, abuse, neglect and exploitation of children. Within its broad mandate to promote children's rights, the Expert Group is focusing in particular on thematic areas related to child-friendly justice, the prevention of all forms of violence and early intervention, the prevention of sexual abuse and exploitation of children, the protection of migrant children and child victims of trafficking. Safeguarding the rights of children deprived of parental care has been a priority theme since the inception of the Expert Group and continues to be at the centre of the activities in the region, with particular attention to quality care and family support.

2 Council of the Baltic Sea States, Expert Group for Cooperation on Children at Risk, available at <http://www.cbss.org/safe-secure-region/eg-on-children-at-risk/> accessed on 21 May 2015.

3 "The Agreement creating the European Economic Area (EEA) entered into force on 1 January 1994. It allows the EEA EFTA States (Norway, Iceland and Liechtenstein) to participate in the Internal Market on the basis of their application of Internal Market relevant acquis. All new relevant Community legislation is dynamically incorporated into the Agreement and thus applies throughout the EEA, ensuring the homogeneity of the internal market. The EEA Agreement is concerned principally with the four fundamental pillars of the Internal Market, "the four freedoms", i.e. freedom of movement of goods, persons, services and capital. But also "flanking policies" such as social policy, consumer protection, and environment policy may be covered. The EEA Agreement does not cover agriculture and fisheries." See: European Union External Action, European Economic Area (EEA), undated, accessed from <http://eeas.europa.eu/eea> on 22 February 2015.

4 **The European Free Trade Association (EFTA)** is an "intergovernmental organisation set up for the promotion of free trade and economic integration to the benefit of its four Member States: Iceland, Liechtenstein, Norway and Switzerland. The Association manages the EFTA Convention; EFTA's worldwide network of free trade and partnership agreements, and the European Economic Area (EEA) Agreement." See: EFTA, The European Free Trade Association, 2011, accessed from <http://www.efta.int/> on 22 February 2015.

Methodology

The Baltic Sea States Regional Report on Family Support and Alternative Care has been developed through a desk review of national, regional and international literature, including reports on child rights and protection, childcare, alternative care, family support and social services. The sources consulted for the literature review include the reporting procedure to the Committee on the Rights of the Child, including alternative reports, of all eleven CBSS Member States as well as studies and reports published by national institutions, by United Nations agencies, European Union (EU) bodies and the Council of Europe, by international and national NGOs, the academia and research institutes.⁵ Databases operated by the Organisation for Economic Cooperation and Development (OECD) and the European Union were also consulted for the study.⁶

Official data and statistics on children in alternative care were collected through a survey with the members of the Expert Group for Cooperation on Children at Risk. Throughout the study process, the EGCC Members contributed significantly to the study. They responded to key questions and compiled relevant information on alternative care and family support in their countries. They provided information on good practice examples and guided the analysis through comments, review and critical feedback.⁷

The data collection and analysis was guided by international and regional standards, guidelines and recommendations, in particular the UN Convention on the Rights of the Child, the UN Guidelines on Alternative Care for Children, recommendations and guidelines issued by the Council of Europe as well as EU strategic documents and guidelines. On the basis of these standards, key questions and indicators were identified that guided the data collection and analysis.⁸

The study was informed by the Expert Meeting held in Tallinn on 5-6 May 2015, which was hosted by the Estonian Ministry of Social Affairs under the Estonian Presidency of the Council of the Baltic Sea States. Prior to the meeting, the Tallinn Recommendations and Action Plan 2015-2020 had been drafted in consultation with the EGCC and on the basis of the study findings. They aim to guide the future action and priorities for the regional collaboration and national action in this field. The draft Tallinn Recommendations and Action Plan were updated during the meeting in light of the contributions made by speakers, moderators and discussants and were subsequently endorsed by the participating government representatives, experts and professionals from CBSS Member States and wider Europe.⁹

5 These sources were primarily identified through a search using a selection of international and European databases, including the Better Care Network, the Save the Children child protection resource centre, the CRIN Database, European Union bodies, in particular the European Union Agency for Fundamental Rights, EU country profiles and country information available from the Hague Conference on Private International Law. In addition, EGCC Members shared national reports and studies as well as official policy documents from the CBSS Member States.

6 Organisation for Economic Cooperation and Development, OECD Family Database, OECD, Paris, 2015, accessed from www.oecd.org/social/family/database.htm on 13 February 2015. Council of Europe, The Council of Europe Family Policy Database, accessed from <http://www.coe.int/t/dg3/familypolicy/database/> on 13 February 2015. European Union, European Platform for Investing in Children, accessed from http://europa.eu/epic/countries/index_en.htm on 13 February 2015.

7 The graphs and figures on children in alternative care presented in this report are based on data from official national sources, shared by the EGCC Members. Germany has participated in the review with a focus on the data concerning children who are deprived of parental care and live in foster families or institutions.

8 The detailed research guide enlisting these key standards and guidelines is included in the Annex of the Background Paper to the Baltic Sea Regional Report on Family Support and Alternative Care, 2015.

9 See the Tallinn Recommendations and Action Plan on Alternative Care and Family Support 2015-2020, which are included at the end of this report.

International and regional standards, guidelines and recommendations on quality care for children

The Convention on the Rights of the Child (CRC) affords under Article 3.2 that State Parties undertake to ensure the child such protection and care as is necessary for her or his well-being, taking into account the rights and duties of her or his parents, legal guardians, or other individuals legally responsible for the child. Article 3.3 provides further that States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform to the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.

Internationally, the UN Guidelines on Alternative Care for Children are the main point of reference and guidance for this field. They break the provisions under the Convention down into more concrete and operational messages on what constitutes quality care for children.¹⁰ The Quality4Children Standards for Out-of-Home Child Care in Europe, developed by FICE International, IFCO and SOS Children's Villages in cooperation with national governments and international organisations, provide more specific standards for the European context. These documents offer information and guidance for children, caregivers, professionals and officials involved in childcare. They were developed with a view to define quality standards for the placement of children in alternative care, including with regard to decisions about the placement, the choice of placement remedies, quality of foster care and follow-up services. The Quality4Children standards were developed in consultation with boys and girls who have themselves experienced alternative care.¹¹ Additional standards, recommendations and guidance for childcare, social services and family support in the European region are offered in the framework of the Council of Europe and the European Union, as enlisted below.

Key reference documents defining standards of quality care for children:

- UN Guidelines for the Alternative Care of Children, 2010
- Council of Europe Committee of Ministers Recommendation on the rights of children living in residential institutions (Rec(2005)5)
- Council of Europe Committee of Ministers Recommendation on children's participation in family and social life (R(98)8)
- Council of Europe Committee of Ministers Recommendation on the participation of children and young people under the age of 18 (Rec(2012)2)
- Council of Europe Committee of Ministers Recommendation on children's rights and social services friendly to children and families (Rec(2011)12)
- Council of Europe Strategy for the Rights of the Child 2012-2015
- Council of Europe Committee of Ministers Guidelines on child friendly health care (2011)
- Common European guidelines on the transition from institutional to community-based care (2012)
- Quality for Children Standards (2007)
- The Hague Convention of 29 May 1993 on the Protection of Children and Cooperation in Respect of Inter-country Adoption
- The Hague Convention of 19 October 1996 on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children

¹⁰ United Nations General Assembly, Guidelines for the Alternative Care of Children, Resolution adopted by the General Assembly on the report of the Third Committee (A/64/434) 64/142, 24 February 2010.

¹¹ SOS-Kinderdorf International, Quality4Children, Standards for out-of-home child care in Europe - an initiative by FICE, IFCO and SOS Children's Villages, SOS-Kinderdorf International, Innsbruck, Austria, 2007, accessed from http://www.quality4children.info/navigation/cms,id,31,nodeid,31,_language,en.html on 20 May 2015.

Strong European focus on integrated services

The Council of the Baltic Sea States initiatives to promote quality care for children in the region are complementary to the work of other European agencies such as, for instance, the mapping of national child protection systems conducted by the European Union Agency for Fundamental Rights¹², the European Union process to develop principles for a child protection system's approach, and the Council of Europe initiatives in support of children's rights and integrated services that are friendly to children and families. The Baltic Sea Regional Report on Family Support and Alternative Care has essentially been informed by the work of these and other actors.

The cooperation in the context of the European Union, the Council of Europe and the CBSS have created platforms for regional consultation and concerted action, to which each country contributes with its own important experience, innovative examples and lessons learned. The CBSS Expert Group for Cooperation on Children at Risk has recognised the potential for mutual learning that the region offers as an opportunity to enrich and inspire the continued development of law, policy and practice, nationally and regionally.

12 Key findings of the research are available on the website of the European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU*, accessed from <http://fra.europa.eu/en/project/2014/mapping-child-protection-systems-eu> on 10 July 2015. A comprehensive report on FRA's research is planned for publication in early 2016.

The Baltic Sea Region: Facts and figures

Demography

The population of the Baltic Sea Region amounts to approximately 57.6 million persons.¹³ In 2013, 18 percent of the population in the region were under 18 years of age.¹⁴

The life expectancy and child mortality rates differ significantly throughout the region. While the average life expectancy was 70 years for children born in 2013, Russia has the lowest life expectancy at 64 and Sweden has the highest at 82 years. The mortality rate for children under the age of 5 was 13 for every 1,000 births in 1990. By 2014, this had decreased to 5 in every 1,000 births, with a lowest rate of 2 in Iceland and a highest of 10 in the Russian Federation.¹⁵

The region continues to age – a notable trend all over Europe. Eurostat projections expect that between 2013 and 2050, the population in the Baltic Sea region aged 80 years old and above will grow by 70 percent. During the same time period, the population aged 0-18 is only expected to grow by 1 percent. There is a notable disparity for this metric, as the child and youth population in Lithuania is expected to decrease by 28 percent while the estimates for Norway forecast an increase by 45 percent.¹⁶ Migration plays a key role in these demographic developments, as less developed areas are expected to age faster due to youth emigration.¹⁷

The Baltic Sea Region is characterised by dynamic patterns of migration. All Member States are countries of origin, transit and destination at the same time, though to varying degrees. In addition to the EU-internal migration within the freedom of movement area, migrants, asylum seekers and refugees are arriving from third countries.

Education

Enrolment in education in the Baltic Sea Region is high. Primary education enrolment for all countries is between 94.7 percent and 99.5 percent. Nearly all enrolled children complete their primary education. Secondary education enrolment is at 100 percent in most countries, with only Latvia, Poland, Russia and Sweden reporting between 95.2 percent and 98.3 percent enrolment. The average length of time that a child spends in school in the region is 16 years.¹⁸

Public expenditure on education as percentage of GDP in 2011 was on average 5 percent in the region, the highest being Denmark at 7 percent, the lowest being Germany at 4 percent and the median being shared between Finland at 5.6 percent and Estonia at 4.4 percent. Public spending on family benefits in cash, services and tax measures, in per cent of GDP in 2011 averaged at 3.1 percent, with Denmark being the highest at 4 percent, Poland the lowest at 1.8 percent, and the median shared between Finland and Norway both at 3.2 percent.¹⁹ In the Russian Federation, the public expenditure on education was 4.1 percent of the GDP in 2008.²⁰

13 This figure represents the population of the Nordic countries, the Baltic countries, the northern regions of Germany and Poland, and the Russian North-western Federal District. Including the whole population of all states in the region, the total population amounts to 296.1 million persons, who account for 4% of the world population. Source: United Nations Children's Fund, *State of the World's Children 2015, Reimagine the future*, Country Statistical Tables, 2015.

14 United Nations Children's Fund, *State of the World's Children 2015, Reimagine the future*, Country Statistical Tables, 2015.

15 United Nations Children's Fund, *State of the World's Children 2014 in Numbers, Revealing disparities, advancing children's rights*, New York, 2014, pp. 84-88.

16 Comparable numbers from the Russian Federation are unavailable for this statistic. Eurostat, *EUROPOP2013, Population projections at national level*, 2013.

17 Anderson, M.A., *Talent Retention Policy and Initiatives in the Baltic Sea Region: A situation analysis*, Swedish Institute, 2014.

18 United Nations Children's Fund, *State of the World's Children 2015, Reimagine the future*, Country Statistical Tables, 2015. UNESCO Institute for Statistics, School life expectancy, Table 8, 2012.

19 Organisation for Economic Cooperation and Development, *Social Expenditure Database*, 2014. NB: These statistics do not include Latvia, Lithuania or the Russian Federation.

20 The World Bank, World DataBank, World Development Indicators, September 2014, accessed from <http://databank.worldbank.org/> on 22 June 2015.

Economics

Economic prosperity in the region is comparatively strong yet disparate. In 2013, the region's GDP (in current US\$) was 8.1 trillion, with the smallest being Iceland at 15.3 billion, and the largest being Germany at 3,730.2 billion. The median for the region is equivalent to Denmark's GDP at 335.8 billion.²¹

The economies of the region are well connected to international trade. 52 percent of national GDPs in the region are from the export of goods and services. The highest percentage of GDP resulting from the export of goods and services comes from Estonia at 86 percent, the lowest from Russia at 28.4 percent, and the median from Poland at 46.1 percent.²²

Impact of the economic recession

The recession has affected the countries of the Baltic Sea Region to a significant extent but with national variations. Between 2008 and 2012, the child poverty rate of the region increased by 3.3 percent whereas the average rate throughout the 41 OECD countries increased only by 1.8 percent, measured with a poverty line fixed at 60 percent of the median income. The populations of the three Baltic countries and Iceland were particularly affected, whereas Finland, Norway and Poland registered notable decreases in their child poverty rates. The highest increase of child poverty was registered in Iceland (20.4 percent), and the most significant decrease was noted in Poland (-7.9 percent).²³ In 2010, data from the Russian Federation indicate a poverty rate for all age groups at 14 percent, but 19 percent for children aged 1-17 years old. These data could be interpreted to indicate that households with children are disproportionately affected by poverty and correlated inequalities.²⁴ In 2007, 28 percent of the Russian population received benefits from a social insurance scheme, a social protection and labour scheme, or both.²⁵

Insecurity for vulnerable groups

Throughout the region, some groups of children and families are considered particularly vulnerable as they are more likely to be deprived of essential standards of living, such as regular meals and balanced diet, good accommodation and a place to study, books, internet access and appropriate clothing, leisure time activities including sports and peer activities. 10.3 percent of all children in the region were deprived of at least two essential standard of living items in 2009. This number rises to 20.8 percent for single parent families, 30.3 percent for families with low parental education, and 35.8 percent for jobless households. These children of families and households with low incomes or education are on average more affected by deprivation than children of immigrant families, as the rate of deprivation for immigrant families for the region is 13.9 percent.²⁶

21 The World Bank, World DataBank, World Development Indicators, September 2014, accessed from <http://databank.worldbank.org/> on 22 June 2015. Data are in current U.S. dollars. Dollar figures for GDP are converted from domestic currencies using single year official exchange rates.

22 The World Bank, World DataBank, World Development Indicators, 2011-2014, accessed from <http://databank.worldbank.org/> on 22 June 2015

23 United Nations Children's Fund, Office of Research – Innocenti, *Children of the Recession, The impact of the economic crisis on child well-being in rich countries*, 2014. NB: These statistics do not include Latvia, Lithuania or the Russian Federation.

24 OECD, poverty rate after taxes and transfers, with the poverty line set at 50% of median income.

25 The World Bank, World DataBank, World Development Indicators, September 2014, accessed from <http://databank.worldbank.org/> on 22 June 2015.

26 Note: The items include: 1. Three meals a day; 2. At least one meal a day with meat, chicken or fish (or a vegetarian equivalent); 3. Fresh fruit and vegetables every day; 4. Books suitable for the child's age and knowledge level (not including schoolbooks); 5. Outdoor leisure equipment (bicycle, roller-skates, etc.); 6. Regular leisure activities (swimming, playing an instrument, participating in youth organizations etc.); 7. Indoor games (at least one per child, including educational baby toys, building blocks, board games, computer games etc.); 8. Money to participate in school trips and events; 9. A quiet place with enough room and light to do homework; 10. An Internet connection; 11. Some new clothes (i.e. not all second-hand); 12. Two pairs of properly fitting shoes (including at least one pair of all-weather shoes); 13. The opportunity, from time to time, to invite friends home to play and eat; 14. The opportunity to celebrate special occasions such as birthdays, name days, religious events, etc. Source: United Nations Children's Fund Innocenti Research Centre, *Measuring Child Poverty, New league tables of child poverty in the world's rich countries, Report Card No. 10*, 2012. European Union Statistics on Income and Living Conditions 2009, cited in: United Nations Children's Fund, Office of Research – Innocenti, *Children of the Recession, The impact of the economic crisis on child well-being in rich countries*, 2014. These statistics do not include data from Latvia, Lithuania and the Russian Federation.

The facts and figures from the region suggest that measures to promote equity and social inclusion and to strengthen the resiliency of particularly marginalised groups need to be multi-faceted. Support measures need to address different social and economic risk factors through services tailor-made to the needs of different population groups and individuals.

Alternative care: A regional overview

Forms of alternative care in the region

'Alternative care' refers to formal and informal care arrangements for children deprived of parental care. It includes family-based and family-like care as well as institutional care. In the region and internationally, conceptual clarity on different forms of alternative care has not yet been achieved.²⁷

In the absence of a unified definition of institutional care, the notion of an institution depends on the size and number of residents, on the management and care regime and the relevant legal framework. The European Expert Group on the Transition from Institutional to Community-based Care refers to an 'institutional culture' in alternative care settings. An institutional culture is understood as a context where residents are isolated from the community and/or compelled to live together, where they do not have adequate control over decisions that affect them and where the requirements of the organisation tend to take precedence over the individual needs of the residents.²⁸ In consequence, downsizing the number of residents cared for in an alternative care setting does not by itself suffice to overcome the institutional culture of care. A higher degree of participation and choice of the individuals in care, increased quality of support for the individual and stronger integration into the community are all important factors that help overcoming an institutional culture.²⁹

Community-based forms of care constitute the preferred alternative to an institutional culture of care. The European Expert Group on the Transition from Institutional to Community-based Care defines 'community-based services' or 'community-based care' as a form of service provision that allows the child to grow up in a family environment within the community. Community-based services include health care and education as well as social and economic support services with regard to housing, employment, cultural and leisure time activities. Support services include mainstream services available and accessible to all, as well as specialised support targeted to the individual child and family, such as personal assistance for persons with disabilities, respite care, family and parenting support aiming at the prevention of family separation and the protection of children.³⁰

The CBSS Member States are operating a diversity of alternative care settings for children. Placement is available in different types of small-scale or larger residential institutions, family-like placements and family-based care, including kinship care, foster families, national and international adoption. In all Member States, the public and private sectors are involved in operating residential institutions and providing alternative care services.

In addition to short and longer-term alternative care settings, emergency placement is available throughout the region for children whom the social services remove from the family home due to an acute situation of violence or risk and where placement within the extended family is not an option. The need for this type of placement is high throughout the region.

27 For an overview of relevant terms, concepts and definitions, see the full Baltic Sea Family Support and Alternative Care Report 2015.

28 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 25.

29 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 25.

30 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, pp. 32-33.

Some countries have established specialised institutions, centres or shelters for emergency care, as is the case in Finland, Latvia, Norway, Poland and Sweden. In Denmark, Iceland and Lithuania, the emergency placement is integrated into the mainstream alternative care services. In some countries, emergency care is available also in foster families, as for instance in Iceland, Norway, Poland and Sweden. In Norway, young and very young children who require immediate placement are referred to foster families as a general rule.

Typically, the political responsibility for residential forms of alternative care is divided between different ministries and departments. Institutions for very young children are often under the responsibility of Ministries of Health as they have a strong medical component. Children's homes and residential institutions for children with disabilities are generally under the responsibility of Ministries of Social Affairs. Boarding schools and other residential institutions that offer accommodation, care and schooling for children fall commonly under the responsibility of Ministries for Education.³¹

Key determinants for quality care

Although evidence demonstrates that family-based care leads generally to better outcomes for children, the quality of care is nonetheless the primary and more important determinant of good outcomes than the type of placement. Clarity about what constitutes quality care for children is therefore essential to improve services across all types of placement.

The stability of placement and relations is one of the most important factors determining the outcomes for children. Stable relations with caregivers, social workers and with peers are considered a precondition for the well-being of children in care, including in relation to their emotional well-being, educational achievements and personal development. Permanency is conditional on a number of issues and considerations at all stages of the placement: a thorough assessment of the child's situation and needs, successful matching of children and foster parents or other caregivers, and meaningful follow-up support, monitoring and review of the placement.³²

The Committee on the Rights of the Child noted that quality care has to ensure security and continuity of care and affection, and the opportunity for children to form stable and long-term attachments, based on mutual trust and respect. Children have good opportunities to form stable attachments in foster families or placements within the extended family, or in adoption.³³

The child's views are essential for delivering quality services and ensuring safety in all types of placement. Quality care is therefore fundamentally determined by the opportunity of the child to be heard and to participate in each phase of the process and at any moment. In addition to the right to be heard and to have her or his views taken into account, the entire set of the participatory rights of children need to be respected in practice, i.e. the right to seek, receive and impart information in a language that the child understands, the right to freedom of thought, expression and freedom of assembly. In addition to daily opportunities for children to express their views and to be heard, as clients of social services and in alternative care, boys and girls need to have access to child-sensitive reporting and complaints mechanisms, including independent and confidential mechanisms. They also need to be informed, enabled and encouraged to use these mechanisms actively, individually and collectively.

Children express their views in many different ways and need to be heard regardless of the means of communication they choose, even when their messages may be uncomfortable to caregivers

31 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, pp. 26-27.

32 Department for Education, *Children in Care, Research priorities and questions*, United Kingdom, March 2014, pp. 8-9. Rygaard, Niels Peter, *Research, Technology, Child Policies and Caregiver Education, A description of non-profit, open source online caregiver education programs worldwide*, undated, p. 2.

33 United Nations Committee on the Rights of the Child, General Comment No. 7 (2005), Implementing child rights in early childhood. CRC/C/GC/7/Rev.1, 20 September 2006, par. 36 (b).

and service providers. Leaving a placement without informing guardians, caregivers or staff can be a way for children to demonstrate that the placement did not meet their needs. Once they have left, many children are facing a higher risk of violence and exploitation, especially when living or working on the streets. In 2014, Missing Children Europe reported that 45% of the calls received by the missing children hotlines in Europe (network of 116000 hotlines) related to children who went missing from alternative care placements in institutions (24% or 33,485 calls) or foster families (21% or 29,299 calls).³⁴ In order to prevent children from 'going missing', caregivers, institutional staff and service providers need to enter into a constructive dialogue with the boy or girl concerned and engage also their social network in order to find viable and durable solutions in each individual case.

Quality care can only be provided if embedded into a holistic approach that values the child as a person and holder of inalienable human rights. The Committee on the Rights of the Child has extensively commented on the importance of adopting a holistic approach in policy and practice that values the human rights of the child as inter-related and indivisible. It emphasises that progress in relation to a single right cannot be achieved if measures are not integrated into a more holistic approach. The rights to health, leisure time and recreational activities, for instance, are directly connected to children's right to grow and develop their full potentials. The right to protection from all forms of violence can only be achieved when all the other rights of the child are effectively promoted. Safeguarding the right to education is considered to lead to positive results also in terms of social and economic rights, health and protection.³⁵

National laws and policies on alternative care tend to prioritise the rights and interests of the child with regard to safety and protection, health, education, family relations and physical standards of care such as living conditions. Other rights and needs of children, such as leisure time and recreational activities, sports, play and social contacts, are not necessarily regulated by law, although they are just as important for the child's well-being and development. The responsibility for guaranteeing these rights therefore lies primarily with the parents, caretakers, guardians, or staff in childcare institutions. In consequence, it can be expected that there is a great variability in how children exercise these rights. While it cannot be desirable to regulate all aspects of a child's life by law, it would however be essential to ensure that these matters receive due attention in quality standards for family support and alternative care as well as training of caregivers and relevant professionals.³⁶

While care has to be provided on a rights-base, it has to be also needs-based, taking the individual situation, context and background of the child into account and responding to the specific needs of the girl or boy concerned. This requires that service providers are capable to assess the individual needs of each person and to apply universal standards and procedures in such a way as to respond to these needs effectively. Achieving equity of care requires a sensible process for safeguarding universal rights and standards by providing services that are tailor-made for each individual child

34 In 2014, the national Missing Children hotlines in Europe received 268,309 calls in total, which involved 6,119 registered cases of individual children. 45 percent of the calls were related to children who went missing from alternative care placements, while 51 percent of the calls related to 'runaways' more generally. In response to these calls, the hotlines opened 2,785 cases of 'runaways' in 2014, equivalent to 136,838 calls. These cases were reported from 26 national hotlines (Albania, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, France, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, The Netherlands, United Kingdom). Among these children, 45% went missing from alternative care placements. This figure includes data from 12 national hotlines (Albania, Bulgaria, Croatia, Estonia, Hungary, Italy, Lithuania, Luxembourg, Poland, Slovakia, Slovenia, United Kingdom). Source: Information provided by Delphine Moralis and Federica Toscano, Missing Children Europe, 22 June 2015. See also: Missing Children Europe, *Missing Children Facts and Figures 2014, Caseload data from missing children organisations and cross-border family mediators across Europe*, 2014, accessed from <http://missingchildren.europa.eu/Portals/0/Docs/Missing%20children%20facts%20and%20figures%202014.pdf> on 2 July 2015, pp. 7-8.

35 United Nations Committee on the Rights of the Child (2011), General Comment No. 13 (2011), The right of the child to freedom from all forms of violence, CRC/C/GC/12, 18 April 2011, see for instance p. 48. United Nations Committee on the Rights of the Child (2013), General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), p. 3. United Nations Committee on the Rights of the Child (2013), General Comment No. 14 (2013) on the right of the child to have her or his best interests taken as a primary consideration (art. 3, para. 1), CRC/C/GC/14, 29 May 2013. United Nations Committee on the Rights of the Child (2001), General Comment no. 1 (2001), Article 29 (1), The Aims of Education, CRC/GC/2001/1, 17 April 2001. United Nations Committee on the Rights of the Child (2013), General comment No. 17 (2013) on the right of the child to rest, leisure, play, recreational activities, cultural life and the arts (art. 31), CRC/C/GC/17, 17 April 2013. Cited in: Wenke, Daja, *Improving Monitoring and Protection Systems Against Child Trafficking and Exploitation, Transnational Analysis*, Family and Childcare Centre Greece, Defence for Children International - Italy, et al., 2014, p. 48.

36 Wenke, Daja, *Improving Monitoring and Protection Systems Against Child Trafficking and Exploitation, Transnational Analysis*, Family and Childcare Centre Greece, Defence for Children International - Italy, et al., 2014, p. 48.

and caregiver. The cooperation between service providers, children and caregivers as partners in the development and implementation of support services is a fundamental precondition for this balance to succeed. Equity of care is an imperative also from the perspective of preventing differential treatment and discrimination of children in care.

The Convention on the Rights of the Child strongly backs up these perspectives. The Convention has a programmatic character that expands the notion of rights to a more holistic understanding of the person. It promotes an understanding of the child not only as a vulnerable person in need of care and protection, but as a rights holder and citizen who contributes to the society with her or his evolving capacities. It guides an assessment of the rights and needs of the child across all aspects of the child's person and development. It relates to social and economic aspects, health and education, the development of skills and capacities, and the child's socio-political participation. When the rights afforded under the Convention are understood not only article by article but also holistically, it can guide policy makers and practitioners in developing more systemic approaches to policy planning and implementation for family support, child protection and alternative care. The Convention offers guidance for policy makers across all sectors concerned with family support and alternative care, including social welfare and child protection, education and health, juvenile justice, law enforcement and the judiciary, labour and employment authorities, and immigration authorities.³⁷

Quality care and development

In the context of the international debate on the post-2015 sustainable development agenda, international agencies are attracting notice to the significant role of child protection, quality care and family support for development. An emerging body of evidence demonstrates that investments in these fields generate positive outcomes for the individuals and communities concerned and contribute in a sustainable way to the human, social and economic development of states and societies. In times of financial and economic crisis and threats to peace and stability within Europe, this debate is highly pertinent for the Baltic Sea countries and their common endeavour to flourish as a safe and secure region.

A review of global evidence and experience from the alternative care sector reveals that social protection for families and quality alternative care for children are indispensable for stability and development. For national governments and the international community, investments in these areas are particularly effective and efficient to break the trans-generational transmission of poverty and inequality, to prevent violence and to enable families and children to be resilient and to contribute positively to society.³⁸

Quality of care offers an important key for children to exit from the vicious cycle of poverty, inequality, marginalisation and vulnerability. In consequence, the provision of family support and high quality care is instrumental for promoting inter-generational, transformative change. Parents and caregivers have a key role to sensitise, train and inform children in life skills and social competence, health and nutrition and choices made for the transition into adulthood and independence.

Children who grow up in poor quality care settings are exposed to a higher risk of abuse, neglect and violence. The impact of these experiences on the child's longer-term physical, cognitive and intellectual development is considered to be even more severe when children previously exposed to acts of violence are deprived of quality care to support their recovery and rehabilitation. Where this support is missing, child victims of violence are more likely to perpetuate aggressive and violent behaviour in adolescence and adulthood.³⁹

37 Wenke, Daja, *Improving Monitoring and Protection Systems Against Child Trafficking and Exploitation, Transnational Analysis*, Family and Childcare Centre Greece, Defence for Children International - Italy, et al., 2014, p. 99.

38 SOS Children's Villages, *A Solid Investment, Integrating children without parental care into the post-2015 development framework*, 2014, p. 4.

39 SOS Children's Villages, *A Solid Investment, Integrating children without parental care into the post-2015 development framework*, 2014, pp. 4-5.

Studies into the impact of poor quality alternative care on the well-being and development of children demonstrate the negative outcomes, including in the longer-term cognitive, emotional and social development and the transition into adulthood. Attachment theory underlines that a stable relationship with at least one primary caregiver is essential for infants and older children to develop their self-esteem, emotional stability and capacity to form social relationships. Being deprived of a caring family environment makes children highly vulnerable to attachment disorders, mental health problems such as anxiety and depression, as well as developmental impairments. These negative outcomes are exacerbated when children are placed in overcrowded residential care settings or when they experience further disruptions of relationships in alternative care, for instance when they have to move from one placement to another or when they are split from their siblings.⁴⁰

A review of research findings reveals that children in alternative care are more likely to have special educational needs and that it can be more difficult for them to access the support they need. They are also more likely to drop out of school, to experience poorer educational outcomes and life chances when they do not have access to targeted support. Children in alternative care face higher risks of not getting enrolled in vocational training or remaining unemployed. Placement in large-scale residential institutions is particularly detrimental for very young children under three years old and impairs their development. Poor quality alternative care predisposes children to a range of behavioural and social problems during childhood and in adult life. They are more likely to come into contact with the criminal law system, to have physical and mental health implications, to abuse drugs, alcohol or other harmful substances, to be homeless, and to demonstrate behavioural problems. Long-term studies reveal that adults who have grown up in alternative care demonstrate a larger likelihood to have their own children taken into care and to take recourse to violent behaviour. For policy making and practice, it is essential to understand the factors that cause and contribute to these negative outcomes for children in alternative care in order to be able to redress and prevent them.⁴¹

Considering this body of evidence, providing high quality care for children deprived of parental care is not only a human rights imperative. It constitutes also a critical investment into the stability, development and social inclusion of the children in care and the society at large.⁴²

Institutional care is traditionally perceived to be less costly than family-based care within communities. Cost analyses demonstrate that this perception is misleading. Evidence shows that community-based models of care are not per se more costly than institutional care and a cost-benefit analysis strengthens the arguments for investing in family-based care.⁴³ Since large-scale residential institutions produce poorer outcomes for children deprived of parental care, it has been widely recognised that investments into this form of alternative care are counterproductive.

Good public policy therefore prioritises investments into the quality of family-based care within communities, family reunification, early intervention and family support, as well as high-quality care in small and family-like institutions wherever this form of placement is in the best interests

40 Whetten, Kathryn et al., 'More than the Loss of a Parent: Potentially traumatic events among orphaned and abandoned children', *Journal of Traumatic Stress*, Vol. 24, Iss. 2, 2011, pp. 174–82. Cited in: SOS Children's Villages, *A Solid Investment, Integrating children without parental care into the post-2015 development framework*, 2014, p. 2. See also: Browne, Kevin, *The Risk of Harm to Young Children in Institutional Care*, Save the Children, London, 2009.

41 Department for Education, *Children in Care, Research priorities and questions*, United Kingdom, March 2014, pp. 4-5. Browne, Kevin, *The Risk of Harm to Young Children in Institutional Care*, Save the Children, London, 2009, p. 2. Pinheiro, P. S., *World Report on Violence against Children*, United Nations, 2006. United Nations Children's Fund, *At Home or in a Home?, Formal care and adoption of children in Eastern Europe and Central Asia*, 2010. European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 47.

42 SOS Children's Villages, *A Solid Investment, Integrating children without parental care into the post-2015 development framework*, 2014, p. 2.

43 Eurochild, Hope and Homes for Children, *Deinstitutionalisation Myth Buster*, Opening Doors for Europe's Children, 2012, accessed from <http://www.eurochild.org/policy/children-in-alternative-care/> on 20 May 2015. Mansell, J., Knapp, M., Beadle-Brown, J. and Beecham, J., *Deinstitutionalisation and Community Living, Outcomes and costs: Report of a European Study*, Volume 2, Canterbury: Tizard Centre, University of Kent, 2007, p.97. Cited in: European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, pp. 50, 100.

of the child. Interventions supporting these targets will produce better outcomes for children, families and the communities. In the longer-term, these investments will also help reducing public spending on services aimed at remediating the negative outcomes of poor quality institutional care.

Reasons for placement

For states to develop quality alternative care and targeted prevention measures, it is important to understand why children and parents get into contact with the social services, and why children are placed in alternative care. Analysing causes and contributing factors of placement and learning from patterns and trends in alternative care are preconditions for developing targeted child protection, family support and reintegration programmes that safeguard children while reducing the number of placements and preventing family separation in a sustainable way. Disaggregated data analysing trends and patterns for different population groups, including national minorities and immigrants, can give important hints on where specialised support and attention are required.

The causes and contributing factors that lead to the removal of a child from the family and placement in alternative care are multi-faceted. The biological parents of children placed in alternative care might be absent, not willing or unable to care for the child due to illness, mental health issues, substance abuse or other difficulties. Physical, sexual and psychological violence, neglect, socio-economic challenges and migration are other important causes or contributing factors for the placement of children in alternative care throughout the Baltic Sea Region. Early and unwanted pregnancies also play a role for children to be abandoned or poorly cared for. Research findings indicate that only between 6% and 11% of children in institutional care in Europe are orphans. Whereas biological orphans would usually be considered adoptable, the situation for children whose parents are alive is more complex and they often face longer periods in alternative care with lower chances of adoption.⁴⁴

Families are struggling with the effects of the economic crisis that affects CBSS Member States to different degrees. Generally, there is no causal relation between poverty, socio-economic marginalisation and exclusion and the capability of parents to care for their children. The UN Guidelines on Alternative Care attach great importance to clarifying this fact and underline explicitly that a child shall not be removed from the family due to poverty and material deprivation.⁴⁵ Considering the complex inter-relation between social and economic marginalisation with other strains and difficulties that families face, the concern remains that poverty plays a role as a contributing factor in decisions on placement. Poverty alleviation programmes for families at risk are therefore particularly relevant and need to be integrated with other social protection measures.

Some countries note that economic challenges result in an increasing trend of migration and mobility and this has implications for the placement of children in alternative care. Parents or caregivers who decide to use the opportunities presented by the broader European labour market and the freedom of movement area might decide to leave their children behind. When care within the direct or extended family is not available, migrating parents might request that their children be placed in alternative care. Lithuania has generated data on these trends. Since 2010, the

44 Browne, K., Hamilton-Giachritsis, C., *Mapping the Number and Characteristics of Children under Three in Institutions Across Europe at Risk of Harm*, University Centre for Forensic and Family Psychology (European Union Daphne Programme, Final Project Report No. 2002/017/C), 2002. Mulheir, G., *Deinstitutionalisation, A Human Rights Priority for Children with Disabilities*, *Equal Rights Review*, 2012. Cited in: European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 56. Institute Philosophy and Sociology, University of Latvia, *Social Orphanhood in Latvia*, SHS Web of Conferences 10, 00047 (2014), 2014, p. 1.

45 United Nations General Assembly, *Guidelines for the Alternative Care of Children*, Resolution adopted by the General Assembly on the report of the Third Committee (A/64/434) 64/142, 24 February 2010. European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, pp. 56-57.

Lithuanian authorities have registered high numbers of placements upon the parents' request so that this reason for placement has amounted to the largest proportion of children in alternative care. In 2010, 83,157 parents left the country as labour migrants. In 2011, 53,863 such cases were recorded. Temporary placements into guardianship increased from 352 cases in 2006 to 1,733 in 2011.⁴⁶

Decisions over placement might be influenced not only by the situation within the family but also by stereotype perceptions concerning families from different national or minority backgrounds. Where disaggregated data on the background of children in alternative care are available, different patterns in the placement of children with different national or social backgrounds have been observed. In Denmark, the Collaborating Group on the Children's Convention reported disparities in placements of children of Danish origin and children from national minorities.⁴⁷ The data indicated further a pattern of placing children from national minorities in foster families of Danish origin or in institutions where the staff did not represent the minority population, language and culture. According to a study by the Danish National Institute of Social Research, this was the case with three quarters of the placements involving children from national minorities. Under such conditions, children may not have an opportunity to practice their native language and develop ties to their cultural origins.⁴⁸

In Norway, official statistics indicate that the proportion of immigrant children or Norwegian children born to immigrant parents in care is significantly higher than the proportion of children with Norwegian origin. Among the children placed in residential care in 2012, 76 percent had no immigration background, 19 percent were immigrants and 5 percent were Norwegians born to immigrant parents. Considering the ratio of children placed in alternative care, among children with no immigrant background, 8.3 per 1,000 were in alternative care, while the ratio for immigrant children was 27.1 and for Norwegian children born to immigrant parents 7.4 per 1,000.⁴⁹

These trends suggest that the decision making processes might need to be reviewed particularly with a view to understanding to which degree attitudes and stereotypes about children's backgrounds and needs influence decisions over placement. Secondly, these findings suggest that support for children in alternative care requires clear consideration for the child's cultural, linguistic, religious and social background. The diversity of the societies in CBSS Member States, social dynamics and the evolving nature and composition of the 'family' as a social unit, pose new challenges for social services and care. Service providers and staff might benefit from targeted training and sensitisation in this regard.

Alternative care statistics

Data collected from official sources of the CBSS Member States (excluding the Russian Federation) indicate that there was a total population of 302,314 children under 18 years of age in alternative care throughout the region in 2013 (see Figure 1). The percentage of children in alternative care ranges from 0.8 percent of the total child population under 18 years of age in Iceland to 2.3 percent in Latvia, with a medium of 1.22 percent (see Figure 2).

46 SOS Children's Villages International, A Snapshot of Alternative Care Arrangements in Lithuania, Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children, 2012, p. 7.

47 The Collaborating Group on the Children's Convention in Denmark, *Supplementary NGO Report to the Danish Government's 3rd Periodic Report Submitted to the UN Committee on the Rights of the Child*, Written by: Amnesty International, The Danish Youth Council, The Danish Council of Organisations of Disabled People, DUI – LEG og VIRKE, The Danish Institute for Human Rights, Save the Children Denmark, Save the Children Denmark Youth, and UNICEF Denmark, January 2005, accessed from http://www.crin.org/docs/resources/treaties/crc.40/Denmark_ngo_report.pdf on 15 May 2015, pp. 10-11.

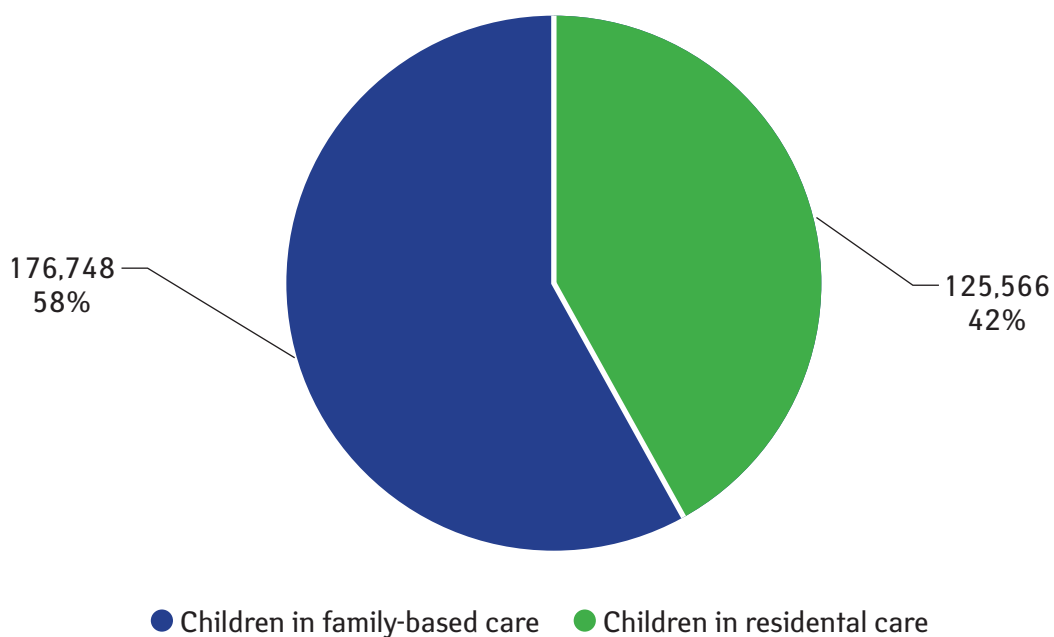
48 Egelund, Tine, Anne Dorthe Hestbæk and Dines Andersen, *Små børn anbragt uden for hjemmet*, The Danish National Institute of Social Research, 04:17. Cited in: The Collaborating Group on the Children's Convention in Denmark, *Supplementary NGO Report to the Danish Government's 3rd Periodic Report Submitted to the UN Committee on the Rights of the Child*, Written by: Amnesty International, The Danish Youth Council, The Danish Council of Organisations of Disabled People, DUI – LEG og VIRKE, The Danish Institute for Human Rights, Save the Children Denmark, Save the Children Denmark Youth, and UNICEF Denmark, January 2005, accessed from http://www.crin.org/docs/resources/treaties/crc.40/Denmark_ngo_report.pdf on 15 May 2015, p. 11.

49 Statistics Norway, *Children and Adolescents with Immigrant Background in Child Welfare Services* 2012, 2015, Summary available in English at <http://www.ssb.no/en/sosiale-forhold-og-kriminalitet/artikler-og-publikasjoner/barn-og-unge-med-innvandrerbakgrunn-i-barnevernet-2012>, accessed on 15 May 2015 Information provided by Ministry of Children, Equality and Social Inclusion, Norway, April 2015.

All countries resort to placements in residential institutions and in family-based care. It is notable that in most countries of the region more than half of the children deprived of parental care are placed in family-based care. The ratio of family-based versus institutional care ranges from 47 percent family-based care in Germany to 88 percent in Norway.⁵⁰ On average for the region, 58 percent of placements are made in family-based care. Figure 3 shows the regional distribution of placements.

These data suggest that the efforts towards promoting deinstitutionalisation and prioritising family-based care over residential care have generated visible results throughout the region. They demonstrate further that promoting deinstitutionalisation is possible up to a very high ratio of placements in family-based care and that further investments in this area are promising to support the current trend even further in those countries where institutional care can still be further reduced.

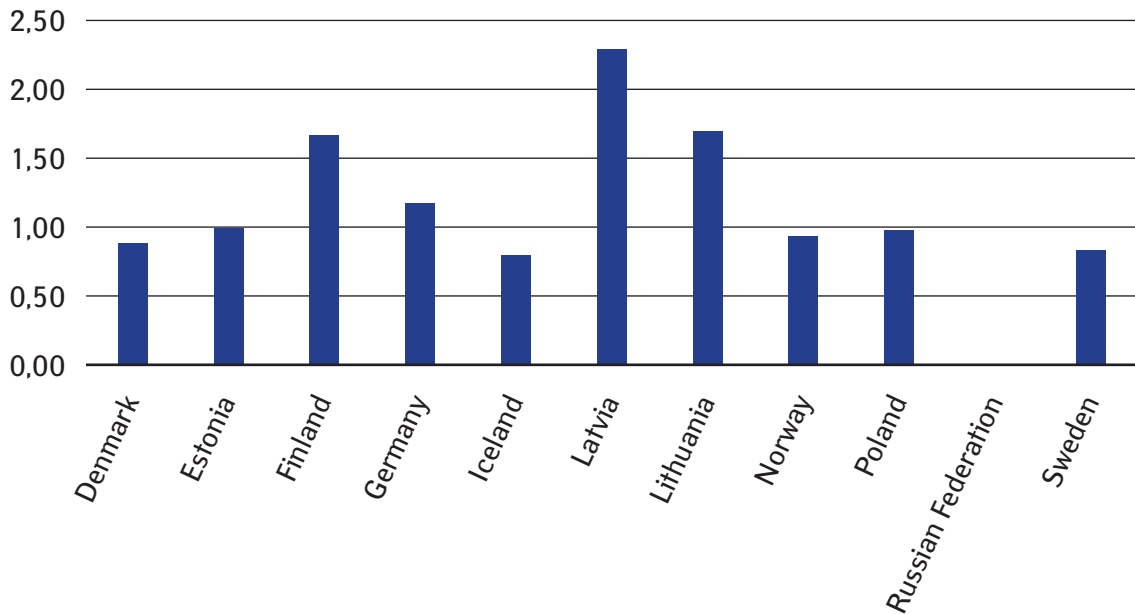
Figure 1: Child population in alternative care in the Baltic Sea Region (2013)



Source: Data provided by the senior officials of the Expert Group for Cooperation on Children at Risk during February and March 2015, excluding the Russian Federation. Data refer to children under 18 years of age in alternative care in 2013. Notes on data: Denmark: For several years, the numbers of children placed into care in foster families have been higher than the number of children placed in care institutions, in absolute and relative terms. See: Akestyrelsen (National Social Appeals Board), Anbringelsesstatistik 2013: Færre anbragte børn og unge i 2013, (Placement Statistics 2013: Fewer children and youth in care in 2013), last update: 30 October 2014, accessed from <http://ast.dk/publikationer/anbringelsesstatistik-2013-faerre-anbragte-born-og-unge-i-2013> on 1 June 2015. Finland: In addition to children in family-based and in residential care, 2012 children are placed in other forms of alternative care such as placements in the child's or young person's own home (with the parent/s), independently supported accommodation and other forms of care not classified as foster care or residential care. Germany: Children placed in alternative care as of 31 December 2013. Latvia: Data refers to children in alternative care by the end of 2013.

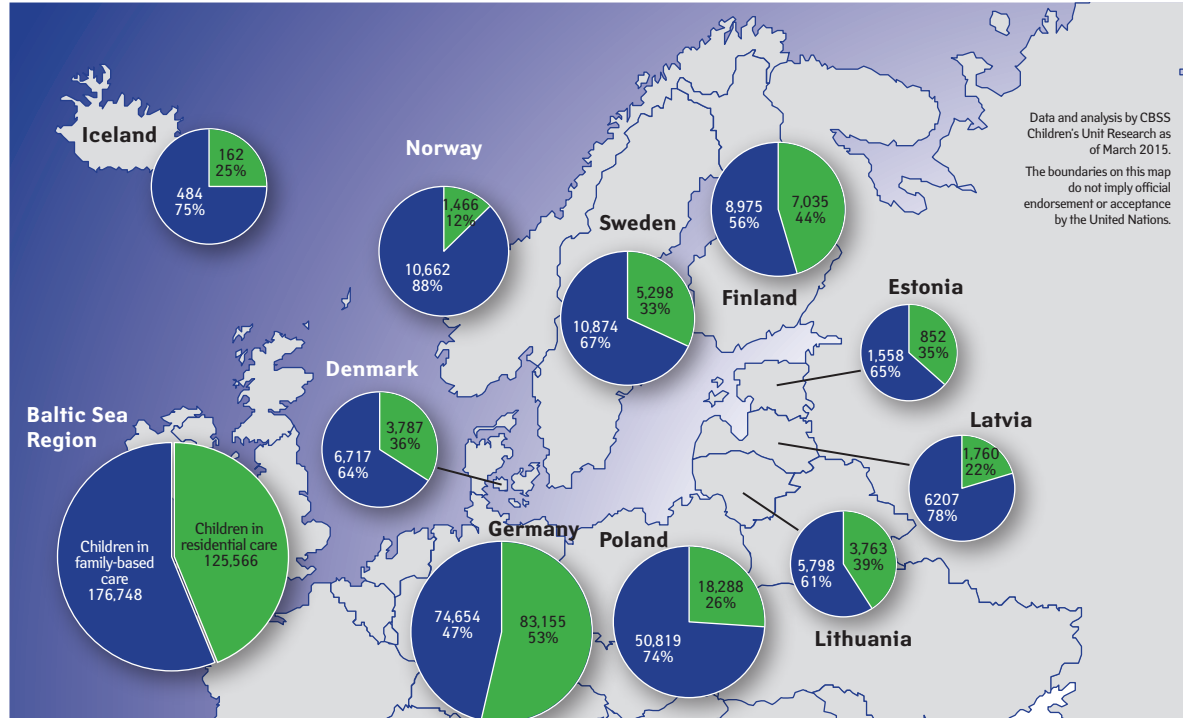
50 In Norway, 88% of the children in out-of-home care are placed in family-based care. If including adolescent children placed in supervised individual living arrangement, the percentage in foster care would be 84% as opposed to 11% in institutional care and 5% in supervised individual living arrangements. Information provided by the Ministry of Children, Equality and Social Inclusion, Norway, April 2015.

Figure 2: Children in alternative care in the Baltic Sea Region as percentage of total child population (2013)



Source: Data provided by the senior officials of the Expert Group for Cooperation on Children at Risk during February and March 2015, excluding the Russian Federation. Data refers to children under 18 years of age in alternative care in 2013. Notes on data and sources: See Figure 1.

Figure 3: Children in alternative care in the Baltic Sea Region (2013)



Source: Data provided by the senior officials of the Expert Group for Cooperation on Children at Risk during February and April 2015, excluding the Russian Federation. Data refers to children under 18 years of age in alternative care in 2013. Notes on data and sources: see Figure 1.

Prevention of family separation

The UN Convention on the Rights of the Child (CRC) affords children the right to be cared for by their parents and to live with their families (Articles 7 and 9). The Preamble recognises that “for the full and harmonious development of his or her personality, [the child] should grow up in a family environment, in an atmosphere of happiness, love and understanding”. In order to safeguard these rights and to support parents in child rearing, states are obliged to provide appropriate support for parents to fulfil their roles and responsibilities as caregivers. When parents are unable to provide adequate care, the child has a right to substitute family care (CRC Articles 18 and 20). Children have the right to be protected from all forms of violence, abuse, exploitation and neglect (CRC Article 19). This right applies to any context, including the home and alternative care settings.

Children with mental or physical disabilities have a right to enjoy a full and decent life in conditions, which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. Children with disabilities are entitled to special care and their parents have a right to assistance (CRC Article 23).

These Articles together provide for the obligation of states to offer targeted support services for the prevention of family breakdown. The Guidelines on Alternative Care for Children underline that removing a child from the birth family “should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration”.⁵¹ The best interests of the child shall guide, as the key principle, placement decisions. The 2005 Recommendations from the Committee of Ministers of the Council of Europe on the rights of children living in residential institutions also underline that “preventive measures of support for children and families in accordance with their special needs should be provided as far as possible”.⁵²

The underlying assumption of prevention strategies is that many difficulties that families are struggling with and that create a risk of family breakdown can be alleviated by adequate support. 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. When parental conflicts escalate, children are at risk of experiencing further harm, including by being exposed to domestic violence as victims or witnesses, or in situations of parental alienation or abduction. In the process of, or after, separation, family mediation can be a powerful method to prevent an aggravation of the conflict.⁵³

Considering the diversity of challenges that families face, service providers need to ensure that the support takes into account the individual situations of the child and caregivers. In particular, service providers should refrain from discrediting parental capacity to care for their children due to poverty or stigmatising caregivers for their national, religious or ethnic origin, a non-traditional family structure, customs and ways of life.⁵⁴

The development of effective prevention measures is therefore an inherent part of national policies for childcare and family support. They should be part of the national standards of care

51 United Nations General Assembly, Guidelines for the Alternative Care of Children, Resolution adopted by the General Assembly on the report of the Third Committee (A/64/434) 64/142, 24 February 2010, par. 14.

52 Council of Europe, Committee of Ministers, Recommendation Rec(2005)5 of the Committee of Ministers to member states on the rights of children living in residential institutions, adopted by the Committee of Ministers on 16 March 2005, accessed from <https://wcd.coe.int/ViewDoc.jsp?id=835953> on 20 May 2015.

53 37 percent of the cases reported to missing children hotlines reported through the 116 000 telephone number in 29 European countries concern situations of parental abductions. Of these abductions, 60 percent are cross border in nature. Source: Information provided by Delphine Moralis and Federica Toscano, Missing Children Europe, 22 June 2015. See also: Missing Children Europe, *Missing Children Facts and Figures 2014, Caseload data from missing children organisations and cross-border family mediators across Europe*, 2014, pp. 9-10.

54 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, pp. 84-85.

and need to be considered for the development of comprehensive national strategies for the transition from institutional to family-based care.

Fundamental rights of children, parents and caregivers and the protection of the family as a basic unit of society have a high status throughout the CBSS region. This is demonstrated by the fact that most countries have introduced provisions on families or child protection into their national constitutions, although the levels of detail vary. The constitutions of Estonia, Germany, Latvia, Lithuania and Poland include specific provisions on families, while Iceland, Latvia, Lithuania, Poland, the Russian Federation and Sweden have included provisions dedicated specifically to children. Poland has enshrined the protection of children from harm into its national constitution, while the national constitution of Latvia obliges the State to protect the rights of the child and provide special support to children with disabilities, children left without parental care or children who have suffered from violence. Under the Finnish Constitution, children are to be treated equally and as individuals. This provision has far-reaching implications for the right of children as citizens and non-discrimination on the basis of age.⁵⁵

Most countries in the region have introduced general statements into the relevant national laws, strategies and policies, particularly in social services or the context of child protection, that affirm the importance for state services to strengthen and support families. These statements of commitment, made in a legally binding or policy context, underscore the political will to invest in family support, childcare and protection.

National laws, leading institutions and devolution of competences

A review of the national legal frameworks in the CBSS Member States reveals that the areas of family support, childcare and protection are regulated by numerous and diverse national laws. The applicable laws include the general civil codes and specific laws regulating social services, social protection and welfare, labour market and employment laws, child protection laws and acts on children's rights. In many countries, special laws have been developed to regulate day care, guardianship and the prohibition of domestic violence. In addition, procedural laws are relevant for court proceedings and decision making processes about the best interests of the child in family matters, protection and placement and the child's role in such proceedings.

The high degree of fragmentation in the legal domain translates into multi-faceted institutional mandates and responsibilities in the area of family support, alternative care, child protection and human rights. While the lead responsibility for child policy and family matters rests commonly with Ministries of Social Affairs, policymaking in these areas is in fact cutting across many different institutional mandates and sectors. It requires substantial contributions from social affairs, child protection, health care, education, the labour market and employment, justice, budget allocation and finance. While the specialised expertise of each actor is fundamental for the development of up-to-date policies and quality standards, the high degree of fragmentation makes it difficult to provide holistic services for children and caregivers.

55 Constitutional references: Estonia (ss.27 & 28), Germany (Art 6), Lithuania (Arts 38 & 39), Poland (Art 71). Dedicated provisions on children: Iceland (Art 76), Latvia (Art 110), Lithuania (Arts 38(2) & 39(3)), Poland (Arts 65(3) & 72), Russian Federation (Arts 7(2) & 38), Sweden (Art 2). Protection from harm: Poland (Art 72(1)). Cited in: Council of Europe, European Commission for Democracy Through Law (Venice Commission), *Table of Constitutional Provisions on Children's Rights*, Prepared by Conor O'Mahony, CDL-REF(2014)009, Opinion 713 / 2013, Strasbourg, 14 March 2014. See further: **Estonia**: United Nations Committee on the Rights of the Child, Considerations of Reports Submitted by States Parties under Article 44 of the Convention, Initial Reports of States Parties due in 1993, Addendum, Estonia, CRC/C/8/Add.45, 11 July 2002, par. 139. **Finland**: Constitution of Finland, Article 6. Council of Europe, *Child and Youth Participation in Finland, A Council of Europe policy review, Building a Europe for and with Children*, 2011, pp. 84-86. **Germany**: The Basic Law of Germany (Constitution), Article 1, paragraph. 1 and Article 2, paragraph 1, Article 6 of the Basic Law obliges parents to care for and bring up their children, while the state supervises their activities. If parents are unable to fulfil their responsibility, the state community assumes parental responsibility on a subsidiary basis by virtue of its role of guardian. In doing so, the State may protect and promote parental responsibility and supervise its exercise, but may not suppress or curtail it. The role of guardian is orientated, as is the parental right, to the standard of the best interests of the child. **Poland**: United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Third and fourth periodic reports of States parties due in 2008, Poland, CRC/C/POL/3-4, 15 December 2014, par. 14.

Across the Baltic Sea Region, the laws, policies and standards developed at the central level are implemented in practice by local authorities and decentralised service providers.⁵⁶ While Germany and the Russian Federation have a federal structure, the other countries operate with decentralised public administrations. Throughout the region, the competences in the area of childcare, protection and family support have been delegated to the regional and/or local levels, although the degree of devolution differs from country to country. In some Member States, the municipal authorities enjoy a high level of self-government and operate through local decision making bodies, as is the case for instance in Finland, Norway and Sweden.⁵⁷

Decentralisation holds important advantages for the organisation of service delivery. Considering their closeness to communities, local authorities are well-placed to be aware of the situation, developments and needs of children and families within communities.⁵⁸ This enables them to contextualise the provisions adopted at the national level to the living reality in the communities. Local authorities are often motivated to develop innovative approaches, new intervention models and local partnerships in order to test out solutions that are tailor-made to the needs of their communities.⁵⁹

Reports from across the region suggest, however, that there are many challenges involved in decentralisation. National governments are well aware of these challenges and take different measures and approaches to redress them.

The most significant challenge of decentralisation is the high degree of fragmentation and weak coordination across the various sectors and levels of the public administration. The multi-faceted legal and institutional frameworks within the central government are often replicated at the decentralised levels. The devolved structures and competences lead therefore almost invariably to high levels of fragmentation in the way that national laws and policies are implemented within regions and locally.

Effective mechanisms for the overall horizontal and vertical coordination of policy implementation in the childcare and protection sector are however not yet consistently in place, which was noted as a particular challenge in Denmark, Germany and Norway.⁶⁰ Iceland established the national Government Agency for Child Protection, which stands out as a clearly defined mechanism for cooperation and coordination of the child protection work across all levels of the public administration.⁶¹ In Estonia, the new Child Protection Act assigns a clear coordination responsibility to the Child Protection Unit under the National Social Insurance Board. The National Social Insurance Board is responsible for the organisation of child protection activities, including

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- 56 **Denmark:** Denmark: The Consolidation Act on Social Services, Part IV, Section 19(1), Chapters 2, 3 and 11. **Estonia:** United Nations Committee on the Rights of the Child, Considerations of Reports Submitted by States Parties under Article 44 of the Convention, Initial Reports of States Parties due in 1993, Addendum, Estonia, CRC/C/8/Add.45, 11 July 2002, par. 15-18. **Finland:** Government of Finland, *Fourth Periodic Report of the Government of Finland on the Implementation of the UN Convention on the Rights of the Child*, July 2008, par. 181, 182. **Germany:** Galm, Beate and Regine Derr, *Combating Child Abuse and Neglect, Child protection in Germany, National Report*, Deutsches Jugendinstitut, Wissenschaftliche Texte, 2011, pp. 17-18. **Iceland:** Protection Act No. 80/2002 (Section 3). **Latvia:** Grassman, F., *How to Improve Access to Social Protection for the Poor? Lessons from the Social Assistance Reform in Latvia*, Manchester, 2005. **Lithuania:** SOS Children's Villages International, *A Snapshot of Alternative Care Arrangements in Lithuania, Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children*, 2012, p. 4. **Norway:** Backe-Hansen, E., et al., *Out of Home Care in Norway and Sweden – Similar and Different, Psychosocial Intervention*, Elsevier, 22(2013) 193-202, p. 198. **Poland:** Kulig, Beata, *Legal Solutions on Alternative Care in Poland and How to Advocate for Better Ones*, Polish Foster Care Coalition, PowerPoint Presentation, Belgrade, 17 December 2013, p. 4-7. **Sweden:** Backe-Hansen, E., et al., *Out of Home Care in Norway and Sweden – Similar and Different, Psychosocial Intervention*, Elsevier, 22(2013) 193-202, p. 198.
- 57 Backe-Hansen, E., et al., *Out of Home Care in Norway and Sweden – Similar and Different, Psychosocial Intervention*, Elsevier, 22(2013) 193-202, p. 198. Government of Finland, *Fourth Periodic Report of the Government of Finland on the Implementation of the UN Convention on the Rights of the Child*, July 2008, accessed from http://www2.ohchr.org/english/bodies/crc/docs/Finland_4thPeriodicReport.pdf on 20 May 2015, par. 317.
- 58 United Nations Committee on the Rights of the Child, Considerations of Reports Submitted by States Parties under Article 44 of the Convention, Initial Reports of States Parties due in 1993, Addendum, Estonia, CRC/C/8/Add.45, 11 July 2002, par. 17.
- 59 United Nations Children's Fund, *Ending the Placement of Children Under Three in Institutions: Support nurturing families for all young children, Report from the international ministerial conference, Sofia, 21-22 November 2012*, 2013, p. 20.
- 60 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding observations: Denmark, CRC/C/DNK/CO/4, 7 April 2011, par. 14-15. United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding observations: Germany, CRC/C/DEU/CO/3-4, 14 February 2014, par. 13-14. United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Concluding Observations: Norway, CRC/C/NOR/CO/4, 29 January 2010, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.NOR.CO.4.pdf>, on 20 January 2015, par. 10.
- 61 Barnaverndarstofa (Government Agency for Child Protection), Government Agency for Child Protection, accessed from <http://www.bvs.is/?ser=10> on 15 May 2015.

the implementation of the state child protection policy, the application of national strategies and the coordination of cross-sectoral cooperation and prevention in child protection.⁶²

In light of these challenges, all CBSS Member States are struggling to ensure that national laws and policies for child protection, care and family support are implemented consistently at the local levels. In practice, the quality and scope of services available for families and children at the local level differs. This has been specifically reported from Denmark, Estonia, Norway and Sweden.⁶³

A regional comparison of child welfare in the Nordic countries noted additional challenges of decentralisation. In Sweden, the strong autonomy of municipalities renders national data collection difficult. This has implications for the development of countrywide statistics, which was noted particularly in the area of day care.⁶⁴ As data collection in highly decentralised states can constitute a challenge, it is often practically close to impossible for national governments to fully assess and monitor the status and quality of implementation of the UN Convention on the Rights of the Child and relevant national standards at the local level. In consequence, it is barely possible to obtain a clear picture and analysis of the degree to which children and caregivers are able to enjoy their rights, and the progress made in this regard.⁶⁵

Another difficulty associated with decentralisation is the high number of municipal authorities and the differences in their sizes and their human and financial resources, which have direct implications on their capacity to provide quality services. Small municipalities may find it difficult to deliver the broad spectrum of services that may be required, especially when they are confronted with particularly complex cases that require specialised expertise.⁶⁶

Recognising these challenges, some countries promote the integration of municipalities into larger units. This has yielded positive results in Iceland, for instance. Some governments have developed mechanisms for enhancing equity in access to services, for instance through public budget distribution policies aimed at balancing disparities between poorer and richer municipalities or regions.⁶⁷ The latter is important as a high degree of decentralisation may impede the equitable funding of local authorities.⁶⁸ In Norway, the Ombudsman for Children noted that this has had implications for the availability and continuity of quality services at the local level in small and very small municipalities.⁶⁹ Recognising the risk that this situation bears for child protection, the Norwegian Government increased the budget allocation to the municipalities in 2010 in order to create new posts within municipalities. It remained however at the discretion of the municipal authorities to decide, in which sectors these additional posts will be created.⁷⁰

62 Estonia, Child Protection Act, 2015 §15 (1), accessed from <https://www.riigiteataja.ee/en/eli/506052015001/consolide> on 14 June 2015. Information provided by the Ministry of Social Affairs, Estonia, EGCC Member, 14 June 2015.

63 **Denmark:** United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Concluding observations: Denmark, CRC/C/DNK/CO/4, 7 April 2011, par. 14-15. **Estonia:** SOS Children's Villages International, *General Information on Estonia*, undated. **Norway:** United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Concluding Observations: Norway, CRC/C/NOR/CO/4, 29 January 2010, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.NOR.CO.4.pdf> on 15 May 2015, par. 15. **Sweden:** United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Concluding Observations Sweden, CRC/C/SWE/CO/4, 12 June 2009, Advanced Unedited Version, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/co/CRC-C-SWE-CO-4.pdf> on 15 May 2015, par. 11.

64 Hiilamo, Heikki, *Promoting Children's Welfare in the Nordic Countries*, Ministry of Social Affairs and Health, Reports of the Ministry of Social Affairs and Health 2008:15, Helsinki, 2008, p. 26.

65 Regeringskansliet, *Regeringens Webbplats om Mänskliga Rättigheter: Barnets rättigheter i Sverige*, (Government Offices of Sweden, *The Government's Website on Human Rights, The rights of the child in Sweden*), accessed from www.manskligarattigheter.gov.se/extra/pod/?id=29&module_instance=5&action=pod_show&navid=66&subnavid=29&subnavinstance=5 on 22 January 2015.

66 Backe-Hansen, E., et al., Out of Home Care in Norway and Sweden – Similar and Different, *Psychosocial Intervention*, Elsevier, 22(2013) 193-202, p. 198.

67 United Nations Children's Fund, *Ending the Placement of Children Under Three in Institutions: Support nurturing families for all young children, Report from the international ministerial conference, Sofia, 21-22 November 2012*, 2013, p. 20.

68 The Ombudsman for Children, *Supplementary Report to the UN Committee on the Rights of the Child*, Oslo, 2009, accessed from: http://www.barneombudet.no/sfiles/48/24/1/file/supplementary-report-to-the-un_english.pdf, p. 17. The Ombudsman for Children, *Submission to the Universal Periodic Review of Norway, 6th UPR Session, November / December 2009*, Submitted 20 April 2009, accessed from <http://www.barneombudet.no/sfiles/80/73/1/file/norwegian-ombudsman-for-children-upr-submission-norway.doc.pdf> on 15 May 2015, no page numbers.

69 The Ombudsman for Children, *Supplementary Report to the UN Committee on the Rights of the Child*, Oslo, 2009, accessed from http://www.barneombudet.no/sfiles/48/24/1/file/supplementary-report-to-the-un_english.pdf on 15 May 2015, p. 17.

70 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Concluding Observations: Norway, CRC/C/NOR/CO/4, 29 January 2010, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.NOR.CO.4.pdf> on 15 May 2015, par. 15.

The provision of technical expertise and advice from a central level is essential in order to support local authorities and service providers in their day-to-day work. Especially when they have to respond to rare and complex cases and when noting new and emerging difficulties confronting families, centralised expertise, technical advice and regular updates on law and policy reforms are important to support local authorities and service providers. In Iceland, the Government Agency for Child Protection offers this service to municipalities throughout the country. The Agency's broad mandate comprising administration, guidance, coordination and monitoring enables a particularly comprehensive approach in the cooperation and communication between the central agency, the local child protection committees and other relevant actors at the local level.⁷¹

Similar forms of assistance from the central level are in place in Lithuania, where the central Child Protection and Adoption Service assists municipalities in fulfilling their child protection mandates. In Norway, the Directorate for Children, Youth and Family Affairs (*Bufdir*) operates through five regional offices (*Bufetat*), which are responsible for delivering the state services for children and families. They oversee a total of 26 Response and Consultation Teams country-wide. The Response and Consultation Teams maintain contact with the local authorities of the Child Welfare Service and offer assistance on complex cases.⁷² In Estonia, the new Child Protection Act, upon its entry into force in 2016, assigns a similar mandate to the Child Protection Unit at the Social Insurance Board.

In order to strengthen the communication and cooperation between central, regional and local levels of the public administration, there are different initiatives, associations and platforms in place throughout the region. In Finland, for instance, the Child Welfare Act obliges municipalities to develop a local plan for their activities for the promotion of the well-being of children and adolescents and the organisation and development of child welfare services. The plan provides an analytical overview of the situation of children and young people in the municipality. It assesses their state of wellbeing, the availability of activities and services promoting their wellbeing and preventing harm. The plan analyses further the services available to ensure that the local authority complies with its duties under the Child Welfare Act, and it addresses the cooperation between different authorities. In addition to the situation analysis and a service map, the plan includes provisions for its implementation, monitoring and recommendations for budget allocation at the local level to achieve the targets defined. The plan has to be adopted by the municipal council and is reviewed and updated every four years. Considering the small size and limited resources of some municipalities, the plan can be developed jointly by two or more municipalities.⁷³ The municipal council has to take the plan into account for the development of the municipality's annual budget and financial plan.⁷⁴ The Association of Finnish Local and Regional Authorities supports the municipalities in developing these plans and provides technical assistance.⁷⁵

Considering the complex benefits and challenges deriving from decentralisation, there is a need for clearly defined structures of leadership in policymaking and practice and effective mechanisms for the cooperation and coordination. These mechanisms will be more effective when they integrate all the relevant disciplines and sectors, cutting across the central, regional and local levels of the public administrations and involving private partners wherever appropriate.

71 Barnaverndarstofa (Government Agency for Child Protection), Government Agency for Child Protection, accessed from <http://www.bvs.is/?ser=10> on 18 May 2015.

72 Barne-, ungdoms- og familiedirektoratet, (The Norwegian Directorate for Children, Youth and Family), *Children, Youth and Families*, Oslo, undated, accessed from [http://www.bufetat.no/Documents/Bufetat.no/Bufdir/Brosjyre/Bufdir%20\(engelsk\).pdf](http://www.bufetat.no/Documents/Bufetat.no/Bufdir/Brosjyre/Bufdir%20(engelsk).pdf) on 15 May 2015, p. 4.

73 Government of Finland, *Fourth Periodic Report of the Government of Finland on the Implementation of the UN Convention on the Rights of the Child*, July 2008, accessed from http://www2.ohchr.org/english/bodies/crc/docs/Finland_4thPeriodicReport.pdf on 15 May 2015, par. 76.

74 United Nations Committee on the Rights of the Child, Considerations of Reports Submitted by States Parties under Article 44 of the Convention, Fourth reports of States parties due in 2008, Finland, CRC/C/FIN/4, 26 May 2010, par. 204-205.

75 Government of Finland, *Fourth Periodic Report of the Government of Finland on the Implementation of the UN Convention on the Rights of the Child*, July 2008, accessed from http://www2.ohchr.org/english/bodies/crc/docs/Finland_4thPeriodicReport.pdf on 15 May 2015, par. 45.

Public-private cooperation in family support, child protection and alternative care

Private service providers, NGOs and other civil society organisations are important partners for the public administration and deliver services in childcare, protection and family support. All Member States of the Council of the Baltic Sea States cooperate with private service providers, although the extent of public-private partnership differs significantly. Denmark, Estonia, Finland, Germany, Latvia, Lithuania, and Sweden have made legal provisions for subcontracting and/or outsourcing social services and alternative care services to private institutions, civil society organisations or, in some countries, private companies.⁷⁶

The countries in the Baltic Sea Region have undertaken arrangements to different degrees of public-private partnership. In Lithuania, for instance, private actors are less utilised in social service delivery and only non-profit organisations are involved, while Finland and Germany rely heavily on the cooperation with private commercial service providers, especially in the context of alternative care.⁷⁷

The state is responsible for regulating the accreditation and contracting of private service providers. Lithuania has recently introduced legal provisions that make the registration, accreditation and licensing of private service providers mandatory in the social service and child protection field. Other CBSS Member States have also regulated the accreditation and licensing of service providers in the social welfare sector, health care and child protection services. The social service providers in Latvia are registered with a central registry. Findings from the mapping of child protection systems conducted by the EU Fundamental Rights Agency show however that most Member States of the EU do however not have a central registry in place. In Germany, for instance, the main national civil society organizations and non-profit associations are recognized and accredited under the Social Code. They need to have each single service they offer licenced. There is however no central registry for civil society organizations at the federal or Länder level in Germany.⁷⁸

While the overall responsibility for service provision rests with the state, public-private partnership can be a sensible approach to increase the access, quality and diversity of services and ensuring that services available from different actors are complementary. In order to allow for stable partnership between public authorities and private actors, the funding of private service providers should enable longer-term contracts of staff as well as continuity and sustainability of service provision. Quality standards for service provision need to be developed under the leadership of the state and in cooperation with private partners, civil society and service users. These quality

76 European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Care service providers*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/service-providers> on 15 July 2015. A comprehensive report on FRA's research is planned for publication in early 2016.

77 European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Care service providers*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/service-providers> on 15 July 2015. A comprehensive report on FRA's research is planned for publication in early 2016.

78 See for instance: **Estonia:** Mandatory legal provisions are established in state funded services like substitute home service, foster family service, childcare service. Local services provided by local municipality or public-private partnership are regulated by each municipality with minimum demands from State level. Information provided by the Ministry of Social Affairs, Estonia, April 2015. **Finland:** The National Supervisory Authority for Welfare and Health is in charge of licensing and supervision of social services and health care. See: National Supervisory Authority for Welfare and Health, Valvira, 2015, accessed from <http://www.valvira.fi/web/en/valvira> on 15 July 2015. **Germany:** Bundesarbeitsgemeinschaft der Freien Wohlfahrtsverbände (Federal Coalition of Welfare Agencies), Member agencies, accessed from <http://www.bagfw.de/ueber-uns/mitgliedsverbaende/> on 20 May 2015. **Latvia:** Ministry of Social Affairs, Latvia, information accessed from www.lm.gov.lv/text/1047 on 20 May 2015. **Lithuania:** "From 2015, only licensed social care institutions will have the right to provide social care. Long-term, short-term and day social care will be licensed. Institutional social care establishments, day social care centre and institutions which provide social care at home, will have to obtain licenses as well. ... The Law on Social Services approved the requirements and the conditions for social establishments and The Rules of the License for Social Care Establishments (Official Gazette, 2012, No 57-2864) define the specify requirements for social establishments to provide institutional social care. These requirements are suitable for non-profit organization either. The requirements for common and social attendance services are defined by local municipalities." Law on Social Services (Official Gazette, 2006, No 17-589) and Rules of the License for Social Care Establishments (Official Gazette, 2012, No 57-2864). See: Council of Europe, European Social Charter, 10th National Report on the Implementation of the European Social Charter submitted by the Government of Lithuania, (Articles 3, 11, 12, 13 and 14 for the period 01/01/2008-31/12/2011), 16 January 2013, accessed from http://www.coe.int/t/dghl/monitoring/socialcharter/reporting/statereports/Lithuania10_fr.pdf on 18 July 2015, pp. 68, 70.

standards should also guide monitoring, reporting and evaluation of service delivery, by public and private actors, and should be used actively to foster accountability.⁷⁹

Local responsibility and mobility: Challenges for family support, child protection and alternative care in transnational situations

Local authorities are responsible for monitoring and supporting children and families at risk in their municipality or district. When children, caregivers or entire families are moving, the cooperation between the authorities in the place of origin, transit and destination is vital for ensuring continuity of care. Effective cooperation and communication between the local authorities involved and between the service providers and the service users is critical to ensure that services are delivered timely and without interruptions that might place children or families at risk. Effective cooperation is also a precondition for the cost-effective operation of social services, as case assessments do not need to be repeated and the knowledge from previous locations can be transferred when children and caregivers move. It is important to avoid that one local authority relinquishes its responsibility before another one has taken over. Where cooperation and handover of cases is weak or absent, transfers and mobility might put children at risk of falling through the gaps in service provision.⁸⁰

Mobility of children and caregivers within the Baltic Sea Region takes place for many reasons and in many different forms. The European area of freedom of movement facilitates the mobility between the participating states. Children and young adults who are leaving an alternative care placement, might move to another town or country in order to start an independent life or to reintegrate with their family of origin. Some children who lose their caregivers or need placement for other reasons might be transferred to family members living in a different town or country. Children and adults are moving alone or accompanied for reasons of work and income-generating activities and in search of better opportunities for studies and employment, within their countries or abroad. They might also simply join family members elsewhere. Some leave their place of residence on purpose in order to discontinue contact with the social services and avoid being monitored by them. Some children, caregivers or entire families are exploited while away, including in the context of trafficking.

National and local authorities in the Member States of the Council of the Baltic Sea States receive requests from other countries concerning children identified abroad who need social support or assistance for return. Coordination among national and local authorities is essential in these cases. Service providers in the child's home community might be requested to conduct assessments of the child's family situation and potential risks upon return. These assessments often have to be conducted promptly in order to communicate the results in due course to the authorities abroad. When children are returned from another country, the receiving authorities need to be prepared to receive the child, transfer the child to the home town and offer adequate reintegration support and follow-up monitoring. In Lithuania, the central Child Protection and Adoption Service has developed a unique model for combining national coordination of social services and transnational contacts, including for information exchange in child protection and family matters.

79 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 80.

80 Mansell, J., Knapp, M., Beadle-Brown, J. and Beecham, J., *Deinstitutionalisation and Community Living, Outcomes and costs: Report of a European Study*, Volume 2, Canterbury: Tizard Centre, University of Kent, 2007, p.101. Mulheir, G. & Browne, K. op. cit., p.133. Cited in: European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 80.

Transition from institutional to family-based care

The Member States of the Council of the Baltic Sea States have enshrined the inviolability of private and family life into their national constitutions. Social laws provide for exceptions and authorise the competent authorities to interfere with the private life of families when the life, health and safety of a child is at risk. National laws relating to social services, child protection and relevant procedural and administrative laws regulate the procedures and safeguards that need to be in place to legitimise this interference. They provide further for measures for prevention, support and periodic review as well as rights to legal remedy.

When the birth parents cannot provide for the care of the child, for whatever reasons, and when the support offered by the state does not succeed to enable adequate care in the home, the child has the right to substitute family care (CRC Article 20). Children with physical or intellectual disabilities have a right to live in conditions, which ensure dignity, promote self-reliance and facilitate the child's active participation in the community (CRC Article 23).⁸¹

The right to grow up in the birth family is therefore not absolute. In cases where the child's health, development, safety and wellbeing is at risk despite the support services provided to the family, the state has a duty and an obligation to decide about placing the child in alternative care. Decisions over the removal of a child from the birth family need to be justified and proportionate to the aim pursued by the removal. The public authorities need to ensure that the measures of intervention are necessary and proportionate to the needs and risks of a child in the specific situation.⁸²

When the assessments conducted by social services come to the conclusion that removal from the family home is in the best interests of the child, there are different options in how the removal is conducted. The mapping of national child protection systems conducted by the European Union Agency for Fundamental Rights noted that the pathways for decision making depend primarily on the consent of the parents and, to some extent, the child's own consent. When the parents' consent to the child's placement in alternative care, the social services or child protection authorities issue a care order themselves when they are competent under national law to do so, or lodge a request to the competent court or administrative body to issue a care order. The care order legitimises the child's removal. In cases where the parents do not give their consent to the child's removal and placement, the social services or child protection services are nonetheless entitled to remove the child and place the child in emergency care in situations where there is an imminent risk to the safety and well-being of the child. While the child is placed in emergency care, the necessary assessments are being conducted or finalised. Social services or child protection authorities might also place the child directly into alternative care through the relevant procedures, which usually involve a court or administrative body to issue a care order. When the child is removed from the family home against the will of the parents, the parental responsibility is limited or terminated, temporarily or permanently, by the competent court or administrative body. When this happens, a guardian needs to be appointed for the child who, for the necessary duration, takes over the legal guardianship from the parents.⁸³

81 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 18.

82 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 39.

83 European Union Agency for Fundamental Rights, *Mapping child protection systems in the EU*, Luxembourg, Publications Office, 2016 forthcoming report. See also key findings available on the FRA website: European Union Agency for Fundamental Rights, *Mapping child protection systems in the EU*, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection> on 10 July 2015. For more information on guardianship systems, see also: European Union Agency for Fundamental Rights, *Overview of Guardianship Systems for Children Deprived of Parental Care in the European Union, with a particular focus on their role in responding to child trafficking*, Luxembourg, Publications Office, 2015 forthcoming.

Institutional care was for a long time considered an appropriate placement for children deprived of parental care. Evidence demonstrates, however, that growing up in large-scale residential institutions results generally in poorer outcomes for children during childhood and in their adult lives. The negative impact has been measured with regard to a lower quality of life and emotional well-being as well as higher risks of social exclusion. Research has evidenced that the placement in institutions can negatively affect the development of very young children. With the growing awareness of the impact of care on the development and well-being of children and the increasing commitment to child rights standards, a trend towards deinstitutionalisation has set in that prioritises placement in family-based or family-like care within communities.⁸⁴

Further to the general quality standards defined in the UN Guidelines for Alternative Care of Children, the Council of Europe has developed regional standards specifically for institutional care for children. In 2008, the Council of Europe assessed the status of implementation of the 2005 Council of Ministers Recommendations on the rights of children living in residential institutions. The survey identified some general trends throughout the region. While most countries have incorporated important standards on alternative care into their national laws and policies, 'national minimum standards of care' have been formally developed and defined as a distinct policy document only in few member States of the Council of Europe. This finding is still valid for the countries in the Baltic Sea Region today. The development of national minimum standards of care can however be useful to guarantee a more comprehensive package of safeguards for children. As a unified document for policy and practice, national standards of care are well placed to promote important principles of quality care such as continuity of care and a holistic approach. National standards of care promote the child's right to protection, prevention, empowerment and development, and include safeguards such as easily accessible and independent complaints and reporting mechanisms, quality monitoring and supervision.⁸⁵

The mapping of national child protection systems conducted by the Fundamental Rights Agency of the European Union noted that most of the EU Member States have achieved significant progress in reducing the number of large-scale residential institutions. Large institutions for children have gradually been replaced with family-like care facilities or small scale family homes. These are often operated as institutions but offer family-like care close to communities and are therefore considered to provide for a better quality of care than large institutions. Deinstitutionalisation and community-care remains nonetheless a key challenge in most EU Member States, particularly for children with special needs, such as children with disabilities and those with mental health problems.⁸⁶

Several Member States of the Council of the Baltic Sea States have chosen to enshrine the priority of family-based care into their national legislation. In Denmark, it is required by law that a foster family must be considered the first option for alternative care placements. Only when placement in a foster family is considered not to be in the best interests of the child, other options can be considered such as placement in an institution.⁸⁷ Iceland transposed the UN Convention on the Rights of the Child in its entirety into national law in 2013. Article 20 of the Convention, which emphasises the priority of placement in family settings, became thereby part of the national legislation.⁸⁸ In Finland, the Child Welfare Act provides that children deprived of parental care are to be placed primarily in small and family-like units, including foster care or professional family homes.⁸⁹ In Latvia, the orphan's courts, which are responsible for proceedings in child

84 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 10.

85 Gudbrandsson, Bragi, *Rights of Children in Institutions, Report on the implementation of the Council of Europe Recommendation Rec(2005)5 on the rights of children living in residential institutions*, Council of Europe, 2008, p. 3.

86 See: European Union Agency for Fundamental Rights, *Fundamental Rights, Challenges and achievements in 2014*, Annual Report, accessed from <http://fra.europa.eu/en/publication/2015/fundamental-rights-challenges-and-achievements-2014> on 15 July 2015.

87 Information provided by the National Board of Social Services, Denmark, 15 May 2015.

88 Information provided by the Government Agency for Child Protection, Iceland, April 2015.

89 United Nations Committee on the Rights of the Child, *Considerations of Reports Submitted by States Parties under Article 44 of the Convention*, Fourth reports of States parties due in 2008, Finland, CRC/C/FIN/4, 26 May 2010, par. 207.

protection and family matters, are held to prioritise placements in foster families or to assign care to a guardian, wherever possible.⁹⁰ In Poland, the 2011 Act on family support and foster care system provides for the primacy of family-based forms of foster care. The Act puts a legal obligation on state authorities to commit to deinstitutionalisation and provides for a concerted set of measures and activities to promote the progressive transition from institutional to family-based care.⁹¹ In Germany, the Social Code does not provide for any general preference of family-based over institutional care. The decision on the type of placement is to be guided entirely by an assessment of the best interests of the individual child.⁹²

Since 2007, Lithuania has embarked on a process for the reform of the childcare sector and deinstitutionalisation. The reforms in the child care sector gained new momentum with the adoption of the Strategy of Reorganization of the System of Child Care (Fosterage) and the Plan of Implementing Measures 2007-2012.⁹³ Subsequently, the Government of Lithuania adopted the Strategic Guidelines for the deinstitutionalisation of social care homes for 2010-2020. The Strategic Guidelines are targeted also at residential institutions for children deprived of parental care and children with disabilities. The Committee on the Rights of the Child commended these developments, noted however also that more investments will be required to strengthen the availability and quality of placements in family-based alternative care.⁹⁴

Despite the challenges with the development and implementation of national strategies for deinstitutionalisation, their adoption is an important step to clearly affirm the political commitment to the transition process. A national strategy bears important opportunities for a coordinated and transparent reform process. Deinstitutionalisation and the development of a high quality care system is a medium to longer term goal. Lessons learned from the progress achieved thus far provide valuable information, experience and evidence to revisit and adjust the reform process accordingly.

90 Law on Orphan's Courts, Section 24, Paragraph 2; Protection of the Rights of the Child Law Section 27, Paragraphs three and three prim. United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Combined third to fifth periodic reports of States parties due in 2009, Latvia, CRC/C/LVA/3-5, 21 November 2014, par. 15, 29-30.

91 Act of 9 June 2011 on family support and foster care system. CBSS Data Survey, February 2015, Response from Poland.

92 The Code of Social Law of Youth and Welfare Services affords an entitlement to support ("Hilfen zur Erziehung") in cases where the best interests of a child or adolescent is not guaranteed; this includes an entitlement to family support and alternative care. See § 27 Abs.1 SGB VIII; see further §42. The 'Bund-Länder Arbeitsgemeinschaft' (*Working Group of the Federal State and the Länder*) on Strengthening the Rights of the Child will advocate for recommendations on quality standards in alternative care. The 'Deutscher Verein für öffentliche und private Fürsorge' (*German Association for public and private welfare*) has published several sets of recommendations for care („Weiterentwickelte Empfehlungen zur Vollzeitpflege/Verwandtenpflege" and „Empfehlungen des Deutschen Vereins zur Verwandtenpflege"). Information provided by the Ministry for Family, Senior Citizens, Women and Youth, Germany, 7 July 2015.

93 The plans had been approved by Resolution No. 1193 of the Government of the Republic of Lithuania of 31 October 2007. See: United Nations Committee on the Rights of the Child, Consideration of the reports submitted by States parties under article 44 of the Convention, Consolidated third and fourth periodic reports of States parties due in 2009, Lithuania, CRC/C/LTU/3-4, 1 March 2012, par. 126-128.

94 United Nations Committee on the Rights of the Child, Concluding observations on the combined third and fourth periodic reports of Lithuania, adopted by the Committee at its sixty-fourth session (16 September–4 October 2013), CRC/C/LTU/CO/3-4, 30 October 2013, par. 33-34.

Safeguarding children's rights in alternative care

Safeguarding children in alternative care requires a comprehensive set of measures for the prevention of all forms of violence and effective responses when acts of violence have been committed. Hearing the views of the child and taking them into account is essential for enabling children to contribute to developing appropriate services and for staying safe in care. The right of the child to express her or his views and have them taken into account and to participate actively in the family and community, is an element of basic democracy and citizenship. It also promotes children's development, resiliency and protection.

The right of the child to be heard and to have her or his views taken into account in matters affecting the child, as afforded under Article 12 of the Convention on the Rights of the Child, is a fundamental safeguard for children who are placed in alternative care. Decisions over placement should be based on an assessment of the best interests of the child and take into account the child's views. They need to be periodically reviewed in order to ensure that the placement decisions are indeed and continue to be in the best interests of the child. The involvement of children in decision making processes should start from the first contact with social services or child protection services and continue from decisions over placement, care arrangements and services through to their transition into adulthood, after-care and support for independent life.⁹⁵

The standards determining children's right to be heard are often defined separately in different sectors and laws. The states in the Baltic Sea Region have all introduced specific laws affording the right of the child to be heard as well as legal provisions regulating the hearing of children and procedures for taking their views into account. Such laws exist, for instance, with regard to child protection and social welfare, family matters, education and health, as well as civil and criminal procedural laws. Laws that require the child's explicit consent to a decision are particularly strong. Notable are the differences in age limits relating to children's right to be heard, to complain or appeal by themselves, to act as a litigant or party in proceedings. There are such differences between states as well as differences between sector-specific laws within the same country. In order to safeguard the right to be heard of very young children, the law may provide alternative ways of assessing the views of the child, including by observation.

In addition, laws come into play that regulate the child's right to information and how information shall be shared with the child to ensure that the child understands fully the matters at stake, the consequences and implications of decisions, possible alternative options and the procedures that are going to follow. The right to be heard implies also a right to be consulted periodically on the development of the situation and life project planning. The right to be heard can only be safeguarded in a meaningful way when the child has access to a child-sensitive reporting mechanism and complaints procedure, within the responsible administrative structure as well as outside of it, including with independent mechanisms. For such mechanisms to become effective, there needs to be a guaranteed follow-up to complaints lodged by children and feedback to the child. In many cases, it is important to offer anonymous reporting and complaints procedures that guarantee confidentiality.

In Sweden, the BBIC model (*Barns behov i centrum / Children's Needs in Focus*) has yielded positive results in strengthening the role of the child in the case management process. BBIC aims to harmonise and standardise the assessment, planning, decision taking, and review of cases of children who are placed in alternative care. The model provides a concept for working with children and families at risk, including a structure for case management and documentation to

95 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care, Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, Brussels, November 2012, p. 112-113.

systematize the process from initial referral and assessment until a decision for placement of the child is taken and providing for periodic reviews of the child's situation and that of her or his family of origin.⁹⁶ Overall, the objective is to "strengthen the position of the child in the social childcare system".⁹⁷

The BBIC model foresees multi-stakeholder meetings with the child and with the leadership of an independent chairperson. These meetings aim to assess the child's situation, listen to the child's views and decide over necessary adjustments of the care plan if and as needed. The goal is to build a team with the child at the centre that works for the benefit of the child.⁹⁸

The BBIC programme aims to provide social services with a structure for investigating the children's needs and to plan and monitor the agreed-upon actions and services according to pre-established targets. Children are thus monitored in placement, including in residential institutions and in foster care. The focus of this planning and monitoring framework is the individual child and her or his needs. The BBIC programme is expected to contribute to the harmonisation of local service provision, guiding them in adopting a holistic approach with the child at the centre. In light of the process by which this programme has been piloted, evaluated and mainstreamed, it is expected to contribute to evidence-informed and knowledge-based social services throughout the country. The National Board of Health and Welfare operates the programme in cooperation with county councils and municipalities, and with the financial support from the central government. By 2014, the programme had been introduced in almost all Swedish municipalities.⁹⁹

Prohibition of corporal punishment

Children are at risk of corporal punishment in the home and in alternative care, in school and elsewhere. Measures to end corporal punishment of children start with a comprehensive legal prohibition in all settings. In order to promote the full and comprehensive implementation of these laws in practice, states need to develop a concerted set of measures that inform and sensitise the population, change attitudes and offer training on positive discipline for parents, caregivers and professionals working with and for children. In addition, there is a need for proactive action to support the reform process. This includes special measures to reach and protect the particularly vulnerable or marginalised groups, including children in alternative care.¹⁰⁰

The Global Initiative to End All Corporal Punishment against Children noted that children with disabilities are at a higher risk of experiencing severe corporal punishment, especially in large-scale residential institutions. Due to their disabilities, it may be difficult for them to report incidents of violence. Young children are vulnerable to physical punishment because of their perceived low social status and their difficulties in reporting by themselves. In addition, children from minority groups, such as linguistic, ethnic and other minorities, including children of different sexual orientations and gender identity, may be more likely to experience corporal punishment than others, including specifically in an institutional context. Corporal punishment does also

96 Edebalk, Per Gunnar, *Children Looked After and Their Right to Participation in Accordance with the UN Convention on the Rights of the Child, Article 12*, Paper presented at Childhoods 2005 in Oslo, July 2005, Lunds Universitetet, Socialhögskolan, Working-paper serien 2006:1, Lund, 2005, accessed from <http://www.childcentre.info/projects/institutions/dbaFile12713.pdf> on 15 May 2015, p. 3.

97 Ministry of Health and Social Affairs, *National Action Plan for Safeguarding Children from Sexual Exploitation*, Stockholm, 2007, accessed from www.sweden.gov.se/content/1/c6/11/01/73/5681ba8f.pdf on 20 January 2015, p. 16.

98 Edebalk, Per Gunnar, *Children Looked After and Their Right to Participation in Accordance with the UN Convention on the Rights of the Child, Article 12*, Paper presented at Childhoods 2005 in Oslo, July 2005, Lunds Universitetet, Socialhögskolan, Working-paper serien 2006:1, Lund, 2005, accessed from <http://www.childcentre.info/projects/institutions/dbaFile12713.pdf> on 15 May 2015, pp. 4-5.

99 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Fifth Periodic Report of States Parties due in 2011: Sweden, CRC/C/SWE/5, 5 May 2014, par. 213-214.

100 United Nations Committee on the Rights of the Child, General Comment No. 13 (2011) on the right of the child to freedom from all forms of violence (Article 19), CRC/C/GC/13, 18 April 2011, par. 60, 72(g). Global Initiative to End All Corporal Punishment Against Children, *Ending Legalised Violence Against Children, Prohibiting and eliminating corporal punishment in all alternative care and day care settings*, October 2012, p. 10.

have a gender dimension, as girls and boys may be exposed to different types or frequencies of punishment.¹⁰¹

Considering that children in alternative care are considered particularly at risk, the Global Initiative to End All Corporal Punishment against Children recommended that more research be conducted to assess the use of corporal punishment in foster care, residential institutions and day care for children.¹⁰²

In the Baltic Sea Region, all states except Lithuania and the Russian Federation, have explicitly prohibited corporal punishment in the home, in day care, in alternative care and in schools.¹⁰³

Reporting obligations

Throughout the Baltic Sea Region, states have enacted legal regulations that encourage and oblige professionals working with and for children to report incidents of violence, abuse, exploitation or neglect of a child as well as children at risks. In many countries, reporting obligations are extended also to the general public.¹⁰⁴ These reports and notifications to the police, to child protection or social services are important to initiate investigations into the child's situation and the family, if and as appropriate. They offer important opportunities for secondary and tertiary prevention and rehabilitation. Reporting obligations are not primarily aimed at the prosecution of parents who commit acts of violence against their children but have also a strong impact for

101 Global Initiative to End All Corporal Punishment Against Children, *Ending Legalised Violence Against Children, Prohibiting and eliminating corporal punishment in all alternative care and day care settings*, October 2012, p. 5. See also: Pinheiro, P.S., World Report on Violence against Children, United Nations, 2006. EveryChild, Family Matters: A study of institutional childcare in Central and Eastern Europe and the Former Soviet Union, 2005.

102 Global Initiative to End All Corporal Punishment Against Children, *Ending Legalised Violence Against Children, Prohibiting and eliminating corporal punishment in all alternative care and day care settings*, October 2012, p. 5.

103 **Denmark:** Act No. 416 of 10 June 1997 concerning custody and contact (Section 2(2)). Act on Parental Responsibility 2007, Article 2(2). Danish Order No. 276 Concerning the Promotion of Order in the Schools. Global Initiative to End All Corporal Punishment of Children, *Denmark, Country Report*, 2013, p. 2. **Estonia:** Child Welfare Act 2014, Article 24. The Act will enter into force on 1 January 2016. Child Protection Act 1992. Primary and Secondary Schools Act 2010, Article 44 and 58. Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Estonia, Report prepared by the Global Initiative to End All Corporal Punishment of Children*, November 2014. **Iceland:** Child Protection Act, Articles 1, 82 and 99. Global Initiative to End All Corporal Punishment of Children, *Iceland, Country Report*, 2012, p. 2. **Finland:** Child Custody and Right of Access Act 1983, Article 1.3. Child Welfare Act 2007. Act on Primary Schools 1957 and the Act on Comprehensive Schools 1985. Global Initiative to End All Corporal Punishment of Children, *Finland, Country Report*, 2013, p. 2. **Germany:** Civil Code Section 1631. Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Germany, Report prepared by the Global Initiative to End All Corporal Punishment of Children*, February 2014, p. 1. **Latvia:** Law on Protection of the Rights of the Child, 1998, Articles 9(2), 24(4), 39(1). Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Latvia*, 2014, pp. 2-3. **Lithuania:** Law on the Fundamentals of Protection of the Rights of the Child 1996, Article 49.1. Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Lithuania*, 2014, pp. 2-3. **Norway:** The Parent and Child Act 1981, Article 30. Parent and Child Act 1981 as amended in 1987 and 2010. Kindergarten Act 2005, Sections 2.9 and 3.7 of the Education Act 1998. Cited in: Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Norway*, 2014, pp. 2-3. **Poland:** Article 2 of the Law of 10 June 2010 amending the Act on Counteracting Family Violence and Other Acts amended the Family Code 1964 by inserting a new Article 96¹ which prohibits all corporal punishment in childrearing. Article 40 of the Constitution 1997. Act of 7 September 1991 on the Education System. Cited in: Global Initiative to End All Corporal Punishment of Children, *Poland Country Report*, 2013, pp. 2-3. **Sweden:** Parenthood and Guardianship Code Article 6.1. Article 5 of the Instrument of Government 2012, Article 13 of the Act Prohibiting Discrimination and Other Degrading Treatment of Children and School Students 2006. The Education Act 2010 Chapter 5 and 6. See: Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in Sweden*, 2014, pp. 1-2. **Russian Federation:** Global Initiative to End All Corporal Punishment of Children, *Corporal Punishment of Children in the Russian Federation*, 2014, pp. 2-3.

104 European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Provisions on professionals' legal obligation to report cases of child abuse, neglect and violence*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/reporting-1> on 15 July 2015. European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Specific legal obligations for civilians to report cases of child abuse, neglect and violence*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/reporting2> on 15 July 2015. A comprehensive report on FRA's research is planned for publication in early 2016. **Denmark:** the Consolidation Act on Social Services includes provisions on the duty to notify under Chapter 27, Sections 153-155. **Finland:** Government of Finland, *Fourth Periodic Report of the Government of Finland on the Implementation of the UN Convention on the Rights of the Child*, July 2008, accessed from http://www2.ohchr.org/english/bodies/crc/docs/Finland_4thPeriodicReport.pdf on 15 May 2015, par. 239. **Latvia:** Protection of the Rights of the Child Law, Article 73. **Lithuania:** Human Rights Monitoring Group et al., *Rights of the Child in Lithuania, NGO Report for the UN Committee on the Rights of the Child on the 3rd and 4th periodic reports by the Government of Lithuania*, 62nd-63rd Pre-sessional Working Group, 8-12 October 2012, August 2012, pp. 5-6. **Norway:** United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 12(1) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, Office of the High Commissioner for Human Rights, Geneva, Concluding Observations: Denmark, CRC/C/OPSC/DNK/CO/1, 17 October 2006, accessed from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G06/446/57/PDF/G0644657.pdf?OpenElement> on 15 May 2015, par. 24. See also: United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 12(1) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography, Office of the High Commissioner for Human Rights, Geneva, Initial Reports of States Parties due in 2004, CRC/C/OPSC/DNK/1, 30 November 2005, accessed from <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G05/453/05/PDF/G0545305.pdf?OpenElement> on 15 May 2015, par. 100. **Sweden:** Regeringskansliet (Government Offices of Sweden), *Sweden's Implementation of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography*, 2009, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.OPSC.SWE.1.doc> on 15 May 2015, par. 115. Social Services Act, Chapter 14, Section 1.

public education and sensitisation to the rights of children to grow up free from violence. In severe cases of violence, exploitation and abuse of children, reporting obligations can help to save the lives of children and to hold perpetrators responsible under the law. When the investigations find that the notifications were justified, the child protection and social services will consider child protection and support measures for the family and, as a measure of last resort, the possibility of removing the child from the family for placement in alternative care.

In Denmark, Estonia, Lithuania, Poland, and Sweden, the reporting obligations afforded under the national laws apply to all professionals who are directly involved and in contact with children in their work. In Finland and Latvia, on the other side, the reporting obligations concern only specific professional groups such as social workers or teachers. In Denmark, Estonia, Finland, Latvia, Lithuania and Sweden, reporting obligations extend by law to any person to the effect that civilians are obliged to report cases of violence, exploitation, abuse or neglect of children to the competent authorities. In Germany, reporting obligations have not been as clearly stipulated by the law.¹⁰⁵

Complaints procedures and reporting mechanisms

Reporting procedures and complaint mechanisms for children are in place throughout the Baltic Sea Region, in different forms and set-ups. They include complaints mechanisms within the structure of the child protection and social welfare authorities, such as appeals boards, complaints procedures within care institutions, helplines operated by public and private agencies, as well as independent reporting and complaints mechanisms operated by national human rights structures and Ombuds offices for children.

The existing opportunities for children to report, to seek advice and to claim their rights differ in their accessibility and effectiveness in safeguarding children and their interests in alternative care settings. Critical factors for children are first of all the awareness of the right to complain, knowledge and possibility how and where to do so, as well as easy accessibility of complaints mechanisms for children. In addition, complaints mechanisms need to gain and maintain the trust of children. To this end, it is essential that they offer safeguards and ensure privacy, if and as appropriate, as well as effective and prompt follow-up with viable remedies and solutions that are meaningful for children and help improve their situation, safety and well-being.

In Denmark and Germany, the national law provides specifically for the rights of children in alternative care to issue complaints, including against the staff of residential institutions. In other countries, general provisions that entitle children to report infringements and violations of their rights apply also to children in alternative care.¹⁰⁶ All countries in the region have national hotlines and helplines for children, operated by state institutions or private agencies. They provide information and advice to children, including children in alternative care.

National human rights structures are in place in all Member States of the Council of the Baltic Sea States. They include Ombuds offices for Children, Chancellors of Justice and Parliamentary Ombudsmen, and national councils or institutes for human rights. The mandates and accessibility for children differ however significantly. Independent monitoring bodies, Ombuds offices for children or general Ombuds offices with a special child rights division are in place in Denmark, Estonia, Finland, Iceland, Latvia, Norway, Poland, the Russian Federation and Sweden. They promote children's rights in their countries through their monitoring function, including by conducting research, consultations with children, inspections and public education. Germany is

¹⁰⁵ European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Provisions on professionals' legal obligation to report cases of child abuse, neglect and violence*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/reporting-1> on 15 July 2015. European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Specific legal obligations for civilians to report cases of child abuse, neglect and violence*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/reporting2> on 15 July 2015.

¹⁰⁶ European Union Agency for Fundamental Rights, *Mapping Child Protection Systems in the EU, Provisions on the right of the child placed in alternative care to issue complaints*, 2014, accessed from <http://fra.europa.eu/en/publications-and-resources/data-and-maps/comparative-data/child-protection/complaints-child> on 15 July 2015. A comprehensive report on FRA's research is planned for publication in early 2016.

in the process of establishing an independent monitoring body of the Convention on the Rights of the Child, which is based in the German Institute for Human Rights and becomes operational in 2015.¹⁰⁷ Only few countries have established Ombuds offices that are equipped with a mandate to receive and investigate individual complaints from children. In Denmark and Estonia, special child rights divisions have been established in the offices of the Parliamentary Ombudsman and the Chancellor of Justice, respectively. In Latvia, the Ombudsman for Children receives individual complaints from children.

Monitoring and evaluation of alternative care services

Monitoring and evaluation, including inspections and auditing, are important components of national policies for alternative care and strategies for deinstitutionalisation. Mechanisms and procedures for monitoring and evaluation, indicators and frameworks as well as institutional responsibilities need to be clearly defined in order to ensure that monitoring and evaluation are effectively contributing to the planning, implementation and periodic review of services. A public debate on the outcomes of monitoring and evaluation can enhance transparency and accountability and enable control of service provision. Monitoring and evaluation will be more successful when they are conducted on the basis of consultative processes with all relevant professionals and officials involved and service users, namely children, parents and other caregivers.

When the Council of Europe reviewed the status of implementation of the 2005 recommendations on the rights of children living in residential institutions, the findings revealed that monitoring systems are in place in most of the member States of the Council of Europe. These monitoring systems were however ambiguous in some cases, especially when administrative responsibilities were not clearly separated from the monitoring functions and when children as service users were not effectively included in the monitoring exercises.¹⁰⁸ These findings are still to some extent valid for the Baltic Sea Region as monitoring practices vary from country to country and there are vast differences, in some cases, even between different monitoring mechanisms that operate within countries.

In some countries, such as Denmark and Finland, the monitoring of children in placement lies within the responsibility of local authorities.¹⁰⁹ In other states, the monitoring responsibilities are split between different bodies, as was evidenced by the mapping of child protection systems in the EU conducted by the European Union Agency for Fundamental Rights. Where this is the case, a clear division of tasks is required in order to prevent overlapping responsibilities or gaps. In Estonia, the responsibilities for monitoring are divided between the County Governments monitoring substitute homes and the Social Insurance Board monitoring family-based placements.¹¹⁰ Special institutions for monitoring are in place in Poland, where the Supreme Audit Office is in charge, and in Sweden the responsibility for monitoring lies with the national Health and Social Care Inspectorate.¹¹¹ In Iceland, the national Government Agency for Child Protection has a very broad mandate including the responsibility for monitoring and oversight of the local level child protection committees, monitoring and supervision of institutions and homes

107 Information provided by the Ministry for Family, Senior Citizens, Women and Youth, Germany, 7 July 2015.

108 Guðbrandsson, Bragi, *Rights of Children in Institutions, Report on the implementation of the Council of Europe Recommendation Rec(2005)5 on the rights of children living in residential institutions*, Council of Europe, 2008, p. 3.

109 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Fourth period report of States parties due in 2008, Denmark, CRC/C/DNK/4, 22 January 2010, par. 255-257. Council of Europe, *Child and Youth Participation in Finland, A Council of Europe policy review, Building a Europe for and with Children*, 2011, pp. 84-86.

110 Information provided by the Ministry of Social Affairs, Estonia, 29 April 2015. See also: Estonia National Audit Office, Organisation of Child Welfare in Municipalities, Towns and Cities, Report of the National Audit Office to the Riigikogu, Tallinn, 2013, p.31, accessed from <http://www.riigikontroll.ee/tabid/168/amid/557/ItemId/664/language/en-US/Default.aspx> on 20 May 2015.

111 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Third and fourth periodic reports of States parties due in 2008, Poland, CRC/C/POL/3-4, 15 December 2014, par. 57-65. National Health and Social Care Inspectorate, About the Health and Social Care Inspectorate, last update on 26 September 2013, accessed from <http://www.ivo.se/om-ivo/other-languages/english> on 20 May 2015.

for children and youth. The Government Agency monitors the quality of services provided in alternative care as well as financial auditing and inspection of institutions.¹¹²

In Germany, the federal Government is in the process of evaluating the implementation and impact of the 2012 Child Protection Law. The Law regulates key measures of family support, childcare and protection and aims to strengthen prevention, early intervention and response in these areas. The evaluation findings will be reported to the Parliament by the end of 2015 and are expected to continue guiding the further implementation.¹¹³

In follow-up to the Ministerial Forum held in Oslo in 2005, the Expert Group for Cooperation on Children at Risk and the Children's Unit at the CBSS Secretariat developed AudTrain, a tool to monitor childcare institutions. AudTrain is a programme that trains professionals in how to perform systems-based auditing and monitoring of residential facilities for children in line with international and regional standards and guidelines. AudTrain has been in use since 2012 and has been widely recognised as a valuable tool that helps to improve the quality of care and services in institutional settings. The Expert Group continues to work with this programme, in order to update the manual and to train trainers.¹¹⁴

112 United Nations Committee on the Rights of the Child, Consideration of Reports Submitted by States Parties under Article 44 of the Convention, Office of the High Commissioner for Human Rights, Geneva, Iceland's Third Periodic Report, Government of Iceland, Ministry of Justice and Ecclesiastical Affairs, June 2008, accessed from <http://www2.ohchr.org/english/bodies/crc/docs/AdvanceVersions/CRC-C-ISL-3-4.doc> on 15 May 2015, par. 85-86. Barnaverndarstofa (Government Agency for Child Protection), Government Agency for Child Protection, available at: <http://www.bvs.is/?ser=10>, accessed on 18 July 2010.

113 Information provided by the Ministry for Family, the Elderly, Women and Youth, Germany, 7 July 2015.

114 For further information see: Council of the Baltic Sea States, Expert Group for Cooperation on Children at Risk, accessed from <http://www.cbss.org/safe-secure-region/eg-on-children-at-risk/#tab-1357922554144-6-2> on 15 June 2015.

Conclusions and proposals

The conclusions and proposals are organised in four main clusters in order to follow the structure of the regional study and the key priority themes selected by the Expert Group for Cooperation on Children at Risk: a) general structural matters related to the way that public administrations are operating in order to implement national policies for family support, child protection and alternative care; b) the prevention of family separation; c) the transition from institutional to community-based care; and d) measures for safeguarding children in care.

Key proposals

a) General structural proposals

- Increased inter-disciplinary cooperation
- Strengthened social workforce
- Consistent implementation and equity of care in decentralised administrations
- Accountability for quality standards in public-private partnership
- Children and caregivers as partners in service delivery

b) Theme 1: Preventing family separation

- Proactive and preventive approaches in family support
- Continuity of care for mobile families
- Promoting sustainable solutions for children and families who are clients of social services

c) Theme 2: Promoting deinstitutionalisation

- Development of national strategies for deinstitutionalisation and national standards of care
- Increased number of foster homes providing quality care

d) Theme 3: Safeguarding children in care

- Development and roll-out of individual care plans
- Enhance documentation to make processes more transparent
- Protect children from violence in any form and any context
- Develop holistic approaches to promote the development, opportunities and inclusion of children in alternative care
- Child-focused inspections, monitoring, auditing and evaluation of care

Proposals

General structural proposals

In the recent years, the social service sector and child rights field have increasingly embarked on a process of consolidating issue-based interventions into more systemic approaches with a view to delivering better coordinated and integrated services for children and families at risk. The trend towards systemic approaches has been promoted in relation to systems for child protection, alternative care, juvenile justice, asylum reception, social protection, education and health. Experience and evidence have shown that these systems need to be connected effectively in law, policy and practice in order to yield sustainable results. Effective connections between the systems are indispensable in order to strengthen proactive and innovative measures and to promote a positive dynamic of change through a continuum of services for prevention, protection and empowerment.

Systemic approaches install certain safeguards to ensure that national laws and policies are translated into practice and have a positive impact on the lives of children and caregivers. While the countries in the Baltic Sea Region have strong laws and policies in place, they are challenged to ensure their effective application in practice. Evidence deriving from policy analysis and research reveals significant challenges within public administrations and the way they operate that pose obstacles to implementation. These structural challenges have a direct bearing on family support, child protection and alternative care. Understanding and addressing these structural challenges

constitutes therefore a precondition for the provision of quality services for children and families and a sensible investment for achieving sustainable results and progress over time.

The Baltic Sea States Regional Report on Family Support and Alternative Care identified the following priority areas where interventions are expected to redress structural obstacles and facilitate the implementation process:

Institutionalised inter-disciplinary cooperation

Effective cross-sectoral and inter-disciplinary cooperation and coordination is instrumental for achieving integrated and holistic approaches in service delivery. The aspiration is to combine the broad spectrum of services required to prevent family breakdown and support families at risk, including financial assistance, social welfare and social protection, promoting work-life-balance for working parents, early childhood education and care programmes, parenting skills training and support, home visiting programmes, supervision of families at risk, child protection in the home, including for children and caretakers with special needs, and support for migrating parents. Key sectors and professions working with and for children need to be actively involved with social services, such as school administrations and teachers, paediatricians, health care services, hospitals and forensic doctors, and law enforcement.

The Children's House model, which is in place in several countries of the region has been evaluated as a successful model for the cooperation of different agencies and disciplines under the same roof. The model can be used even more proactively for the cooperation with family support services, for the prevention of child abuse or follow-up support when abuse has happened.

When services are designed and provided through institutionalised mechanisms for inter-disciplinary and cross-sectoral cooperation, their preventive capacity can be significantly enhanced. Such cooperation mechanisms need to be in place at the central, regional and local levels of the public administration and involve state and non-state actors.

- ➔ **The development of integrated and holistic approaches in service provision must be promoted through policy planning across relevant ministries and departments**
- ➔ **Services in social welfare, family support, child protection and alternative care must be consolidated into integrated service provision models at the local level**
- ➔ **At all levels, there is a need for awareness raising, sensitisation and training for the promotion of multi-disciplinary approaches in leadership and service culture**
- ➔ **Inter-disciplinary and multi-stakeholder teams must be strengthened at the local level with clearly defined leadership (where appropriate), cooperation plans and budgets and with the responsibility to ensure continuity of multi-disciplinary service provision to individual children or families**

Individualised services that are rights-based and needs-oriented

While family support services have been developed on the basis of international standards, service providers are struggling to provide individualised services that apply these universal standards in a way that is tailor-made to the needs of each specific child and caregiver. In addition to early intervention and response, effective follow-up is critical to substantiate the impact of services in the medium and longer term. Investments made in family support are more likely to be effective and cost-efficient when service providers succeed to ensure continuity from the identification of children and families at risk through to achieving a sustainable solution.

- **Individualised services must be provided that are equipped to safeguard the rights of the child by delivering services tailor-made to the specific needs of each child and family**
- **Follow-up services and monitoring of each child and family is necessary to ensure durable solutions and sustainable results in prevention, protection and empowerment**

Progress towards social inclusion and non-discrimination: Enhanced cultural sensitivity in family support, child protection and alternative care

The right to non-discrimination is rooted in regional and international standards and safeguarded under the national law of all CBSS Member States. Trends and patterns of placement in alternative care reveal, however, that children belonging to minority groups and children with an immigration background are disproportionately represented in alternative care in some of the Member States. Social services for families with children are targeted often primarily at the mainstream population and are not yet fully prepared to adjust to the cultural and linguistic diversity of the population. The impact of social services can be significantly enhanced when more attention is given to cultural sensitivity, cultural mediation, interpretation and, generally, the promotion of social inclusion across all population groups. As schools are important partners for promoting social inclusion, services for family support, child protection and alternative care need to engage in strategic partnerships with schools to support children at risk, during placement and through follow-up measures.

- **Social services must be prepared to target minority population groups and families with an immigration background, being sensitive to their specific needs**
- **Social workers who are engaged in family support, child protection and alternative care should represent all population groups with relevant linguistic, cultural and religious backgrounds**
- **Cultural and linguistic continuity for children in placement is important to safeguard the child's identity rights, to ensure quality care and facilitate family reunification wherever this is in the best interests of the child**
- **Building strategic partnerships with school administrations and teachers and training them to support children at risk is necessary to make social services for family support, child protection and alternative care more successful, efficient and sustainable**

Strengthened workforce in family support, child protection and alternative care

Social workers are struggling with a high caseload, complex cases, limited resources, high pressure and demand, challenging working situations and limited access to supervision, coaching or mentoring. The social status and payment of social workers is not always in line with the critical role they hold for societies, considering the importance of social work for the safety and development of children and the younger generations, for promoting social inclusion and cohesion, fostering equitable societies and assisting persons in need. In consequence, many countries notice a high fluctuation among social workers.

Stability in service provision, the generation of an experienced workforce and sustaining institutional memories are however all essential for making social services effective. Evidence suggests that the continuity of the relations between the child, the caregivers and the case manager has a positive impact on the results achieved through service delivery. Retaining talent and sustaining and strengthening high-quality social services with qualified, motivated and dedicated staff that enjoy excellent working conditions, is therefore an important investment

for the continued social and human development of the region. States need to strengthen the role of social workers as agents of change, including by strengthening their leadership in inter-disciplinary networks, where appropriate, and their capacity to provide quality services for prevention, protection and empowerment that are informed by evidence and professional knowledge.

- **The competence, capacity and resilience of service providers in the social sector can be significantly enhanced when social workers and other relevant professions have access to high quality guidance, technical assistance, supervision, coaching and mentoring**
- **The impact of social services can be significantly enhanced by strengthening the role and training of social workers as leaders for joined-up approaches, in inter-disciplinary and multi-stakeholder networks and coordination mechanisms, where appropriate, and ensuring continuity of the case manager supporting children and caregivers**
- **States should invest in the development and continued improvement of social services, methods and tools for family support, child protection and alternative care that are informed by evidence, knowledge and professional experience**
- **In light of the high responsibilities that social workers bear, public administrations need to invest in innovative approaches that reduce the caseload on social workers while enhancing the job attractiveness and promoting more stability in social service staff**

Promote consistent implementation and equity of care in decentralised administrations

In decentralised or federal administrations, the competence for the implementation of social services, child protection and family support lies commonly with the local authorities. While decentralisation holds opportunities for adapting services to the needs and emerging trends at the local level, it also creates challenges for the scope and quality of implementation at the local level. The devolution of competences bears risks of inconsistencies in quality and accessibility of services from municipality to municipality. Particularly the small municipalities are challenged to provide the broad spectrum of services required to prevent family breakdown and separation. Some countries have good experience with reducing the number of municipalities, promoting the cooperation of municipalities for service provision and introducing the development of local plans guiding the implementation of quality services in the communities. More effective information exchange, coordination and monitoring across the different levels of the public administration are essential for ensuring equity of care regardless of the place of residence of the child and the family.

- **Strengthen the communication between the central, regional and local levels of the public administration in both directions. This must involve the development of binding quality standards, making available technical advice and guidance from the central level, equitable budget allocation to the local levels with earmarks – if and as applicable – for family support, child protection and alternative care and opportunities for front-line staff to communicate their recommendations to the policy makers and public officials at the regional and central levels**
- **Strengthen monitoring and accountability of service provision at the local level, including with indicators measuring impact, processes and outcomes for children and caregivers and capturing physical, mental and social key factors**
- **Local authorities, social services and other relevant bodies should be encouraged and supported to develop, test and evaluate innovative solutions in**

family support, child protection and alternative care and those that have yielded positive results should be communicated and promoted through a national dialogue for change

Accountability for quality standards in public-private partnership

Public authorities rely strongly on the cooperation with private partners for service delivery in the fields of family support, child protection and alternative care. The monitoring of the service quality delivered by private partners is however not yet regulated consistently. In consequence, the quality of services differs from provider to provider. While many service providers deliver high quality services for children and caretakers, others perform poorly and infringe upon the fundamental rights of children and parents. More supervision, monitoring and auditing are therefore essential to enhance the quality of service delivery and to hold public and private partners accountable.

- **Ensure effective safeguards and quality controls are in place in public-private partnership, including licensing, monitoring of quality standards for processes, outcomes and impact**
- **Establish independent mechanisms for the monitoring and auditing of public-private partnerships and ensure that the findings have a bearing on the licensing and operation of private service providers while holding public bodies accountable for their oversight role**
- **Conduct process and outcome evaluations of service provision and ensure that evaluation findings inform subsequent reforms**

Children and caregivers as partners in service delivery

Traditionally, children were perceived as dependent members of families characterised by their perceived vulnerability, immaturity and need of protection. The UN Convention on the Rights of the Child promotes however an understanding of boys and girls as rights holders and citizens. When children and caregivers are considered as partners in family support services, the service providers need to give them space, to listen and hear what they say and take their views into account. Considering children and caregivers as partners means also to understand their individual situations and needs and to support them in building resilience, solving problems, ensuring a safe environment and realising the maximum possible standards of well-being, health and development. Foster carers should be considered partners in the alternative care team, which implies an obligation to follow education programmes and receive regular supervision. Children should be trained on their rights, relevant procedures and safeguards as clients of social services and during placement in order to acquire knowledge and confidence to act as a partner in the alternative care team.

In order to progress towards this paradigm shift, policy reforms in the fields of family support, child protection and alternative care need to understand and influence the attitudes and perceptions prevalent throughout society, among public officials and service providers. Awareness raising is required to sensitise professionals and officials working with and for children and caretakers to an understanding of children as rights holders and citizens. Sensitisation is also needed on the evolving notion of 'family' and new, emerging forms in how families are composed, how the composition may evolve over time, including through changing gender roles and labour market participation.

- **Foster an approach in social service provision – through training, sensitisation, tools and methods – that respects children and caregivers as competent to co-determine the type of support they need, while maintaining a professional approach to uphold universal rights and standards**

- **Engage children and caregivers as partners in service design and provision, to ensure that services are tailor-made to the individual situation and needs of the service user**

Theme 1: Preventing family separation

The family has a high standing in all CBSS Member States. Many states have enshrined into their national constitutions the protection of the family unit as a fundamental obligation of the state. Others have enacted legislation that commits the state to supporting families to live in safety and socio-economic stability and to thrive.

Different approaches to social welfare, family support and child protection services are in place in the region, each offering opportunities and challenges. Some countries have made important steps towards the integration of family support and child protection services. Other countries are providing family support mainly in the form of financial assistance. Despite the differences, all countries are still on their way towards an effective model of integrated social services.

Evidence shows that the weak consolidation of services may result in a disconnect between family support and child protection services. Service providers working with families can however be well-positioned to identify children at risk and cases of child abuse early and refer them to support and protection. Policy makers and practitioners therefore need to guarantee that children's rights and needs are duly considered in family services.

Proactive and preventive approaches in family support

Experience shows, that a proactive approach with a priority on prevention delivers better outcomes for children and caretakers and reduces strain on the social sector. Proactive and preventive approaches in family support therefore need to complement the responses that aim to remediate the difficulties that families are struggling with. It is also important to provide low-threshold services starting as early as during pregnancy and accompanying the families through the early childhood and kindergarten years. Psycho-social education of parents at risk has yielded positive results for preventing family separation and supporting the child's development. Identifying existing resources, strengths and sources of resilience within the family and their social environment is essential to make family support services assets-based, cost-effective and sustainable.

- **Availability and accessibility of social services for children and families need to be strengthened, including by providing services accessible at a low threshold, making them known and encouraging their use**
- **Early interventions and support from inter-disciplinary teams must be available for families from pregnancy and childbirth through early childhood, including support from birth hospital staff, midwives, day care staff, and social workers visiting families with small children in the home**
- **Children must be enabled to contact social services and seek advice and counselling independently**
- **Assets-based services that mobilise the resources and resilience of children and caregivers within their social networks are important**
- **Social services must connect effectively to local networks of care and protection, including by placing social workers or psychologists specialised on the prevention of child abuse and neglect in schools, in police stations and hospitals**

- **Effective follow-up for secondary and tertiary prevention must be ensured when abuse has happened or is suspected, including through police units specialised on child abuse and by involving qualified forensic doctors**
- **Active measures and effective approaches are necessary to support parents with problems of alcohol, drug or substance abuse and to provide effective treatment for their rehabilitation as caregivers**
- **Children shall not be removed from the family home for reasons of poverty or other matters that can be prevented or alleviated by targeted family support**
- **Removal decisions should be taken or authorised by a court of law or other competent bodies on the basis of national law and with transparent documentation and motivation of the decision**
- **Whenever it is in the best interests of the child, services must be delivered with a view to prevent family separation and to support the process towards sustainable reunification after placement**

Continuity of care for mobile families

When children, caregivers or entire families are moving, the cooperation between the authorities in the place of origin, transit and destination is vital for ensuring continuity of care. Effective cooperation and communication between the local authorities involved and between the service providers and the service users is critical to ensure that services are delivered timely and without interruptions. Effective cooperation is also a precondition for the cost-effective operation of social services, as the knowledge from previous locations can be transferred as assessments do not need to be repeated. It is particularly important to avoid that one local authority relinquishes its responsibility before another takes over. Where cooperation and handover of cases is weak or absent, transfers and mobility might put children and families at risk of falling through the gaps in service provision. While many countries are struggling to ensure continuity of care for families moving within the country, the mobility across borders is creating additional challenges that call for effective transnational cooperation between service providers in countries of origin and destination.

- **Strengthen the continuity in child protection and support for mobile families by ensuring effective communication and cooperation between local authorities and service providers, between the local and central levels of the public administration, and across borders, including by assigning the relevant mandate to central authorities where they are not yet in place**
- **Develop data protection regulations specifically for the context of monitoring families at risk in the context of migration and mobility**

Promoting sustainable solutions for children and families who are clients of social services

Supporting families and preventing their separation requires integrated services that ensure timely and tailor-made support for children and parents combined with an overarching perspective for the medium and longer term planning of services and follow-up. The service provision can be better planned and coordinated when it has clearly established long-term objectives, aiming at the identification and implementation of a sustainable solution for the child and the family.

- **Identify realistic and sustainable solutions for children and families who are clients of social services, in close consultation with the child and the caregivers concerned, relevant service providers and professionals**

- **Promote the implementation of the sustainable solution through integrated and coordinated services for family support, child protection and alternative care**

Theme 2: Promoting deinstitutionalisation

Most Member States of the Council of Baltic Sea States have achieved progress in reducing the number of large-scale residential institutions. Large institutions for children are gradually being replaced with family-like care facilities or small scale family homes. Some countries have enshrined the priority of family-based care into their national legislation or policies. Others do not take a clear stand on the preferred type of placement for children deprived of parental care. National strategies for deinstitutionalization are not common in the region as only a few countries have developed them in the past or present and institutionalisation remains a common practice, particularly for children with special needs, such as children with disabilities and children with mental health problems.

Evidence demonstrates that the placement in large-scale residential institutions results in poorer outcomes for children during childhood and in their adult lives. The negative impact has been measured with regard to a lower quality of life and emotional well-being as well as higher risks of social exclusion. Placement in institutional care is particularly risky for very young children as it can negatively affect their brain development and cause lifelong damage. Promoting deinstitutionalization therefore constitutes a sensible and powerful investment into the development of children deprived of parental care. It generates positive outcomes with a strong potential for transgenerational change.

Development of national strategies for deinstitutionalisation and standards of care

Few countries have developed a national strategy for deinstitutionalisation or distinct policy documents setting out national standards of care. The development of national minimum standards of care can be useful to guarantee a more comprehensive package of services and safeguards for children. As a unified document for policy and practice, national standards of care are well placed to promote important principles of quality care such as continuity of care and permanency, equity in care and a holistic and rights-based approach. National standards of care promote the child's right to protection and development and include safeguards such as easily accessible and independent complaints and reporting mechanisms, quality monitoring and supervision. Within comprehensive national strategies for alternative care, standards of care must be promoted in a systematic way towards the objective of progressive transition from institutional to family-like and family-based care. In this context, it is worthwhile to define the process and pace of the transition by identifying quality standards for residential institutions in each country and context. The key principle guiding decisions on placement remains invariably the best interests of the child.

- **Countries depending still strongly on institutional care for children should develop national strategies for deinstitutionalisation in order to prioritise family-like and family-based care and provide the relevant structures and incentives to this end**
- **The progressive deinstitutionalisation needs to be coordinated with measures to ensure quality care in all types of placements, large-scale residential institutions, family-like or family-based placements, while gradually advancing with the steady transition towards family-based care**
- **National standards of care should be developed where they are not yet in place in order to define a binding guidance document for family support, child protection and alternative care, in line with international standards**

- **National standards of care should be developed in consultation with all relevant actors involved, including front-line staff, children and caregivers, public and private service providers**
- **States should actively implement national standards of care and strategies for deinstitutionalisation through appropriate measures, including comprehensive frameworks for monitoring and evaluation, and with the active involvement of all relevant public and private partners and communities**

Increased number of foster homes providing quality care

Although there is a general trend to prioritise family-based care over institutional care in national law and policies, many countries are still struggling to ensure that a sufficient number of foster homes are available to offer quality care for children. Ensuring quality foster care for children with special needs is a particular challenge, such as children with physical disabilities, mental health issues, children demonstrating difficult behaviour, and children belonging to minority groups or migrant and asylum seeking children who are unaccompanied. The process for stepping up the number of placements in foster families needs to go hand in hand with efforts to increase the quality standards in foster care and the support available to foster carers. Remuneration or payment of foster carers should be appropriate – if and as applicable – and should not result in undue financial gain.

- **Systematic, ongoing and mandatory training and supervision for foster carers is necessary to ensure they are skilled, competent and prepared to provide quality care for children**
- **Services for support, counselling, supervision and mentoring of foster carers is needed, which should be available and accessible on a continuous basis**
- **A pool of licensed and qualified foster carers must be in place who are available to receive children for temporary or longer-term placements, including on short notice**
- **Associations of foster carers should operate at the regional and/or national levels to offer information, support and advice to foster families while also representing their voices in the dialogue with public authorities and policy makers**
- **Regional and national fora for the dialogue between foster children and carers, service providers and policy makers should be institutionalised to inspire the reform process in policy and practice towards the continuous improvement of foster care**

Theme 3: Safeguarding children in alternative care

Safeguarding children in alternative care requires a comprehensive set of measures for the prevention of all forms of violence and effective responses when acts of violence have taken place. The basic premise for safeguarding children is their effective protection from all forms of violence, exploitation, abuse and neglect, including corporal punishment, in the home, in alternative care and in any other context. Many children in care have been removed from their birth families because of imminent risks to their safety, well-being and development. In placement, it is therefore particularly important to ensure that children are protected from further harm or risks and that they are supported in the development of their evolving capacities, skills, resources and resilience. Safeguarding children in the home and in alternative care is not only an obligation of states under the UN Convention on the Rights of the Child and other international standards, it also constitutes a sensible and powerful investment for the development of the

younger generations, their transition into adulthood and independent life, and a fundamental contribution to a safe and secure region.

Development and roll-out of individual care plans

Care planning involves a circular and multi-step process of assessments, decision-making, implementation and review. This process informs the development and roll-out of an individual care plan for the child and should include safeguards to ensure that the care plan is tailor-made to the person, in line with her or his best interests, preferences and special needs. The care plan determines which kind of services are required and helps planning the involvement of services from different disciplines, the timing and funding of service provision, as well as monitoring and evaluation of targets reached. It is important that the child is at the centre of the care planning process, that the child, caregivers and other key person's around the child participate actively and that they are supported to do so.

- **Provide for effective and comprehensive methods for care planning, including relevant assessments and periodic review, rooted in national law**
- **Ensure that care planning is done with the active participation of the child at the centre, involves the caregivers and relatives as well as all relevant service providers and professionals**
- **Promote holistic approaches in care planning to safeguard all the rights of the child and address the child's individual needs, with a view to promoting the best interests of the child, the right to be heard, the right to non-discrimination, and the right of the child to fully develop her or his personal resources and potentials**
- **Ensure that general principles of quality care are duly respected in care planning, such as continuity and equity of care, the continuity and permanency of placement and caregivers, contact with birth parents and family, geographic proximity of placement, identifying a durable solution with a longer-term perspective, and promoting family reintegration wherever this is in the best interests of the child**
- **Care planning should not stop short when the child turns 18 years old but provide for after care supporting the child's transition into adulthood and independence**
- **Legal and administrative obstacles to the adoption of foster children by foster carers should be removed wherever this is in the best interests of the child**

Documentation to make processes more transparent

Evidence suggests that clear regulations for the documentation of social assessments and procedures can help to advance the quality of service provision. Documentation is a precondition for making procedures and assessments more transparent. It is therefore an important method for promoting the application of national and international standards in practice, including with regard to the best interests of the child and the child's right to be heard. A step-by-step documentation on how the views of a child have been heard and taken into account, for instance, makes the process leading up to a decision traceable and comprehensible. In the case of best interests assessments, a detailed documentation helps to clarify which assessments have been made, what information guided the decision and how much weight has been given to the different facts and views. The latter is particularly important when some facts and views appear to be in conflict. The resulting transparency offers safeguards for the child and caretakers concerned as well as the responsible officials and professionals involved in the decision making process. Granting the child, caretakers, supervisors, inspectors and other authorised professionals or

officials access to the documentation is a precondition for enabling them to be informed about the process and to seek legal remedies when procedures and safeguards were not duly respected.

- **Public administrations should develop or promote the use of standardised methods and tools for the documentation of case assessments, care planning and case management, with a view to making service provision transparent while limiting the administrative demands on social workers to the extent possible**
- **Each key step in service provision, case assessments, care planning and case management should be documented**
- **Children and caregivers need to be informed about the case documentation and their rights to access and should receive support in accessing and understanding the content and implications of the case documentation**
- **Case documentation should be shared within inter-disciplinary and multi-stakeholder cooperation mechanisms, while safeguarding rights to confidentiality, data protection and privacy, if and as applicable**

Promote the right of children to be heard and to have their views taken into account, as clients of social services and in alternative care

Hearing the views of the child and taking them into account is essential for enabling children to contribute to developing appropriate services and for staying safe in care. Meaningful opportunities for children to express their views and have them taken into account have a strongly empowering effect as they promote children's development and protection. The principle of participation is not only an element of basic democracy, it is also an imperative in for societies that value children as subjects of rights and citizens. Children who are encouraged to express their views and who are listened to are less vulnerable to abuse. It is necessary for children to seek, receive and impart information and to access opportunities to participate in key decision-making processes. Reporting and complaints mechanisms that are child-sensitive and easily accessible to children play a key role in safeguarding children and their right to be heard. Inspection, monitoring, auditing and evaluation offer additional opportunities for children to express their views, to contribute to their own protection and well-being and to share their recommendations for promoting change.

- **The child's role as an active participant in the promotion, protection and monitoring of her or his rights needs to be promoted in all contexts, including specifically for children as client of social services, during placement and in follow-up services**
- **The views of the child must be heard and taken into account in decision making processes and in care planning, and this requires information in a language that the child understands, a documentation of the views of the child, how these have been heard and taken into account, and legislating for the child's consent to certain decisions to be sought, including mandatory consent on particularly serious matters**
- **Opportunities for children to be heard as clients of social services and in placement should be institutionalised so that children can express their views freely and effectively participate in all matters affecting them**
- **Professionals working with and for children in key positions need to be trained on interviewing techniques and communication with children, including with very young children and children with special needs**

- **Child-sensitive reporting mechanisms and complaints procedures need to be established that are known, trusted and accessible for children**
- **Children have to be informed about their rights and entitlements and relevant procedures concerning them, as clients of social services and in placement**
- **Children need to be informed and encouraged to use these mechanisms and to build confidence in their own capacity to judge about the quality of services and to formulate recommendations for improvement**
- **Reports and complaints filed by children have to be promptly followed up and must result in appropriate action to address the issues raised by children**
- **The reports and complaints filed by children need to be analysed periodically and the results should be communicated to policy makers with a view to informing policy reform respectively**
- **Systematic and periodic monitoring, inspection and evaluation of social services and their impact on children and caregivers needs to be ensured, including during placement in alternative care**
- **It is important to foster the dialogue between children in care, caregivers, service providers, care staff, policy makers and officials at all levels**

Develop holistic approaches to promote the development, opportunities and inclusion of children in alternative care

A truly holistic approach to safeguarding children in alternative care requires that the care planning process gives due consideration to all the rights and needs of the child. In addition to fundamental human rights and principles, such as the safety and health of a child, holistic approaches need to consider the child as a person within her or his social, cultural and developmental context. Many aspects of the social and cultural life of a child may however not be clearly regulated by legal provisions or policy plans. Their realisation depends then strongly on the commitment of caregivers and staff and the opportunities for children in care to access the right type of support. This includes access to sports, recreation and leisure time activities, testing out the child's skills and talents and promoting their further development, learning life skills, maintaining or building new social networks with peers, adults and special support persons, and ensuring continuity of schooling or vocational training.

- **Develop life projects for children in care as transparent individual care plans developed with a holistic and longer-term perspective, in cooperation and consultation with the child and the caregivers**
- **Enable children who are clients of social services and children in care to access life skills training, sports, recreational and leisure time activities, play and hobbies, cultural and social activities according to their choices**

Protect children from violence in any form and any context

In working environments where professionals or volunteers are in direct contact with children, the screening of their criminal records is a basic prevention measure to ensure that persons with a history of abuse and violence are rejected as applicants or removed from working with and for children. Legal regulations that enable employers to request the criminal record of applicants, staff and volunteers for screening purposes are important for public and private sector employers.

Protecting children from all forms of violence, abuse, exploitation and neglect is a basic safeguard for any alternative care setting. A fundamental precondition is the prohibition of all forms of

corporal punishment of children in all contexts, including the home, at school, at the workplace, in day care and alternative care settings. Considering that children in care are among the particularly vulnerable groups in society and considering further the harmful impact of violence on a child's development, effective protection from corporal punishment is a fundamental principle of quality care. Ensuring stable relationships in care can significantly contribute to the child's protection from violence, abuse and neglect and help the child feeling safe.

When an incident of violence happens or is suspected, legal regulations throughout the Baltic Sea Region encourage and oblige professionals working with and for children to report to the police, to child protection or social services. In many countries, reporting obligations are extended also to the general public. These reports and notifications are important to initiate investigations into the child's situation and to provide services if and as appropriate.

- **Children must be protected from all forms of corporal punishment in the home, in institutions, in foster care and any other setting, by adopting legal bans where they are not yet in place and promote their effective roll-out and implementation**
- **Professionals and volunteers working with and for children need to be screened with a view to preventing persons with a criminal record of offences against children from entering professions or voluntary positions where they are in direct contact with children**
- **Reporting obligations should be strengthened for officials and professionals working with and for children who identify cases or suspicions of child abuse, violence or neglect**
- **It is essential that quality care is provided to children who have been exposed to violence, exploitation or abuse in any form; specialised treatment for child victims needs to be integrated into the services provided in the home and in placement, including by providing appropriate shelters, trained staff and cooperation with specialised law enforcement units and Children's Houses**

Inspection, monitoring, auditing and evaluation of care

Inspections, monitoring, auditing and evaluation are key to ensuring that national standards of care are being implemented effectively for each boy and girl in care. They need to be carried out in a way that is child-focused and oriented at the rights of children in care while giving due regard to the views of the children concerned and their specific needs. Inspections, monitoring and evaluations need to be conducted within the public administration and within service providing agencies and organisations as well as independently. Innovative approaches might test out child-led methods of inspection, monitoring and evaluation.

- **Inspections, monitoring, auditing and evaluation should be carried out within the structures of the public administration and service providers as well as independently, in close consultation with the children and caregivers concerned**
- **Inspections, monitoring, auditing and evaluation should be holistic and rights-based and combine indicators concerning the infrastructure of care, objective measures of the quality of care, accommodation and food as well as subjective measures concerning the safety, well-being and development of children and the quality of their relations to their families, peers, caretakers, staff, social workers and other relevant relations**
- **Indicators for inspections, monitoring, auditing and evaluation should derive from international standards and the respective national law and policies and measure structures, processes, outcomes and impact on children and caregivers, as well as progress achieved over time**

→ The findings from inspections, monitoring, auditing and evaluations should feed back into policy making and advocacy to promote the continuous reform process towards higher standards of care, engaging all relevant actors in a national dialogue for the continued development

Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region 2015 - 2020

Government representatives, experts and professionals from the Baltic Sea Region including Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation, Sweden and wider Europe endorsed the Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region on the 6th of May 2015 in Tallinn.

The Recommendations and Action Plan were endorsed after a two-day meeting discussing the situation of alternative care and family support in the region. The experts highlighted the urgency of integrating services for children and families at risk, ensuring timely interventions and longer-term follow-up services for children at risk that are tailor-made for their individual needs and accessible at a low threshold. The experts underlined the crucial importance of implementing policies and good practices at the national/local level and increasing regional cooperation. Services for family support, child protection and alternative care constitute strategic investments in children's safety, well-being and development and these, in turn, are a condition for a safe and secure region as well as a sustainable and prosperous society.

The Estonian Presidency of the Council of the Baltic Sea States (CBSS), the Estonian Ministry of Social Affairs and the CBSS Expert Group for Cooperation on Children at Risk (EGCC) hosted the expert level meeting. Alternative care has been a priority for the Expert Group since its inception in the early 2000s. The purpose of the 2015 expert meeting was to assess and discuss the present situation of institutional and family-based care, achievements and challenges in light of the previous regional commitments. In preparation for the meeting, an overview of family support and alternative care in the Baltic Sea Region was developed.

Conclusions for the region:

The participants and speakers at the expert level meeting made the following recommendations, and:

1. **Recognized** the importance of strengthening the work of the Council of the Baltic Sea States Expert Group for Cooperation on Children at Risk and the Children's Unit at the CBSS Secretariat, both of which lead and support the CBSS Member States in taking responsibility for children at risk in the Baltic Sea Region, and continuing to expand professional networks and expertise;
2. **Encouraged** the Member States of the Council of the Baltic Sea States and the Expert Group for Cooperation on Children at Risk to follow-up on the Recommendations and Action Plan from the Expert Level Meeting and to prepare a meeting at Ministerial level to take stock of the progress achieved, express political commitment and support further action;
3. **Recommended** that the Expert Group for Cooperation on Children at Risk continues to prioritise the prevention of family separation, ensure family support and raise the quality of alternative care **with existing and foreseen funding** by:
 - a. Promoting the progressive transition from institutional to family-based and family-like care in line with the best interests of the child and quality standards of care;
 - b. Disseminating the AudTrain tool for auditing and monitoring child care facilities;

- c. Promoting child-friendly justice and the Children's House or equivalent models of integrated services for children who are victims of violence;
 - d. Fostering cooperation at the national and transnational levels to support access to appropriate and continuous support and preventive services for children and caregivers who move within and across national borders;
 - e. Facilitating an effective implementation of laws for the prevention of violence against children - with a view to achieve a reduction and elimination of violence in practice.
4. **Encouraged** the Expert Group for Cooperation on Children at Risk **to seek external funding** for the following priorities:
- a. Pilot, map and promote good and innovative practices for ensuring timely and tailor-made support for children and families, including in transnational contexts, and for high-quality care in all alternative care settings;
 - b. Pilot, map and promote integrated services for children and families at risk and enhance low-threshold accessibility, including specifically during pregnancy and throughout early childhood;
 - c. Compile and promote evidence-based and evaluated methods for preventive family support, parental support, child protection responses and alternative care.

Recommended action for the national level:

1. **Consolidate** social welfare, family support, child protection and alternative care services into integrated models at the central, regional and local levels, involving service-oriented multi-stakeholder teams that have been trained to apply multi-disciplinary approaches;
2. **Strengthen** the capacity of service providers to prevent family separation and to promote family reunification through early identification and intervention, reducing risks for family breakdown by activating resiliencies and addressing the needs of children and caregivers within their socio-cultural context – with a view to achieving sustainable and long-term solutions.
3. **Ensuring** that the removal of a child and placement in alternative care is a measure of last resort clearly regulated by law with the relevant safeguards and in accordance with the best interests of the child;
4. **Provide** support to the parents of children placed in alternative care and actively enable family reunification whenever it is possible and in the best interests of the child;
5. **Introduce** legislation, procedures and practices to safeguard children's right to be heard and to participate in the care system in a child-sensitive and meaningful way, both as individuals and collectively, at all levels of decision-making and in all matters concerning them, including the right to complaint and to seek redress;
6. **Foster** approaches and attitudes in social service provision that respect children and caregivers as competent partners in co-determining the support needed, balancing potentially conflicting interests with due consideration to the best interests of the child, while maintaining professionalism in service provision and upholding universal rights and standards;
7. **Invest** in the social workforce as agents of change by raising the social status and appeal of the job combined with a reduction of caseload per social worker through innovative, preventive and multi-disciplinary approaches;

8. **Strengthen** the role of research, evaluation and consultation in developing evidence-informed methods and solution-oriented interventions in service provision;
9. **Promote** a zero tolerance environment for all forms of violence and abuse against children across the region;
10. **Promote** the legal obligation to report and prevent cases of violence, abuse, exploitation and neglect of children in all forms, including corporal punishment, by strengthening child protection networks involving key professions and institutions, including baby clinics, midwives, paediatricians, forensic doctors, hospitals and the health sector generally, schools and the social service sector;
11. **Engage** relevant national and local level actors in developing a common understanding of what the transition from institutional to family-based and family-like care entails and how to define and use key child rights principles in practice;
12. **Enable** the continued and progressive transition from institutional care to family-based and family-like care, especially for children with special needs, and deliver professional support, training and supervision for caregivers, especially foster carers and care staff;
13. **Ensure** financing allocated to residential institutions is redirected to policies and services for family support and quality alternative care when institutions are being closed down as part of the transition process;
14. **Enhance** the quality of care for children in any care setting by ensuring types of placement and services that are tailor-made and appropriate to the individual needs of the child and service delivery in accordance with general principles, such as the best interests of the child, the right to non-discrimination, the right to be heard, holistic development, safety, equity, continuity and permanency in care, and preventing undue financial gain of any actor involved in alternative care;
15. **Safeguard** the rights of all children to the same standards of quality care irrespective of their socio-economic background, minority situation, immigration status, where they live in the country, and whether the private or public sector provides services;
16. **Support** children in alternative care to succeed in education with a view to investing in their development and future labour market inclusion;
17. **Support** children in alternative care in their transition into adulthood and independence by developing their skills during placement and through after care services;
18. **Encourage** monitoring, auditing and evaluation of all alternative care arrangements for children, including by independent institutions, ensuring children's views and recommendations are heard and duly taken into account, and utilising the outcomes for holding authorities, public and private service providers and care staff accountable;
19. **Enable** and encourage relevant authorities working with families and children at risk who move within or across national borders to provide continuity of care, prevent further harm and enable cost-efficient operations, including by enabling information exchange wherever appropriate;
20. **Strengthen** communication among the central, regional and local levels of the public administrations and encourage local authorities, service providers and other bodies to develop and evaluate innovative solutions in family support, child protection and alternative care with a view to promoting successful approaches and engaging in a national dialogue for continued development and quality.

Regional Action for Family Support and Alternative Care

The Council of the Baltic Sea States (CBSS) has a long-standing tradition of promoting child protection and children's rights in its eleven Member States Denmark, Estonia, Finland, Germany, Iceland, Latvia, Lithuania, Norway, Poland, the Russian Federation and Sweden. In May 2015, the Estonian Presidency of the Council of the Baltic Sea States hosted the **Expert Meeting on Alternative Care and Family Support** organised by senior officials in the regional CBSS Expert Group for Cooperation on Children at Risk. The Expert Meeting aimed to offer a platform for regional dialogue from a comprehensive, rights-based and solution-oriented perspective and was attended by representatives from governments, institutions, embassies, Ombuds Offices for children, the academia, national and international NGOs and civil society.

The **Baltic Sea States Regional Report on Family Support and Alternative Care** was developed to document, assess and analyse the state of the art in the region. The report lays out several important and forward looking conclusions and proposals and encloses the **Tallinn Recommendations and Action Plan on Alternative Care and Family Support for the Baltic Sea Region 2015-2020**. These action points and recommendations were endorsed by the participants in the Expert Meeting.

"The report on alternative care and family support in the Baltic Sea Region maps the current situation, identifies the challenges and the progress in the region. The report also provides guidance and recommendations for the region, giving the member states of the Council of Baltic Sea States valuable reflection, a possibility to look at the mirror and see, where we are and where we should be moving to. The most important is to respond to challenges, make relevant changes in our policies and actions to improve the system and to build a joyful and carefree childhood for children. This is the investment for the future."

Margus Tsahkna
Minister of Social Protection, Estonia